

MEDI-CAL FUNDED DELIVERIES

2002



The Great Seal

MEDICAL CARE STATISTICS SECTION

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This report provides summary data on Medi-Cal funded deliveries occurring in hospitals. The data are distributed by age, ethnicity and aid category of the mother, type of delivery and type of inpatient hospital (county versus community, contract versus non-contract). Average Medi-Cal payments for the fee-for-service component of these deliveries are also included. The report is based on information developed by linking hospital discharge records with Medi-Cal eligibility information.

This report, as well as previous years' reports, may be found at www.dhs.ca.gov/mcss. Questions may be directed to Jan Rains by telephone at (916) 552-8570 or e-mail Jrains@dhs.ca.gov.

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EXECUTIVE SUMMARY

Births to Medi-Cal beneficiaries in calendar year 2002 increased four percent above calendar year 2001, to a total of 238,809. These births represented 45% of all births in California hospitals, up one percent from the previous year. This larger proportion of Medi-Cal births can be attributed to program expansions, which resulted in 11% growth in the average monthly number of Medi-Cal eligible women ages 15-44 in 2001 and an additional 13% increase in year 2002.

The general fertility rate of California women ages 15-44 continues to decline, dropping to 71.0 per thousand from 71.1 per thousand over the same time period.¹

As in previous years, women ages 20-24 delivered most of the babies (33.5%), followed by women aged 25-29, who were responsible for 25% of the deliveries. Older teens, ages 18 and 19, dropped from 11.4% to 10.6%. The percentage of younger teens, ages 15 through 17, has been declining over the past several years from 7% in 1994 to 5.0% in 2002.

Hispanic women represented 67% of the Medi-Cal beneficiaries delivering in 2002. The next largest group was white women (16%), followed at 8% by black women and Asian/Pacific Islanders at 7%.

Deliveries continue to be concentrated in the fee-for-service arena, with 73% of the deliveries covered by fee-for-service and the remaining 27% spread among various managed care arrangements.

Over 80% of the Medi-Cal funded deliveries fell into two major aid groups. The greatest number of deliveries was to persons in the "Families" aid group, followed closely by the "Undocumented" women. The Families group represented 43% of Medi-Cal deliveries in 2002 (the same as in 2001), while Undocumented women declined from 41% to 40%. The "Percent Poverty" programs rose from 10% in year 2000 to 11% in year 2002; all remaining categories were very small. See Appendix A for a list of aid codes by category.

The percentage of uncomplicated vaginal births dropped from 64.9% in calendar year 2001 to 63.9% in 2002. Cesarean births (uncomplicated) rose to 20.5% from 19.1% and complicated Cesarean births remained at 5.3%.

¹ California Department of Health Services, Center for Health Statistics

DATA QUALIFICATIONS

The Medi-Cal Funded Deliveries report has been published annually since 1978. This report provides statewide as well as county-level number of deliveries by age, type of delivery, type of facility and the amount of Medi-Cal expenditures. The information source, the Pregnancy Monitoring System (PMS), an extract from the Medi-Cal paid claims files, has been only minimally updated despite significant changes in the Medi-Cal program over the past two decades.

The change with the greatest impact on delivery reporting is undoubtedly the movement of Medi-Cal eligibles into managed care systems, and the consequential non-reporting of encounters within the paid claims file. To address this missing segment of delivery reporting, we have turned to a different data source, the Patient Discharge Data (PDD) system reporting all inpatient hospitalizations within California, which is maintained by the Office of Statewide Health Planning and Development (OSHPD). Sponsored partially by a grant funded by the Kaiser Family Foundation, the PDD was linked to Medi-Cal eligibility information for the years 1994 through 2000. As the data became available, the years 2001 and 2002 were also linked. This calendar year 2002 report is the third in the delivery series utilizing the PDD/Medi-Cal linked file.

The PDD/Medi-Cal dataset provides an excellent resource for reporting the number of Medi-Cal funded deliveries in both fee-for-service and managed care settings. Demographic data, type of delivery, and aid code categorization were pulled from this source in developing the report. The PMS extract was used to build information on the average costs for fee-for-service deliveries and distribution by type of hospital (contract versus non-contract, county versus community).

Although the PDD/Medi-Cal linked file provides the most complete delivery information available at this time, it is likely that managed care deliveries are underreported to an unknown degree, believed to be relatively small. The reason for an undercount is that this report is based on a link between Medi-Cal eligible files and hospital discharge records. Inaccuracy in personal identifiers may result in non-linking records, the fee-for-service linkage was augmented by a secondary linkage based on Medi-Cal claims; however, managed care encounter data is not yet accurate enough to provide a useful tool for additional linkages. Since we were unable to augment the managed care links with encounter data, only records linking on personal identifiers such as Social Security Number, date of birth and gender could be included for managed care eligibles.

TABLE 1
DELIVERIES TO MEDI-CAL BENEFICIARIES
AS A PERCENT OF CALIFORNIA BIRTHS, AND
GENERAL CALIFORNIA FERTILITY RATE
1994 THROUGH 2002

	BIRTHS IN CALIFORNIA HOSPITALS ¹	BIRTHS TO MEDI-CAL BENEFICIARIES ²	MEDI-CAL AS PERCENT OF TOTAL	GENERAL FERTILITY RATE OF CALIFORNIA WOMEN ¹
1994	564,929	269,770	47.75%	78.1
1995	549,213	261,371	47.59%	76.3
1996	536,771	253,487	47.22%	74.7
1997	522,707	230,873	44.17%	72.2
1998	519,961	215,848	41.51%	71.4
1999	515,235	218,316	42.37%	70.5
2000	529,766	224,405	42.36%	71.9
2001	525,959	229,884	43.71%	71.1
2002	527,628	238,809	45.26%	71.0

Source:

¹California Department of Health Services, Center for Health Statistics

²California Department of Health Services, Medical Care Statistics Section, PDD/Medi-Cal Linked File, 2002.

TABLE 2
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY AGE AND ETHNICITY,
CALENDAR YEAR 2002

	NUMBER						
	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
UNDER 15	66	69	360	16	2	72	585
15-17	1,473	964	7,730	464	65	1,197	11,893
18-19	4,351	2,242	16,409	1,077	154	1,196	25,429
20-24	14,114	6,918	53,406	3,847	387	1,371	80,043
25-29	8,685	4,425	42,305	4,000	252	706	60,373
30-34	5,074	2,783	25,843	3,623	115	457	37,895
35-44	3,253	1,617	14,681	2,438	78	280	22,347
45 & UP	31	13	154	41	0	5	244
Total	37,047	19,031	160,888	15,506	1,053	5,284	238,809

	PERCENT						
	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
UNDER 15	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.2%
15-17	0.6%	0.4%	3.2%	0.2%	0.0%	0.5%	5.0%
18-19	1.8%	0.9%	6.9%	0.5%	0.1%	0.5%	10.6%
20-24	5.9%	2.9%	22.4%	1.6%	0.2%	0.6%	33.5%
25-29	3.6%	1.9%	17.7%	1.7%	0.1%	0.3%	25.3%
30-34	2.1%	1.2%	10.8%	1.5%	0.0%	0.2%	15.9%
35-44	1.4%	0.7%	6.1%	1.0%	0.0%	0.1%	9.4%
45 & UP	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
Total	15.5%	8.0%	67.4%	6.5%	0.4%	2.2%	100.0%

TABLE 3
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY ETHNICITY AND AID CATEGORY,
CALENDAR YEAR 2002

NUMBER

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	25,630	1,158	988	1,257	1,004	6,936	7	67	37,047
BLACK	15,783	1,004	224	261	445	1,276	1	37	19,031
HISPANIC	51,041	372	1,930	1,919	90,198	14,840	88	500	160,888
ASIAN OR PACIFIC ISLANDER	7,795	573	246	433	3,104	3,287	2	66	15,506
AMERICAN INDIAN OR ALASKAN	810	29	22	27	33	129	0	3	1,053
NOT REPORTED	876	336	44	60	730	564	2,658	16	5,284
TOTAL	101,935	3,472	3,454	3,957	95,514	27,032	2,756	689	238,809

PERCENT

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	10.7%	0.5%	0.4%	0.5%	0.4%	2.9%	0.0%	0.0%	15.5%
BLACK	6.6%	0.4%	0.1%	0.1%	0.2%	0.5%	0.0%	0.0%	8.0%
HISPANIC	21.4%	0.2%	0.8%	0.8%	37.8%	6.2%	0.0%	0.2%	67.4%
ASIAN OR PACIFIC ISLANDER	3.3%	0.2%	0.1%	0.2%	1.3%	1.4%	0.0%	0.0%	6.5%
AMERICAN INDIAN OR ALASKAN	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%
NOT REPORTED	0.4%	0.1%	0.0%	0.0%	0.3%	0.2%	1.1%	0.0%	2.2%
TOTAL	42.7%	1.5%	1.4%	1.7%	40.0%	11.3%	1.2%	0.3%	100.0%

TABLE 4
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY TYPE OF DELIVERY AND AID CATEGORY,
CALENDAR YEAR 2002

	NUMBER								
	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL WITHOUT COMPLICATIONS	65,093	1,837	2,439	2,414	61,115	17,283	2,068	362	152,611
VAGINAL WITH COMPLICATIONS	6,604	310	298	313	5,432	1,797	218	35	15,007
VAGINAL WITH STERILIZATION/D&C	4,157	149	13	130	3,818	1,055	5	20	9,347
VAGINAL W/OTHER PROCEDURE	49	1	0	1	36	17	0	0	104
CESAREAN W/O COMPLICATIONS	19,949	707	556	837	20,666	5,547	377	218	48,857
CESAREAN WITH COMPLICATIONS	5,992	465	144	257	4,396	1,312	87	54	12,707
DELIVERY W/OTHER O.R. PROCEDURE	91	3	4	5	51	21	1	0	176
TOTAL	101,935	3,472	3,454	3,957	95,514	27,032	2,756	689	238,809

	PERCENT								
	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL WITHOUT COMPLICATIONS	27.3%	0.8%	1.0%	1.0%	25.6%	7.2%	0.9%	0.2%	63.9%
VAGINAL WITH COMPLICATIONS	2.8%	0.1%	0.1%	0.1%	2.3%	0.8%	0.1%	0.0%	6.3%
VAGINAL WITH STERILIZATION/D&C	1.7%	0.1%	0.0%	0.1%	1.6%	0.4%	0.0%	0.0%	3.9%
VAGINAL W/OTHER PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CESAREAN W/O COMPLICATIONS	8.4%	0.3%	0.2%	0.4%	8.7%	2.3%	0.2%	0.1%	20.5%
CESAREAN WITH COMPLICATIONS	2.5%	0.2%	0.1%	0.1%	1.8%	0.5%	0.0%	0.0%	5.3%
DELIVERY W/OTHER O.R. PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
TOTAL	42.7%	1.5%	1.4%	1.7%	40.0%	11.3%	1.2%	0.3%	100.0%

TABLE 5
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY TYPE OF DELIVERY AND ETHNICITY,
CALENDAR YEAR 2002

NUMBER

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL WITHOUT COMPLICATIONS	23,640	11,358	102,815	10,482	672	3,644	152,611
VAGINAL WITH COMPLICATIONS	2,633	1,461	9,360	1,066	99	388	15,007
VAGINAL WITH STERILIZATION OR D&C	1,314	703	6,744	442	44	100	9,347
VAGINAL WITH OTHER PROCEDURE	12	7	77	7	0	1	104
CESAREAN WITHOUT COMPLICATIONS	7,191	3,920	33,926	2,749	170	901	48,857
CESAREAN WITH COMPLICATIONS	2,199	1,570	7,871	754	67	246	12,707
DELIVERY WITH UNRELATED O.R. PROCEDURE	58	12	95	6	1	4	176
TOTAL	37,047	19,031	160,888	15,506	1,053	5,284	238,809

PERCENT

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL WITHOUT COMPLICATIONS	9.9%	4.8%	43.1%	4.4%	0.3%	1.5%	63.9%
VAGINAL WITH COMPLICATIONS	1.1%	0.6%	3.9%	0.4%	0.0%	0.2%	6.3%
VAGINAL WITH STERILIZATION OR D&C	0.6%	0.3%	2.8%	0.2%	0.0%	0.0%	3.9%
VAGINAL WITH OTHER PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CESAREAN WITHOUT COMPLICATIONS	3.0%	1.6%	14.2%	1.2%	0.1%	0.4%	20.5%
CESAREAN WITH COMPLICATIONS	0.9%	0.7%	3.3%	0.3%	0.0%	0.1%	5.3%
DELIVERY WITH UNRELATED O.R. PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
TOTAL	15.5%	8.0%	67.4%	6.5%	0.4%	2.2%	100.0%

TABLE 6
DELIVERIES TO MEDICAL BENEFICIARIES
BY TYPE OF PAYMENT SYSTEM AND AID CATEGORY,
CALENDAR YEAR 2002

NUMBER

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	40,972	2,520	1,583	2,966	95,338	26,808	2,756	663	173,606
County Organized Health System	7,820	205	371	433	174	32	0	6	9,041
GMC	7,060	151	332	155	0	10	0	4	7,712
Two-Plan (CP)	20,296	261	547	197	0	85	0	4	21,390
Two-Plan (LI)	25,778	332	621	205	2	97	0	12	27,047
PCCM	2	2	0	0	0	0	0	0	4
Prepaid Health Plan	7	1	0	1	0	0	0	0	9
Total	101,935	3,472	3,454	3,957	95,514	27,032	2,756	689	238,809

PERCENT

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	17.2%	1.1%	0.7%	1.2%	39.9%	11.2%	1.2%	0.3%	72.7%
County Organized Health System	3.3%	0.1%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	3.8%
GMC	3.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	3.2%
Two-Plan (CP)	8.5%	0.1%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	9.0%
Two-Plan (LI)	10.8%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	11.3%
PCCM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prepaid Health Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	42.7%	1.5%	1.4%	1.7%	40.0%	11.3%	1.2%	0.3%	100.0%

TABLE 7
DISTRIBUTION OF HOSPITAL TYPE AND
AVERAGE AMOUNT PAID PER DELIVERY,
FEE-FOR-SERVICE MEDI-CAL BENEFICIARIES,
BY TYPE OF HOSPITAL, CALENDAR YEAR 2002¹

	Type of Hospital, Percentage Distribution	Average Amount Paid
ALL HOSPITALS	100.00%	\$ 3,435
Contract	81.58%	\$ 3,209
Non-Contract	18.42%	\$ 4,439
COUNTY HOSPITALS	12.38%	\$ 3,924
Contract	12.35%	\$ 3,919
Non-Contract	0.03%	\$ 5,646
COMMUNITY HOSPITALS	87.62%	\$ 3,366
Contract	69.23%	\$ 3,082
Non-Contract	18.39%	\$ 4,437

¹ Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

TABLE 8
AVERAGE LENGTH OF STAY (IN DAYS)
BY TYPE OF DELIVERY AND AGE OF MOTHER
FEE-FOR-SERVICE, CALENDAR YEAR 2002

	NON-CESAREAN	CESAREAN	TOTAL
UNDER 15	2.1	3.5	2.3
15-17	2.3	4.4	2.5
18-19	2.2	3.7	2.4
20-24	2.1	3.5	2.4
25-29	2.1	3.4	2.4
30-34	2.2	3.5	2.5
35-44	2.3	3.4	2.7
45 & UP	2.6	3.4	2.9
Total	2.2	3.5	2.5

TABLE 9
AVERAGE MEDI-CAL PAYMENT
BY TYPE OF DELIVERY AND AGE OF MOTHER
FEE-FOR-SERVICE, CALENDAR YEAR 2002¹

	NON-CESAREAN	CESAREAN	TOTAL
UNDER 15	\$ 3,091	\$ 4,806	\$ 3,281
15-17	\$ 3,086	\$ 5,402	\$ 3,356
18-19	\$ 3,034	\$ 5,424	\$ 3,372
20-24	\$ 2,971	\$ 5,199	\$ 3,357
25-29	\$ 2,930	\$ 4,922	\$ 3,360
30-34	\$ 3,031	\$ 4,987	\$ 3,537
35-44	\$ 3,218	\$ 4,957	\$ 3,719
45 & UP	\$ 3,584	\$ 5,217	\$ 4,153
Total	\$ 3,006	\$ 5,050	\$ 3,435

¹ Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

TABLE 10
DELIVERIES TO MEDICAL BENEFICIARIES
BY BENEFICIARY COUNTY AND AID CATEGORY,
CALENDAR YEAR 2002

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
STATEWIDE	101,935	3,472	3,454	3,957	95,514	27,032	2,756	689	238,809
ALAMEDA	2,692	134	99	214	2,361	798	90	4	6,392
ALPINE	6	0	0	0	1	0	0	0	7
AMADOR	75	2	1	0	10	17	0	0	105
BUTTE	906	51	17	6	114	214	8	2	1,318
CALAVERAS	114	3	2	2	12	19	1	0	153
COLUSA	83	2	1	0	78	32	2	0	198
CONTRA COSTA	1,538	87	55	66	1,443	412	52	6	3,659
DEL NORTE	136	10	3	0	23	21	0	0	193
EL DORADO	306	13	5	2	118	73	11	2	530
FRESNO	5,012	190	143	156	2,562	1,227	116	4	9,410
GLENN	122	4	4	7	67	39	3	0	246
HUMBOLDT	527	37	18	11	66	144	7	1	811
IMPERIAL	979	20	19	18	209	188	14	1	1,448
INYO	58	1	1	0	26	23	1	0	110
KERN	4,057	184	121	82	2,013	720	70	6	7,253
KINGS	712	18	27	25	292	141	21	0	1,236
LAKE	280	17	8	3	37	48	2	0	395
LASSEN	89	3	6	3	6	20	5	0	132
LOS ANGELES	34,278	836	763	762	40,349	5,680	777	587	84,032
MADERA	626	10	17	9	669	108	4	0	1,443
MARIN	144	4	5	1	390	44	1	0	589
MARIPOSA	51	0	1	1	0	15	0	0	68
MENDOCINO	338	18	9	2	158	100	11	2	638
MERCED	1,369	42	52	37	786	284	22	1	2,593
MODOC	21	2	1	1	3	6	0	0	34
MONO	20	0	1	2	30	10	0	0	63
MONTEREY	1,232	18	45	30	1,396	463	72	3	3,259

(continued)

TABLE 10, (CONTINUED)

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
NAPA	169	2	8	3	255	80	7	1	525
NEVADA	141	3	7	3	54	64	3	0	275
ORANGE	3,920	87	195	208	10,089	2,324	386	3	17,212
PLACER	284	14	28	29	194	142	9	0	700
PLUMAS	51	0	2	2	6	14	0	1	76
RIVERSIDE	5,225	168	262	336	4,353	2,111	97	10	12,562
SACRAMENTO	4,833	289	173	214	1,467	958	36	6	7,976
SAN BENITO	157	1	10	8	144	53	9	0	382
SAN BERNARDINO	7,353	268	280	349	3,762	1,793	224	12	14,041
SAN DIEGO	5,133	186	331	498	5,440	2,354	171	13	14,126
SAN FRANCISCO	1,085	53	18	34	851	565	30	3	2,639
SAN JOAQUIN	2,836	141	81	55	1,338	481	44	3	4,979
SAN LUIS OBISPO	379	23	23	54	271	225	11	0	986
SAN MATEO	435	21	26	71	1,438	325	66	3	2,385
SANTA BARBARA	1,013	34	53	43	1,349	390	24	0	2,906
SANTA CLARA	2,361	70	83	142	3,721	936	55	3	7,371
SANTA CRUZ	467	7	22	35	635	248	40	2	1,456
SHASTA	776	44	16	9	40	178	6	3	1,072
SIERRA	8	0	0	0	0	4	0	0	12
SISKIYOU	149	8	3	3	8	36	1	0	208
SOLANO	946	48	37	46	477	222	27	0	1,803
SONOMA	566	23	42	60	919	316	13	0	1,939
STANISLAUS	2,052	78	82	52	1,203	555	46	3	4,071
SUTTER	359	14	12	7	173	121	4	0	690
TEHAMA	279	16	13	3	91	64	7	0	473
TRINITY	34	7	1	0	0	14	0	0	56
TULARE	2,372	61	124	167	1,707	599	85	0	5,115
TUOLUMNE	133	13	6	4	8	64	1	0	229
VENTURA	1,786	33	59	49	1,936	734	51	3	4,651
YOLO	444	15	24	31	282	133	9	1	939
YUBA	418	39	9	2	84	83	4	0	639

TABLE 11
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY BENEFICIARY COUNTY AND AGE OF MOTHER,
CALENDAR YEAR 2002

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
STATEWIDE	585	11,893	25,429	80,043	60,373	37,895	22,347	244	238,809
ALAMEDA	19	277	642	2,115	1,690	1,038	602	9	6,392
ALPINE	0	1	2	1	2	1	0	0	7
AMADOR	0	4	17	48	19	11	6	0	105
BUTTE	4	64	193	487	314	169	86	1	1,318
CALAVERAS	0	9	20	53	35	19	17	0	153
COLUSA	0	8	20	65	52	34	19	0	198
CONTRA COSTA	14	176	385	1,273	944	570	293	4	3,659
DEL NORTE	2	13	30	73	39	21	14	1	193
EL DORADO	1	26	59	200	130	78	36	0	530
FRESNO	40	634	1,101	3,447	2,188	1,224	763	13	9,410
GLENN	3	15	23	88	61	34	22	0	246
HUMBOLDT	0	34	96	293	231	106	50	1	811
IMPERIAL	1	100	181	509	356	174	127	0	1,448
INYO	1	3	11	36	31	20	8	0	110
KERN	24	457	915	2,616	1,638	980	620	3	7,253
KINGS	3	85	157	481	299	138	72	1	1,236
LAKE	0	26	42	162	85	52	28	0	395
LASSEN	0	5	22	59	27	12	7	0	132
LOS ANGELES	197	3,920	7,858	25,927	22,100	14,920	9,015	95	84,032
MADERA	7	72	204	531	341	184	102	2	1,443
MARIN	1	17	37	199	173	105	57	0	589
MARIPOSA	0	1	10	22	15	10	10	0	68
MENDOCINO	1	34	65	209	162	111	55	1	638
MERCED	6	154	339	956	573	358	202	5	2,593
MODOC	0	1	7	16	5	4	1	0	34
MONO	0	3	7	18	19	13	3	0	63

(continued)

TABLE 11, (CONTINUED)

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
MONTEREY	5	193	370	1,163	799	458	267	4	3,259
NAPA	0	34	51	169	146	94	31	0	525
NEVADA	0	17	26	109	57	42	23	1	275
ORANGE	34	694	1,640	5,349	4,715	2,988	1,774	18	17,212
PLACER	1	27	85	281	174	94	38	0	700
PLUMAS	0	4	12	35	16	3	6	0	76
RIVERSIDE	21	630	1,485	4,470	3,088	1,790	1,071	7	12,562
SACRAMENTO	27	428	907	2,797	1,964	1,155	687	11	7,976
SAN BENITO	1	22	36	146	97	38	41	1	382
SAN BERNARDINO	31	740	1,756	5,160	3,281	1,985	1,076	12	14,041
SAN DIEGO	35	721	1,535	4,715	3,528	2,238	1,342	12	14,126
SAN FRANCISCO	6	89	192	752	719	525	354	2	2,639
SAN JOAQUIN	15	284	650	1,862	1,110	668	388	2	4,979
SAN LUIS OBISPO	0	44	120	373	253	128	68	0	986
SAN MATEO	3	101	243	795	637	381	222	3	2,385
SANTA BARBARA	6	132	349	1,041	731	413	230	4	2,906
SANTA CLARA	14	289	726	2,457	1,971	1,259	646	9	7,371
SANTA CRUZ	4	73	159	490	381	212	135	2	1,456
SHASTA	1	57	181	437	218	108	68	2	1,072
SIERRA	0	1	2	6	1	0	2	0	12
SISKIYOU	2	13	27	83	44	21	18	0	208
SOLANO	3	97	189	649	459	268	136	2	1,803
SONOMA	7	85	207	691	507	297	144	1	1,939
STANISLAUS	9	247	497	1,513	921	577	305	2	4,071
SUTTER	0	31	100	235	170	96	58	0	690
TEHAMA	6	33	69	179	95	61	30	0	473
TRINITY	0	2	3	25	13	8	5	0	56
TULARE	15	330	633	1,942	1,174	631	385	5	5,115
TUOLUMNE	0	10	21	97	53	26	22	0	229
VENTURA	13	238	517	1,565	1,173	725	414	6	4,651
YOLO	2	34	106	318	221	165	93	0	939
YUBA	0	54	92	255	128	55	53	2	639

TABLE 12
DELIVERIES TO MEDICAL BENEFICIARIES
BY BENEFICIARY COUNTY AND ETHNICITY,
CALENDAR YEAR 2002

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
STATEWIDE	37,047	19,031	160,888	15,506	1,053	5,284	238,809
ALAMEDA	723	1,568	2,961	973	23	144	6,392
ALPINE	2	0	0	0	5	0	7
AMADOR	79	0	18	0	6	2	105
BUTTE	871	34	264	90	41	18	1,318
CALAVERAS	128	0	21	1	1	2	153
COLUSA	43	0	145	2	2	6	198
CONTRA COSTA	673	685	1,899	294	7	101	3,659
DEL NORTE	113	0	42	7	30	1	193
EL DORADO	331	3	167	8	6	15	530
FRESNO	1,253	634	6,513	789	37	184	9,410
GLENN	98	2	124	11	5	6	246
HUMBOLDT	557	11	102	27	101	13	811
IMPERIAL	99	19	1,301	11	0	18	1,448
INYO	43	0	41	3	22	1	110
KERN	1,631	506	4,782	191	20	123	7,253
KINGS	254	66	866	22	5	23	1,236
LAKE	257	13	89	7	22	7	395
LASSEN	96	2	17	4	7	6	132
LOS ANGELES	5,518	7,934	64,232	4,575	136	1,637	84,032
MADERA	257	31	1,135	7	5	8	1,443
MARIN	112	30	414	26	0	7	589
MARIPOSA	58	0	8	0	2	0	68
MENDOCINO	315	2	241	5	59	16	638
MERCED	478	102	1,802	146	10	55	2,593
MODOC	28	0	3	0	3	0	34
MONO	21	0	36	0	4	2	63
MONTEREY	244	64	2,749	102	2	98	3,259

(continued)

TABLE 12, (CONTINUED)

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
NAPA	122	4	377	12	1	9	525
NEVADA	193	1	69	6	3	3	275
ORANGE	1,911	200	13,079	1,387	14	621	17,212
PLACER	380	7	264	21	9	19	700
PLUMAS	63	0	10	0	3	0	76
RIVERSIDE	2,476	789	8,599	320	70	308	12,562
SACRAMENTO	2,701	1,428	2,492	1,217	43	95	7,976
SAN BENITO	39	3	321	7	1	11	382
SAN BERNARDINO	3,046	1,666	8,413	453	61	402	14,041
SAN DIEGO	2,408	1,086	9,294	874	40	424	14,126
SAN FRANCISCO	277	535	988	779	4	56	2,639
SAN JOAQUIN	1,056	469	2,704	617	36	97	4,979
SAN LUIS OBISPO	455	7	483	21	7	13	986
SAN MATEO	230	102	1,651	308	2	92	2,385
SANTA BARBARA	390	49	2,364	57	5	41	2,906
SANTA CLARA	607	214	5,288	1,140	17	105	7,371
SANTA CRUZ	240	7	1,126	22	4	57	1,456
SHASTA	864	13	80	54	48	13	1,072
SIERRA	12	0	0	0	0	0	12
SISKIYOU	169	4	11	4	17	3	208
SOLANO	428	392	772	170	5	36	1,803
SONOMA	558	35	1,213	54	34	45	1,939
STANISLAUS	1,226	114	2,477	166	8	80	4,071
SUTTER	247	11	330	93	1	8	690
TEHAMA	293	2	154	4	7	13	473
TRINITY	54	0	1	1	0	0	56
TULARE	835	65	3,939	141	20	115	5,115
TUOLUMNE	193	2	21	2	7	4	229
VENTURA	692	65	3,679	121	8	86	4,651
YOLO	274	30	533	71	10	21	939
YUBA	326	25	184	83	7	14	639

APPENDIX A: AID CODE CATEGORIZATION

Medical Care Statistics Section determined placement of individual aid codes into categories for this report. Aid code descriptions were taken from EDS Provider Manual as of September 2003.

FAMILIES:

Code	Benefits	Share of Cost	Program/Description
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.
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 <i>Notice of Action</i> 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.
3E	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.
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 not 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.

Code	Benefits	Share of Cost	Program/Description
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.
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.
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.
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.
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.
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.
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).
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.

AGED, BLIND OR DISABLED:

Code	Benefits	Share of Cost	Program/Description
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.
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.
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.)
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.

MEDICALLY INDIGENT - CHILD

Code	Benefits	Share of Cost	Program/Description
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.
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.
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.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
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.
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.

MEDICALLY INDIGENT – ADULT

Code	Benefits	Share of Cost	Program/Description
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). 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.
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.
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.
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UNDOCUMENTED:

Code	Benefits	Share of Cost	Program/Description
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.
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.
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>
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u> , but <u>who are</u> otherwise eligible for <u>Medi-Cal</u> . 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.
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 <u>aliens who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>pregnant alien women who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
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 <u>aliens without satisfactory immigration status who have received benefits under aid code 5T and are</u> 19 years of age or older.
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.
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.

PERCENT POVERTY:

Code	Benefits	Share of Cost	Program/Description
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.
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.
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).
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.
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.

MINOR CONSENT:

Code	Benefits	Share of Cost	Program/Description
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.