TABLE 2005-07
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY TYPE OF PAYMENT SYSTEM AND AID CATEGORY,
CALENDAR YEAR 2005

NUMBER

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU-MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	31,143	1,866	1,422	2,337	107,097	30,191	4,918	163	179,137
County Organized Health System	9,201	261	356	538	19	38	0	7	10,420
GMC	7,655	190	267	102	0	10	0	6	8,230
Two-Plan (CP)	22,396	315	416	211	3	96	0	10	23,447
Two-Plan (LI)	29,338	524	433	221	5	129	0	15	30,665
Other	22	4	1	0	0	0	0	0	27
Total	99,755	3,160	2,895	3,409	107,124	30,464	4,918	201	251,926

PERCENT

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU-MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	12.36	0.74	0.56	0.93	42.51	11.98	1.95	0.06	71.11
County Organized Health System	3.65	0.10	0.14	0.21	0.01	0.02	0	0.00	4.14
GMC	3.04	0.08	0.11	0.04	0	0.00	0	0.00	3.27
Two-Plan (CP)	8.89	0.13	0.17	0.08	0.00	0.04	0	0.00	9.31
Two-Plan (LI)	11.65	0.21	0.17	0.09	0.00	0.05	0	0.01	12.17
Other	0.01	0.00	0.00	0	0	0	0	0	0.01
Total	39.60	1.25	1.15	1.35	42.52	12.09	1.95	0.08	100.00