

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 2004



The Great Seal

MEDICAL CARE STATISTICS SECTION

*ARNOLD SCHWARZENEGGER
GOVERNOR
STATE OF CALIFORNIA*

*S. KIMBERLY BELSHÉ
SECRETARY
CALIFORNIA HEALTH AND HUMAN
SERVICES AGENCY*



*SANDRA SHEWRY
DIRECTOR
CALIFORNIA DEPARTMENT OF
HEALTH SERVICES*

Jim Watkins, Chief
Medical Care Statistics Section
Internet Homepage - <http://www.dhs.ca.gov/mcss>

Maura Donovan, Chief
Fiscal Forecasting and Data Management Branch

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.

This report was prepared by Mary Cline. Inquiries regarding this report should be directed to Mary Cline, Medical Care Statistics Section, 1501 Capitol Avenue, Suite 6069, MS 1200, P.O. Box 997413, Sacramento, CA 95899-7413, or by calling (916) 552-8544.

The production of this report was made possible with the assistance of the following departmental staff:

Tables

Mary Cline

Proofing

Mary Cline
Celine Donaldson
Chris Henderson

Editing

Jim Watkins

Additionally, special acknowledgment is given to: Beverly Yokoi; Jim Klein; Maura Donovan; Systems Support Section, Information Technology Services Division; Medi-Cal Benefits Branch; Medi-Cal Eligibility Branch, Medi-Cal Managed Care Division; Payment Systems Division; Electronic Data Systems Corporation; and Population Research Unit, State Department of Finance.

SUGGESTED CITATION

Watkins, J. and Cline, M. 2006. California's Medical Assistance Program, Annual Statistical Report, Calendar Year 2004. California Department of Health Services, Sacramento,

May 2006

Medi-Cal Program

Calendar Year 2004

This report presents statistical data on Medi-Cal program services, expenditures and eligibles for calendar year 2004.

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 2004 was used from the file created late December 2004.

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 2004**

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 2004 Program Changes	3
Section 2 Medi-Cal Eligibles and Users	5
Section 3 Medi-Cal Expenditures	21
Section 4 Medi-Cal Provider Participation	34
Section 5 Medi-Cal Capitated Health Systems	37
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	109
Appendix D Statistical Publications	127
Appendix E Medical Care Statistics Section's Recommended Links	128

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 2003 and 2004	8
Table 1B	Average Monthly Eligibles by Fee-For-Service and Managed Care Type, Calendar Year 2004.....	10
Table 1C	Persons Certified Eligible by Age and Race/Ethnicity Calendar Year 2004	12
Table 2	Total Annual Payments by Program and Aid Category, Calendar Years 2003 and 2004	14
Table 3	Monthly Eligibles by Program, Calendar Year 2004.....	16
Table 4	Monthly Users by Program, Calendar Year 2004.....	18
Table 5	Average Monthly Users and Users per 1,000 Eligibles by Program and Aid Category, Calendar Years 2003 and 2004	20

Section 3 Medi-Cal Expenditures

Table 6	Average Monthly Payment per Eligible by Program and Aid Category, Calendar Years 2003 and 2004.....	23
Table 7	Average Monthly Payment per User by Program and Aid Category, Calendar Years 2003 and 2004.....	25
Table 8	Average Cost per Service for Selected Services, Calendar Years 2003 and 2004	27
Table 9	Average Monthly Payment by Type of Provider, Calendar Years 2003 and 2004	29
Table 10	Average Monthly Cost per Eligible by Type of Provider, Calendar Years 2003 and 2004	31

TABLE OF CONTENTS (Continued)

	<u>Page</u>
Table 11 Total Medi-Cal Program Expenditures by Date of Payment And Type of Expenditure, Fiscal Years 2002-2003 and 2003-2004	33
Section 4 Medi-Cal Provider Participation	
Table 12 Number of Providers Receiving Medi-Cal Program Payments by Selected Type of Provider and Amount Paid, Calendar Year 2004	36
Section 5 Medi-Cal Capitated Health Systems	
Table 13 Total Managed Care Capitation Payments Excluding COHS Plans, Calendar Year 2004	39
Table 14 Average Monthly Managed Care Beneficiaries Excluding COHS Plans, Calendar Year 2004	41
Table 15 Estimated Average Monthly County Organized Health Systems Eligibles and Total Annual Capitation Payments by Plan, Calendar Year 2004	43
Section 6 Medicare Part A and Part B Buy-In Activity	
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 2004	52
Section 7 County Data	
Table 17 Persons Certified Eligible by County, Sex, and Age, July 2004	56
Table 18 Average Monthly Eligibles by County, Program, and Aid Category, Calendar Year 2004	68
Table 19 Average Monthly Users by County of Beneficiary, Program, and Aid Category, Calendar Year 2004	74
Table 20 Total Annual Payments by County of Beneficiary, Program, and Aid Category, Calendar Year 2004	80

TABLE OF CONTENTS (Continued)

	<u>Page</u>
Table 21 Average Monthly Users by County of Beneficiary and Selected Types of Providers, Calendar Year 2004	86
Table 22 Total Annual Payments by County of Beneficiary and Selected Types of Providers, Calendar Year 2004	88
Table 23A Number of Inpatient Hospitals, Long Term Care Facilities, and Physicians Receiving Medi-Cal Program Payments by County Of Provider, Calendar Year 2004.....	90
Table 23B Med-Cal Providers per 1,000 Fee-For-Service Eligibles Calendar Year 2002-2004	91
Table 24 Number of Selected Providers Receiving Medi-Cal Program Payments by County of Provider, Calendar Year 2004	92
Table 25 County Population (July 1, 2004), Medi-Cal Eligibles, and Medi-Cal Eligibles as a Percent of Population, Calendar Year 2004	93
Table 26 Persons Certified Eligible by County and Race/Ethnicity, July 2004.....	94
Table 27 Number of Providers by Program Type and Status, California, as of December 31, 2004.....	95
<u>Section 8 Medi-Cal Program Trends</u>	
Table 28 Estimated Average Monthly Eligibles by Program, Calendar Years 1995-2004	98
Table 29 Estimated Total Annual Payments by Program, Calendar Years 1995-2004	100

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.

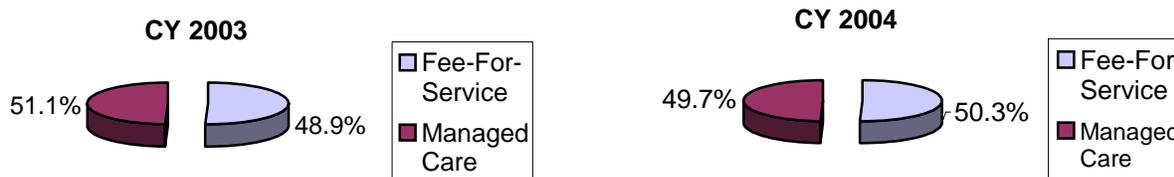
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

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 2004, those enrolled in comprehensive managed care plans, County Organized Health Systems (COHS) and Health Care Plans (HCP) comprised 49.7 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.

MEDI-CAL PROGRAM STATISTICAL SUMMARY

Calendar Year 2004

In 2004, an average of 6.5 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 1.2 percent from 2003.

A total of \$1.45 billion in prepaid capitations were received by COHS (an increase of 5.9 percent from 2003) to provide non-dental medical services for an average of 557,540 eligibles per month during 2004 (an increase of 2.1 percent from 2003).

The 2,679,261 persons enrolled in HCPs each month reflected a 2.4 percent decrease from 2003. HCP capitation payments totaled \$3.32 billion, which is a 0.8 percent increase from 2003.

In the FFS system, there were 3.3 million persons who used Medi-Cal benefits each month in 2004. Provider payments for those users totaled \$16.8 billion, which was 6.4 percent or \$1.0 billion more than in 2003.

The average cost per FFS user was \$615.22 per month (up 0.8 percent from 2003) and the average cost per FFS eligible was \$427.12 per month (up 2.2 percent from 2003).

Public Assistance FFS eligibles averaged 1.4 million persons per month, a decrease of 0.6 percent from 2003. This aid group accounted for 41.3 percent of the FFS eligible population, 52.8 percent of the users, and 52.2 percent of total provider payments (\$8.8 billion).

Medically Needy FFS eligibles averaged 1.4 million persons per month in 2004, an increase of 13.6 percent from 2003. Medically Needy accounted for 42.2 percent of FFS eligibles, 32.6 percent of users, and 38.0 percent of total provider payments (\$6.4 billion). Expansion of the Aged and Disabled Expansion program and the 1931(b) program and continuing impact of continuous eligibility for children contributed to this growth.

Medically Indigent FFS eligibles averaged 210,085 persons per month, a 63.8 percent increase from 2003. Medically Indigent accounted for 6.4 percent of FFS eligibles, 4.5 percent of users, and 2.1 percent of total provider payments (\$348.5 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 22.0 percent of 2004 FFS provider payments. County hospitals received \$628.8 million. Community hospitals received \$3.23 billion.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 976,159 eligibles each month in 2004. Monthly premiums averaged \$66.4 million.

Total Medi-Cal program expenditures for Fiscal Year (FY) 2003-2004 (excluding administration costs) accounted for \$29.5 billion (up 13 percent from FY 2002-2003). The only two expenditure types that decreased were Short-Doyle/Medi-Cal, and Audits and Lawsuits.

Section 1

HIGHLIGHTS OF 2004 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during calendar year 2004.

HIV Testing During Pregnancy, January 2004

AB 1676 (Chapter 749, Statutes of 2003) requires providers who provide prenatal or delivery care to provide testing for Human Immunodeficiency Virus (HIV) to all pregnant women. The new law also requires providers to inform each pregnant woman that has a right to accept or refuse the testing. Women who test positive will receive antiretroviral therapy. This is expected to prevent cases of newborn HIV.

Hospital Outpatient Supplemental Payment, April 2004

AB 915 (Chapter 747, Statutes of 2002) created a supplemental reimbursement program for publicly owned or operated hospital outpatient departments. The supplemental amount, when combined with the amount received from all other sources of reimbursement, cannot exceed 100% of the costs of providing services to Medi-Cal beneficiaries by the participating facilities. The non-federal match used to draw down FFP is paid exclusively with funds from the participating facilities and does not involve General Fund dollars. Payments were made in September 2004 for services provided in FY 02-03. Payments were made in June 2005 for services provided in FY 03-04. Payments are expected to be made in May 2006 for services provided in FY 04-05.

Anti-Hemophilic Blood Factor Payment Method, June 2004

The Department adopted a new methodology for payments to providers for anti-hemophilic blood factors (AHF). The prior methodology required the manual submission of claims with invoice attachments for the AHF products supplied to the patients. The change in payment methodology allows for electronic claims processing and enhanced rebate collection. This system provides the Department with comparative data for use in rebate contracting and accurate tracking of utilization and provider reimbursement.

In addition, the utilization of the Average Selling Price (ASP), as provided by the manufacturer pursuant to contract, allows the Department to better control costs. It uses a real market acquisition cost, which has reduced the overall costs of AHF.

New Therapeutic Category Reviews/Rebates, July 2004

The Budget Act of 2003 included funding to add staff positions to perform new annual drug Therapeutic Category Reviews (TCRs). Drugs are organized into 114 therapeutic categories, such as antibiotics, or drugs that treat hypertension or acid reflux. The Department regularly conducts TCRs on these drugs to determine safety, efficacy, essential need, potential of misuse, and cost, prior to including drugs in the List of Contract Drugs.

The new staff will increase the number of annual TCRs by five.

3 Percent County Organized Health System (COHS) Rate Increase, July 2004

The Budget Act of 2004 includes a 3% rate increase for the County Organized Health Systems (COHS) effective with each plan's 2004-5 rate period.

ICF-DD Quality Assurance Fee, July 2004

The Budget Act of 2003 included the implementation of a quality assurance fee on the entire gross receipts of any intermediate care facility (ICF). The fee is levied each calendar quarter at the rate of 6% of the previous quarter's gross receipts. The State General Fund and the facilities share in the increased FFP generated by the increased rate of reimbursement.

ICF-DD, DD/N, and DD/H facilities received a 9.57% rate increase to cover the cost of the fee for Medi-Cal days and provide for a quality enhancement add-on. Implementation for the Fee-For-Service ICF-DD rate increase occurred in July 2004. The managed care rate increase was implemented January 1, 2005, retroactive to July 1, 2003.

Pharmacy Reduction, September 2004

The Budget Act and Health Trailer Bill of 2004 implemented a new acquisition rate for prescription drugs effective September 1, 2004. The rate changed from the Average Wholesale Price (AWP) – 10% to the AWP – 17%. In addition, the Budget Act included an increase in the dispensing prescriptions to Medi-Cal beneficiaries to \$7.25 per prescription. LTC prescriptions will have a dispensing fee of \$8.00.

Non-Contract Hospital 10% Interim Rate Reduction, September 2004

The interim rate of payment for non-contract hospital inpatient services is calculated to approximate the reimbursable cost to the hospitals for providing services to Medi-Cal beneficiaries. The interim payment provides payments for services provided through the hospitals' fiscal year. Costs are then reconciled using hospital cost reports filed within five months of a hospital's fiscal year end. If the cost of providing services is greater than the interim payment, the hospital

is reimbursed the difference. If costs are lower, the hospital must reimburse the difference to Medi-Cal.

The Trailer Bill of 2004 reduced non-contract interim hospital payments for acute inpatient services by 10%, effective September 1, 2004, for claims with date of service after July 1, 2004. The Trailer Bill also specified that the reconciliation for this period will be the lesser of the hospital's actual cost or the audited cost per day for 2003. This is a one-year rate reduction for which savings will occur over two fiscal years due to the lag in payments. Reconciliations are estimated to begin in FY 2005-06.

ADHC Moratorium and Rate Redesign, October 2004

The Budget Act and Health Trailer Bill of 2004 included a moratorium on the growth of new Adult Day Health Care sites effective October 1, 2004. In addition, CMS has requested that the Department move the current State Plan ADHC program to a 1915 (c) federal waiver. In December 2003, CMS notified DHS that the ADHC program must be approved under a waiver or SPA with specified changes to the program in order to continue receiving federal funding. DHS is working with California Department of Aging (CDA) in development of the SPA or waiver.

SECTION 2
MEDI-CAL ELIGIBLES AND USERS

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 6.5 million persons per month in 2004, an increase of 1.2 percent from 2003.

Enrollment of Medi-Cal eligibles in COHS increased 2.1 percent and HCPs decreased 2.4 percent in 2004. For additional information, see Section 5, Medi-Cal Capitated Health Systems, page 37.

FFS Medi-Cal eligibles averaged 3.3 million persons per month, an increase of 4.1 percent from 2003.

FFS Public Assistance (PA) eligibles averaged 1.4 million persons per month in 2004, a decrease of 0.6 percent from 2003. PA eligibles accounted for 50.3 percent of all FFS eligibles.

Total FFS Medically Needy (MN) eligibles, including 1931(b) eligibles, averaged 1.4 million persons monthly and increased 13.6 percent from 2003. MN eligibles accounted for 42.2 percent of all FFS eligibles.

Total FFS Medically Indigent (MI) eligibles, which include Child Health and Disability Prevention (CHDP) Gateway program eligibles, averaged 210,085 persons monthly and increased 63.8 percent from 2003. MI eligibles accounted for 6.4 percent of all FFS eligibles. The increase was due to the Gateway program.

The FFS MI/MN Alien Without SIS, formerly called the OBRA program, averaged 128,016 eligibles per month in 2004, a decrease of 47.1 percent from 2003. MI/MN Aliens program eligibles accounted for 3.9 percent of all FFS eligibles. The decrease was due to the shift of eligibles to the 1931(b) program.

The FFS Refugee/Entrant programs averaged 881 persons monthly, a decrease of 5.8 percent from 2003. 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 179,331 persons monthly, or 5.5 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 24,123 persons per month, an increase of 1,654 eligibles from 2003. 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. Persons receiving services under this program, who are not otherwise eligible for Medi-Cal, averaged 1,481,296 per month during CY 2004.

TABLE 1A

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2004 AND 2005

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2003	CALENDAR YEAR 2004	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	6,438,701	6,515,205	76,504	1.2
County Organized Health Systems (COHS)	546,011	557,540	11,529	2.1
Health Care Plans (HCPs)	2,744,503	2,679,261	(65,242)	(2.4)
Fee-For-Service (FFS)/1/	3,148,187	3,278,404	130,217	4.1
Public Assistance	1,361,717	1,353,957	(7,760)	(0.6)
Aged	337,310	339,352	2,042	0.6
Blind	21,178	20,810	(368)	(1.7)
Disabled	676,793	681,408	4,615	0.7
Families	326,437	312,387	(14,050)	(4.3)
Medically Needy	1,217,012	1,382,011	164,999	13.6
Aged	172,528	186,006	13,478	7.8
Blind	1,012	799	(213)	(21.0)
Disabled	86,352	88,757	2,405	2.8
Families	957,120	1,106,449	149,329	15.6
Medically Indigent	128,248	210,085	81,837	63.8
Adults	4,366	4,592	226	5.2
Children	123,882	205,493	81,611	65.9
MI/MN Alien Without SIS	242,072	128,016	(114,056)	(47.1)
Refugee/Entrant	935	881	(54)	(5.8)
100 Percent Poverty	41,352	39,109	(2,243)	(5.4)
133 Percent Poverty	34,199	36,685	2,486	7.3
Income Disregard	100,184	103,537	3,353	3.3
60-Day Postpartum	1,840	916	(924)	(50.2)
Special Treatment	52	55	3	5.8
Qualified Medicare Beneficiary	4,944	5,266	322	6.5
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	1,082	1,046	(36)	(3.3)
Minor Consent	10,200	10,554	354	3.5
Breast and Cervical Cancer Treatment Program	4,351	6,286	1,935	44.5
Family PACT	1,490,465	1,481,296	(9,169)	(0.6)

INA Information Not Available.

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

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 HCP0412_Benes_by_Managed_Care_Plan_2004_12, created from the December 2004 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.

**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 6.5 million persons per month in calendar year 2004.

In FFS and Managed Care, the Public Assistance category was the largest. It comprised 41.3 percent of the FFS population; 42.6 percent of the COHS; 41.1 percent of the Two-Plan/GMC, and 69.3 percent of Other Managed Care.

TABLE 1B
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE and MANAGED CARE TYPE
CALENDAR YEAR 2004

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)	6,521,157	3,278,404	1	561,627	1	2,674,271	1	6,854	1
Public Assistance	2,696,074	1,353,957	0	239,484	0	1,097,886	0	4,748	1
Aged	395,057	339,352	0	45,872	0	7,365	0	2,468	0
Blind	24,987	20,810	0	2,483	0	1,611	0	83	0
Disabled	864,920	681,408	0	79,133	0	102,667	0	1,712	0
Families	1,411,111	312,387	0	111,996	0	986,243	0	485	0
Medically Needy	3,058,416	1,382,011	0	271,808	0	1,402,615	1	1,982	0
Aged	217,332	186,006	0	26,724	0	3,480	0	1,122	0
Blind	919	799	0	86	0	30	0	3	0
Disabled	105,614	88,757	0	12,836	0	3,777	0	244	0
Families	2,734,551	1,106,449	0	232,162	0	1,395,328	1	612	0
Medically Indigent	255,770	210,085	0	12,484	0	33,165	0	36	0
Adults	6,080	4,592	0	899	0	588	0	1	0
Children	249,690	205,493	0	11,585	0	32,578	0	35	0
MI/MN Alien Without SIS	128,855	128,016	0	803	0	37	0	0	0
Refugee/Entrant	2,017	881	0	118	0	1,017	0	0	0
100 Percent Poverty	95,978	39,109	0	8,662	0	48,176	0	31	0
133 Percent Poverty	115,196	36,685	0	15,125	0	63,344	0	42	0
Income Disregard	143,782	103,537	0	12,277	0	27,957	0	12	0
60-Day Postpartum	916	916	0	0	0	0	0	0	0
Special Treatment	55	55	0	0	0	0	0	0	0
Qualified Medicare Beneficiary	5,347	5,266	0	72	0	4	0	5	0
Presumptive Eligibility Pregnant Women	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	1,047	1,046	0	1	0	0	0	0	0
Minor Consent	10,554	10,554	0	0	0	0	0	0	0
Breast and Cervical Cancer Treatment Program	7,150	6,286	0	794	0	71	0	0	0
Other	366,426	190,801	0	36,064	0	139,477	0	84	0
Family PACT	1,481,296	1,481,296	NA	0	NA	0	NA	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 HCP0412_Benes_by_Managed_Care_Plan_2004_12.xls, created from the December 2004 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 2004.

Of the 6,479,988 persons certified eligible, 3,309,695 were Hispanic; 1,450,127 were White; 652,087 were Asian/Pacific Islander; 687,664 were Black; 27,721 were American Indian/Alaskan Native; and 352,694 fall into the Not Reported race/ethnicity category.

TABLE 1C

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY AGE AND RACE/ETHNICITY
JULY 2004
 (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	6,479,988	27,721	0.4	652,087	10.1	687,664	10.6	3,309,695	51.1	1,450,127	22.4	352,694	5.4
Under 1	267,121	854	0.3	15,813	5.9	18,700	7.0	165,588	62.0	35,927	13.4	30,239	11.3
1-5	1,003,872	3,862	0.4	60,898	6.1	94,743	9.4	652,293	65.0	150,880	15.0	41,196	4.1
6-10	830,277	3,644	0.4	56,211	6.8	94,556	11.4	507,528	61.1	141,098	17.0	27,240	3.3
11-15	766,847	3,761	0.5	65,761	8.6	100,556	13.1	427,428	55.7	150,434	19.6	18,907	2.5
16-20	562,690	2,837	0.5	61,879	11.0	72,056	12.8	289,252	51.4	117,633	20.9	19,033	3.4
21-30	688,405	3,176	0.5	37,051	5.4	75,435	11.0	423,988	61.6	134,947	19.6	13,808	2.0
31-40	662,280	3,024	0.5	53,638	8.1	67,996	10.3	373,991	56.5	148,758	22.5	14,873	2.2
41-50	496,009	2,790	0.6	56,647	11.4	63,191	12.7	191,602	38.6	157,685	31.8	24,094	4.9
51-55	170,792	1,003	0.6	22,855	13.4	22,066	12.9	48,194	28.2	60,937	35.7	15,737	9.2
56-64	236,981	1,209	0.5	32,400	13.7	27,893	11.8	56,299	23.8	90,103	38.0	29,077	12.3
65 and over	794,714	1,561	0.2	188,934	23.8	50,472	6.4	173,532	21.8	261,725	32.9	118,490	14.9

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), created from the December 2004 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 2003 and 2004.

Total annual Medi-Cal payments (including FFS, COHS, and HCPs) were \$21.6 billion in 2004, an increase of 5.5 percent from 2003.

The COHS estimated capitation payments were \$1.4 billion in 2004, a 5.9 percent increase from 2003.

HCP capitation payments were \$3.32 billion in 2004, compared to \$3.30 billion in 2003, an increase of 0.8 percent.

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

Total annual Medi-Cal FFS payments were \$16.8 billion in 2004, an increase of 6.4 percent from 2003.

Payments for persons in the Public Assistance (PA) group were \$8.8 billion, an increase of 5.7 percent from the \$8.3 billion in 2003. PA payments accounted for 52.2 percent of all FFS payments.

\$6.4 billion was paid for services provided to the Medically Needy (MN), up 8.3 percent from 2003. MN payments accounted for 38.1 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$348.5 million, up 37.5 percent from the \$253.5 million in 2003. MI payments accounted for 2.1 percent of all FFS payments.

The MI/MN Alien Without SIS program payments were \$328.9 million, reflecting a 18.9 percent decrease from the \$405.7 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 2.0 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$3.4 million, down 26.0 percent from the \$4.7 million in 2003. Refugee/Entrant program payments accounted for less than 0.2 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program accounted for \$638.0 million, a 6.4 percent increase from the \$599.4 million in 2003. These programs accounted for 3.8 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$259.6 million in 2004, up 7.3 percent from the \$242.0 million in 2003. 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 2004 totaled \$402.4 million, down 1.9 percent from calendar year 2003.

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2003 AND 2004

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR	CALENDAR	CHANGE	
	YEAR 2003	YEAR 2004	Number	Percent
TOTAL (Excluding Family PACT)	\$20,456,435,063	\$21,572,476,284	\$1,116,041,221	5.5
County Organized Health Systems (COHS)	\$1,366,420,262	\$1,447,270,817	\$80,850,555	5.9
Health Care Plans (HCPs)	\$3,296,111,302	\$3,321,756,773	\$25,645,471	0.8
Fee-For-Service (FFS)/1/	\$15,793,903,499	\$16,803,448,694	\$1,009,545,195	6.4
Public Assistance	8,301,178,882	8,778,338,569	477,159,687	5.7
Aged	1,731,922,392	1,891,674,270	159,751,878	9.2
Blind	192,419,481	199,873,211	7,453,730	3.9
Disabled	5,502,233,687	5,861,454,028	359,220,341	6.5
Families	874,603,323	825,337,061	(49,266,262)	(5.6)
Medically Needy	5,905,013,028	6,394,866,491	489,853,463	8.3
Aged	2,238,601,029	2,421,316,912	182,715,883	8.2
Blind	21,462,516	19,952,291	(1,510,225)	(7.0)
Disabled	1,803,927,139	1,973,748,130	169,820,991	9.4
Families	1,841,022,344	1,979,849,159	138,826,815	7.5
Medically Indigent	253,516,548	348,508,815	94,992,267	37.5
Adults	61,541,816	73,306,887	11,765,071	19.1
Children	191,974,732	275,201,928	83,227,196	43.4
MI/MN Alien Without SIS	405,738,449	328,868,954	(76,869,495)	(18.9)
Refugee/Entrant	4,652,683	3,442,779	(1,209,904)	(26.0)
100 Percent Poverty	42,763,885	41,298,998	(1,464,887)	(3.4)
133 Percent Poverty	38,837,935	42,846,142	4,008,207	10.3
Income Disregard	517,776,839	553,843,094	36,066,255	7.0
60-Day Postpartum	8,289,132	2,405,843	(5,883,289)	(71.0)
Special Treatment	431,214	595,600	164,386	38.1
Qualified Medicare Beneficiary	10,719,357	10,971,118	251,761	2.3
Presumptive Eligibility for Pregnant Women	130,668,970	135,044,333	4,375,363	3.3
Medi-Cal Tuberculosis Program	698,541	670,966	(27,575)	(3.9)
Minor Consent	40,776,370	41,638,933	862,563	2.1
Breast and Cervical Cancer Treatment Program	50,435,645	68,253,612	17,817,967	35.3
Not Reported	82,293,575	51,814,937	(30,478,638)	(37.0)
Family PACT	\$410,106,506	\$402,377,859	(\$7,728,647)	(1.9)

/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 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 3,278,404 persons were eligible each month for Medi-Cal fee-for-service benefits during 2004. The six-month average for July thru December of 2004 reflects a 0.9% increase over January thru June.

The Public Assistance (PA) program accounted for 41.3 percent of the total annual average eligibles. The PA eligibles averaged 248 more persons in the last half of the year than in the first half.

The Medically Needy (MN) program accounted for 42.2 percent of the total annual average eligibles. The average MN eligibles ran 115,268 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 6.4 percent of the total annual average eligibles. Eligible counts in the MI program peaked in September. The average MI eligible count was higher in the last half of the year than in the first half.

The MI/MN Alien Without SIS and Refugee/Entrant programs combined accounted for 3.9 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program combined accounted for 5.5 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 2004
(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 2004	3,278,404	1,353,957	1,382,011	210,085	128,016	881	39,109	36,685
Six-Month Average	3,264,025	1,353,833	1,324,377	207,096	171,676	896	40,943	37,259
January	3,233,938	1,356,669	1,257,697	191,900	218,331	941	43,213	36,879
February	3,240,540	1,354,129	1,269,347	202,352	205,401	868	41,978	36,672
March	3,296,142	1,357,266	1,328,427	209,595	189,130	932	41,078	37,671
April	3,304,092	1,355,821	1,345,552	216,951	173,399	934	41,284	37,941
May	3,251,432	1,352,932	1,341,468	212,276	145,186	865	39,379	37,219
June	3,258,006	1,346,182	1,403,773	209,501	98,611	837	38,726	37,173
Six-Month Average	3,292,783	1,354,081	1,439,645	213,075	84,355	867	37,275	36,111
July	3,280,676	1,349,878	1,428,766	207,152	94,851	766	37,886	37,194
August	3,298,074	1,355,680	1,428,682	220,730	91,384	732	37,892	37,070
September	3,310,992	1,357,754	1,435,164	228,454	86,834	899	37,709	36,556
October	3,309,450	1,356,344	1,453,117	215,212	80,934	926	37,493	36,383
November	3,288,946	1,355,441	1,447,391	207,256	77,510	949	36,651	35,255
December	3,268,561	1,349,386	1,444,749	199,645	74,617	927	36,021	34,206
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 2004	5,266	103,537	916	INA	1,046	10,554	6,286	55
Six-Month Average	5,506	103,705	905	INA	1,009	10,944	5,824	53
January	5,847	104,249	993	INA	997	10,737	5,432	52
February	6,079	105,238	962	INA	989	10,904	5,565	55
March	5,833	107,255	872	INA	995	11,295	5,741	51
April	5,488	107,844	847	INA	1,015	11,069	5,897	49
May	4,851	98,354	906	INA	1,009	10,855	6,080	51
June	4,935	99,292	847	INA	1,047	10,801	6,227	54
Six-Month Average	5,027	103,368	927	INA	1,084	10,164	6,748	57
July	5,064	100,558	839	INA	1,049	10,264	6,352	57
August	4,926	102,501	861	INA	1,076	9,949	6,539	52
September	4,972	103,616	913	INA	1,109	10,264	6,690	58
October	4,969	104,713	972	INA	1,123	10,393	6,814	57
November	5,076	104,273	957	INA	1,078	10,074	6,976	59
December	5,156	104,548	1,022	INA	1,066	10,041	7,117	60

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.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, MCSS File HCP0412_Benes_by_Managed_Care_Plan_2004_12.xls, created from the December 2004 Month of Eligibility File using a six-month lag.

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

An average of 2,276,086 persons received Medi-Cal FFS program benefits each month in 2004.

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 69.4 percent of eligibles who receive services each month.

The Public Assistance (PA) group, which accounted for 52.8 percent of the total annual average Medi-Cal users, had a utilization rate of 88.8 percent.

The Medically Needy (MN) group, which accounted for 32.6 percent of the total annual average users, had a utilization rate of 53.7 percent.

The Medically Indigent (MI) group, which accounted for 4.5 percent of the total annual average users, had a utilization rate of 49.1 percent.

The MI/MN Alien Without SIS and Refugee/Entrant groups accounted for 1.5 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard combined accounted for 4.6 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 3.9 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 2004

(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 2004	2,276,086	1,202,730	742,255	103,162	0	33,867	1,072	16,905	18,062
Six-Month Average	2,320,831	1,232,607	742,093	102,372	0	40,103	1,140	19,419	19,308
January	2,254,135	1,205,744	711,438	94,964	0	41,814	1,157	19,029	19,364
February	2,229,352	1,191,637	701,257	97,527	0	39,884	1,047	18,576	19,001
March	2,267,281	1,211,268	720,613	98,755	0	39,223	1,003	19,665	18,827
April	2,528,907	1,321,687	820,403	116,032	1	43,324	1,371	22,219	21,768
May	2,251,518	1,202,558	722,111	97,920	1	37,889	1,098	18,167	17,980
June	2,393,793	1,262,750	776,737	109,036	0	38,485	1,166	18,856	18,905
Six-Month Average	2,231,340	1,172,853	742,416	103,953	0	27,630	1,004	14,391	16,817
July	1,950,561	1,048,300	641,361	79,010	0	26,220	988	14,139	14,418
August	2,171,925	1,150,400	714,362	96,168	0	30,041	969	14,429	16,290
September	2,397,078	1,240,488	801,746	117,698	1	30,624	1,057	15,834	18,883
October	2,206,401	1,162,574	730,357	106,652	0	26,562	947	13,142	16,159
November	2,229,199	1,172,021	743,127	106,237	0	25,805	976	13,557	16,216
December	2,432,877	1,263,337	823,544	117,950	0	26,530	1,088	15,244	18,938
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 2004	69,835	555	5,973	58,455	313	5,665	6,164	11,072	
Six-Month Average	71,744	642	6,964	60,938	315	5,938	5,860	11,387	
January	70,823	882	5,720	61,751	339	5,699	5,426	9,985	
February	69,416	663	7,953	60,717	340	5,785	5,379	10,170	
March	68,862	577	7,630	57,473	289	5,800	5,648	11,648	
April	78,745	655	8,104	67,140	350	6,611	6,277	14,220	
May	68,513	535	5,768	56,162	301	5,609	5,941	10,965	
June	74,103	540	6,607	62,386	273	6,124	6,489	11,336	
Six-Month Average	67,927	468	4,983	55,971	311	5,391	6,468	10,756	
July	56,055	327	3,814	45,863	244	4,577	5,423	9,822	
August	67,243	500	5,082	55,207	298	5,427	6,324	9,185	
September	74,068	509	6,135	65,767	343	5,835	6,797	11,293	
October	68,173	434	4,388	54,481	334	5,375	6,586	10,237	
November	68,444	511	4,374	55,404	298	5,313	6,535	10,381	
December	73,576	528	6,105	59,103	350	5,821	7,145	13,618	

/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 2004 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.

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 2,276,086 persons received Medi-Cal FFS program benefits each month in 2004. There were 119,208 more monthly users than in 2003.

The total number of users per 1,000 (FFS) eligibles increased 1.3 percent from 2003 to 2004. The total number of users for 2004 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 676 per 1,000 (FFS) eligibles in 2004.

In 2004, the Public Assistance group, which accounted for 52.8 percent of total users, had a utilization rate of 89 percent. The Medically Needy group accounted for 33 percent of the total users.

Calendar Year 2003 and 2004 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 2003 AND 2004

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2003	CALENDAR YEAR 2004	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			2003	2004	
TOTAL	2,156,878	2,276,086	685	694	1.3
Public Assistance	1,175,295	1,202,730	863	888	2.9
Aged	262,276	275,934	778	813	4.5
Blind	17,287	17,857	816	858	5.1
Disabled	572,215	618,957	845	908	7.5
Families	323,517	289,983	991	928	(6.4)
Medically Needy	690,191	742,255	567	537	(5.3)
Aged	131,323	149,863	761	806	5.9
Blind	906	784	895	981	9.6
Disabled	76,809	86,631	889	976	9.8
Families	481,153	504,976	503	456	(9.3)
Medically Indigent	60,052	103,162	468	491	4.9
Adults	4,559	5,410	1,044	1,178	12.8
Children	55,493	97,753	448	476	6.3
MI/MN Alien Without SIS	42,667	33,867	176	265	50.6
Refugee/Entrant	1,188	1,072	1,271	1,217	(4.2)
100 Percent Poverty	20,775	16,905	502	432	(13.9)
133 Percent Poverty	17,031	18,062	498	492	(1.2)
Income Disregard	64,377	69,835	643	674	4.8
Infant	13,393	15,019	562	441	(21.5)
Pregnant Woman	50,984	54,816	668	789	18.1
60-Day Postpartum	1,822	555	990	606	(38.8)
Special Treatment	32	39	615	709	15.3
Qualified Medicare Beneficiary	6,402	5,973	1,295	1,134	(12.4)
Presumptive Eligibility for Pregnant Women	58,869	58,455	INA	INA	INA
Medi-Cal Tuberculosis Program	332	313	307	299	(2.6)
Minor Consent	5,867	5,665	575	537	(6.6)
Breast and Cervical Cancer Treatment Program	4,311	6,164	991	981	(1.0)
Not Reported	7,668	11,033	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 Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0412-Benes-by-Managed_Care_Plan_2004_12, created from the December 2004 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 \$427.12 in 2004. This represents an increase of \$9.06 per eligible or 2.2 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 \$423.69.

Relative cost increases exceeding the overall 2.2 percent were experienced by the Public Assistance Aged (up 8.6 percent); Public Assistance Blind (up 5.7 percent); Public Assistance Disabled (up 5.8 percent); Medically Needy Blind (up 17.7 percent); Medically Needy Disabled (up 6.4 percent); Medically Indigent Adults (up 13.3 percent); MI/MN Alien Without SIS (up 53.3 percent); 133 Percent Poverty (up 2.8 percent); Income Disregard Pregnant Woman (up 17.0 percent); and Special Treatment (up 30.6 percent).

Public Assistance Families, Medically Needy Families, Medically Indigent Children, Refugee/Entrant, Income Disregard Infant, 60-Day Postpartum, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, Minor Consent, and Breast and Cervical Cancer Treatment programs decreased from Calendar 2003 due to shifting of the 1931(b), and Medically Needy categories.

Calendar Year 2004 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 2003 AND 2004

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2003	CALENDAR YEAR 2004	CHANGE	
			Number	Percent
TOTAL	\$418.07	\$427.12	9.06	2.2
Public Assistance	508.01	540.29	32.28	6.4
Aged	427.88	464.53	36.65	8.6
Blind	757.15	800.39	43.24	5.7
Disabled	677.49	716.83	39.34	5.8
Families	223.27	220.17	(3.10)	(1.4)
Medically Needy	404.34	385.60	(18.74)	(4.6)
Aged	1,081.27	1,084.78	3.51	0.3
Blind	1,767.33	2,080.96	313.63	17.7
Disabled	1,740.87	1,853.14	112.27	6.4
Families	160.29	149.11	(11.18)	(7.0)
Medically Indigent	164.73	138.24	(26.49)	(16.1)
Adults	1,174.64	1,330.34	155.70	13.3
Children	129.14	111.60	(17.54)	(13.6)
MI/MN Alien Without SIS	139.68	214.08	74.41	53.3
Refugee/Entrant	414.68	325.65	(89.03)	(21.5)
100 Percent Poverty	86.18	88.00	1.82	2.1
133 Percent Poverty	94.64	97.33	2.69	2.8
Income Disregard	430.69	445.77	15.08	3.5
Infant	303.89	232.67	(71.22)	(23.4)
Pregnant Woman	470.24	550.35	80.10	17.0
60-Day Postpartum	375.41	218.87	(156.54)	(41.7)
Special Treatment	691.05	902.42	211.38	30.6
Qualified Medicare Beneficiary	180.68	173.62	(7.06)	(3.9)
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	53.80	53.45	(0.35)	(0.6)
Minor Consent	333.14	328.78	(4.36)	(1.3)
Breast and Cervical Cancer Treatment Program	965.98	904.84	(61.14)	(6.3)

INA Information Not Available.

Note: FFS = Fee-For-Service.

Figures are rounded independently.

Figures in parentheses () indicate negative numbers.

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 2004 Report, and
MCSS File HCP0412_Benes_by_Managed_Care_Plan_2004_12, created from the December 2004 Month of Eligibility File
using a six-month lag.

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

During 2004, the Medi-Cal program spent an average of \$615.22 per month per user of service. This represents an increase of \$5.01 per user or 0.8 percent over the prior year.

The lowest monthly cost group was the Qualified Medicare Beneficiary at \$153.07 per user. This group is eligible solely for Medicare premiums and co-insurance/deductibles. The next lowest group is the Medi-Cal Tuberculosis program at \$178.64, followed by Presumptive Eligibility for Pregnant Women program at \$192.52 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 \$109.73 more than that of Public Assistance users.

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

The Public Assistance Aged, Blind, and Families categories showed increases of 3.8, 0.6, and 5.3 percent respectively. Medically Needy, Blind, and Families were up 7.4, and 2.5 percent from the previous year. Medically Indigent Adults increased 0.4 percent. MI/MN Alien Without SIS, 100 Percent Poverty, and 133 Percent Poverty showed increases of 2.1, 18.7, and 4.0 percent. Special Treatment showed an increase of 13.3. Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis and Minor Consent showed increases of 9.7, 4.1, 1.9, and 5.8 percent respectively.

TABLE 7

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2003 AND 2004

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2003	CALENDAR YEAR 2004	CHANGE	
			Number	Percent
TOTAL	\$610.21	\$615.22	5.01	0.8
Public Assistance	588.59	608.22	19.63	3.3
Aged	550.29	571.29	21.00	3.8
Blind	927.57	932.75	5.18	0.6
Disabled	801.31	789.16	(12.15)	(1.5)
Families	225.29	237.18	11.89	5.3
Medically Needy	712.97	717.95	4.98	0.7
Aged	1,420.54	1,346.41	(74.13)	(5.2)
Blind	1,974.11	2,120.78	146.67	7.4
Disabled	1,957.16	1,898.62	(58.54)	(3.0)
Families	318.86	326.72	7.86	2.5
Medically Indigent	351.80	281.52	(70.28)	(20.0)
Adults	1,124.91	1,129.19	4.28	0.4
Children	288.29	234.61	(53.68)	(18.6)
MI/MN Alien Without SIS	792.45	809.22	16.77	2.1
Refugee/Entrant	326.37	267.63	(58.74)	(18.0)
100 Percent Poverty	171.54	203.58	32.04	18.7
133 Percent Poverty	190.04	197.68	7.64	4.0
Income Disregard	670.24	660.89	(9.35)	(1.4)
Infant	540.60	528.03	(12.57)	(2.3)
Pregnant Woman	704.30	697.30	(7.00)	(1.0)
60-Day Postpartum	379.12	361.24	(17.88)	(4.7)
Special Treatment	1,122.95	1,272.65	149.70	13.3
Qualified Medicare Beneficiary	139.53	153.07	13.54	9.7
Presumptive Eligibility for Pregnant Women	184.97	192.52	7.55	4.1
Medi-Cal Tuberculosis Program	175.34	178.64	3.30	1.9
Minor Consent	579.18	612.52	33.34	5.8
Breast and Cervical Cancer Treatment Program	974.94	922.75	(52.19)	(5.4)
Not Reported	894.34	391.36	(502.98)	(56.2)

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

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 2004, available through the Medical Care Statistics Section). In 2004, the Medi-Cal average cost per physician outpatient visit was \$34.86. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$60.74 per visit. Visits for long-term care inpatients averaged \$34.70 per visit.

The largest expenditure category of physician services is \$150.19 for critical care visits.

In 2004, the average cost per day of care was \$127.36 for nursing facilities and \$167.05 for intermediate care facilities-developmentally disabled.

The average cost per service for Immunization and Injection increased 2.8 percent in 2004.

The average cost per drug prescription was \$81.36 in 2004, an increase of 7.2 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 2004 was \$1,315.95 for Public Assistance Families and Medically Needy Families aid categories.

TABLE 8

MEDI-CAL PROGRAM
 AVERAGE COST PER SERVICE FOR SELECTED SERVICES
 CALENDAR YEARS 2003 AND 2004

(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 2003	CALENDAR YEAR 2004	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 32.19	\$ 34.86	8.3
Hospital Inpatient Visits	61.49	60.74	(1.2)
Critical Care Visits	150.45	150.19	(0.2)
Long-Term Care Visits	35.22	34.70	(1.5)
Ophthalmological Examinations	42.56	40.89	(3.9)
Inpatient Hospital Surgery	109.96	93.08	(15.4)
Outpatient Surgery	76.80	69.68	(9.3)
Psychiatry	35.42	36.76	3.8
Immunization and Injection	37.60	38.64	2.8
Drug Prescriptions	75.87	81.36	7.2
Hospital Inpatient Day/2/	1,287.65	1,315.95	2.2
Nursing Facility Day	121.91	127.36	4.5
Intermediate Care Facility-DD Day	145.85	167.05	14.5

/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 2004, provider payments averaged \$1.4 billion per month, up 6.4 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 12.8 percent from the prior year to \$362.7 million per month.

Community Hospitals were the second highest paid provider group. Their payments increased 6.2 percent from 2003 to \$268.8 million per month in 2004.

Nursing Facilities received \$246 million per month in 2004, up 4.2 percent from the prior year.

All of the provider types showed an increase in 2004, except Dentist, Optometrist, Chiropractor, Podiatrist, County Hospital, Inpatient, and Laboratory Facility.

TABLE 9

MEDI-CAL PROGRAM
 AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
 CALENDAR YEARS 2003 AND 2004

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2003	CALENDAR YEAR 2004	CHANGE	
			Number	Percent
TOTAL	\$1,316,155,826	\$1,400,284,413	\$84,128,587	6.4
Physician	86,287,704	91,425,842	5,138,138	6.0
Pharmacy	362,736,311	409,326,472	46,590,161	12.8
Dentist	60,103,130	51,992,550	(8,110,580)	(13.5)
Optometrist	2,483,714	2,446,179	(37,535)	(1.5)
Chiropractor	110,377	109,643	(734)	(0.7)
Podiatrist	838,098	580,454	(257,644)	(30.7)
County Hospital	56,831,739	52,396,270	(4,435,469)	(7.8)
Inpatient	50,908,729	45,921,512	(4,987,217)	(9.8)
Outpatient	5,923,010	6,474,758	551,748	9.3
Community Hospital	253,191,044	268,801,668	15,610,624	6.2
Inpatient	222,526,781	235,314,276	12,787,495	5.7
Outpatient	30,664,262	33,487,392	2,823,130	9.2
State Hospital	45,495,881	48,288,869	2,792,988	6.1
Nursing Facility	236,430,810	246,335,841	9,905,031	4.2
Intermediate Care Facility-DD	27,899,705	32,074,595	4,174,890	15.0
Home Health Agency	13,163,276	13,539,271	375,995	2.9
Laboratory Facility	8,062,777	7,715,715	(347,062)	(4.3)
Medical Transportation	10,465,758	10,643,480	177,722	1.7
Rehabilitation Facility	924,616	1,010,028	85,412	9.2
Organized Outpatient Clinic	59,316,592	66,897,456	7,580,864	12.8
All Other Providers	91,814,294	96,700,080	4,885,786	5.3

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 \$427.12 in 2004, an increase of 2.2 percent from 2003.

Pharmacy was the largest expenditure category and had the highest cost per eligible per month at \$124.86, up 8.4 percent from 2003.

Community Hospitals was the second largest expenditure category at \$81.99 per month, an increase of 1.9 percent from 2003.

Nursing Facility was the third largest expenditure category and its monthly cost per eligible of \$75.14 reflected an increase of 0.1 percent from 2003.

TABLE 10
MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 2003 AND 2004
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2003	CALENDAR YEAR 2004	PERCENT CHANGE
TOTAL	\$418.07	\$427.12	2.2
Physician	27.41	27.89	1.7
Pharmacy	115.22	124.86	8.4
Dentist	19.09	15.86	(16.9)
Optometrist	0.79	0.75	(5.1)
Chiropractor	0.04	0.03	(25.0)
Podiatrist	0.27	0.18	(33.5)
County Hospital	18.05	15.98	(11.5)
Inpatient	16.17	14.01	(13.4)
Outpatient	1.88	1.97	5.0
Community Hospital	80.42	81.99	1.9
Inpatient	70.68	71.78	1.5
Outpatient	9.74	10.21	4.9
State Hospital	14.45	14.73	1.9
Nursing Facility	75.10	75.14	0.1
Intermediate Care Facility-DD	8.86	9.78	10.4
Home Health Agency	4.18	4.13	(1.2)
Laboratory Facility	2.56	2.35	(8.1)
Medical Transportation	3.32	3.25	(2.1)
Rehabilitation Facility	0.29	0.31	6.9
Organized Outpatient Clinic	18.84	20.41	8.3
All Other Providers	29.16	29.50	1.2

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 HCP0412_Benes_by_Managed_Care_Plan_2004_12, created from the December 2004 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 \$29.5 billion for Fiscal Year (FY) 2003-2004, an increase of 13.0 percent from FY 2002-2003.

The \$17.0 billion in direct fee-for-service provider payments was an increase of 13.7 percent. These expenditures accounted for 57.3 percent of the total expenditures in FY 2002-2003 and 57.6 percent in FY 2003-2004.

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 6,089,103 million persons per month. Capitation payments totaled \$785.6 million, an increase of 13.3 percent from FY 2002-2003.

Managed Care capitations increased 12.5 percent to \$5.22 billion in FY 2003-2004.

Expenditures for Early Periodic Screening Services increased 88.3 percent to \$55.2 million in FY 2003-2004 due to implementation of the CHDP Gateway program. 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 \$1.1 billion expenditure in FY 2003-2004 reflects a decrease of 14.4 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 \$1.3 billion in FY 2003-2004.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 2003-2004, these expenditures increased 24.3 percent from the prior fiscal year. Administration costs accounted for 6.6 percent of total expenditures in FY 2003-2004 and 6.0 percent of total expenditures in 2002-2003.

TABLE 11

TOTAL MEDI-CAL PROGRAM EXPENDITURES BY DATE OF PAYMENT
AND TYPE OF EXPENDITURE
FISCAL YEARS 2002 -2003 AND 2003-2004

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	2002-2003	2003-2004	
TOTAL (Excluding Administration)	\$26,078,026,493	\$29,460,425,100	13.0
Provider Payments, Fee-For-Service	14,942,003,400	16,983,051,289	13.7
Dental	693,359,667	785,554,184	13.3
Managed Care	4,639,979,786	5,222,178,974	12.5
Early Periodic Screening Services	29,326,606	55,214,277	88.3
Miscellaneous Non-Fee-For-Service	1,856,870,262	2,228,490,009	20.0
Short-Doyle/Medi-Cal	1,311,798,569	1,122,390,944	(14.4)
Medicare Buy-In	1,183,203,714	1,311,266,626	10.8
Audits and Lawsuits	(172,054,331)	11,107,090	(106.5)
Disproportionate Share Hospital (SB 855)	1,779,428,579	1,979,943,622	11.3
Recoveries	(185,889,759)	(238,906,615)	28.5
Administration	1,567,295,500	1,948,463,700	24.3

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 \$600-\$9,999, \$10,000-\$49,999, and \$100,000-\$999,999 payment intervals.

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 430 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 2004

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	47,136	7,112	12,740	9,797	3,828	9,997	3,662
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	807	32	248	95	32	105	295
LONG TERM CARE FACILITIES	2,320	6	40	68	61	1,194	951
STATE DEVELOPMENTAL CENTERS	6	0	0	0	0	0	6
STATE HOSPITALS-MENTALLY DISORDERED	3	0	0	0	0	1	2
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	351	0	10	5	5	183	148
BIRTHING CENTERS	5	0	0	2	1	2	0
CERTIFIED HOSPICE SERVICE	156	2	12	14	16	80	32
CHRONIC DIALYSIS CLINIC	370	2	12	28	26	233	69
HOME HEALTH AGENCIES	435	37	101	79	46	103	69
INDIAN HEALTH CLINICS	44	1	0	0	6	28	9
LOCAL EDUCATION AGENCIES	465	5	80	141	76	153	10
ORGANIZED OUTPATIENT CLINICS	382	19	66	89	26	122	60
OUTPATIENT HEROIN DETOXIFICATION	42	9	29	4	0	0	0
OUTPATIENT HOSPITAL DEPARTMENTS	1,001	372	219	54	29	198	129
REHAB CLINICS	98	5	9	25	21	38	0
RURAL HEALTH CLINICS	691	19	15	33	41	404	179
SURGICAL CLINICS	194	30	58	66	22	18	0
OTHER PROVIDERS							
ACUPUNCTURISTS	672	100	348	190	25	9	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	827	48	163	178	107	299	32
AUDIOLOGISTS	206	15	45	75	31	39	1
BLOOD BANKS	2	0	1	0	0	1	0
CHIROPRACTORS	448	193	221	33	1	0	0
CLINICAL LABS	333	57	69	52	32	95	28
DENTISTS	7,197	952	1,984	1,932	900	1,382	47
DISPENSING OPTICIANS/OPTICAL LAB	229	17	117	79	12	3	1
HEARING AID DISPENSERS	198	15	53	75	30	25	0
INDEPENDENT DIAGNOSTIC TESTING FACILITY	25	10	10	5	0	0	0
INDIVIDUAL NURSE PROVIDERS	77	5	41	26	5	0	0
MEDICAL TRANSPORTATION - GROUND AND AIR	564	48	99	128	70	188	31
NURSE ANESTHETISTS	88	20	40	24	3	1	0
NURSE MIDWIVES	80	7	20	27	10	16	0
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	46	6	16	12	4	8	0
OCCUPATIONAL THERAPISTS	22	9	10	2	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,663	241	741	533	106	42	0
ORTHOTISTS	22	5	7	6	0	4	0
PHARMACIES/PHARMACISTS	5,645	180	208	468	411	2,975	1,403
PHYSICAL THERAPISTS	125	61	34	27	2	1	0
PHYSICIANS (SOLO & GROUP)	20,183	4,315	7,117	4,971	1,619	2,005	156
PODIATRISTS	869	249	425	177	15	3	0
PORTABLE X-RAY	19	5	6	5	1	2	0
PROSTHETISTS	132	5	35	40	24	26	2
SPEECH THERAPISTS	94	10	31	29	11	11	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 Claim
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D0106)

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 2004. 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 2004, \$3.3 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$25.6 million (or 0.8 percent) more than was paid in the prior year (see Table 13 of the Annual Statistical Report for Calendar Year 2003).

TABLE 13

MEDI-CAL PROGRAM
 TOTAL MANAGED CARE CAPITATION PAYMENTS EXCLUDING COHS PLANS
 CALENDAR YEAR 2004

MANAGED CARE PAYMENTS BY TYPE						
MONTH/YEAR	TOTAL	2-Plan	GMC	FFS-MCN*	PHP	SPECIAL PROJCT/PCCM
Jan-04	\$268,766,496	\$227,533,142	\$33,921,873	\$0	\$208,832	\$7,102,649
Feb-04	282,389,607	241,364,984	34,038,415	0	209,177	6,777,031
Mar-04	281,379,791	240,143,699	33,842,243	0	214,803	7,179,046
Apr-04	284,710,611	240,575,135	33,738,855	0	210,283	10,186,338
May-04	270,918,850	226,694,102	33,801,811	0	217,804	10,205,133
Jun-04	276,410,841	231,624,722	33,850,838	0	215,941	10,719,340
Jul-04	261,457,740	216,981,448	33,573,010	0	218,063	10,685,219
Aug-04	276,115,161	230,822,318	34,026,832	0	226,377	11,039,634
Sep-04	281,976,442	236,408,280	33,862,681	0	248,011	11,457,470
Oct-04	279,382,484	233,859,985	33,852,542	0	258,854	11,411,103
Nov-04	280,330,192	234,763,174	34,148,465	0	264,183	11,154,370
Dec-04	277,918,558	231,720,605	34,199,428	0	264,377	11,734,148
CY TOTAL	\$3,321,756,773	\$2,792,491,594	\$406,856,993	\$0	\$2,756,705	\$119,651,481

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

* 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 2004.

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 2,679,261 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 2004. The enrollment decreased 2.4 percent from the 2,744,503 persons enrolled in the prior year.

Los Angeles County had the greatest number of managed care enrollees in 2004, 1,235,621 (46.1 percent of the total).

During 2004, Medi-Cal had contracts with HCPs in 17 counties.

TABLE 14

MEDI-CAL PROGRAM
AVERAGE MONTHLY MANAGED CARE BENEFICIARIES EXCLUDING COHS PLANS
CALENDAR YEAR 2004

COUNTY	AVERAGE MONTHLY BENEFICIARIES			
	TOTAL	2-Plan/GMC	PHP	SPECIAL PROJECTS/PCCM
Alameda	108,770	108,389	1	380
Contra Costa	52,012	51,999	4	10
Fresno	161,543	161,543	0	0
Kern	108,919	108,918	0	1
Los Angeles	1,235,621	1,232,684	0	2,936
Marin	424	3	421	0
Placer	15	15	0	0
Riverside	147,039	146,468	1	570
Sacramento	164,197	163,997	1	198
San Bernardino	184,990	184,765	0	226
San Diego	171,311	171,310	0	1
San Francisco	46,420	45,400	0	1,019
San Joaquin	79,087	79,087	0	0
Santa Clara	103,763	103,762	1	0
Sonoma	1,076	10	1,066	0
Stanislaus	34,045	34,045	0	0
Tulare	80,030	80,030	0	0
Total	2,679,261	2,672,425	1,495	5,341

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 HCP0412 Benes by Managed Care Plan 2004-12.xl
created from the December 2004 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 shown in this report are obtained from the DHS/MCSS website entitled "HCP0401_Benes_by_Managed_Care_Plan_2004_01.xls." The estimated payments come from the Monthly Contract Expenditure and Encumbrance Status Report.

In 2004 there were COHS in eight counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano and Yolo).

An average of 557,540 Medi-Cal eligibles were enrolled in COHS each month of 2004. The enrollment increased 2.1 percent from the average of 546,011 persons eligible each month in 2003.

During 2004, \$1.45 billion in capitation payments were made to COHS by the Medi-Cal program. This was \$80,850,555 million or 5.9 percent more than the \$1.37 billion paid in 2003 (see Table 15 of the Annual Statistical Report for calendar year 2003).

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$145.7 million in capitation payments were made for an average of 53,285 monthly eligibles during 2004.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$105.6 million in capitation payments were made for an average of 47,901 monthly eligibles during 2004.

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 \$237.6 million in capitation payments were made for an average of 81,151 monthly eligibles.

The CalOPTIMA in Orange County, was effective October 1, 1995. A total of \$748.4 million in capitation payments were made for an average of 292,931 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 \$210.0 million in capitation payments were made for an average of 82.3 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 2004

PLAN COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL ANNUAL CAPITATION PAYMENTS
TOTAL	557,540	\$1,447,270,817
CalOPTIMA Orange	292,931	748,368,299
Santa Barbara Health Initiative Santa Barbara	53,285	145,694,730
Health Plan of San Mateo San Mateo	47,901	105,641,060
Partnership Healthplan of CA Napa Solano Yolo	81,151	237,570,046
Central Coast Alliance for Health Monterey Santa Cruz	82,272	209,996,682

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 2004, 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, 1E, 1H.
Disabled	2E, 6A, 6C, 6E, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68.
Family	3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4A, 4C, 4F, 4G, 4K, 5K, 5X, 7A, 7J, 7X, 1, 2, 3, 4, 8, 8P, 8R, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 45, 47, 54, 59, 72, 82, 83, 0A.
Long Term Care	13, 23, 53, 63.
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, 2004 through December 31, 2004, the payments shall be made in accordance with the following aid codes:

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

Adult	81, 86, 87.
Long Term Care	13, 23, 53, 63.
IRCA/OBRA	55, 58, 5F, 5G, 5N.

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

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 137,824 persons. The monthly premiums averaged \$46.9 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 2004, Medi-Cal paid the Medicare Part B enrollment premium for an average of 976,159 persons each month. The monthly premiums for this group averaged \$66.4 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 2004

ELIGIBILITY CATEGORY	PART A		PART B	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	137,824	\$46,882,402	976,159	\$66,372,272

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 2004.

Males comprise 43.0 percent of the Medi-Cal eligibles. 52.9 percent of all eligibles are under age 21, 28.3 percent are of ages 21 to 64, and 10 percent are 65 and older.

Fifty-seven percent of all Medi-Cal eligibles are females. 46.5 percent are under age 21, 39.7 percent are of ages 21 to 64, and 13.9 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 32.5 percent of the FFS eligibles in the Public Assistance aid category. The Public Assistance aid category represents 41.3 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 33.2 percent of the users. Los Angeles county's utilization rate of 64.3 percent was 5.1 percentage points lower than the statewide average of 69.4 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 35.0 percent of the statewide total expenditures. The County's annual cost per user was \$7,781. Los Angeles County's annual cost per eligible was \$5,006.

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 18.7 percent, or approximately 18.7 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 19.2 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 \$1,851, which was 3.4 percent higher than the statewide average of \$1,791.

Physician services accounted for 6.5 percent of total expenditures statewide and 7.1 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-seven 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 (8.3 percent), internal medicine (15.1 percent), OB-GYN (7.3 percent), and pediatric specialty (6.1 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 2002-2004 period. OB-GYN, All Other, and Dentists 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 27.8 percent of the population and 37.0 percent of the eligibles, followed by Orange County accounting for 8.3 percent of the population and 5.6 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 2004.

In terms of percentages, 51.2 percent of the Medi-Cal eligibles were reported as Hispanic, 22.5 percent as White, 10.6 percent as Black, 10.1 percent as Asian/Pacific Islander, 0.4 percent American Indian/Alaskan Native, and 5.5 percent as Not Reported race/ethnicity category.

Table 27 shows the number of providers by provider type and status. As of December 31, 2004, there were 79,338 providers with Active Status, 280,066 providers with Inactive Status, 529 providers with Pending Status, 3,922 providers with Deceased Status, 2,404 providers with Suspended Status, 73,345 providers with Indirect Status, and 262 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 2004

(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	6,479,986	3,430,807	267,121	228,846	204,254	196,591	191,667	182,514	170,842	164,333	164,535	165,069
Alameda	213,991	102,375	7,548	6,640	6,057	5,556	5,428	5,148	4,825	4,606	4,623	4,713
Alpine	202	114	8	11	4	9	5	11	10	2	7	7
Amador	3,049	1,454	86	95	82	60	66	74	71	67	59	86
Butte	45,838	22,626	1,337	1,271	1,161	1,147	1,096	1,109	1,052	1,030	1,080	1,087
Calaveras	4,921	2,441	135	132	117	116	126	120	97	122	104	117
Colusa	4,538	2,424	228	189	142	154	131	150	111	108	108	116
Contra Costa	104,826	52,483	4,307	3,565	3,166	3,044	2,807	2,736	2,560	2,458	2,467	2,419
Del Norte	7,583	3,650	215	192	198	179	185	166	194	161	157	187
El Dorado	13,980	6,735	568	427	414	366	365	334	299	288	291	276
Fresno	257,968	148,331	10,593	9,411	8,245	8,238	7,992	7,691	7,328	7,208	7,082	7,187
Glenn	6,432	3,512	283	239	203	201	191	172	173	152	168	153
Humboldt	25,036	11,606	842	717	630	587	560	586	569	517	530	510
Imperial	45,892	22,965	1,669	1,369	1,259	1,138	1,228	1,168	998	1,047	1,020	1,035
Inyo	2,772	1,340	114	89	75	77	59	72	60	59	71	60
Kern	188,594	108,105	8,330	7,340	6,588	6,283	6,187	5,853	5,484	5,276	5,283	5,158
Kings	29,626	17,119	1,319	1,178	1,011	1,027	978	921	920	801	806	787
Lake	14,820	6,628	373	366	320	328	329	329	284	311	321	323
Lassen	4,843	2,424	161	150	130	123	128	113	127	116	98	99
Los Angeles	2,367,738	1,244,457	87,101	78,876	72,259	70,465	70,617	67,252	63,360	62,121	62,200	62,503
Madera	35,450	20,110	1,642	1,378	1,292	1,245	1,188	1,081	1,072	1,049	924	931
Marin	15,982	6,678	709	517	442	373	385	329	304	276	275	258
Mariposa	2,284	1,083	47	66	43	58	59	60	55	42	53	52
Mendocino	20,062	9,964	698	627	517	540	546	526	472	447	441	492
Merced	70,424	40,438	2,645	2,651	2,455	2,327	2,216	2,033	1,961	1,883	1,982	1,920
Modoc	2,224	1,076	67	59	45	46	54	61	43	47	44	53
Mono	1,140	650	84	58	55	30	23	34	30	27	29	23
Monterey	70,905	40,015	4,307	3,290	2,811	2,524	2,285	2,147	1,906	1,765	1,785	1,764
Napa	12,018	5,862	616	497	396	360	320	322	271	276	263	236
Nevada	7,974	3,656	304	253	167	187	170	177	157	173	187	152
Orange	365,812	199,354	19,914	15,415	13,305	12,556	12,314	11,135	10,126	9,697	9,466	9,462

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 2004
(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	22,133	10,841	950	767	671	635	564	620	492	506	520	499
Plumas	2,621	1,144	69	75	50	52	50	64	60	44	58	58
Riverside	275,004	161,729	14,808	11,767	10,254	9,722	9,353	8,930	8,162	7,662	7,475	7,667
Sacramento	266,440	142,383	8,977	8,190	7,492	7,373	7,190	6,950	6,897	6,723	6,880	7,137
San Benito	7,662	4,299	394	329	317	262	245	260	231	183	199	167
San Bernardino	357,744	211,056	16,885	14,037	12,453	12,242	11,745	11,502	10,958	10,214	10,348	10,325
San Diego	346,578	184,569	16,565	12,702	10,626	10,456	10,269	9,668	8,894	8,628	8,833	8,890
San Francisco	122,900	40,724	3,222	2,675	2,355	2,258	2,020	1,897	1,802	1,728	1,752	1,836
San Joaquin	137,768	75,674	5,780	4,906	4,486	4,345	3,997	3,881	3,735	3,487	3,491	3,528
San Luis Obispo	28,256	13,725	1,253	983	770	743	741	704	684	601	635	635
San Mateo	61,945	28,980	2,974	2,544	2,100	1,829	1,669	1,565	1,415	1,265	1,150	1,173
Santa Barbara	65,693	35,763	3,501	2,764	2,369	2,208	2,143	1,911	1,847	1,582	1,628	1,584
Santa Clara	223,868	104,159	8,660	7,632	6,953	6,171	5,748	5,438	4,973	4,620	4,584	4,473
Santa Cruz	33,425	17,393	1,811	1,317	1,114	1,019	961	817	801	754	733	687
Shasta	35,526	16,625	1,126	934	861	857	772	835	795	743	791	772
Sierra	421	190	13	5	8	9	4	6	6	11	9	13
Siskiyou	9,796	4,521	283	257	220	229	217	237	205	221	215	198
Solano	53,663	27,916	2,166	1,917	1,699	1,621	1,561	1,481	1,328	1,313	1,285	1,296
Sonoma	46,500	22,954	2,438	1,901	1,509	1,402	1,246	1,227	1,035	943	962	928
Stanislaus	114,988	62,005	4,419	4,026	3,733	3,453	3,290	3,282	3,061	2,859	3,006	2,995
Sutter	17,616	9,177	789	627	536	517	502	501	459	421	416	419
Tehama	13,606	6,864	501	412	405	380	345	375	329	303	348	351
Trinity	2,449	1,066	64	51	51	52	41	42	56	58	48	50
Tulare	133,091	76,250	5,739	5,156	4,637	4,635	4,327	4,160	3,845	3,641	3,562	3,545
Tuolumne	7,197	3,331	214	201	164	159	147	168	155	157	188	135
Ventura	101,382	54,070	5,539	4,069	3,522	3,282	3,224	2,897	2,579	2,418	2,378	2,370
Yolo	27,244	14,224	1,114	947	824	780	769	733	651	690	679	710
Yuba	17,546	9,500	617	587	486	556	489	453	468	426	438	462

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 2004
(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	165,498	161,522	161,282	155,864	149,421	138,758	132,943	126,686	115,909	96,694	90,458
Alameda	4,759	4,702	4,825	4,560	4,556	4,520	4,444	4,360	3,886	3,376	3,243
Alpine	3	4	4	2	2	3	5	5	4	4	4
Amador	63	70	65	68	71	72	68	80	67	42	42
Butte	1,113	1,049	1,084	1,164	1,113	1,158	1,000	1,019	941	802	813
Calaveras	104	123	106	146	129	141	118	108	109	91	80
Colusa	104	112	105	96	86	96	83	89	93	66	57
Contra Costa	2,376	2,395	2,376	2,326	2,341	2,153	2,145	1,951	1,809	1,583	1,499
Del Norte	163	171	189	187	187	161	163	160	154	141	140
El Dorado	315	310	282	335	338	291	276	291	227	231	211
Fresno	7,296	7,254	7,324	7,170	6,853	6,312	5,970	5,875	5,120	4,195	3,987
Glenn	160	175	159	163	145	161	155	149	125	91	94
Humboldt	557	506	510	574	541	549	535	495	478	421	392
Imperial	1,068	1,093	1,122	1,104	1,110	1,066	1,041	1,034	907	764	725
Inyo	62	63	57	66	60	52	53	68	42	51	30
Kern	5,400	5,109	5,179	4,919	4,558	4,310	4,097	3,857	3,477	2,806	2,611
Kings	747	807	772	789	731	671	636	611	596	519	492
Lake	324	309	357	353	367	357	321	292	266	221	177
Lassen	121	103	108	117	125	113	128	96	94	84	90
Los Angeles	62,298	60,585	60,508	57,996	54,970	49,745	48,000	45,640	42,168	34,355	31,438
Madera	928	923	896	852	830	783	713	692	609	561	521
Marin	287	241	267	276	251	272	239	249	231	229	268
Mariposa	53	57	57	68	55	56	52	50	37	28	35
Mendocino	493	409	437	478	458	438	437	392	368	370	378
Merced	1,964	1,991	1,948	1,888	1,829	1,688	1,601	1,566	1,459	1,291	1,140
Modoc	51	46	60	56	56	56	56	60	47	38	31
Mono	29	18	31	34	20	21	21	18	25	20	20
Monterey	1,718	1,703	1,654	1,520	1,528	1,332	1,314	1,263	1,245	1,098	1,056
Napa	247	249	244	224	215	201	210	205	173	183	154
Nevada	170	160	172	174	161	169	162	153	138	142	128
Orange	9,073	8,832	8,651	7,955	7,321	6,599	6,407	5,952	5,699	4,820	4,655

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 2004

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	480	462	451	469	462	415	410	406	377	362	323
Plumas	62	46	51	59	61	69	47	59	42	32	36
Riverside	7,626	7,288	7,156	7,000	6,704	6,348	5,874	5,450	4,830	3,961	3,692
Sacramento	7,255	7,239	7,291	7,013	6,784	6,683	6,249	5,960	5,455	4,539	4,106
San Benito	208	177	166	150	162	150	128	143	152	146	130
San Bernardino	10,467	10,144	10,205	9,735	9,388	8,822	8,059	7,634	6,299	4,875	4,719
San Diego	9,027	8,745	8,732	8,520	8,207	7,648	7,186	6,594	5,692	4,544	4,143
San Francisco	1,805	1,753	1,837	1,752	1,734	1,891	1,837	1,827	1,701	1,553	1,489
San Joaquin	3,520	3,450	3,508	3,485	3,422	3,182	3,076	3,024	2,765	2,354	2,252
San Luis Obispo	593	624	614	594	613	584	532	513	466	411	432
San Mateo	1,237	1,118	1,141	1,146	1,106	1,005	1,033	938	964	822	786
Santa Barbara	1,590	1,521	1,586	1,444	1,386	1,254	1,290	1,164	1,122	941	928
Santa Clara	4,655	4,543	4,311	4,231	4,189	3,790	3,911	3,790	3,911	3,780	3,796
Santa Cruz	675	701	715	747	701	701	730	722	627	557	503
Shasta	811	802	793	811	857	816	727	699	702	559	562
Sierra	6	9	11	12	14	16	9	9	9	6	5
Siskiyou	185	210	201	226	273	216	225	208	191	156	148
Solano	1,308	1,274	1,288	1,253	1,249	1,080	1,074	1,020	1,017	844	842
Sonoma	923	912	886	876	911	871	844	901	830	720	689
Stanislaus	2,892	2,829	2,874	2,868	2,771	2,622	2,555	2,375	2,325	1,932	1,838
Sutter	419	417	440	416	407	365	371	318	319	258	260
Tehama	331	341	332	334	306	296	279	281	226	196	193
Trinity	48	58	64	53	67	65	54	57	40	26	21
Tulare	3,673	3,653	3,482	3,503	3,288	3,085	2,900	2,764	2,554	2,135	1,966
Tuolumne	152	165	155	163	158	196	136	138	139	132	109
Ventura	2,353	2,335	2,269	2,263	2,111	2,014	1,924	1,923	1,716	1,533	1,351
Yolo	680	698	691	632	621	598	602	550	480	425	350
Yuba	471	439	483	449	462	430	431	439	364	272	278

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 2004
 (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	3,049,179	267,271	351,957	348,295	321,786	286,869	230,323	179,987	142,744	125,235	794,712
Alameda	111,616	8,943	10,902	10,518	10,043	9,889	8,909	7,547	5,827	4,661	34,377
Alpine	88	3	14	13	6	7	13	8	9	4	11
Amador	1,595	133	145	127	157	163	159	122	93	95	401
Butte	23,212	2,107	2,490	2,372	2,374	2,549	2,236	1,865	1,438	1,183	4,598
Calaveras	2,480	200	241	229	259	275	234	210	149	125	558
Colusa	2,114	229	274	243	218	185	163	109	116	90	487
Contra Costa	52,343	4,632	6,104	5,639	5,004	4,786	3,910	3,252	2,640	2,179	14,197
Del Norte	3,933	382	394	361	394	474	423	338	255	229	683
El Dorado	7,245	689	830	716	741	764	678	534	367	324	1,602
Fresno	109,637	12,333	14,821	13,310	12,561	11,073	8,513	6,533	5,071	4,187	21,235
Glenn	2,920	274	346	380	338	291	239	174	150	136	592
Humboldt	13,430	1,163	1,599	1,443	1,362	1,550	1,494	1,233	909	653	2,024
Imperial	22,927	1,913	2,120	1,882	2,146	2,133	1,710	1,353	1,129	1,005	7,536
Inyo	1,432	108	156	153	136	132	108	104	76	72	387
Kern	80,489	9,319	11,635	10,318	9,422	8,289	6,264	4,652	3,704	3,100	13,786
Kings	12,507	1,531	1,805	1,554	1,494	1,202	887	669	507	454	2,404
Lake	8,192	559	735	731	782	928	840	735	610	511	1,761
Lassen	2,419	248	253	258	246	251	198	174	175	114	502
Los Angeles	1,123,281	88,286	129,699	139,131	127,783	105,981	80,786	60,109	47,625	43,055	300,826
Madera	15,340	1,834	2,416	2,146	1,754	1,458	1,036	769	613	507	2,807
Marin	9,304	721	1,103	979	877	841	747	721	597	436	2,282
Mariposa	1,201	99	101	102	116	160	115	101	77	63	267
Mendocino	10,098	856	1,272	1,148	1,042	1,070	932	805	676	484	1,813
Merced	29,986	3,642	4,220	3,754	3,441	2,911	2,251	1,715	1,260	1,114	5,678
Modoc	1,148	95	126	130	118	98	114	75	76	56	260
Mono	490	61	75	80	63	50	42	20	15	16	68
Monterey	30,890	3,924	4,861	4,227	3,093	2,567	2,008	1,558	1,148	1,021	6,483
Napa	6,156	526	699	689	604	553	449	347	286	252	1,751
Nevada	4,318	346	437	407	402	462	420	350	284	200	1,010
Orange	166,458	12,999	17,815	19,028	16,955	14,436	11,479	8,913	7,076	6,716	51,041

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 2004
(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	11,292	1,103	1,273	1,113	1,046	1,087	862	765	582	524	2,937
Plumas	1,477	118	136	111	119	146	161	131	114	93	348
Riverside	113,275	11,778	13,677	12,183	11,355	10,233	8,364	6,488	5,550	5,228	28,419
Sacramento	124,057	11,468	13,858	13,656	13,224	13,165	11,218	8,926	6,828	5,907	25,807
San Benito	3,363	429	494	413	365	287	190	152	92	101	840
San Bernardino	146,688	15,380	18,725	16,884	15,852	14,479	11,622	8,781	7,111	6,436	31,418
San Diego	162,009	12,481	15,385	15,485	14,896	14,820	12,891	10,565	8,499	7,736	49,251
San Francisco	82,176	3,123	4,545	5,073	5,495	6,318	6,484	5,950	4,806	4,027	36,355
San Joaquin	62,094	6,722	7,862	7,014	6,437	5,815	4,842	4,110	3,387	2,792	13,113
San Luis Obispo	14,531	1,465	1,820	1,693	1,421	1,569	1,231	1,041	783	590	2,918
San Mateo	32,965	2,549	3,477	3,163	2,702	2,265	1,893	1,514	1,350	1,150	12,902
Santa Barbara	29,930	3,356	4,187	3,812	3,262	2,936	2,233	1,789	1,379	1,076	5,900
Santa Clara	119,709	10,023	12,562	12,311	10,632	9,403	7,814	6,422	4,850	4,431	41,261
Santa Cruz	16,032	1,496	2,028	1,833	1,743	1,611	1,341	1,165	849	595	3,371
Shasta	18,901	1,708	2,009	1,883	1,891	2,109	1,876	1,522	1,220	1,042	3,641
Sierra	231	16	12	18	22	26	13	15	11	17	81
Siskiyou	5,275	413	510	464	468	590	584	474	381	308	1,083
Solano	25,747	2,751	3,478	2,991	2,690	2,481	1,914	1,385	1,032	846	6,179
Sonoma	23,546	2,091	2,587	2,397	2,234	2,314	2,103	1,849	1,474	1,101	5,396
Stanislaus	52,983	5,491	6,652	6,177	5,838	5,361	4,197	3,269	2,831	2,368	10,799
Sutter	8,439	757	1,015	911	922	762	598	498	422	413	2,141
Tehama	6,742	637	695	741	698	767	572	487	410	351	1,384
Trinity	1,383	83	124	95	118	165	151	164	104	104	275
Tulare	56,841	6,660	8,242	7,547	6,831	5,585	4,319	3,116	2,417	2,021	10,103
Tuolumne	3,866	325	428	324	363	433	362	305	253	199	874
Ventura	47,312	4,678	6,129	5,634	4,964	4,367	3,332	2,547	1,931	1,732	11,998
Yolo	13,020	1,168	1,402	1,472	1,411	1,377	1,077	858	657	577	3,021
Yuba	8,046	847	957	829	856	870	722	604	463	428	1,470

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

Source: State of California, Department of Health Services, MCSS File Ages0407_Benes_by_Age_2004_07, created from the December 2004

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 2004
 (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	3,699,028	1,719,290	131,223	112,147	100,254	96,399	93,975	89,247	83,490	80,140	80,366	81,163
Alameda	124,471	51,747	3,752	3,340	2,992	2,689	2,652	2,526	2,254	2,238	2,281	2,341
Alpine	119	63	5	6	3	5	3	7	7	1	4	4
Amador	1,806	744	41	44	48	28	34	41	35	33	30	39
Butte	25,646	11,260	656	637	542	564	538	509	503	520	532	552
Calaveras	2,766	1,175	64	54	46	50	62	51	41	70	58	51
Colusa	2,546	1,229	101	90	66	85	69	78	48	49	50	55
Contra Costa	61,386	26,389	2,094	1,730	1,533	1,504	1,392	1,333	1,210	1,148	1,195	1,211
Del Norte	4,187	1,815	96	103	84	89	92	80	109	80	65	77
El Dorado	8,036	3,357	282	197	206	184	185	168	148	123	124	129
Fresno	144,333	74,715	5,205	4,586	4,115	4,020	3,961	3,824	3,636	3,514	3,480	3,522
Glenn	3,662	1,807	148	131	97	99	95	95	75	83	85	77
Humboldt	13,896	5,735	427	357	298	275	269	284	258	259	253	232
Imperial	25,660	11,431	826	675	610	531	564	581	486	496	512	492
Inyo	1,580	661	54	44	27	29	20	45	27	27	32	31
Kern	105,658	54,542	4,152	3,640	3,215	3,089	3,079	2,883	2,671	2,680	2,595	2,565
Kings	16,802	8,731	647	593	505	505	516	424	445	415	399	394
Lake	8,406	3,394	184	176	163	176	175	173	131	157	166	159
Lassen	2,760	1,221	84	75	74	53	58	51	55	62	48	52
Los Angeles	1,354,762	621,382	42,747	38,573	35,534	34,520	34,538	33,010	30,917	30,215	30,606	30,590
Madera	19,610	10,061	821	687	640	600	557	517	520	508	432	459
Marin	9,213	3,289	339	252	219	176	195	161	130	158	130	123
Mariposa	1,314	558	23	32	23	29	29	31	31	24	29	29
Mendocino	11,200	4,934	340	308	260	261	241	261	219	217	207	260
Merced	39,437	20,262	1,328	1,334	1,221	1,148	1,087	964	935	904	947	959
Modoc	1,214	505	31	31	20	18	27	25	21	24	19	34
Mono	683	341	48	38	32	17	12	16	16	11	8	10
Monterey	40,457	20,442	2,053	1,621	1,424	1,247	1,142	1,051	944	885	878	839
Napa	6,795	2,929	304	240	183	167	160	158	133	128	123	117
Nevada	4,620	1,790	160	126	73	89	84	86	69	77	75	69
Orange	209,812	100,074	9,768	7,586	6,557	6,195	5,989	5,425	5,014	4,716	4,633	4,663

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 2004

(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	13,019	5,439	459	368	318	303	288	324	252	233	241	252
Plumas	1,532	573	41	33	27	27	25	34	29	21	22	29
Riverside	157,682	81,237	7,361	5,816	5,043	4,777	4,529	4,353	3,949	3,702	3,611	3,770
Sacramento	150,939	71,357	4,457	3,957	3,699	3,653	3,506	3,400	3,396	3,271	3,330	3,542
San Benito	4,555	2,206	210	160	164	125	119	136	113	88	109	83
San Bernardino	204,870	105,716	8,261	6,784	6,071	5,929	5,827	5,521	5,423	4,990	5,078	5,124
San Diego	200,025	92,402	8,182	6,257	5,140	5,161	4,981	4,693	4,359	4,170	4,275	4,258
San Francisco	67,792	20,340	1,565	1,285	1,129	1,108	1,001	914	866	853	864	917
San Joaquin	77,698	37,950	2,773	2,400	2,188	2,112	1,972	1,888	1,821	1,691	1,677	1,760
San Luis Obispo	16,322	6,984	648	468	378	373	383	369	350	317	315	294
San Mateo	36,702	14,566	1,464	1,213	978	893	850	783	708	627	560	582
Santa Barbara	37,652	18,063	1,717	1,385	1,207	1,105	1,052	926	907	776	775	783
Santa Clara	128,760	52,165	4,217	3,707	3,323	3,010	2,815	2,669	2,479	2,305	2,230	2,214
Santa Cruz	18,926	8,695	840	632	581	530	459	410	393	358	350	350
Shasta	20,176	8,267	534	447	442	410	356	418	384	364	361	376
Sierra	228	86	4	2	3	4	1	3	3	5	4	8
Siskiyou	5,469	2,239	135	138	108	131	105	110	100	102	99	105
Solano	31,549	13,988	1,067	932	824	769	735	742	663	639	595	621
Sonoma	26,838	11,521	1,186	912	745	712	605	576	503	456	468	459
Stanislaus	65,237	31,025	2,126	1,976	1,831	1,724	1,618	1,618	1,500	1,387	1,482	1,487
Sutter	9,925	4,559	377	289	238	255	241	268	231	203	208	220
Tehama	7,777	3,555	238	198	188	193	194	199	150	165	188	176
Trinity	1,359	543	28	23	27	27	23	23	31	24	23	25
Tulare	73,538	38,361	2,837	2,597	2,321	2,289	2,177	1,960	1,886	1,731	1,712	1,775
Tuolumne	4,245	1,677	108	90	81	79	65	76	78	83	105	73
Ventura	58,329	27,460	2,779	2,030	1,752	1,624	1,629	1,420	1,271	1,198	1,154	1,161
Yolo	15,323	6,999	539	467	406	367	363	338	323	347	311	343
Yuba	9,724	4,734	290	275	232	267	231	218	234	212	223	241

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 2004

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	80,711	78,602	79,405	76,626	73,401	68,330	66,564	64,906	63,322	59,613	59,406
Alameda	2,357	2,322	2,432	2,258	2,225	2,271	2,283	2,306	2,159	1,994	2,075
Alpine	2	1	2	1		1	4	1	2	2	2
Amador	28	36	32	32	37	31	36	41	39	26	33
Butte	532	513	539	552	541	549	492	492	504	469	524
Calaveras	50	55	49	72	61	70	56	54	51	57	53
Colusa	61	58	56	49	41	45	39	46	58	45	40
Contra Costa	1,155	1,186	1,161	1,159	1,143	1,099	1,154	974	985	1,004	1,019
Del Norte	85	84	100	106	90	74	87	80	78	75	81
El Dorado	155	157	133	161	166	157	142	143	125	130	142
Fresno	3,620	3,480	3,602	3,539	3,378	3,174	3,024	2,943	2,803	2,651	2,638
Glenn	71	87	78	88	66	86	85	84	67	53	57
Humboldt	276	252	254	255	272	268	246	240	266	250	244
Imperial	504	502	554	552	573	532	511	539	500	449	442
Inyo	36	37	31	28	30	30	25	36	23	28	21
Kern	2,654	2,473	2,525	2,389	2,187	2,207	2,051	2,051	1,935	1,781	1,720
Kings	378	395	379	378	369	314	319	329	335	340	352
Lake	148	155	170	176	206	191	176	147	128	137	100
Lassen	62	55	60	51	62	49	61	41	51	56	61
Los Angeles	30,428	29,481	29,913	28,610	27,065	24,391	23,878	23,340	22,670	20,467	19,889
Madera	442	431	452	403	419	380	375	360	347	356	355
Marin	132	108	129	131	106	140	115	117	121	144	163
Mariposa	25	23	30	34	26	24	25	23	23	17	28
Mendocino	240	195	201	235	224	205	204	199	191	220	246
Merced	949	963	957	943	896	822	779	814	800	789	723
Modoc	22	18	16	27	31	24	24	28	24	24	17
Mono	15	9	14	16	13	9	10	7	14	12	14
Monterey	850	840	828	757	757	638	712	684	747	776	769
Napa	113	130	122	112	113	95	101	104	110	119	97
Nevada	71	75	72	81	90	72	80	78	78	102	83
Orange	4,348	4,343	4,185	3,913	3,584	3,306	3,319	3,084	3,188	3,067	3,191

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 2004

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	246	231	205	209	237	200	194	214	215	218	232
Plumas	34	15	22	34	28	32	26	33	18	18	25
Riverside	3,690	3,552	3,506	3,424	3,295	3,140	2,951	2,770	2,688	2,650	2,660
Sacramento	3,518	3,547	3,560	3,456	3,414	3,260	3,032	3,017	2,930	2,705	2,707
San Benito	106	92	79	78	79	81	56	78	82	85	83
San Bernardino	5,144	4,986	4,949	4,812	4,567	4,335	4,011	3,869	3,494	3,214	3,327
San Diego	4,418	4,161	4,289	4,139	3,990	3,784	3,661	3,461	3,185	2,971	2,867
San Francisco	891	867	896	863	847	933	932	936	882	884	907
San Joaquin	1,659	1,722	1,819	1,732	1,655	1,572	1,523	1,543	1,518	1,468	1,457
San Luis Obispo	277	311	287	287	297	289	264	262	235	285	295
San Mateo	606	567	549	537	519	505	538	478	570	510	529
Santa Barbara	748	716	783	701	679	611	654	598	652	626	662
Santa Clara	2,350	2,226	2,176	2,120	2,031	1,797	1,890	1,939	2,093	2,223	2,351
Santa Cruz	337	322	345	360	342	339	362	362	334	349	340
Shasta	422	358	362	414	443	405	361	359	364	326	361
Sierra	3	6	4	5	6	7	4	4	3	5	2
Siskiyou	98	79	90	100	132	97	125	104	105	86	90
Solano	609	633	645	598	600	516	552	553	575	537	583
Sonoma	455	441	430	421	442	431	411	474	462	448	484
Stanislaus	1,381	1,340	1,403	1,380	1,355	1,278	1,294	1,207	1,268	1,177	1,193
Sutter	192	201	222	181	191	166	197	180	162	165	172
Tehama	165	155	161	171	157	148	150	151	144	140	124
Trinity	24	36	36	27	29	33	32	28	20	12	12
Tulare	1,796	1,778	1,700	1,769	1,637	1,526	1,412	1,363	1,419	1,339	1,337
Tuolumne	71	76	81	72	81	101	69	67	70	79	72
Ventura	1,106	1,175	1,162	1,078	1,053	980	967	986	971	1,010	954
Yolo	320	323	336	333	310	280	270	262	248	272	241
Yuba	236	222	232	217	214	230	213	223	193	171	160

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 2004

(COHS, PHPs, 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	1,979,738	204,536	254,391	237,138	208,354	175,784	133,642	100,367	80,291	72,230	513,005
Alameda	72,724	6,791	8,222	7,372	6,598	6,149	5,193	4,155	3,203	2,627	22,414
Alpine	56	3	9	7	4	2	9	5	6	3	8
Amador	1,062	99	94	84	101	115	88	73	44	59	305
Butte	14,386	1,509	1,652	1,470	1,474	1,528	1,203	1,030	808	673	3,039
Calaveras	1,591	146	170	155	168	177	142	125	78	67	363
Colusa	1,317	163	197	159	141	98	97	59	62	51	290
Contra Costa	34,997	3,553	4,391	3,844	3,328	2,993	2,269	1,801	1,561	1,367	9,890
Del Norte	2,372	246	258	219	235	281	234	174	142	136	447
El Dorado	4,679	512	577	462	490	470	378	279	182	187	1,142
Fresno	69,618	9,201	10,349	8,732	7,842	6,694	4,821	3,593	2,836	2,364	13,186
Glenn	1,855	214	254	228	209	176	140	109	81	74	370
Humboldt	8,161	830	1,070	889	869	888	788	639	484	345	1,359
Imperial	14,229	1,409	1,504	1,300	1,472	1,360	1,048	759	579	540	4,258
Inyo	919	84	120	103	91	78	61	51	37	41	253
Kern	51,116	6,745	7,866	6,710	5,970	4,985	3,617	2,629	2,139	1,776	8,679
Kings	8,071	1,134	1,243	1,014	958	727	519	377	312	268	1,519
Lake	5,012	382	484	491	492	543	460	415	318	283	1,144
Lassen	1,539	174	171	172	161	155	111	94	109	65	327
Los Angeles	733,380	68,064	94,251	94,607	82,957	65,865	48,110	34,041	26,891	24,894	193,700
Madera	9,549	1,331	1,632	1,329	1,066	837	582	427	342	284	1,719
Marin	5,924	515	747	663	558	508	415	388	337	241	1,552
Mariposa	756	71	71	74	78	92	56	55	44	36	179
Mendocino	6,266	636	876	746	628	627	519	422	361	273	1,178
Merced	19,175	2,670	2,915	2,464	2,148	1,785	1,348	976	718	634	3,517
Modoc	709	65	83	74	81	59	63	50	41	34	159
Mono	342	51	54	57	41	39	27	14	5	12	42
Monterey	20,015	2,998	3,396	2,736	1,967	1,593	1,130	877	642	600	4,076
Napa	3,866	385	494	468	343	329	265	181	154	138	1,109
Nevada	2,830	256	316	270	283	276	238	192	155	113	731
Orange	109,738	10,489	13,672	13,566	11,211	8,880	6,620	5,010	3,870	3,902	32,518

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 2004

(COHS, PHPs, 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	7,580	832	867	755	721	681	508	433	343	331	2,109
Plumas	959	85	89	78	81	99	101	70	63	50	243
Riverside	76,445	9,421	10,390	8,887	7,656	6,480	4,907	3,769	3,240	3,095	18,600
Sacramento	79,582	8,750	10,029	9,270	8,442	7,861	6,319	4,889	3,899	3,445	16,678
San Benito	2,349	352	369	317	249	187	111	94	56	58	556
San Bernardino	99,154	12,063	13,991	12,045	10,793	9,223	7,048	5,177	4,187	3,767	20,860
San Diego	107,623	9,980	11,739	11,224	10,026	9,173	7,524	5,999	4,911	4,562	32,485
San Francisco	47,452	2,326	3,313	3,260	3,118	3,228	2,948	2,582	2,205	1,994	22,478
San Joaquin	39,748	4,963	5,484	4,704	4,124	3,532	2,838	2,330	1,959	1,600	8,214
San Luis Obispo	9,338	1,063	1,250	1,077	904	937	718	569	445	347	2,028
San Mateo	22,136	2,038	2,611	2,168	1,800	1,399	1,071	836	742	694	8,777
Santa Barbara	19,589	2,615	3,068	2,618	2,103	1,753	1,269	972	751	608	3,832
Santa Clara	76,595	7,480	8,893	8,300	6,779	5,666	4,555	3,582	2,601	2,580	26,159
Santa Cruz	10,231	1,187	1,471	1,247	1,089	925	769	585	452	303	2,203
Shasta	11,909	1,181	1,314	1,196	1,211	1,263	1,038	832	732	618	2,524
Sierra	142	9	9	14	13	16	8	7	5	10	51
Siskiyou	3,230	297	336	268	289	389	324	254	197	173	703
Solano	17,561	2,124	2,507	2,094	1,819	1,567	1,146	819	617	528	4,340
Sonoma	15,317	1,664	1,903	1,651	1,448	1,376	1,142	983	827	632	3,691
Stanislaus	34,212	4,081	4,628	4,089	3,694	3,287	2,476	1,875	1,660	1,429	6,993
Sutter	5,366	565	684	609	579	454	336	266	256	250	1,367
Tehama	4,222	460	449	470	426	448	327	269	243	196	934
Trinity	816	58	88	62	84	106	79	70	53	50	166
Tulare	35,177	4,875	5,507	4,777	4,114	3,199	2,305	1,726	1,348	1,142	6,184
Tuolumne	2,568	231	302	212	240	276	225	180	154	112	636
Ventura	30,869	3,606	4,313	3,773	3,128	2,607	1,957	1,421	1,128	1,043	7,893
Yolo	8,324	888	1,020	990	940	807	629	461	390	289	1,910
Yuba	4,990	616	629	518	520	536	413	317	286	237	918

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

Source: State of California, Department of Health Services, MCSS File Ages0407_Benes_by_Age_2004_07, Created from the December 2004 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 2004

(FFS ONLY)

COUNTY	PUBLIC ASSISTANCE						MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	3,278,404	1,353,957	339,352	20,810	681,408	312,387	1,382,011	186,006	799	88,757	1,106,449
Alameda	102,900	54,751	16,010	907	29,941	7,893	34,409	9,897	23	4,472	20,016
Alpine	210	83	6	0	30	47	105	3	0	7	95
Amador	3,077	1,250	123	10	527	590	1,545	224	1	116	1,204
Butte	46,090	22,241	1,442	232	9,706	10,861	20,236	1,970	10	1,181	17,075
Calaveras	4,885	2,290	220	28	981	1,060	2,192	211	0	111	1,871
Colusa	4,414	1,203	207	20	488	489	2,608	165	0	62	2,381
Contra Costa	52,172	24,983	6,067	438	14,679	3,800	20,625	4,464	14	2,143	14,005
Del Norte	7,676	4,558	266	24	1,910	2,357	2,668	222	1	151	2,294
El Dorado	14,098	5,641	582	62	2,568	2,430	7,056	753	10	384	5,910
Fresno	96,919	43,871	10,162	729	24,915	8,065	40,171	4,833	20	2,113	33,204
Glenn	6,471	2,460	274	24	880	1,282	3,277	196	1	90	2,990
Humboldt	25,041	12,343	723	114	6,549	4,958	10,548	790	2	593	9,162
Imperial	46,027	21,252	4,664	157	5,735	10,696	21,618	1,520	4	545	19,550
Inyo	2,789	829	116	7	383	322	1,722	204	0	93	1,424
Kern	79,344	34,503	5,845	540	20,207	7,912	33,011	4,209	9	2,116	26,676
Kings	29,589	12,090	1,197	97	3,624	7,173	15,005	660	1	261	14,083
Lake	14,738	8,212	875	76	3,693	3,569	5,730	523	1	329	4,876
Lassen	4,850	2,539	180	31	1,010	1,318	1,976	184	2	89	1,700
Los Angeles	1,174,697	440,233	150,910	7,701	224,116	57,506	501,508	72,990	470	29,396	398,652
Madera	35,314	13,125	1,351	111	3,566	8,097	18,939	732	1	306	17,901
Marin	15,506	5,885	883	77	2,984	1,941	7,990	992	4	575	6,420
Mariposa	2,293	1,016	116	15	392	493	1,122	115	1	73	933
Mendocino	20,370	8,378	741	65	3,755	3,818	10,109	667	2	367	9,073
Merced	70,382	31,092	2,708	230	8,235	19,919	33,233	1,581	19	653	30,981
Modoc	2,196	952	96	5	337	515	1,088	112	1	52	922
Mono	1,101	276	29	3	92	152	582	26	0	24	532
Monterey	16,593	188	11	1	48	129	11,022	123	0	25	10,874
Napa	2,168	109	4	1	57	48	1,370	20	0	42	1,308
Nevada	8,030	3,362	324	58	1,593	1,388	3,769	527	3	296	2,943
Orange	71,181	1,613	263	9	378	963	44,032	116	0	168	43,747

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(FFS ONLY)

COUNTY	PUBLIC ASSISTANCE						MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	21,910	9,298	1,038	109	4,138	4,013	9,669	1,256	2	689	7,721
Plumas	2,631	1,277	139	13	705	421	1,121	137	0	60	925
Riverside	129,557	57,575	13,069	1,003	33,157	10,346	44,454	7,952	26	4,381	32,096
Sacramento	102,390	58,894	9,988	965	36,121	11,820	30,264	6,585	9	4,702	18,968
San Benito	7,526	2,813	393	24	626	1,770	3,719	325	1	86	3,308
San Bernardino	173,911	87,134	15,081	1,373	45,343	25,337	58,652	7,977	28	4,120	46,527
San Diego	174,727	88,297	25,362	1,633	50,772	10,530	51,810	11,699	15	6,752	33,345
San Francisco	75,848	48,965	20,619	853	24,256	3,236	20,212	7,250	33	4,061	8,868
San Joaquin	58,344	28,859	5,550	506	18,526	4,276	21,008	3,832	7	1,646	15,523
San Luis Obispo	28,215	10,839	1,101	103	4,987	4,648	14,273	1,204	3	894	12,171
San Mateo	13,924	341	53	5	81	203	8,098	40	0	89	7,968
Santa Barbara	12,368	244	14	1	68	161	8,593	101	0	86	8,406
Santa Clara	116,978	47,394	19,785	759	21,351	5,499	52,951	12,127	26	4,345	36,453
Santa Cruz	5,806	93	5	0	40	48	3,433	12	0	57	3,364
Shasta	35,471	18,275	1,346	143	8,893	7,893	14,401	1,347	5	856	12,193
Sierra	423	211	26	1	80	104	184	40	0	16	128
Siskiyou	9,779	5,196	455	44	2,357	2,339	3,912	324	0	168	3,420
Solano	5,779	328	17	1	174	137	3,859	18	1	40	3,801
Sonoma	45,487	17,001	1,840	208	8,280	6,673	20,466	2,379	9	2,011	16,067
Stanislaus	79,969	30,635	4,566	393	14,407	11,269	40,267	3,132	7	1,599	35,529
Sutter	17,511	6,607	1,047	79	2,608	2,873	8,825	634	2	248	7,941
Tehama	13,719	6,496	552	64	2,694	3,187	6,033	484	2	299	5,248
Trinity	2,493	1,314	120	17	658	520	985	98	0	66	822
Tulare	52,584	20,081	4,514	355	11,444	3,767	25,413	2,807	10	2,046	20,550
Tuolumne	7,154	3,457	291	23	1,602	1,541	3,091	417	1	190	2,484
Ventura	101,442	30,832	5,343	297	11,116	14,075	58,410	4,384	10	2,184	51,832
Yolo	3,832	426	11	2	87	327	2,285	25	1	12	2,248
Yuba	17,510	9,751	638	65	3,461	5,587	6,360	393	1	225	5,741

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(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	210,085	4,592	205,493	128,016	881	39,109	36,685	103,537	34,084	69,453
Alameda	5,398	373	5,025	1,626	41	896	1,052	3,176	1,112	2,064
Alpine	15	0	15	0	0	4	1	1	0	0
Amador	111	6	105	6	0	50	31	70	33	37
Butte	1,763	68	1,695	130	11	498	467	651	320	331
Calaveras	165	5	160	4	0	83	52	86	42	43
Colusa	176	5	171	56	0	75	113	176	95	81
Contra Costa	2,618	135	2,483	816	12	473	577	1,763	559	1,204
Del Norte	262	14	248	24	0	26	40	75	43	32
El Dorado	575	43	532	96	1	160	179	316	149	168
Fresno	5,902	132	5,770	1,707	26	883	884	3,037	1,097	1,940
Glenn	242	5	237	50	2	126	125	171	93	78
Humboldt	945	43	901	34	1	355	273	425	215	210
Imperial	1,462	29	1,434	152	0	355	412	519	271	248
Inyo	72	6	67	24	0	25	35	72	35	36
Kern	6,413	141	6,272	1,368	5	783	677	2,182	918	1,264
Kings	954	24	930	219	1	235	465	547	310	238
Lake	422	36	386	45	1	70	85	143	73	70
Lassen	186	6	180	11	0	30	39	60	34	26
Los Angeles	77,119	875	76,244	95,835	215	12,266	9,371	29,180	9,698	19,482
Madera	1,277	35	1,242	509	1	368	450	594	317	278
Marin	523	13	511	322	5	101	198	437	224	213
Mariposa	63	2	61	1	0	20	29	40	18	22
Mendocino	841	44	797	143	0	213	252	387	205	182
Merced	2,116	55	2,062	731	10	865	991	1,220	613	607
Modoc	93	4	88	9	0	14	18	20	10	10
Mono	69	6	63	22	0	13	33	103	54	49
Monterey	2,111	1	2,110	1,328	0	230	171	1,309	157	1,152
Napa	290	1	289	5	0	47	35	260	9	250
Nevada	286	14	272	17	0	155	139	271	137	134
Orange	10,705	5	10,700	3,645	0	1,923	1,262	7,187	247	6,940

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(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	1,024	42	982	104	5	425	496	806	391	415
Plumas	112	3	109	1	0	30	28	54	26	28
Riverside	12,936	320	12,616	1,797	9	2,372	2,232	7,382	2,518	4,864
Sacramento	6,833	302	6,530	1,132	283	689	795	2,983	853	2,131
San Benito	369	18	351	103	1	84	153	259	122	137
San Bernardino	13,745	345	13,400	2,001	7	2,452	2,299	6,626	2,287	4,339
San Diego	18,262	369	17,893	1,514	86	2,805	2,449	7,873	2,610	5,263
San Francisco	2,771	92	2,679	1,130	38	263	250	1,671	484	1,187
San Joaquin	4,266	85	4,181	869	10	572	603	1,854	729	1,125
San Luis Obispo	1,080	54	1,026	125	0	402	477	922	462	459
San Mateo	1,828	2	1,827	1,356	0	294	172	1,495	128	1,367
Santa Barbara	1,020	1	1,019	571	0	177	157	1,082	15	1,067
Santa Clara	5,033	249	4,784	4,359	64	918	992	3,843	1,129	2,714
Santa Cruz	697	1	695	261	0	55	59	615	15	600
Shasta	1,439	40	1,400	19	10	399	327	515	248	267
Sierra	12	0	12	0	0	5	1	8	4	3
Siskiyou	297	11	286	13	1	110	99	127	73	54
Solano	722	5	717	5	0	84	74	613	104	508
Sonoma	2,061	91	1,970	461	1	1,138	1,663	2,118	1,046	1,072
Stanislaus	3,139	72	3,068	984	13	1,304	1,376	1,974	972	1,003
Sutter	634	20	614	124	11	406	390	464	255	208
Tehama	461	9	452	63	0	213	191	232	129	103
Trinity	77	4	73	0	0	43	29	34	20	14
Tulare	3,133	214	2,919	816	1	615	548	1,650	588	1,062
Tuolumne	217	9	207	5	0	147	66	149	78	71
Ventura	3,370	79	3,291	1,203	8	1,579	2,088	3,103	1,534	1,569
Yolo	620	0	620	0	0	48	57	366	38	328
Yuba	754	31	723	65	2	141	156	247	139	108

TABLE 18 (continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004

(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
STATEWIDE	916	55	5,266	INA	1,046	10,554	6,286
Alameda	5	15	184	0	184	988	177
Alpine	0	0	0	0	0	0	0
Amador	1	0	2	0	0	4	8
Butte	0	0	11	0	1	51	30
Calaveras	0	0	1	0	0	4	9
Colusa	0	0	1	0	0	2	4
Contra Costa	14	4	92	0	1	113	83
Del Norte	0	0	9	0	0	6	7
El Dorado	2	0	6	0	8	51	8
Fresno	44	0	17	0	10	229	139
Glenn	0	1	1	0	0	8	8
Humboldt	11	0	7	0	2	46	51
Imperial	1	0	18	0	2	208	29
Inyo	0	0	1	0	0	6	3
Kern	5	1	34	0	3	237	124
Kings	2	0	2	0	0	43	27
Lake	0	0	4	0	0	11	13
Lassen	0	0	2	0	0	4	4
Los Angeles	462	0	2,523	0	46	2,860	3,079
Madera	1	1	11	0	0	22	15
Marin	2	0	5	0	0	13	26
Mariposa	0	0	0	0	0	1	1
Mendocino	2	0	5	0	0	25	16
Merced	12	0	23	0	4	48	36
Modoc	0	0	1	0	0	0	2
Mono	0	0	0	0	0	0	2
Monterey	20	1	21	0	5	185	2
Napa	4	1	2	0	0	43	1
Nevada	0	0	3	0	3	10	16
Orange	6	0	333	0	5	435	34

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
Placer	1	0	20	0	1	28	33
Plumas	0	0	0	0	0	2	5
Riverside	76	5	168	0	4	297	249
Sacramento	2	0	116	0	35	260	103
San Benito	1	0	1	0	0	17	5
San Bernardino	32	2	317	0	1	331	313
San Diego	109	5	438	0	7	415	658
San Francisco	10	0	112	0	57	183	187
San Joaquin	3	1	30	0	37	126	108
San Luis Obispo	2	1	23	0	1	46	23
San Mateo	7	7	135	0	31	157	3
Santa Barbara	12	1	40	0	4	467	0
Santa Clara	13	2	250	0	495	490	175
Santa Cruz	5	1	11	0	10	565	3
Shasta	2	0	8	0	4	21	51
Sierra	0	0	0	0	0	1	1
Siskiyou	1	0	2	0	0	6	14
Solano	1	2	27	0	22	43	1
Sonoma	12	0	20	0	1	492	53
Stanislaus	14	0	115	0	14	98	35
Sutter	3	1	18	0	0	19	8
Tehama	0	0	8	0	1	8	14
Trinity	0	0	1	0	0	2	9
Tulare	3	1	13	0	1	228	81
Tuolumne	1	0	2	0	0	11	9
Ventura	9	0	53	0	45	555	185
Yolo	0	2	3	0	2	22	0
Yuba	1	0	15	0	0	13	6

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.

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

Source: State of California, Department of Health Services, MCSS File HCP0412_Benes_by_Managed_Care_Plan_2004_12.xls, created from the December 2004 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 2004

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,276,086	1,202,730	275,934	17,857	618,957	289,983	742,255	149,863	784	86,631	504,976
Alameda	77,803	46,876	12,367	710	24,351	9,449	21,744	7,140	17	3,759	10,829
Alpine	100	38	3	0	18	17	53	1	0	7	46
Amador	1,923	874	103	10	430	331	900	206	1	113	580
Butte	29,083	15,603	1,236	199	8,341	5,827	11,548	1,846	11	1,161	8,531
Calaveras	3,124	1,677	193	28	847	608	1,255	187	0	105	964
Colusa	2,511	878	167	17	417	277	1,280	142	0	58	1,079
Contra Costa	38,991	22,154	4,686	333	11,980	5,155	12,426	3,363	13	1,787	7,263
Del Norte	5,004	3,249	233	20	1,712	1,284	1,515	195	1	152	1,167
El Dorado	8,039	3,813	463	49	2,054	1,247	3,551	661	6	336	2,549
Fresno	86,759	46,434	7,874	609	22,840	15,111	30,585	4,027	18	2,094	24,446
Glenn	3,639	1,672	242	21	741	668	1,565	172	2	82	1,310
Humboldt	15,914	8,717	655	92	5,360	2,609	5,798	728	3	563	4,505
Imperial	26,720	14,187	3,871	136	4,807	5,373	10,834	1,301	4	491	9,039
Inyo	1,590	580	99	6	311	164	886	182	0	92	611
Kern	61,210	32,197	4,478	456	17,493	9,770	22,017	3,478	9	1,987	16,544
Kings	17,295	8,010	1,000	83	2,994	3,934	7,459	607	2	276	6,575
Lake	9,713	6,016	771	68	3,190	1,987	3,226	462	1	317	2,446
Lassen	3,259	1,884	162	23	904	795	1,187	169	2	96	921
Los Angeles	755,857	410,764	122,041	6,691	207,422	74,610	228,701	54,868	462	27,478	145,892
Madera	18,865	8,396	1,067	92	2,998	4,239	8,308	647	2	301	7,357
Marin	8,435	3,947	652	59	2,321	915	3,384	721	4	484	2,174
Mariposa	1,470	742	107	11	349	275	648	108	1	71	469
Mendocino	12,846	6,244	654	59	3,277	2,254	5,472	584	2	370	4,516
Merced	34,912	18,032	2,166	193	6,759	8,916	13,993	1,365	21	636	11,971
Modoc	1,351	678	80	4	293	302	597	102	1	49	445
Mono	559	157	16	2	75	65	255	23	0	21	210
Monterey	17,074	5,135	425	44	2,296	2,371	7,369	353	1	288	6,727
Napa	2,123	767	75	10	526	156	782	152	0	94	535
Nevada	5,027	2,356	265	48	1,308	735	2,241	502	3	283	1,454
Orange	76,678	24,938	4,190	274	13,377	7,097	25,015	2,044	10	2,581	20,380

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	12,290	6,144	812	87	3,251	1,994	4,813	1,097	2	579	3,134
Plumas	1,827	988	126	9	609	245	712	129	0	58	526
Riverside	91,330	47,336	9,514	808	27,496	9,518	26,893	6,300	23	4,193	16,377
Sacramento	71,017	47,746	7,827	749	30,078	9,092	16,527	5,222	7	4,037	7,260
San Benito	3,814	1,567	300	17	456	795	1,643	249	1	75	1,318
San Bernardino	119,241	67,501	11,074	1,098	36,644	18,684	33,978	6,413	25	3,863	23,677
San Diego	142,919	80,455	20,181	1,379	44,258	14,638	38,744	9,669	13	6,507	22,554
San Francisco	63,442	42,081	16,797	738	20,937	3,610	16,471	5,850	25	3,998	6,598
San Joaquin	46,380	27,418	4,219	417	16,370	6,411	14,090	3,186	6	1,599	9,299
San Luis Obispo	15,811	7,390	884	80	4,038	2,388	6,678	1,026	4	829	4,819
San Mateo	11,314	3,268	907	42	1,368	951	4,828	1,177	6	565	3,080
Santa Barbara	11,968	4,705	437	42	2,636	1,591	5,061	307	5	378	4,371
Santa Clara	77,103	40,793	15,224	604	17,389	7,577	27,604	8,171	24	3,602	15,807
Santa Cruz	7,944	3,188	268	33	1,901	986	3,041	209	2	350	2,480
Shasta	23,749	13,554	1,214	126	7,820	4,395	8,682	1,294	6	847	6,535
Sierra	267	143	22	0	72	49	107	36	0	12	59
Siskiyou	6,128	3,634	368	34	1,994	1,237	2,154	287	0	158	1,708
Solano	7,666	3,424	293	23	1,782	1,327	2,852	242	3	243	2,365
Sonoma	25,716	11,562	1,394	155	6,757	3,257	9,918	1,940	5	1,924	6,051
Stanislaus	48,999	23,732	3,721	303	12,620	7,088	20,444	2,706	6	1,533	16,199
Sutter	10,780	4,950	872	65	2,327	1,686	4,659	540	3	254	3,862
Tehama	8,519	4,691	496	54	2,353	1,788	3,157	442	1	290	2,424
Trinity	1,590	926	91	14	553	268	557	81	0	58	418
Tulare	54,623	26,888	3,623	318	11,071	11,876	21,360	2,558	8	1,971	16,822
Tuolumne	4,876	2,580	258	20	1,405	897	1,948	398	1	189	1,360
Ventura	52,374	20,088	3,945	230	8,912	7,001	25,752	3,501	10	2,019	20,223
Yolo	4,424	2,251	168	15	950	1,118	1,469	126	2	134	1,207
Yuba	11,069	6,713	559	55	3,122	2,977	3,520	371	1	235	2,912
Not Reported	11,033	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 2004

(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
Alameda	3,054	381	2,674	773	51	393	638	2,252	580	1,672
Alpine	5	0	5	0	0	1	1	0	0	0
Amador	53	7	46	1	0	17	9	49	17	32
Butte	923	69	854	38	8	192	186	409	149	260
Calaveras	86	5	81	4	0	22	17	50	18	32
Colusa	104	5	98	26	0	21	46	126	51	75
Contra Costa	1,464	145	1,319	325	15	178	286	1,456	411	1,045
Del Norte	143	15	128	12	0	13	14	38	11	27
El Dorado	270	47	223	40	1	52	53	188	60	129
Fresno	3,583	156	3,427	635	23	511	579	2,264	494	1,771
Glenn	147	7	140	17	0	43	46	106	46	60
Humboldt	583	52	531	15	0	134	96	282	99	183
Imperial	626	35	591	56	0	125	179	333	118	215
Inyo	42	6	36	10	0	10	12	45	12	33
Kern	2,990	159	2,831	464	3	442	470	1,428	359	1,069
Kings	603	30	573	80	0	83	244	432	204	228
Lake	255	39	216	23	2	31	35	99	30	69
Lassen	97	6	91	5	0	11	12	38	14	24
Los Angeles	36,662	970	35,692	20,363	316	5,453	4,788	16,857	3,310	13,547
Madera	841	45	797	231	0	131	217	431	165	266
Marin	289	14	275	163	4	28	75	335	139	196
Mariposa	32	2	30	1	0	9	11	24	6	18
Mendocino	502	43	458	57	0	91	107	279	109	171
Merced	1,054	50	1,004	254	5	279	370	708	250	458
Modoc	45	6	39	2	0	7	7	11	4	7
Mono	35	8	27	12	1	5	11	58	16	42
Monterey	1,234	27	1,207	719	1	158	265	1,269	266	1,003
Napa	137	3	134	13	0	17	19	182	2	180
Nevada	141	13	128	9	0	61	41	154	48	106
Orange	5,338	189	5,149	1,663	21	896	682	5,690	148	5,542

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004

(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	440	46					394	42	6
Plumas	60	4	56	1	0	14	9	32	10	22
Riverside	5,630	388	5,242	788	3	969	862	4,614	777	3,837
Sacramento	2,820	313	2,507	500	325	167	165	2,004	271	1,734
San Benito	220	21	199	51	1	21	56	149	48	101
San Bernardino	6,520	360	6,161	882	10	1,004	861	4,150	717	3,433
San Diego	8,915	480	8,436	912	82	1,326	1,546	6,288	1,461	4,827
San Francisco	1,230	155	1,075	490	59	284	415	1,362	351	1,011
San Joaquin	1,933	87	1,846	317	6	283	278	1,105	259	846
San Luis Obispo	492	58	434	62	0	140	166	621	196	425
San Mateo	786	31	756	437	3	87	200	1,110	197	913
Santa Barbara	428	18	410	297	0	108	115	946	52	895
Santa Clara	1,972	207	1,765	1,282	82	585	701	2,601	676	1,925
Santa Cruz	487	17	470	130	0	52	64	624	79	545
Shasta	737	52	685	9	5	168	123	353	108	245
Sierra	6	1	5	0	0	2	1	5	1	4
Siskiyou	155	14	141	5	1	35	36	77	29	48
Solano	399	18	381	24	0	74	52	427	30	398
Sonoma	1,177	109	1,067	226	1	286	534	1,321	492	829
Stanislaus	1,836	84	1,752	416	20	431	557	1,324	404	919
Sutter	374	22	351	56	7	144	171	343	150	192
Tehama	269	13	256	23	0	67	72	150	59	91
Trinity	46	5	41	0	0	14	9	23	8	15
Tulare	2,440	232	2,208	366	1	540	516	1,345	455	890
Tuolumne	125	11	115	4	0	56	22	107	39	68
Ventura	1,635	91	1,544	494	5	433	771	2,206	772	1,435
Yolo	249	8	242	7	3	42	28	271	3	268
Yuba	445	35	410	37	1	49	69	187	83	104
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 2004

(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	555	39	5,973	58,455	313	5,665	6,164	11,033
Alameda	3	14	13	1,482	38	275	197	0
Alpine	0	0	0	0	0	0	0	0
Amador	1	0	0	8	0	4	6	0
Butte	1	0	2	107	0	42	24	0
Calaveras	1	0	0	0	0	4	9	0
Colusa	1	0	0	23	0	4	5	0
Contra Costa	7	2	3	487	0	107	81	0
Del Norte	2	0	1	0	0	5	12	0
El Dorado	5	0	1	31	1	24	10	0
Fresno	12	0	2	1,756	4	197	175	0
Glenn	1	0	1	26	0	6	9	0
Humboldt	10	0	1	210	0	24	45	0
Imperial	1	1	3	310	3	32	30	0
Inyo	0	0	0	1	0	3	3	0
Kern	5	3	8	888	2	166	129	0
Kings	8	0	0	312	0	37	26	0
Lake	1	0	1	6	0	7	12	0
Lassen	1	0	1	14	0	6	3	0
Los Angeles	292	0	236	27,406	14	1,256	2,749	0
Madera	5	1	2	254	0	23	24	0
Marin	5	0	0	166	0	12	27	0
Mariposa	0	0	1	0	0	1	0	0
Mendocino	7	0	1	54	0	18	15	0
Merced	5	1	4	119	4	50	34	0
Modoc	0	0	0	2	0	0	3	0
Mono	2	0	0	22	0	0	1	0
Monterey	20	1	23	688	3	179	11	0
Napa	9	0	9	172	0	15	0	0
Nevada	0	0	1	1	0	11	10	0
Orange	4	0	5,415	6,502	0	462	52	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004

(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	0	0	1	25	0	30	33	0
Plumas	0	0	0	5	0	2	3	0
Riverside	34	4	18	3,595	0	286	296	0
Sacramento	1	1	5	452	8	185	112	0
San Benito	0	0	1	83	0	16	6	0
San Bernardino	13	3	15	3,640	0	327	338	0
San Diego	41	3	14	3,601	3	356	633	0
San Francisco	4	0	4	703	23	127	188	0
San Joaquin	5	0	6	742	6	88	105	0
San Luis Obispo	2	1	2	186	1	46	26	0
San Mateo	1	2	67	299	4	174	48	0
Santa Barbara	5	0	26	159	2	103	14	0
Santa Clara	4	1	14	949	167	193	156	0
Santa Cruz	1	0	9	239	1	101	7	0
Shasta	2	0	2	37	2	22	53	0
Sierra	0	0	0	1	0	1	1	0
Siskiyou	1	0	1	6	0	7	17	0
Solano	1	1	24	341	3	41	3	0
Sonoma	10	0	3	573	0	50	55	0
Stanislaus	5	0	6	81	6	106	37	0
Sutter	5	0	2	40	0	19	10	0
Tehama	2	0	1	61	1	9	17	0
Trinity	1	0	0	4	0	2	9	0
Tulare	1	0	2	929	1	136	99	0
Tuolumne	1	0	1	11	0	11	10	0
Ventura	6	1	7	561	14	222	179	0
Yolo	0	0	13	65	1	24	2	0
Yuba	3	0	2	20	0	15	8	0
Not Reported	0	0	0	0	0	0	0	11,033

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 2004

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	16,803,448,694	8,778,338,569	1,891,674,270	199,873,211	5,861,454,028	825,337,061	6,394,866,491	2,421,316,912	19,952,291	1,973,748,130	1,979,849,159
Alameda	658,033,215	359,564,107	75,576,147	7,199,831	249,196,351	27,591,777	245,639,508	121,008,405	318,111	78,218,785	46,094,207
Alpine	641,329	147,520	23,387	0	81,434	42,700	478,017	3,375	0	170,900	303,742
Amador	14,462,780	6,130,618	688,689	95,982	4,052,465	1,293,482	7,623,774	3,942,035	1,940	1,124,371	2,555,427
Butte	202,402,359	113,144,081	8,152,081	2,361,212	83,251,787	19,379,000	80,938,091	29,630,200	280,168	15,870,207	35,157,517
Calaveras	18,807,310	9,857,776	982,258	251,359	6,639,311	1,984,848	8,048,920	3,231,607	0	1,092,525	3,724,787
Colusa	13,747,649	5,463,089	954,054	189,165	3,587,495	732,375	6,893,375	2,017,928	0	575,066	4,300,381
Contra Costa	331,719,273	162,613,189	30,215,401	3,330,954	110,470,856	18,595,977	138,058,543	63,887,258	415,275	34,865,082	38,890,928
Del Norte	27,984,376	19,620,068	1,313,676	136,726	14,113,913	4,055,755	7,299,576	2,105,869	39,353	1,095,039	4,059,315
El Dorado	52,893,502	23,506,918	2,354,452	368,384	16,586,271	4,197,810	25,942,459	12,921,232	98,959	3,558,447	9,363,821
Fresno	511,079,320	276,546,242	45,507,402	5,864,024	189,927,576	35,247,240	192,177,906	70,720,032	729,396	44,832,432	75,896,046
Glenn	22,210,556	11,785,203	1,370,677	130,358	7,817,533	2,466,635	8,595,755	2,165,200	3,204	1,287,661	5,139,690
Humboldt	106,160,620	62,210,556	4,119,671	870,577	48,489,316	8,730,991	37,489,266	12,130,999	107,582	6,884,643	18,366,042
Imperial	144,398,405	84,920,396	24,349,160	1,456,387	42,768,529	16,346,320	52,382,665	13,341,544	51,774	5,787,104	33,202,243
Inyo	12,960,740	4,228,268	562,641	27,855	2,957,392	680,380	7,597,896	3,023,572	1,317	1,262,230	3,310,778
Kern	382,539,071	203,846,661	26,504,740	4,796,949	146,417,331	26,127,641	149,056,502	61,174,571	297,215	30,090,483	57,494,233
Kings	95,272,820	46,744,467	6,007,000	1,146,361	26,896,362	12,694,744	41,041,730	9,923,776	51,970	5,118,294	25,947,690
Lake	72,451,207	46,644,380	5,279,815	530,875	32,351,392	8,482,298	22,697,460	7,071,085	11,063	3,861,908	11,753,404
Lassen	20,593,308	12,334,841	845,811	140,474	8,834,789	2,513,766	7,604,043	3,272,712	90,920	1,117,385	3,123,026
Los Angeles	5,881,597,751	3,253,810,583	959,232,898	77,632,111	2,001,771,155	215,174,419	2,063,567,986	823,928,376	10,394,062	629,217,532	600,028,015
Madera	103,110,418	48,485,135	5,971,017	1,265,588	28,805,138	12,443,392	43,117,412	11,178,801	17,554	5,452,334	26,468,724
Marin	72,036,690	33,888,070	4,825,571	646,383	25,684,137	2,731,979	32,343,130	14,354,270	131,493	8,863,353	8,994,014
Mariposa	10,047,269	4,788,092	666,289	82,100	3,197,543	842,161	4,937,210	2,599,975	1,915	563,521	1,771,800
Mendocino	79,993,286	44,179,154	3,965,314	760,745	30,536,815	8,916,280	30,940,436	8,258,325	23,395	4,773,104	17,885,611
Merced	168,178,629	91,998,261	11,932,338	2,230,792	53,895,473	23,939,658	65,183,566	18,729,464	377,046	8,499,178	37,577,879
Modoc	10,423,462	4,139,307	451,927	21,229	2,563,040	1,103,110	5,836,741	3,695,013	64,243	493,873	1,583,612
Mono	3,818,465	884,938	69,553	4,534	522,894	287,957	1,893,409	271,930	0	357,167	1,264,312
Monterey	71,767,467	20,245,375	1,168,764	290,974	12,993,899	5,791,738	25,522,843	1,394,170	3,787	1,745,214	22,379,671
Napa	13,666,922	4,137,423	326,580	29,887	3,508,024	272,932	6,196,082	3,375,997	19,844	907,133	1,893,108
Nevada	38,501,560	15,647,485	1,526,908	638,943	11,270,358	2,211,276	20,739,139	10,846,749	89,337	3,981,062	5,821,992
Orange	483,178,666	159,936,304	18,968,092	3,067,289	119,399,582	18,501,340	210,131,893	11,357,407	344,297	103,593,406	94,836,783

TABLE 20
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	90,075,788	39,250,517	4,941,233	938,127	28,270,263	5,100,894	44,122,616	24,015,539	127,525	9,333,127	10,646,426
Plumas	16,343,178	7,557,376	776,316	88,508	5,799,725	892,828	8,026,421	4,846,022	0	655,990	2,524,410
Riverside	694,817,474	360,868,250	53,995,347	9,171,841	271,254,790	26,446,273	251,776,609	102,905,796	555,104	75,511,469	72,804,240
Sacramento	531,592,379	311,879,900	42,254,474	6,932,486	234,451,094	28,241,846	183,772,528	85,634,550	58,937	64,833,148	33,245,893
San Benito	27,092,969	8,844,568	1,696,785	193,759	3,950,577	3,003,446	13,935,709	6,436,770	6,041	1,394,183	6,098,715
San Bernardino	906,462,381	512,847,891	66,063,853	15,198,510	374,497,987	57,087,541	304,091,735	111,406,159	588,936	84,246,277	107,850,364
San Diego	1,152,544,727	642,229,561	130,674,237	15,952,208	460,071,040	35,532,076	399,977,252	169,699,151	281,642	139,754,072	90,242,387
San Francisco	594,186,747	367,058,649	111,669,178	7,558,863	235,460,921	12,369,687	196,045,981	95,463,017	549,742	75,884,177	24,149,045
San Joaquin	309,779,135	168,437,337	22,726,469	4,930,033	125,915,071	14,865,764	120,276,119	57,709,726	69,555	31,281,367	31,215,470
San Luis Obispo	100,527,088	47,250,320	5,099,936	966,305	34,646,656	6,537,423	46,136,538	18,295,481	116,933	13,495,448	14,228,677
San Mateo	126,499,208	32,255,038	12,766,349	672,756	16,298,441	2,517,492	71,018,795	40,786,339	245,557	15,360,958	14,625,941
Santa Barbara	54,210,064	17,414,339	1,728,555	170,655	12,204,700	3,310,430	20,854,430	1,423,784	20,961	2,736,667	16,673,018
Santa Clara	680,254,302	295,696,123	93,687,244	6,467,769	173,428,563	22,112,547	328,384,463	124,877,351	1,659,601	135,621,496	66,226,015
Santa Cruz	49,450,728	19,744,294	1,288,611	401,046	14,965,849	3,088,789	16,501,822	901,848	126,305	3,191,961	12,281,708
Shasta	170,677,154	97,889,681	7,258,733	1,484,844	73,917,975	15,228,130	65,043,320	24,352,955	199,981	14,548,783	25,941,601
Sierra	3,510,071	1,132,888	194,752	638	729,289	208,210	2,262,930	1,719,708	0	342,251	200,972
Siskiyou	37,012,722	23,141,735	2,059,851	212,625	16,477,840	4,391,419	12,512,802	4,400,717	3,739	2,295,277	5,813,069
Solano	26,913,615	11,172,529	805,262	85,188	8,327,393	1,954,687	9,562,611	901,991	16,074	2,396,098	6,248,448
Sonoma	340,791,000	115,731,050	8,187,987	1,776,211	95,377,139	10,389,712	203,293,506	36,953,386	283,351	139,811,246	26,245,522
Stanislaus	284,719,048	146,779,321	21,587,786	2,404,674	104,824,441	17,962,420	118,543,787	47,359,834	220,127	18,947,655	52,016,171
Sutter	67,146,365	32,310,287	5,675,940	620,976	21,083,930	4,929,441	26,839,340	8,803,352	92,888	3,753,271	14,189,829
Tehama	52,356,227	30,764,985	2,652,400	508,950	21,629,450	5,974,186	18,821,349	6,596,082	46,414	2,442,736	9,736,117
Trinity	10,944,843	6,693,861	652,702	56,812	4,996,242	988,105	3,850,287	1,610,386	0	475,016	1,764,886
Tulare	374,136,302	158,127,937	18,989,266	4,185,479	110,271,571	24,681,620	185,210,647	42,263,057	315,377	93,098,775	49,533,438
Tuolumne	36,080,651	16,651,435	1,444,497	321,039	11,238,966	3,646,933	17,407,505	9,805,868	124,247	2,254,380	5,223,010
Ventura	308,631,147	125,455,715	24,394,795	2,204,201	79,221,318	19,635,402	152,920,073	54,093,037	239,778	31,089,700	67,497,558
Yolo	15,128,426	7,950,328	978,083	129,508	5,109,833	1,732,904	4,207,513	649,716	33,488	921,930	2,602,379
Yuba	65,071,592	41,754,145	3,511,316	671,152	28,444,801	9,126,876	19,494,466	5,843,413	4,769	2,811,232	10,835,052
Not Reported	51,814,937	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 2004

(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	348,508,815	73,306,887	275,201,928	328,868,954	3,442,779	41,298,998	42,846,142	553,843,094	95,165,500	458,677,593
Alameda	14,093,242	3,309,009	10,784,234	8,579,114	145,496	770,463	1,427,129	18,781,471	3,897,759	14,883,712
Alpine	6,733	0	6,733	0	0	6,515	1,634	897	0	897
Amador	246,657	114,640	132,017	17,633	98	45,312	21,502	291,592	44,698	246,894
Butte	3,602,833	603,216	2,999,618	286,437	300,543	525,202	392,912	2,519,291	529,224	1,990,067
Calaveras	267,451	41,438	226,014	33,217	0	41,747	19,657	463,207	123,430	339,777
Colusa	236,723	36,151	200,572	203,949	0	68,566	64,872	717,674	94,269	623,405
Contra Costa	7,837,389	1,416,024	6,421,365	3,801,848	61,550	600,895	1,176,317	14,084,764	3,166,630	10,918,134
Del Norte	488,265	139,936	348,328	122,930	0	25,688	24,527	224,195	45,134	179,061
El Dorado	1,285,454	490,311	795,143	409,226	1,253	146,271	91,294	1,165,421	263,668	901,754
Fresno	9,801,612	1,592,705	8,208,907	4,977,344	45,236	1,011,219	1,153,245	17,266,626	3,339,433	13,927,192
Glenn	470,495	70,094	400,401	85,450	455	93,509	116,213	821,848	188,125	633,723
Humboldt	2,832,189	639,142	2,193,047	146,008	1,712	267,603	218,552	1,855,126	498,348	1,356,778
Imperial	1,939,432	382,835	1,556,598	784,600	10	313,130	379,754	2,398,789	643,095	1,755,695
Inyo	221,515	81,681	139,834	151,199	0	171,399	23,147	496,324	42,256	454,068
Kern	9,124,018	2,038,619	7,085,399	4,042,768	10,892	963,302	1,141,846	9,745,030	1,760,806	7,984,224
Kings	1,907,635	310,884	1,596,751	633,849	234	171,384	537,109	2,626,034	668,695	1,957,340
Lake	1,458,440	522,821	935,619	283,981	3,077	79,732	76,384	1,000,818	337,866	662,952
Lassen	273,627	22,295	251,332	12,432	0	25,643	18,644	213,204	46,129	167,075
Los Angeles	116,449,168	24,295,443	92,153,725	182,564,408	928,453	13,005,556	12,525,778	135,421,321	24,723,494	110,697,827
Madera	3,134,475	552,090	2,582,385	2,076,362	195	1,030,686	616,939	3,529,063	1,243,946	2,285,117
Marin	1,082,231	197,746	884,485	1,355,342	14,641	82,116	143,631	2,301,870	562,117	1,739,753
Mariposa	110,357	4,395	105,962	21,770	0	19,614	22,119	137,662	13,281	124,381
Mendocino	1,897,937	496,919	1,401,018	525,136	0	212,710	183,229	1,661,818	299,587	1,362,230
Merced	2,717,273	292,197	2,425,076	1,918,365	13,693	676,656	572,147	4,108,823	580,861	3,527,962
Modoc	181,062	88,900	92,163	56,278	0	96,665	14,582	68,650	9,074	59,577
Mono	240,248	81,200	159,048	159,994	3,353	11,174	26,705	528,546	87,411	441,136
Monterey	3,047,814	102,399	2,945,415	7,462,700	5,119	835,951	565,011	10,468,914	1,416,224	9,052,690
Napa	303,339	5,736	297,603	9,821	1,683	31,575	19,625	2,374,358	7,969	2,366,389
Nevada	627,167	153,820	473,347	84,018	0	130,548	68,389	1,030,704	134,961	895,743
Orange	15,625,967	3,351,887	12,274,079	18,742,692	55,416	2,663,202	2,654,778	48,900,312	4,966,992	43,933,320

Table 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004

(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	1,783,778	383,083	1,400,694	415,002	26,670	141,052	234,274	3,503,295	574,436	2,928,859
Plumas	302,180	38,575	263,605	5,396	0	36,428	24,416	322,598	22,151	300,447
Riverside	18,185,877	4,240,675	13,945,202	8,459,343	12,727	2,199,152	2,237,059	35,978,239	6,805,431	29,172,807
Sacramento	11,384,599	3,221,669	8,162,929	4,809,323	661,946	290,581	664,058	14,512,959	2,045,070	12,467,888
San Benito	1,279,496	342,857	936,639	564,307	13,113	347,281	155,344	1,362,343	162,327	1,200,016
San Bernardino	19,917,966	4,524,233	15,393,733	14,197,907	24,095	2,601,554	2,069,863	36,170,121	6,176,770	29,993,351
San Diego	28,455,543	5,980,771	22,474,771	9,228,037	204,549	3,130,153	3,048,892	47,984,208	9,312,031	38,672,177
San Francisco	6,433,354	2,635,302	3,798,052	6,001,847	219,060	864,077	1,032,119	11,419,127	1,463,428	9,955,699
San Joaquin	6,251,418	936,871	5,314,547	2,880,470	23,120	726,690	523,364	7,493,588	1,078,832	6,414,755
San Luis Obispo	1,748,976	285,249	1,463,727	352,711	0	273,804	244,519	3,493,651	896,362	2,597,289
San Mateo	3,250,964	641,569	2,609,395	6,149,897	9,972	324,034	566,987	10,392,904	745,950	9,646,954
Santa Barbara	1,172,610	71,091	1,101,519	3,327,959	0	171,413	219,853	9,324,692	140,702	9,183,990
Santa Clara	8,440,616	2,118,400	6,322,216	14,994,262	225,776	1,225,566	2,106,918	22,773,847	3,788,160	18,985,687
Santa Cruz	1,755,233	140,660	1,614,573	1,799,969	195	114,757	151,307	7,454,193	951,113	6,503,080
Shasta	3,420,115	612,950	2,807,166	56,341	13,989	494,673	337,251	2,511,105	567,464	1,943,641
Sierra	63,402	21,500	41,902	331	0	3,308	1,255	35,875	1,561	34,314
Siskiyou	451,179	100,546	350,633	50,094	1,304	62,920	51,494	404,550	95,403	309,147
Solano	937,775	56,260	881,514	73,230	0	71,894	57,847	3,699,180	30,186	3,668,994
Sonoma	4,357,884	1,286,602	3,071,282	2,653,249	1,360	566,947	1,059,425	10,574,844	2,009,999	8,564,845
Stanislaus	4,359,619	592,008	3,767,611	3,317,429	65,692	882,332	935,126	8,340,959	1,823,889	6,517,071
Sutter	4,096,421	207,344	3,889,078	515,949	31,191	323,046	305,261	2,384,054	403,751	1,980,304
Tehama	919,907	126,102	793,805	222,551	0	134,961	147,644	921,977	200,684	721,293
Trinity	127,843	37,609	90,233	0	0	26,544	10,867	129,734	23,334	106,400
Tulare	9,927,870	1,901,001	8,026,869	4,261,693	128,927	869,357	843,202	9,951,920	2,619,016	7,332,905
Tuolumne	803,202	88,501	714,700	41,523	0	157,408	44,601	583,240	101,816	481,424
Ventura	5,243,546	832,757	4,410,789	4,565,942	19,980	1,003,888	1,323,186	13,629,010	3,023,262	10,605,748
Yolo	414,199	9,679	404,520	8,171	157,359	41,676	35,923	1,878,331	3,880	1,874,450
Yuba	1,512,494	438,487	1,074,007	367,152	8,646	89,471	116,415	1,408,199	363,010	1,045,188
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 2004

(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	2,405,843	595,600	10,971,118	135,044,333	670,966	41,638,933	68,253,612	51,814,937
Alameda	6,328	104,430	16,329	3,886,585	94,886	2,036,411	2,887,717	0
Alpine	0	0	0	12	0	0	0	0
Amador	7,732	0	935	10,992	0	23,155	42,780	0
Butte	1,587	0	499	216,358	0	247,091	227,435	0
Calaveras	1,162	0	74	0	0	19,531	54,569	0
Colusa	530	0	309	23,144	0	27,290	48,129	0
Contra Costa	26,552	21,711	1,177	1,669,210	0	747,435	1,018,692	0
Del Norte	10,631	7,992	2,846	562	0	19,871	137,224	0
El Dorado	73,591	0	1,270	58,411	278	132,075	79,581	0
Fresno	30,713	0	4,182	4,536,321	17,614	1,430,441	2,080,620	0
Glenn	2,694	0	3,830	51,396	0	50,175	133,534	0
Humboldt	35,476	369	913	444,466	37	186,126	472,220	0
Imperial	5,483	5,065	5,772	589,925	5,084	223,625	444,674	0
Inyo	8,798	0	183	1,291	0	25,566	35,155	0
Kern	14,469	60,714	15,474	1,743,271	3,582	1,456,272	1,314,269	0
Kings	17,753	0	18	724,908	0	499,248	368,452	0
Lake	1,112	0	434	7,048	0	79,734	118,608	0
Lassen	905	0	2,315	19,128	0	32,065	56,461	0
Los Angeles	1,446,029	0	541,900	61,897,575	17,688	10,974,558	28,446,748	0
Madera	22,165	8,103	1,000	618,991	0	166,268	303,623	0
Marin	24,603	0	13	399,589	0	67,080	334,373	0
Mariposa	432	0	363	292	0	9,334	24	0
Mendocino	35,618	0	392	160,792	584	120,353	75,130	0
Merced	9,580	8,350	22,212	255,740	46,313	301,768	345,880	0
Modoc	0	0	0	3,677	0	301	26,197	0
Mono	7,379	0	0	57,598	0	0	5,120	0
Monterey	69,390	6,307	139,228	1,903,218	7,110	1,471,844	16,643	0
Napa	60,536	28	60,505	340,888	1,090	129,847	122	0
Nevada	58	0	2,247	2,631	0	84,965	84,209	0
Orange	7,644	153	7,407,624	13,435,212	560	3,429,991	186,919	0

TABLE 20
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2004
(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	254	0	1,346	59,698	407	182,337	354,544	0
Plumas	469	0	161	5,389	0	23,242	39,102	0
Riverside	111,126	126,702	1,685,429	7,630,317	43	1,596,240	3,950,362	0
Sacramento	1,107	4,526	8,204	1,060,336	17,871	975,946	1,548,498	0
San Benito	815	0	288	351,087	0	145,009	93,608	0
San Bernardino	104,660	80,967	7,057	8,179,240	11	2,237,081	3,932,234	0
San Diego	77,000	28,026	25,860	8,605,729	7,995	2,034,453	7,507,470	0
San Francisco	8,473	0	2,715	2,172,711	144,236	925,261	1,859,139	0
San Joaquin	19,120	0	3,651	1,560,048	10,520	625,420	948,270	0
San Luis Obispo	7,301	14,889	579	468,988	1,627	170,414	362,770	0
San Mateo	2,732	10,990	312,570	1,012,642	15,221	929,776	246,685	0
Santa Barbara	6,927	0	152,212	679,747	7,832	833,745	44,304	0
Santa Clara	8,102	392	21,118	3,137,238	187,761	1,257,402	1,794,718	0
Santa Cruz	1,223	0	82,774	778,193	3,378	1,003,644	59,746	0
Shasta	3,554	0	863	98,179	3,837	93,528	710,718	0
Sierra	0	0	0	2,645	0	1,207	6,229	0
Siskiyou	1,052	0	2,780	11,708	0	31,242	289,862	0
Solano	166	4,150	164,994	750,897	10,554	383,066	24,723	0
Sonoma	60,954	0	6,727	1,395,375	148	418,847	670,684	0
Stanislaus	9,836	0	6,838	171,314	16,682	704,684	585,429	0
Sutter	6,240	1,865	2,413	65,146	174	134,750	130,228	0
Tehama	3,067	0	345	149,677	27,700	101,549	140,515	0
Trinity	104	0	62	4,134	0	16,471	84,935	0
Tulare	22,974	210	3,596	2,297,532	6,016	1,081,101	1,403,319	0
Tuolumne	2,006	0	127,470	21,995	0	115,954	124,311	0
Ventura	13,218	97,979	8,996	1,107,343	9,359	1,291,094	1,902,307	0
Yolo	0	824	107,863	169,883	4,768	149,121	2,468	0
Yuba	4,413	858	2,166	37,911	0	183,931	91,324	0
Not Reported	0	0	0	0	0	0	0	51,814,937

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 2004
 (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	2,276,086	612,526	1,160,577	314,921	39,086	7,413	42,904	42,828	229,980	3,073	73,245
Alameda	77,803	17,949	41,542	9,836	1,390	340	2,926	1,443	6,818	3	3,450
Alpine	100	24	13	2	2	0	0	2	17	0	0
Amador	1,923	508	1,266	98	50	1	6	35	424	0	90
Butte	29,083	6,132	18,141	1,719	774	1	10	530	7,260	0	803
Calaveras	3,124	868	1,951	213	81	3	33	49	529	0	79
Colusa	2,511	845	1,399	100	44	0	1	46	514	0	51
Contra Costa	38,991	6,850	18,472	4,325	459	278	101	594	2,994	0	1,762
Del Norte	5,004	855	2,979	97	134	0	3	80	1,048	0	60
El Dorado	8,039	2,677	4,747	712	199	1	6	168	1,867	0	281
Fresno	86,759	19,648	37,239	14,003	1,124	7	32	1,532	10,482	3	2,408
Glenn	3,639	634	2,183	127	112	0	2	63	649	0	62
Humboldt	15,914	4,063	9,662	687	388	1	12	280	3,012	0	320
Imperial	26,720	9,709	15,830	2,101	867	2	13	505	4,076	0	286
Inyo	1,590	318	930	60	30	1	4	33	319	0	71
Kern	61,210	12,932	27,460	9,971	884	509	3,282	806	3,747	1	1,626
Kings	17,295	4,214	9,540	1,160	486	2	14	295	2,492	2	296
Lake	9,713	2,358	6,108	300	294	1	10	185	2,307	0	195
Lassen	3,259	535	1,853	103	103	0	2	46	554	0	92
Los Angeles	755,857	225,474	393,395	116,603	11,682	2,789	5,720	15,413	61,055	632	26,910
Madera	18,865	6,405	10,957	1,851	274	2	13	338	2,651	1	346
Marin	8,435	2,188	4,944	726	79	2	17	178	1,300	1	428
Mariposa	1,470	312	885	78	26	1	18	24	233	0	43
Mendocino	12,846	2,377	6,799	339	233	1	9	208	2,694	0	251
Merced	34,912	11,274	20,014	2,949	642	5	38	556	4,140	1	541
Modoc	1,351	139	798	78	63	0	1	18	264	1	61
Mono	559	97	210	10	5	0	0	14	113	0	5
Monterey	17,074	1,940	2,920	3,249	20	217	887	160	828	2	4
Napa	2,123	469	700	579	8	0	1	52	157	1	63
Nevada	5,027	1,691	3,019	293	92	0	3	105	1,071	0	265
Orange	76,678	21,639	20,096	20,989	493	9	34	2,137	6,305	709	360

TABLE 21 (Continued)

MEDI-CAL PROGRAM
 AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
 CALENDAR YEAR 2004
 (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	12,290	4,433	7,706	1,075	288	1	6	203	1,749	1	705
Plumas	1,827	282	1,139	21	89	0	1	37	421	0	91
Riverside	91,330	29,393	48,186	14,411	1,736	469	3,498	1,967	8,103	35	3,175
Sacramento	71,017	23,000	43,941	4,408	1,385	13	74	1,439	8,408	3	2,536
San Benito	3,814	1,112	2,030	250	78	3	31	81	781	0	85
San Bernardino	119,241	40,481	63,074	19,993	2,546	563	4,663	2,588	12,775	10	3,829
San Diego	142,919	40,771	75,650	18,115	2,351	6	39	3,193	15,745	3	5,390
San Francisco	63,442	12,079	39,661	6,478	1,301	424	3,039	669	7,191	2	2,568
San Joaquin	46,380	11,596	23,545	6,446	801	345	2,441	598	4,502	1	1,847
San Luis Obispo	15,811	4,678	9,347	993	443	2	18	222	1,810	0	606
San Mateo	11,314	1,397	1,031	2,547	8	22	179	248	771	1	1,278
Santa Barbara	11,968	1,349	2,690	2,965	33	1	11	262	440	1	21
Santa Clara	77,103	14,315	39,233	11,212	1,248	789	5,223	718	4,518	366	3,258
Santa Cruz	7,944	1,055	1,951	1,235	15	3	16	169	635	1	9
Shasta	23,749	5,987	15,190	1,538	669	1	18	413	3,261	1	746
Sierra	267	38	167	7	9	0	1	5	43	0	28
Siskiyou	6,128	1,394	3,663	453	186	0	3	97	1,337	1	109
Solano	7,666	561	1,786	2,476	8	0	6	96	667	4	10
Sonoma	25,716	6,494	13,982	1,702	485	3	20	516	5,285	786	1,018
Stanislaus	48,999	14,869	27,701	5,311	1,247	7	73	902	4,728	0	1,249
Sutter	10,780	2,763	6,202	964	234	0	5	195	1,412	5	234
Tehama	8,519	2,136	5,298	484	249	0	4	154	1,539	0	165
Trinity	1,590	444	1,039	116	40	5	275	24	112	0	28
Tulare	54,623	7,850	18,803	5,452	711	10	44	866	4,458	471	1,256
Tuolumne	4,876	1,262	3,035	231	116	19	578	54	986	3	187
Ventura	52,374	12,948	29,494	4,519	1,493	394	9,317	658	6,231	5	1,392
Yolo	4,424	400	1,053	1,524	33	0	3	52	198	3	23
Yuba	11,069	2,481	6,319	741	246	0	4	202	1,475	1	155
Not Reported	11,033	1,834	1,610	5,898	3	155	116	307	480	15	36

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 2004
(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	16,803,448,694	1,097,110,110	4,911,917,663	623,910,600	29,354,142	551,058,142	77,697,094	2,823,771,315	401,848,699	579,466,431	3,340,925,232
Alameda	658,033,215	30,948,677	180,106,043	17,844,810	1,064,326	27,767,905	6,290,717	119,954,440	12,098,551	438,983	172,597,862
Alpine	641,329	64,556	32,016	5,799	1,436	0	0	213,278	20,757	0	5,849
Amador	14,462,780	672,373	4,325,711	214,347	34,276	53,434	6,447	2,466,646	886,646	0	3,984,376
Butte	202,402,359	8,901,991	73,874,777	3,595,250	525,794	170,300	17,782	41,067,932	11,248,665	24,578	31,987,318
Calaveras	18,807,310	1,185,342	6,896,001	432,271	54,505	241,782	58,477	3,300,085	784,846	21,757	2,904,495
Colusa	13,747,649	1,108,187	4,146,257	191,427	32,179	14,250	1,985	3,247,239	663,274	0	1,907,777
Contra Costa	331,719,273	12,947,628	72,059,899	8,103,124	329,174	15,406,937	207,183	57,003,335	5,042,979	42,110	80,405,395
Del Norte	27,984,376	987,692	11,704,428	295,899	95,044	10,490	4,426	5,867,345	2,126,916	106,678	2,091,103
El Dorado	52,893,502	3,704,312	16,095,906	1,353,733	150,391	135,193	11,322	11,862,237	2,531,589	0	12,497,524
Fresno	511,079,320	34,635,740	141,863,090	28,148,409	803,262	477,062	54,908	106,487,030	17,386,173	481,320	106,596,100
Glenn	22,210,556	1,095,727	7,798,039	285,179	87,030	44,902	3,812	4,432,147	997,745	0	2,394,153
Humboldt	106,160,620	6,594,555	40,110,901	1,022,445	287,258	123,316	19,909	21,641,678	4,590,111	82,605	13,586,806
Imperial	144,398,405	14,346,330	55,899,968	4,534,565	652,090	137,401	15,202	30,766,809	6,711,200	0	11,723,913
Inyo	12,960,740	454,142	3,440,644	93,354	19,436	42,360	5,531	3,490,616	486,370	0	2,860,228
Kern	382,539,071	24,731,416	115,317,647	20,003,120	635,762	32,771,232	5,001,721	54,185,347	6,176,674	136,768	75,588,141
Kings	95,272,820	6,477,355	26,652,757	2,429,674	398,305	78,640	19,384	18,452,779	3,428,013	305,819	12,364,868
Lake	72,451,207	3,501,278	23,551,271	675,310	210,116	50,952	22,130	19,144,425	3,337,759	0	7,084,085
Lassen	20,593,308	683,997	8,191,335	230,488	78,943	4,740	3,176	3,414,369	1,074,954	0	3,888,708
Los Angeles	5,881,597,751	417,386,370	1,811,677,764	244,158,962	8,800,748	223,172,141	10,282,372	932,682,121	114,944,316	115,325,962	1,145,428,132
Madera	103,110,418	9,185,105	29,232,661	3,207,297	186,808	153,245	18,794	23,279,197	4,129,594	161,062	15,919,388
Marin	72,036,690	3,294,623	25,319,968	971,810	58,942	159,398	29,895	11,805,441	2,352,842	110,643	19,486,290
Mariposa	10,047,269	576,235	3,199,035	159,460	19,549	26,457	24,510	1,247,128	403,587	0	2,602,185
Mendocino	79,993,286	3,923,292	24,185,555	563,536	171,602	169,889	18,108	15,396,762	4,155,350	36,780	9,547,326
Merced	168,178,629	15,844,773	56,304,251	6,142,486	487,622	696,766	86,193	33,683,204	5,795,126	171,404	22,281,583
Modoc	10,423,462	284,770	2,576,803	185,009	32,558	0	2,138	1,128,871	407,124	141,068	4,013,961
Mono	3,818,465	147,723	522,844	16,867	3,290	3,585	195	1,606,510	170,060	0	172,093
Monterey	71,767,467	5,159,783	11,325,856	6,224,491	13,836	9,284,910	1,111,634	16,349,115	1,264,694	315,904	271,584
Napa	13,666,922	880,649	2,920,404	815,443	6,449	5,276	3,663	3,822,752	172,641	252,080	3,694,718
Nevada	38,501,560	2,262,698	13,044,532	534,237	71,917	160,899	10,405	6,766,485	1,802,137	0	10,225,923
Orange	483,178,666	53,152,223	71,835,475	41,804,081	394,145	703,389	51,709	115,683,997	10,224,306	115,552,982	13,525,594

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2004
(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	90,075,788	6,208,079	29,128,980	1,991,688	210,130	73,948	10,653	12,853,662	2,684,073	191,328	27,911,988
Plumas	16,343,178	368,232	4,707,161	56,008	65,988	14,538	1,350	2,709,136	720,518	0	5,087,933
Riverside	694,817,474	56,526,129	207,880,591	30,162,602	1,365,066	27,346,078	5,987,550	116,199,175	15,738,639	8,940,664	144,928,388
Sacramento	531,592,379	40,099,307	185,788,742	8,683,577	1,066,324	1,241,419	136,488	111,340,274	15,365,772	721,412	107,197,508
San Benito	27,092,969	1,724,300	5,839,582	506,779	65,945	214,088	58,945	6,361,751	874,339	0	6,785,994
San Bernardino	906,462,381	73,992,057	246,481,145	41,115,433	1,945,618	49,559,162	6,965,046	184,049,070	21,975,641	2,131,281	188,741,602
San Diego	1,152,544,727	78,376,044	383,976,918	36,062,924	1,805,243	348,965	47,579	203,778,396	33,671,689	587,472	256,867,000
San Francisco	594,186,747	17,855,667	201,161,021	11,392,779	1,024,244	34,710,257	5,144,782	52,838,962	13,029,441	413,955	169,288,787
San Joaquin	309,779,135	19,274,322	92,212,184	12,483,267	586,199	20,746,366	4,629,849	39,353,223	6,374,258	287,454	83,252,139
San Luis Obispo	100,527,088	6,827,656	38,886,509	1,761,907	293,498	343,926	27,093	12,312,093	2,097,966	54,752	24,976,329
San Mateo	126,499,208	4,031,695	1,637,279	4,318,173	4,694	1,638,711	272,394	14,230,023	1,217,694	160,550	74,283,340
Santa Barbara	54,210,064	3,928,476	9,510,980	5,270,732	24,956	99,766	15,839	14,519,598	530,287	111,422	1,397,948
Santa Clara	680,254,302	23,425,048	155,573,730	20,385,509	960,523	61,311,722	13,388,170	50,077,887	9,059,577	93,411,989	161,585,308
Santa Cruz	49,450,728	3,176,070	10,443,820	2,380,744	11,959	362,839	36,416	15,061,621	1,138,556	181,601	494,480
Shasta	170,677,154	10,372,719	63,981,647	3,265,853	514,557	134,931	26,743	30,163,595	6,113,666	181,314	32,135,984
Sierra	3,510,071	74,758	627,286	10,943	6,494	70,664	827	294,975	65,699	0	1,910,525
Siskiyou	37,012,722	1,968,554	12,980,011	744,151	137,876	8,152	5,724	6,520,702	2,299,630	308,521	5,717,425
Solano	26,913,615	1,088,109	8,091,558	4,217,180	6,049	27,405	13,671	6,697,118	1,244,517	821,186	619,004
Sonoma	340,791,000	10,411,799	52,982,860	3,081,261	362,974	420,173	41,664	42,928,981	7,621,146	149,958,048	46,738,469
Stanislaus	284,719,048	21,536,972	97,151,390	10,962,216	899,733	870,489	128,499	58,881,546	7,462,454	5,393	54,356,467
Sutter	67,146,365	3,735,933	25,485,164	2,021,127	162,784	20,392	7,351	14,199,486	2,416,564	1,345,918	9,402,836
Tehama	52,356,227	3,319,851	20,104,028	933,235	193,539	4,508	6,401	11,029,650	2,425,136	0	6,032,267
Trinity	10,944,843	690,055	4,211,883	211,897	32,995	283,469	327,528	2,152,833	237,141	0	1,629,274
Tulare	374,136,302	14,404,241	73,660,041	11,498,513	495,721	1,336,034	83,529	69,978,149	7,542,431	80,087,596	56,632,267
Tuolumne	36,080,651	1,454,374	11,079,346	429,861	77,371	793,894	761,419	3,171,459	1,358,789	887,452	9,920,269
Ventura	308,631,147	20,186,462	94,705,460	8,845,362	1,122,719	21,498,798	16,012,714	33,666,422	9,348,248	1,258,515	62,550,232
Yolo	15,128,426	660,965	4,312,085	2,746,880	22,008	6,224	3,314	2,596,304	206,568	641,154	606,567
Yuba	65,071,592	3,625,188	23,852,229	1,577,137	180,184	52,562	7,695	15,820,955	2,780,184	139,198	6,426,053
Not Reported	51,814,937	2,627,507	1,252,196	2,549,981	1,962	15,451,811	164,130	19,534,951	833,080	2,929,754	1,811,374

/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 2004

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	807	2,320	20,183	1,678	3,057	1,474	1,240	12,734
Alameda	15	114	794	46	145	50	91	462
Alpine	0	0	2	2	0	0	0	0
Amador	1	2	33	9	5	3	1	15
Butte	4	26	210	19	22	17	16	136
Calaveras	1	1	30	12	5	1	1	11
Colusa	1	1	8	1	1	0	0	6
Contra Costa	7	53	313	22	50	19	23	199
Del Norte	1	1	24	5	4	2	1	12
El Dorado	2	4	84	18	6	6	1	53
Fresno	12	89	427	47	79	43	38	220
Glenn	1	2	3	1	0	0	0	2
Humboldt	4	9	107	20	11	9	6	61
Imperial	2	6	68	5	5	7	9	42
Inyo	2	2	22	3	6	1	1	11
Kern	12	55	365	25	57	34	23	226
Kings	3	9	53	10	5	3	2	33
Lake	2	5	40	10	5	1	0	24
Lassen	1	2	11	2	0	1	1	7
Los Angeles	114	699	6,380	448	1,063	482	388	3,999
Madera	2	16	54	6	7	5	3	33
Marin	4	20	187	18	25	13	9	122
Mariposa	1	2	5	3	1	0	0	1
Mendocino	3	11	84	7	10	8	1	58
Merced	3	21	117	12	19	8	7	71
Modoc	2	2	4	3	0	1	0	0
Mono	1	0	9	0	0	0	0	9
Monterey	4	12	156	19	16	11	13	97
Napa	3	8	116	9	18	5	5	79
Nevada	2	6	80	15	14	8	1	42
Orange	35	99	1,815	124	253	167	94	1,177
Placer	2	15	110	7	12	7	6	78
Plumas	4	4	18	9	2	0	0	7
Riverside	17	130	769	73	132	63	57	444
Sacramento	12	56	480	51	61	46	33	289
San Benito	1	2	31	6	5	3	4	13
San Bernardino	22	168	680	91	110	55	61	363
San Diego	27	165	1,434	113	211	97	54	959
San Francisco	11	22	636	24	150	34	35	393
San Joaquin	8	58	319	33	45	13	20	208
San Luis Obispo	5	21	151	19	24	8	12	88
San Mateo	9	47	237	5	47	17	10	158
Santa Barbara	6	14	197	8	20	21	23	125
Santa Clara	12	82	706	41	130	49	60	426
Santa Cruz	3	11	132	15	13	10	14	80
Shasta	5	33	179	30	20	11	7	111
Sierra	0	1	0	0	0	0	0	0
Siskiyou	2	4	43	5	7	1	2	28
Solano	6	16	87	8	14	7	2	56
Sonoma	8	44	353	65	35	13	11	229
Stanislaus	5	23	311	28	35	28	22	198
Sutter	1	8	61	7	7	8	7	32
Tehama	1	4	40	5	4	4	0	27
Trinity	1	2	5	2	0	0	0	3
Tulare	3	48	216	32	36	18	14	116
Tuolumne	2	3	35	2	2	4	0	27
Ventura	9	50	463	66	65	38	28	266
Yolo	2	8	21	1	1	2	0	17
Yuba	1	2	22	3	5	0	0	14
Out of State/ Not Reported	377	2	846	8	32	12	23	771

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 Claim
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER CODES, D010605)

TABLE 23B

MEDI-CAL PROVIDERS PER 1,000 FFS ELIGIBLES
CALENDAR YEARS 2002, 2003 AND 2004

PROVIDERS	CALENDAR YEAR		
	2002	2003	2004
TOTAL PHYSICIANS	7.5	6.7	6.2
General Practice	0.6	0.5	0.5
OB-GYN	0.6	0.5	0.4
Internal Medicine	1.1	0.9	0.9
Pediatric	0.4	0.4	0.4
All Other	4.8	4.3	3.9
HOSPITALS	0.3	0.3	0.2
ACUPUNCTURISTS	0.3	0.2	0.2
CHIROPRACTORS	0.2	0.2	0.1
DENTISTS	2.7	2.4	2.2
OPTOMETRISTS	0.6	0.5	0.5
ORGANIZED OUTPATIENT CLINICS	0.1	0.1	0.1
PHARMACIES	1.8	1.7	1.7
PODIATRISTS	0.3	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 2002-2004, Medi-Cal Provider Month of Service Files, April-June 2002-2004, Medi-Cal Program Hospital Expenditures, April-June 2002-2004, Report on Provider Participation in the Medicaid Program, Calendar Years 2002-2004.

State of California, Department of Health Services, MCSS File HCP0412_Benes_by_Managed_Care_Plan_2004_12, created from the December 2004 Month of Eligibility File using a six-month lag, Medi-Cal Fee-For-Service and Delta Dental paid claims (Calendar Year 2004), and the Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011004).

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2004

COUNTY OF PROVIDER	ACUPUNCTURISTS	CHIROPRACTORS	DENTISTS	OPTOMETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES/PHARMACISTS	PODIATRISTS
STATEWIDE	672	448	7,197	1,663	382	5,645	869
Alameda	54	6	277	73	12	208	41
Alpine	0	0	0	0	0	0	0
Amador	0	2	3	7	1	8	1
Butte	2	5	49	22	4	41	8
Calaveras	0	1	3	2	0	6	1
Colusa	0	0	2	1	1	4	0
Contra Costa	6	5	96	37	13	142	22
Del Norte	0	6	4	4	0	5	1
El Dorado	0	3	18	12	2	22	4
Fresno	3	27	183	46	6	160	20
Glenn	0	2	2	2	0	4	0
Humboldt	3	12	33	10	3	28	9
Imperial	0	1	17	11	4	22	3
Inyo	0	1	0	3	1	4	1
Kern	0	13	80	32	7	118	6
Kings	0	1	10	9	2	14	2
Lake	1	3	5	6	0	13	0
Lassen	0	1	8	3	0	5	1
Los Angeles	349	69	2,690	426	106	1,641	303
Madera	0	5	24	4	2	21	3
Marin	2	1	30	6	7	33	9
Mariposa	0	0	1	0	0	2	0
Mendocino	2	3	15	10	1	19	3
Merced	1	10	28	14	3	30	2
Modoc	0	0	2	1	0	2	0
Mono	0	0	5	1	0	2	0
Monterey	0	0	67	12	6	49	7
Napa	1	0	15	6	3	19	3
Nevada	0	5	15	7	2	16	2
Orange	15	10	755	100	28	518	72
Placer	0	6	45	32	2	63	4
Plumas	1	1	2	4	1	6	0
Riverside	3	21	270	73	7	252	19
Sacramento	20	23	151	70	14	200	27
San Benito	0	0	11	3	1	5	0
San Bernardino	13	29	366	82	7	255	27
San Diego	19	31	451	123	18	435	63
San Francisco	84	9	197	40	16	146	38
San Joaquin	9	15	109	39	5	106	25
San Luis Obispo	1	8	37	27	9	58	10
San Mateo	6	3	120	9	6	90	12
Santa Barbara	3	1	58	16	8	68	9
Santa Clara	61	15	391	70	27	242	35
Santa Cruz	1	3	45	4	4	37	6
Shasta	3	19	37	25	3	40	4
Sierra	0	0	0	0	0	2	0
Siskiyou	0	1	11	5	1	11	1
Solano	1	0	46	13	5	48	6
Sonoma	3	12	52	30	6	70	13
Stanislaus	1	18	89	28	14	80	9
Sutter	0	6	25	6	3	13	0
Tehama	0	2	10	3	0	10	0
Trinity	0	0	4	0	0	4	0
Tulare	0	11	70	29	0	59	7
Tuolumne	0	2	11	5	1	12	2
Ventura	4	17	124	45	3	136	23
Yolo	0	2	24	12	5	20	2
Yuba	0	1	2	2	1	8	2
Out of State/ Not Reported	0	0	2	1	1	13	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 Claim
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER/ CODES, D010605)

TABLE 25
MEDI-CAL PROGRAM
COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
CALENDAR YEAR 2004
(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	36,590,814	6,515,210	17.8				
Alameda	1,501,952	211,670	14.1	Placer	303,016	21,925	7.2
Alpine	1,289	210	16.3	Plumas	21,158	2,631	12.4
Amador	37,468	3,077	8.2	Riverside	1,846,095	276,596	15.0
Butte	213,065	46,090	21.6	Sacramento	1,360,346	266,587	19.6
Calaveras	44,325	4,885	11.0	San Benito	57,353	7,526	13.1
Colusa	20,582	4,414	21.4	San Bernardino	1,930,416	358,901	18.6
Contra Costa	1,016,302	104,184	10.3	San Diego	3,036,373	346,038	11.4
Del Norte	28,991	7,676	26.5	San Francisco	795,180	122,268	15.4
El Dorado	172,244	14,098	8.2	San Joaquin	646,007	137,431	21.3
Fresno	876,842	258,462	29.5	San Luis Obispo	259,924	28,215	10.9
Glenn	27,926	6,471	23.2	San Mateo	720,691	61,825	8.6
Humboldt	130,953	25,041	19.1	Santa Barbara	416,625	65,653	15.8
Imperial	159,479	46,027	28.9	Santa Clara	1,749,365	220,741	12.6
Inyo	18,636	2,789	15.0	Santa Cruz	259,990	33,564	12.9
Kern	744,325	188,263	25.3	Shasta	177,002	35,471	20.0
Kings	143,876	29,589	20.6	Sierra	3,529	423	12.0
Lake	63,110	14,738	23.4	Siskiyou	45,440	9,779	21.5
Lassen	35,510	4,850	13.7	Solano	419,548	53,686	12.8
Los Angeles	10,179,716	2,410,318	23.7	Sonoma	477,437	46,563	9.8
Madera	139,406	35,314	25.3	Stanislaus	500,172	114,014	22.8
Marin	251,440	15,930	6.3	Sutter	87,534	17,511	20.0
Mariposa	17,856	2,293	12.8	Tehama	59,825	13,719	22.9
Mendocino	89,701	20,370	22.7	Trinity	13,732	2,493	18.2
Merced	237,155	70,382	29.7	Tulare	405,438	132,614	32.7
Modoc	9,917	2,196	22.1	Tuolumne	56,977	7,154	12.6
Mono	13,568	1,101	8.1	Ventura	811,505	101,442	12.5
Monterey	425,521	71,107	16.7	Yolo	186,554	27,261	14.6
Napa	132,530	11,983	9.0	Yuba	66,221	17,510	26.4
Nevada	98,857	8,030	8.1				
Orange	3,044,819	364,112	12.0				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 2004.

/2/ Average Monthly Eligibles.

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

Note: 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 HCP0412_Benes_by_Managed_Care_Plan_2004-12.xls, created from the December 2004 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File HCP0401_Benes_by_Managed_Care_Plan_2004_01.xls, created from the January 2004 Month of Eligibility File using a six-month lag.

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
JULY 2004
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	6,459,012	27,721	652,087	687,664	3,309,695	1,450,127	352,694
Alameda	213,991	594	46,655	65,001	54,633	34,388	12,720
Alpine	202	124	1	2	3	57	15
Amador	3,049	84	33	7	245	2,578	102
Butte	45,838	970	4,146	1,425	7,007	30,201	2,089
Calaveras	4,921	83	40	65	403	4,111	219
Colusa	4,538	60	67	42	2,962	1,228	179
Contra Costa	104,826	292	11,343	24,928	34,498	28,260	5,505
Del Norte	7,583	731	514	59	835	5,106	338
El Dorado	13,980	138	277	115	2,826	9,971	653
Fresno	257,968	859	30,776	20,802	154,558	41,022	9,951
Glenn	6,432	145	409	88	2,735	2,778	277
Humboldt	25,036	2,364	797	461	1,888	18,198	1,328
Imperial	45,892	431	238	800	36,717	5,320	2,386
Inyo	2,772	593	25	13	665	1,370	106
Kern	188,594	827	5,100	17,317	106,440	51,735	7,175
Kings	29,626	101	681	2,167	19,025	6,593	1,059
Lake	14,820	527	133	610	2,049	10,814	687
Lassen	4,843	288	84	78	563	3,619	211
Los Angeles	2,367,739	2,875	187,355	283,965	1,435,636	317,715	140,193
Madera	35,450	242	404	1,144	24,203	8,151	1,306
Marin	15,982	52	1,090	1,409	6,364	6,319	748
Mariposa	2,284	91	12	15	134	1,943	89
Mendocino	20,062	1,616	244	205	5,618	11,454	925
Merced	70,424	262	7,089	3,992	40,794	15,433	2,854
Modoc	2,224	139	17	6	402	1,567	93
Mono	1,140	75	16	8	524	458	59
Monterey	70,905	112	2,665	2,045	53,316	9,577	3,190
Napa	12,018	52	481	291	5,709	4,857	628
Nevada	7,974	77	84	25	697	6,700	391
Orange	365,812	320	67,529	7,360	200,638	70,300	19,665
Placer	22,133	250	793	423	4,280	15,333	1,054
Plumas	2,621	107	20	58	152	2,124	160
Riverside	275,004	1,039	9,019	25,809	146,183	77,350	15,604
Sacramento	266,440	1,397	47,606	51,192	53,840	99,718	12,687
San Benito	7,662	25	92	56	5,707	1,449	333
San Bernardino	357,744	1,746	14,467	52,874	173,932	96,183	18,542
San Diego	346,579	1,201	34,974	38,040	156,749	93,568	22,047
San Francisco	122,900	295	42,471	22,550	23,711	22,657	11,216
San Joaquin	137,768	603	23,928	16,844	55,242	33,795	7,356
San Luis Obispo	28,256	143	638	559	10,380	15,342	1,194
San Mateo	61,945	86	11,364	4,933	29,601	11,903	4,058
Santa Barbara	65,693	198	1,567	1,914	44,748	14,413	2,853
Santa Clara	223,868	589	62,284	9,284	106,551	33,738	11,422
Santa Cruz	33,425	67	626	457	19,965	10,171	2,139
Shasta	35,526	1,172	1,536	661	1,887	28,489	1,781
Sierra	421	6	5	7	35	343	25
Siskiyou	9,796	511	275	266	854	7,231	659
Solano	53,663	202	6,957	14,566	15,204	14,216	2,518
Sonoma	46,500	629	1,955	1,468	18,164	21,548	2,736
Stanislaus	114,988	375	7,225	4,183	55,680	42,195	5,330
Sutter	17,616	179	2,539	442	6,630	7,079	747
Tehama	13,606	279	116	111	3,450	9,077	573
Trinity	2,449	79	20	9	65	2,167	109
Tulare	133,091	518	4,828	2,758	91,633	28,406	4,948
Tuolumne	7,197	187	62	68	458	6,080	342
Ventura	101,382	265	3,825	2,020	66,673	23,570	5,029
Yolo	27,244	181	2,178	1,094	12,109	10,334	1,348
Yuba	17,546	268	2,412	573	3,725	9,825	743

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 2004 MEF using a six-month lag.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 2004

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	439,866	79,338	280,066	529	3,922	2,404	73,345	262
Adult Day Care Centers	458	362	92	0	0	4	0	0
Assistive Device and Sick Room Supplier	5,719	901	4,690	8	5	113	2	0
Audiologists	1,516	361	851	2	1	0	301	0
Blood Banks	20	7	13	0	0	0	0	0
Certified Nurse Midwife	451	125	191	0	0	3	132	0
Chiropractors	9,859	888	8,396	0	289	128	158	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	383	69	190	2	0	1	121	0
Christian Science Practitioners	2	2	0	0	0	0	0	0
Clinical Laboratories	4,293	570	3,697	2	4	18	2	0
Grp Certfd/Fam Nurse Practitioner	11	7	2	0	0	0	2	0
Fabricating Optical Laboratory	15	5	3	0	0	7	0	0
Dispensing Opticians	2,297	345	1,938	0	5	5	4	0
Hearing Aid Dispensers	1,773	284	1,334	1	4	20	130	0
Home Health Agencies	2,593	618	1,974	0	0	1	0	0
Community Hospital Outpatient	10,429	1,538	8,862	19	0	10	0	0
Community Hospital Inpatient	12,412	2,010	10,150	4	0	9	0	239
Long Term Care	12,636	2,741	9,859	1	0	35	0	0
Nurse Anesthetists	1,267	166	522	3	1	1	574	0
Occupational Therapists	1,508	105	1,015	1	2	0	385	0
Optometrists	8,277	2,170	4,958	5	133	11	1,000	0
Orthotists	261	36	100	0	1	2	122	0
Physicians Group	25,703	7,864	17,729	7	19	84	0	0
Optometric Group	387	234	150	0	0	0	3	0
Pharmacies/Pharmacist	26,355	5,864	20,420	5	3	63	0	0
Physical Therapists	7,429	299	6,323	2	109	9	687	0
Physicians	208,144	26,134	109,589	235	3,203	1,572	67,411	0
Podiatrists	5,144	1,309	3,380	1	71	83	300	0
Portable X-Ray Laboratory	239	31	206	0	2	0	0	0
Prosthetists	649	219	221	2	0	0	207	0
Ground Medical Transportation	3,852	708	3,122	11	2	9	0	0
Psychologists	14,508	2,016	11,352	6	48	68	1,018	0
Certified Acupuncturist	3,165	1,060	1,996	7	7	21	74	0
Genetic Disease Testing	773	380	365	2	0	0	26	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	1,131	781	347	2	0	1	0	0
HCBS-Certified HHA	1	1	0	0	0	0	0	0
Speech Therapists	2,742	221	1,851	4	5	0	661	0
Air Ambulance Transportation Services	165	76	87	2	0	0	0	0
Certified Hospice Service Per AB 4249	388	201	187	0	0	0	0	0
Free Clinics	34	10	24	0	0	0	0	0
Community Clinics	1,692	397	1,294	1	0	0	0	0
Chronic Dialysis Clinics	891	398	492	1	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0
Surgical Clinics	526	271	255	0	0	0	0	0
Exempt from Licensure Clinics	149	70	78	1	0	0	0	0
Rehabilitation Clinics	189	119	70	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	117	61	56	0	0	0	0	0
Alternative Birth Centers - Specialty Clinics	16	6	10	0	0	0	0	0
Breast Cancer Early Detection Program	610	431	179	0	0	0	0	0
Expanded Access to Primary Care Clinics	408	229	179	0	0	0	0	0
Local Education Agency	564	519	45	0	0	0	0	0
Respiratory Care Practitioner	53	15	29	0	0	0	9	0
EPSDT Supplemental Svcs Prov	903	391	391	101	0	4	16	0
Health Access Program	544	468	76	0	0	0	0	0
County Hospital Inpatient	682	58	601	0	0	0	0	23
County Hospital Outpatient	207	66	140	1	0	0	0	0
County Hospital Rehab	7	2	5	0	0	0	0	0
Community District Part Snif (LTC)	4	0	4	0	0	0	0	0
Pediatric Subacute Care-LTC	198	180	4	14	0	0	0	0
Mental Health Inpatient	343	172	171	0	0	0	0	0
AIDS Waiver Services	66	38	27	1	0	0	0	0
Multipurpose Senior Services Program	94	89	5	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	46,611	14,172	32,235	74	8	122	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	816	416	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, D073104)

SECTION 8
HISTORICAL MEDI-CAL PROGRAM TRENDS

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 6.5 million persons per month in 2004. This reflects an increase of 76,504 or 1.2 percent from 2003 and an increase of 1,093,943 million or 20.2 percent from 1995.

Public Assistance (FFS) eligibles averaged 1.4 million persons per month in 2004, a decrease of 0.6 percent from 2003.

Medically Needy (FFS) eligibles averaged 1.4 million persons per month in 2004, an increase of 13.6 percent from 2003.

Medically Indigent (MI) (FFS) eligibles averaged 210,085 persons per month in 2004, a 63.8 percent increase from 2003.

The MN/MI Alien Without SIS and Refugee/Entrant (FFS) programs averaged 128,897 persons per month in 2004, a decrease of 47percent from 2003.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs averaged 179,331 persons per month in 2004, compared to 175,735 in 2003.

The 60-Day Postpartum (FFS) program averaged 916 persons per month in 2004, a decrease of 924 eligibles from the previous year.

The Special Treatment (FFS) programs are small, with an average of 55 eligibles per month in 2004, compared to 52 eligibles per month in 2003.

The Qualified Medicare Beneficiary only (FFS) program averaged 5,266 eligibles per month in 2004, an increase of 6.5 percent from 2003.

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

The Medi-Cal Tuberculosis (FFS) program averaged 1,046 eligibles per month in 2004, a decrease of 3.3 percent from 2003.

The Minor Consent (FFS) program averaged 10,554 eligibles in 2004, an increase of 3.5 percent from 2003.

The BCCTP (FFS) program averaged 6,286 eligibles per month in 2004, an increase of 1,935 eligibles from 2003.

TABLE 28
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1995-2004
(COHS, HCPs, AND FFS)

PROGRAM	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
TOTAL	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	6,515,205
County Organized Health Systems (COHS)	183,884	398,493	378,236	358,831	376,429	404,146	460,754	512,261	546,011	557,540
Health Care Plans (HCPs)	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	2,679,261
Fee-For-Service (FFS)	4,633,165	4,215,519 /a/	3,420,253 /a/	2,830,939 /a/	2,533,923/a/	2,547,269/a/	2,698,336/a/	2,955,950/a/	3,148,187/a/	3,278,404/a/
Public Assistance	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	1,353,957
Medically Needy	543,081	499,471	442,442	400,977	436,328	661,256	920,702	1,114,512	1,217,012	1,382,011
Medically Indigent	249,073	228,084	181,671	131,686	104,918	77,325	63,089	76,360	128,248	210,085
IRCA Aliens	181	60	7	2	0	0	0	0	0	0
MI/MN Alien Without SIS	282,743	279,284	238,591	215,853	201,020	154,228	189,181	229,821	242,072	128,016
Refugee/Entrant	5,647	2,913	1,810	1,459	1,190	1,261	1,559	1,101	935	881
100 Percent Poverty	15,610	24,033	31,705	52,082	75,620	64,704	41,206	43,518	41,352	39,109
133 Percent Poverty	75,087	84,560	88,070	94,681	95,907	70,662	33,905	33,245	34,199	36,685
Income Disregard	83,318	88,802	90,706	95,025	103,471	100,925	87,823	100,571	100,184	103,537
60-Day Postpartum	1,760	1,870	1,730	1,572	1,315	1,154	1,587	2,013	1,840	916
Special Treatment	INA	INA	INA	INA	INA	INA	44	60	52	55
Qualified Medicare Beneficiary	2,233	2,769	3,838	4,737	5,502	5,983	5,049	5,177	4,944	5,266
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	377	602	550	564	536	505	682	958	1,082	1,046
Minor Consent	NA	0	4,752	12,421	9,385	9,112	8,837	9,706	10,200	10,554
Breast and Cervical Cancer Treatment Program	NA	NA	NA	NA	NA	NA	NA	1,969	4,351	6,286

INA Information Not Available.

NA Not Applicable.

/a/ 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 HCP0412_Benes_by_Managed_Care_Plan_2004_12, created from the December 2004 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 1995-2004).

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 2004, Medi-Cal program payments were \$21.6 billion. This reflects an increase of \$1.1 billion or 5.5 percent from 2003 and an increase of \$10.4 billion or 93.8 percent from 1995.

Public Assistance, the largest group in terms of total FFS expenditures, received \$8.8 billion in services during 2004, a 5.7 percent increase from 2003.

The Medically Needy (FFS) group received \$6.4 billion in services during 2004, an increase of 8.3 percent from 2003.

Medically Indigents (FFS) received a total of \$348.5 million in services during 2004, compared to \$253.5 million in 2003, a 37.5 percent increase.

The MI/MN Alien Without SIS and Refugee/Entrants (FFS) received a total of \$332,312 million in services during 2004, a decrease of 23.5 percent from 2003.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs ran \$637,988 million during 2004, a 6.4 percent increase from the previous year.

The 60-Day Postpartum (FFS) program ran \$2.4 million during 2004, a 71.0 percent decrease from 2003.

The Special Treatment (FFS) programs ran \$596 thousand during 2004, a 38.3 percent increase from 2003.

The Qualified Medicare Beneficiary (FFS) program ran \$11.0 million in 2004, compared to \$10.7 million in 2003, for a 2.4 percent increase.

The Presumptive Eligibility for Pregnant Women (FFS) program ran \$135.0 million during 2004 and \$130.7 million in 2003, or a 3.3 percent increase.

The Medi-Cal Tuberculosis (FFS) program ran \$671 thousand during 2004, compared to \$699 thousand in 2003, or a 4.2 percent increase.

The Minor Consent (FFS) program ran \$41.6 million in 2004, compared to \$40.8 million in prior year, or a 2.1 percent increase.

The BCCTP (FFS) program ran \$68.3 million in 2004.

A significant portion of the increase in expenditures in 2004 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 1995-2004
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1995	1996	1997	1998	1999	2000	2001
TOTAL	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729	\$14,609,804	\$16,921,923
County Organized Health Systems (COHS)	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162	\$1,020,869	\$1,249,259
Health Care Plans (HCPs)	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332	\$2,385,895	\$2,871,909
Fee-For-Service (FFS)	\$10,123,681	\$10,364,438	\$9,999,620	\$10,029,725	\$10,382,235	\$11,203,041	\$12,800,755
Public Assistance	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102	6,075,117	6,798,089
Medically Needy	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563	3,833,026	4,747,184
Medically Indigent	371,857	362,780	324,040	293,894	278,206	221,587	185,170
IRCA Aliens	6,130	816	294	147	124	0	0
MI/MN Alien Without SIS	629,846	629,894	548,281	495,788	482,900	385,300	381,365
Refugee/Entrant	23,214	12,302	9,002	6,511	5,331	4,615	7,007
100 Percent Poverty	5,499	8,960	12,904	24,317	42,790	41,504	33,949
133 Percent Poverty	39,105	45,586	47,245	51,817	56,833	48,651	32,367
Income Disregard	235,690	270,511	258,912	282,818	337,165	673,434	376,412
60-Day Postpartum	1,900	1,585	1,836	2,773	2,665	3,214	4,939
Special Treatment	1,348	317	424	192	228	251	324
Qualified Medicare Beneficiary	1,398	1,630	3,056	41,944	16,823	7,898	7,926
Presumptive Eligibility for Pregnant Women	25,782	45,797	59,186	73,344	87,157	101,676	117,460
Medi-Cal Tuberculosis Program	74	179	243	387	351	426	465
Minor Consent	NA	NA	7,139	42,232	47,753	49,367	45,050
Breast and Cervical Cancer Treatment Program	NA						
Not Reported	79,673	34,008	41,302	48,003	40,234	51,466	62,750

NA Not Applicable.

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 2004.

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):

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, 77, 78
Medically Needy	
Aged	13, 14, 17, 1D , 1H, 1U, 1X, 1Y
Blind	23, 24, 27, 2D
Disabled	63, 64, 65, 67, 6D , 6G, 6H, 6U, 6V, 6W, 6X, 6Y, 8G
Families	34, 37, 39, 3D , 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, 8W
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
<i>IRCA (expired 12/31/1994)</i>	<i>51, 52, 56, 57</i>
MI/MN Alien Without SIS	55, 58, 5F
100% Program	7A, 7C, 8R, 8T
133% Program	72, 74, 8N, 8P
200% Income Disregard Program and Asset Waiver Provision (formerly 185% Program)	
Infants	07, 47, 69, 79, 8U, 8V (see note below for 200% Program)
Pregnant Women	44, 48, 49, 70, 75 (see note below for 200% Program)
200% Program and Asset Waiver Provision (deactivated 5/2000; combine with 200% Inc Disregard for statistical reporting)	(07, 70, 75, 79)
Tuberculosis Program	7H
Minor Consent Services	7M, 7N, 7P, 7R
FPACT Waiver	8H (FFP effective beginning with 12/1/1999 service dates)
BCCTP	0M, 0N, 0P, 0R, 0T, 0U, 0V

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	<u>HF services only (no Medi-Cal)</u>	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 - 2003

Managed Care Annual Statistical Reports
Calendar Years 1998 - 2004

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 - 2003

Medi-Cal Funded Induced Abortions
Calendar Years 1994 - 2002

Medi-Cal County Program Monthly Averages
Calendar Years 1995 - 2002

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>

Medi-Cal Redesign Page
<http://www.dhs.ca.gov/mcs/mcpd/MCReform/default.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/>

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://www.lib.umich.edu/govdocs/>