Evaluation of Expenditures by California Children's Services (CCS) Beneficiaries: 2001 - 2005

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EXECUTIVE SUMMARY

This report provides an evaluation of expenditures and utilization patterns by different payer groups for beneficiaries receiving authorized medical services through the California Children's Services (CCS) Program. The primary objective was to investigate and explain why expenditures by the *Healthy Families* Program from 2001-2004 increased roughly 150% despite a constant number of beneficiaries, while expenditures by the other two payer groups increased at a much slower rate. This observation was based on expenditures reported through Electronic Data Systems (EDS) claims paid data and beneficiary enrollee data reported to the CCS state office by county CCS programs. This evaluation was requested of the Institute for Public Health (IPH) at San Diego State University by the California Department of Health Services, Children's Medical Services (CMS) Branch in Sacramento.

The analysis for this report originally planned to use data from the "35 Paid Claims" file. These data contained variables that were adequate to answer the questions posed. However, CCS staff subsequently noticed that important information was not available on this file. After several other potential data sources were explored, CCS and IPH staff collectively decided to use the Surveillance and Utilization Review Subsystem (SURS) data. Expenditures and utilization on CCS-related services were analyzed for the five fiscal years between 2000-01 and 2004-05.

Total expenditures from the SURS data analyzed in this evaluation generally are quite similar for all payer groups to those reported by the state CMS Branch. This is particularly true for *Healthy Families* beneficiaries in the three fiscal years 2001-02 through 2003-04. Both data sources indicate a very large increase in total dollar expenditures during this period for *Healthy Families* beneficiaries. The SURS data suggest that these expenditures more than doubled between 2000-1 and 2001-02, and continued to increase by 78% the following year and 36% the second year after that. Overall, *Healthy Families* expenditures increased approximately 430% during these three fiscal years, compared to only an 18% increase by CCS-Only beneficiaries and a 90% increase in Medi-Cal expenditures on CCS-related services.

In contrast, data on CCS caseload is quite different between the CMS Branch and the SURS data analyzed in this evaluation, with the former indicating roughly constant caseload while the later revealed substantial increases in number of *Healthy Families* beneficiaries during the first part of this time period. A major cause of this discrepancy is the fact that CCS data was for number of enrollees, while SURS data were based on claims filed, and thus included only those *Healthy Families* beneficiaries who used services in a particular fiscal year.

An analysis of individual Major Diagnostic Classifications (MDCs) revealed that expenditure patterns vary significantly across the three CCS beneficiary groups. Medi-Cal spends a substantially greater percentage of total expenditures on perinatal conditions, respiratory system conditions, and V-codes. As expected based on eligibility criteria, 17% of total Medi-Cal expenditures for CCS-related services in 2004-05 were for conditions originating in the perinatal period, compared to less than 1% for *Healthy Families* beneficiaries. In contrast, *Healthy Families* spends a much larger percentage of total expenditures for MDCs such as injury/poisoning (11.4%) and neoplasms (12.2%).

A separate analysis was performed to identify "high-cost" individuals to investigate whether greater expenditures by one payer group may be attributed to a greater number or percentage of high-cost cases. The analysis suggests that high-cost users do not contribute to expenditure variations across different payer groups. Another reason expenditures may be higher for one payer group is that these beneficiaries receive more hospital-intensive services. Approximately two-thirds of total expenditures on Medi-Cal CCS beneficiaries are attributed to hospitalizations. The percentages of both expenditures and claims resulting from hospitalizations by *Healthy Families* beneficiaries have decreased slightly (from 64% of total expenditures in 2000-01 to 56% in 2004-05), while similar percentages for Medi-Cal and CCS-Only beneficiaries remained fairly constant during the same time period.

CMS Branch staff requested that this evaluation include a special analysis of specific diagnoses or procedures of interest to investigate whether *Healthy Families* beneficiaries had greater expenditures on non-primary diagnoses compared to other payer groups. No clear pattern emerged related to this issue; the percentage of total expenditures for most specific diagnoses was very similar among the three payer groups. However, there was some evidence that Medi-Cal recipients who had any primary diagnosis of hearing loss, congenital heart disease, cardiac conditions, or cleft lip/palate had a smaller percentage of total expenditure attributed to claims for these diagnoses, suggesting that these beneficiaries are more likely to receive other services authorized by CCS (with different diagnoses) compared to individuals receiving services for these same diagnoses who are covered by *Healthy Families* or CCS-only.

The average cost per individual for services related to these primary diagnoses was generally highest for Medi-Cal beneficiaries and lowest for CCS-only recipients, with *Healthy Families* beneficiaries in the middle. This finding was usually a result of Medi-Cal patients filing more claims with these diagnoses compared to those in the other two payer groups. Moreover, for most diagnoses, *Healthy Families* beneficiaries had at least three times the number of primary diagnosis claims, and much higher average cost per individual, as CCS-only recipients for the same diagnosis.

Of particular interest for this evaluation is that the SURS data did not reveal evidence of the large increase in expenditures by *Healthy Families* beneficiaries as did data provided by the state CMS Branch. This appears to be due to a spike in claims paid in 2002-03, more than 60% of which were for services provided in previous years (compared to a 15-38% lag in claims payment in the previous years). Thus, it appears that there was an unusual backlog of *Healthy Families* claims paid in that year, even though the services corresponding to those claims had been provided in previous years. These payments were a primary reason for the apparent surge in *Healthy Families* expenditures. If these expenditures for services provided in previous years had actually been associated with those earlier years (in which services were provided), the rate of expenditure growth would have been much more gradual.

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BACKGROUND

This report is an evaluation of expenditure and utilization patterns by different beneficiary groups receiving medical services through the California Children's Services (CCS) Program. CCS is a statewide program designed to pay for the treatment of children with certain chronic illnesses, diseases, or specific physical limitations. In addition, CCS will pay for or provide a medical evaluation to assess whether a child has a qualifying condition.

To qualify for assistance through CCS, a child must satisfy the following conditions:

1) Be under age 21;
2) Be a resident of California;
3) Have (or be suspected of having) a CCS qualifying condition; and
4) Either (a) have a family income of $40,000 or less (adjusted gross income as reported on state income tax forms) or (b) expected out-of-pocket medical expenses for the qualifying child must be greater than 20% of the family income.

Children qualifying for the CCS program have one of three funding sources for their care, according to their eligibility. Services and treatment available to children are identical for all funding sources. CCS does not pay for all services provided to eligible children. Instead, this program covers only treatment for the qualifying condition and treatment of other conditions that would negatively impact the qualifying condition.

The three different funding sources for children receiving CCS medical services are (a) Medi-Cal, (b) *Healthy Families* (California's SCHIP Program), and (c) CCS-only. The percent paid by county, state, and federal agencies varies according to the group for which an eligible child qualifies. Children enrolled in the Medi-Cal Program have their services paid for by Medi-Cal. Treatment for these children is shared roughly equally by federal and state funds. For children enrolled in Medi-Cal managed care plans (other than county organized health systems), treatment relating to qualifying CCS conditions and authorized by CCS is a "carve-out"; the Medi-Cal managed care plans do not pay for the CCS authorized services. For children with qualifying CCS conditions who are enrolled in a *Healthy Families* plan, treatment related to the CCS qualifying conditions is paid from federal funds (65%), state funds (17.5%), and county funds (17.5%). While the *Healthy Families* managed care plans are capitated, it is important to note that treatment related to qualifying CCS conditions that is authorized by CCS is a "carve-out," much like in the Medi-Cal managed care plans. Thus, the *Healthy Families* plan does not pay for these qualifying services. Finally, state and county funds contribute roughly equal amounts to pay for services provided to children who otherwise qualify for treatment through CCS but do not qualify for Medi-Cal or are not covered by *Healthy Families*.

For the purposes of this report, these three eligibility/payment groups will be referred to as

i. Medi-Cal,
ii. *Healthy Families* (HFAM)
iii. CCS Only, respectively.

After the *Healthy Families* program was initiated in 1998, CCS administrators expected that this new coverage for previously uninsured children would result in many CCS-Only beneficiaries migrating to *Healthy Families*, leading to a decrease in the number of children covered by just CCS (i.e., "CCS-Only"). However, similar expenditure patterns were expected for each beneficiary since children would probably be treated at the same facilities and by the same providers regardless of the payment group to which they belonged.

However, CCS data reports exhibited a different pattern of expenditures. Specifically, these reports appeared to indicate that total qualifying CCS expenditures through the *Healthy Families* program increased very rapidly during the four years beginning in fiscal year 2001-02, despite a relatively unchanged enrollment of children covered by *Healthy Families*. This implies that expenditure per *Healthy Families* beneficiary actually increased during this period of time. The other two groups (Medi-Cal and CCS-Only) did not exhibit a similar increase in expenditures. Although there may be several possible explanations, this might indicate that HFAM children were receiving more costly or a greater number of services during this study period. The Institute for Public Health (IPH) at San Diego State University (SDSU) received a contract from the Children's Medical Services (CMS) Branch of the California Department of Health Services (DHS) to evaluate whether this trend for *Healthy Families* beneficiaries was "real" and, if so, to investigate the cause of this apparent anomaly in expenditures.

DATA

Identifying a source of data that contained sufficient detail on services provided and expenditures for CCS-qualifying services for the three groups of beneficiaries was more problematic than originally anticipated. Ideally, data would provide easy identification of beneficiaries in each group, the types of services, expenditures for those services, and information about both the provider and beneficiary. Although the Children's Medical Services Branch of California DHS receives summary reports from counties, more detailed data on beneficiaries and services were needed.

Initially, the Institute for Public Health (IPH) received the data dictionary for the "35 Paid Claims" file in July 2005 and evaluated it thoroughly for data availability and completeness given the stated objectives of this project. The IPH identified variables from the data dictionary that would be useful for the evaluation, and submitted a request in August 2005 that it receive the first year of data from this data source to determine whether it would be appropriate for this evaluation. Shortly after the request was submitted, CMS personnel noticed that the TAR control number was not available in the "35" file. This would prevent the IPH evaluation team from correctly identifying different beneficiary groups and whether CCS authorized the services.

Subsequent to this determination, and with the support of CMS Branch and the Medical Care Statistics Section, lists of variables on two alternative data files, the "34 Paid Claims" file and the "Surveillance and Utilization Review Subsystem" (SURS) file, were provided to the IPH in September 2005. In contrast to the original "35" file, which contains paid claims only, the "34 Paid Claims" file, created by EDS from the "55" file, is used for claims processing and payment

and contains all claims by beneficiaries, not just claims authorized and paid by CCS. The SURS file, also generated from the "55 file, is created for the Audits and Investigations Division and is used primarily in fraud investigations. Although the Medical Care Statistics Section initially thought that the SURS file contained only Medi-Cal claims, further investigation showed that it indeed contained claims for all three groups to be studied.

After careful review, the evaluation project team determined that the SURS file would provide the best data for this evaluation. Following a careful and exhaustive review of the several hundred variables included on the SURS variable list and several telephone consultations with Michael Fitzwater from Medical Care Statistics Section, the IPH submitted a request on November 11, 2005, for a total of 117 variables from the SURS file for calendar years 2000 – 2005. This would provide data to construct a baseline year (FY2000-2001), as well as the four years during which changing expenditure patterns could be evaluated.

Initially, the Medical Care Statistics Section reported some difficulty with using the requested selection criteria to extract the desired data. This was crucial since appropriate selection criteria were required to ensure that three separate files, each for a single payment group, could be created. Once that issue was resolved, Calendar Year 2000 data were extracted and sent to the IPH by Medical Care Statistics. This year of data was received by the IPH on February 15, 2006. The IPH decided to investigate the CY 2000 data prior to requesting the remaining years from Medical Care Statistics to confirm that all appropriate variables were included in the data files. The IPH devoted the next six weeks to validating data, checking for missing data and duplicate variables, and evaluating data quality. A revised request for data covering Calendar Years 2001 – 2005 was made to the Children's Medical Services Branch on April 3, 2006.

The data for the remaining five calendar years were received by IPH as follows:

Calendar Year 2001: April 20, 2006
Calendar Year 2002: May 24, 2006
Calendar Year 2003: June 7, 2006
Calendar Year 2004: June 20, 2006
Calendar Year 2005: August 18, 2006

METHODOLOGY

All data files were received as single Calendar Year (CY) files, with *Healthy Families*, CCS-Only, and Medi-Cal data in different files. Consequently, a total of 18 separate data files were received. The IPH validated and extracted desired data for each beneficiary group as each year was received.

Although this evaluation was originally requested to evaluate expenditures for services paid during specific fiscal years, the SURS data is defined based on date of service. Thus, each file contained all paid claims for services provided during that calendar year, regardless of when payment occurred. For example, a claim for service provided in CY 2000 and paid in 2002 would appear in the CY 2000 file. The SURS data provided by Medical Care Statistics covered service dates beginning January 1, 2000 through December 31, 2005; any services provided

through December 1999, regardless of payment date, are not included in the data series. Similarly, services provided in late 2005 but not paid until 2006 will also be included.

A total of 18 SAS files were received and utilized in this evaluation. Files containing *Healthy Families* and CCS Only beneficiaries were immediately imported into SPSS (version 14) and validated using that statistical software. Because of their extremely large size, Medi-Cal files were verified in SAS before they were imported into SPSS.

Prior to evaluation, each file was checked to ensure that it contained data from the appropriate payment group. Verification was based on the following criteria, as provided by the CCS administrative office:

a. *Healthy Families* –
   - i) Last digit of TAR number = 8 and 3rd digit of TAR number = 5 or 6 ***OR***
   - ii) Financial Program Code = 'A – Healthy Families' *and* First two digits of TAR number = 97 or 91 *and* Recipient Aid Code = 7Y or 9H

b. CCS Only –
   - i) Financial Program Code = '4 – CCS' ***OR***
   - ii) Last digit of TAR number = 8 and TAR number ≠ 00000000008 and 3rd digit of TAR number ≠ 5 or 6 ***OR***
   - iii) First two digits of TAR number = 97 or 91 and Beneficiary Aid Code = 9K, 9M, or 9N

c. Medi-Cal –
   - i) TAR number = 00000000008 *and* Age at date of service <21 ***OR***
   - ii) Financial Program Code = '1 – Medi-Cal' *and* first two digits of TAR number = 97 or 91 *and* Recipient Aid Code ≠ 7Y, 9H, 9K, 9N, or 9M ***OR***
   - iii) TAR number = 00000000004 ***OR***
   - iv) TAR number = 00000000008 *and* (NICU Revenue code =170, 171, 172, 173, 174 or NICU Accommodation code = 085, 094, 095, 099, 175, 1085, 1094, 1171, 1175)

Frequencies were performed on all variables to check for missing data. In addition, crosstabulations were constructed on all coded variables and examined to verify coding consistency across files. These summary statistics were performed for each file prior to further analysis. A data dictionary for these variables was created. New values for a few variables occasionally appeared in subsequent years that had not previously been identified, and these new values were then added to the data dictionary.

The variable "Financial Program Code" had one cross-code in the 2000 and 2001 files and was recoded. Otherwise, variables retained the same values across years and across payment groups.

Unfortunately, data on ethnicity and gender of beneficiaries receiving CCS-covered services were very incomplete. For example, 99% of these data were missing in the *Healthy Families* and CCS Only data files. Consequently, no subanalyses of expenditure trends or differences in

expenditures based on ethnicity or gender were possible. While the SURS data was identified as the best available database for this evaluation project, this proved to be a major shortcoming in exploring possible differences in expenditures across these three beneficiary groups.

To create more manageable files for the evaluation, descriptive variables were stripped from each file following code verification (with the exception of the ethnicity descriptive variable). Once verification was completed, Medi-Cal files were exported into text files and then imported into SPSS. Once in SPSS, the Medi-Cal files were checked to ensure that data were not lost in the transfer across statistical programs.

As indicated above, the SURS data for any year included claims for services provided during that year. However, the objective of this project was to examine expenditure trends identified by the state CMS Branch, which were based on the date when services were paid. Thus, in order to provide a consistent evaluation and reliable interpretation of results, it was necessary to reconstruct a fiscal year file for each year and for each beneficiary group based on payment date rather than service date.

Frequencies on claim paid dates were run to determine the number of claims paid during each fiscal year. Each file was then split into new files containing claims paid from a single fiscal year, with verification that no cases were lost and all cases placed in the appropriate file. Finally, all files containing cases from a single payment group and one fiscal year were merged to create fiscal year files based on the date that claims were paid. This process resulted in 15 separate files: five fiscal years for each of the three payment/beneficiary groups (*Healthy Families*, CCS Only, and Medi-Cal). The five fiscal year files were as follows:

Fiscal Year 2000-01 – claims paid July 1, 2000 through June 30, 2001
Fiscal Year 2001-02 – claims paid July 1, 2001 through June 30, 2002
Fiscal Year 2002-03 – claims paid July 1, 2002 through June 30, 2003
Fiscal Year 2003-04 – claims paid July 1, 2003 through June 30, 2004
Fiscal Year 2004-05 – claims paid July 1, 2004 through June 30, 2005

Of course, these files contained records of all claims during the fiscal year. There would generally be more than one claim for any individual. For many analyses, it was necessary to identify the number of unique individuals in each payment group who received services in each year. A lag function was applied to these paid claims files to create a new variable that could identify unique individuals. The following variables were used:

Healthy Families
i) MEDS ID
ii) TAR number
iii) Claim Payment ID

CCS Only
i) MEDS ID
ii) TAR number
iii) Claim Payment ID

Medi-Cal
i) MEDS ID
ii) Recipient ID
iii) Recipient CIN

Frequencies were run on unique individuals to identify their county of residence. Unfortunately, this proved to be an unreliable variable since more than 98% of all individuals in the *Healthy Families* and CCS Only groups were coded as being residents of Los Angeles County. However, the data for the provider's county seemed to be much more accurate, based on the estimates provided by CCS personnel. Therefore, provider county was used as a proxy for any analysis involving the patient's county. This implicitly assumes that most patients receiving CCS-qualifying services seek care in the same county as that in which they reside.

EMPIRICAL RESULTS

For expositional simplicity, all tables and figures referred to in this section are contained in the Appendix at the end of the report.

Overview of Expenditures and Individuals

In order to explore whether the SURS database used in this evaluation provided numbers of beneficiaries and total expenditures for each of the three payment groups that were similar to those provided by the state CMS Branch (i.e., whether the SURS data matched the expenditure trend observed by CMS Branch staff), comparisons between these two data sources were made in each fiscal year for both number of beneficiaries ("caseload") and expenditures. These comparisons are shown in Table 1, which indicates the caseload and expenditure for each beneficiary group and for each fiscal year, as well as the percentage difference in these values between the SURS and original CCS data. The SURS data for both caseload and expenditures are provided in Table 1.

Total expenditures from the SURS data generally are quite similar to those reported by the state CMS Branch. This is particularly true for *Healthy Families* beneficiaries in fiscal years 2001-02, 2002-03, and 2003-04, where the total expenditures are almost identical between each database. While the 2000-01 SURS expenditures are roughly five percent lower than the values provided by CCS, it is important to recognize that the SURS data does not contain information on any services provided prior to January 1, 2000. Therefore, any claims paid during fiscal year 2000-01 for services provided before that date are not included in the SURS totals. As a result, the SURS expenditures for the 2000-2001 fiscal are probably understated, explaining the slightly lower SURS values for that year. The expenditures for the CCS-Only beneficiary group are also very close for fiscal years 2001-02 through 2003-04. A similar under-reporting of expenditures for 2000-2001 as with *Healthy Families* beneficiaries also appears to exist for this beneficiary group. Finally, Medi-Cal expenditures are also very similar between the two data sources for the first three fiscal years shown in Table 1. However, SURS Medi-Cal expenditures for fiscal year 2003-04 are 13% higher than those reported by CCS. While the lower expenditure estimates in

the SURS data for the first fiscal year are understandable based on the conversion of "date paid" files from "data of service" files, the reason for this discrepancy is unclear.

Despite the overall similarity for each fiscal year, both databases illustrate a very large increase in total dollar expenditures during this time period for *Healthy Families* beneficiaries. The SURS database indicates that *Healthy Families* expenditures more than doubled between fiscal years 2000-01 and 2001-02, then continued to increase 78% and 36%, respectively, through 2003-04 before remaining relatively constant the final fiscal year. Overall, *Healthy Families* expenditures increased approximately 430% in the three years between 2000-01 and 2003-04. Expenditures by CCS-Only beneficiaries increased only 18% during these same three years, while Medi-Cal expenditures increased almost 90%.

Figure 1 displays the composition in both total caseload and total expenditures attributed to each of the three beneficiary groups in the first and final fiscal year of the project's time period. Despite the rapidly increasing expenditures by the *Healthy Families* Program, it is important to note that it still constitutes less than 5% of total CCS expenditures by all three beneficiary groups. Well over nine of every ten dollars spent on CCS-related services by all beneficiaries are still for Medi-Cal recipients. However, during these five fiscal years, expenditures by *Healthy Families* recipients of CCS services did increase from 1.8% to 4.6% of the total, with a concomitant decrease by CCS-Only beneficiaries from 5.3% to 3.3% of total expenditures. Thus, as expected due to the phase-in of the *Healthy Families* Program, there appears to have been a small substitution of *Healthy Families* expenditures for CCS-Only expenditures.

The data on CCS caseload (i.e., number of beneficiaries) in Table 1 and Figure 1 reveal decidedly different patterns compared to expenditures. Original CMS Branch data indicate a greater number of beneficiaries in most years for the *Healthy Families* and Medi-Cal beneficiaries, while SURS reports a substantially greater number of CCS-Only beneficiaries for all fiscal years after 2000-01. While these differences are substantial, a review of their origin explains the probable cause(s). Caseload reported by the CMS Branch includes all children enrolled in the respective programs, despite the fact that some of these enrolled children may have had no claims, and thus incurred no expenses, during the year. While this might suggest that the caseload as found in the SURS data should be lower than that reported by CCS, the SURS caseload represents all claims paid during the fiscal year, including possibly those provided in earlier fiscal years and for children who are no longer eligible for CCS services. Unfortunately, given the available data, further inquiry of this large disparity in caseload was not possible.

Figure 1 further illustrates the different patterns over time between caseload and expenditures on CCS services provided to beneficiaries in these three groups. The percent of total CCS beneficiaries whose services were paid by *Healthy Families* increased much faster than did the percent of total expenditures themselves (an increase in caseload from 3.3% in 2000-2001 to 11.4% in 2004-2005, compared to an increase in expenditures from 1.8% to 4.6% during the same time period). Moreover, while there was a decrease in the percent of total caseload and expenditure for CCS-Only beneficiaries, these beneficiaries comprised a much greater percent of total caseload in each year compared to the percent of total expenditures. These results suggest, compared to their respective caseloads, expenditures on CCS services for beneficiaries who

qualified for either Medi-Cal or *Healthy Families* were disproportionately larger, while expenditures on qualifying services for CCS-only beneficiaries were disproportionately smaller. Of course, roughly three-fourths of all CCS beneficiaries qualified as part of the Medi-Cal Program, and expenditures on services for these individuals comprised over 92% of total funds spent on CCS services for all beneficiaries.

Major Diagnostic Classifications

Utilizing the major diagnostic classifications (MDCs) defined by CCS, the number of claims and expenditures were analyzed separately by year and payment group to explore possible reasons for differences in values and trends shown in Table 1 and Figure 1. These results are shown in Table 2 for the percentage of total claims and expenditures, and Figure 2, which provides a graphical view of the same information. The number of claims and total dollar value of expenditures from which these percentages were calculated are provided in Table 3. The results provided in these tables, as well as the figure, suggest that patterns of expenditures for specific MDCs vary significantly across the three CCS beneficiary groups, and highlights further the differences among these different programs that pay for CCS services.

Medi-Cal spends a substantially greater percentage of total expenditures on perinatal conditions, respiratory system conditions, and V-codes (e.g., live born infant) than either *Healthy Families* or CCS Only. In fact, conditions originating in the perinatal period accounted for 17% of total Medi-Cal expenditures in FY 2004-05, compared to only 4.2% for CCS-Only and less than 1% for *Healthy Families* beneficiaries. Moreover, while the percent of total expenditures attributed to this MDC did not change markedly for these last two groups, there was an increase of more than five percentage points in the share of total CCS expenditures on Medi-Cal beneficiaries resulting from perinatal conditions (from 11.6% in 2000-01 to 17.0% in 2004-05). These are also relatively costly MDCs, with the percent of expenditures more than double the percent of claims for services provided under this MDC.

Medi-Cal beneficiaries experienced a similar large increase in the percent of total expenditures for services with diagnoses indicated as V-codes during the last two years, from 15.8% in 2002-03 to 23.2% in 2004-05. Overall, V-codes make up over 23% of total Medi-Cal expenditures, double the percentage spent by CCS-Only and triple the percentage spent by *Healthy Families*. While Table 2 also reveals that the percent of dollars spent on diseases of the respiratory system decreased by almost 60% for Medi-Cal beneficiaries between FY 2000-01 and 2004-05, this is still 60% higher than the equivalent rate for CCS-Only beneficiaries and almost 80% higher than that for *Healthy Families* children.

The *Healthy Families* Program spends a much larger percentage of total expenditures for CCS services from such MDCs as injury/poisoning, musculoskeletal and connective tissue conditions, and neoplasms compared to CCS Only or Medi-Cal. Collectively, these account for almost 29% of total expenditures on CCS services by *Healthy Families*, compared to 18.5% for CCS-Only beneficiaries and only 12.6% by the Medi-Cal Program. Injury and poisoning comprised 11.4% of the total *Healthy Families* expenditures on CCS services in 2004-05, compared to 7.3% for CCS-Only and 6.2% for Medi-Cal. Neoplasms account for another 12% of total *Healthy*

Families expenditures on CCS services in that year, much higher than the 7.3% and 4.5% for CCS-Only and Medi-Cal beneficiaries, respectively.

CCS-Only spends a greater percentage of total expenditures on diseases of the nervous system than *Healthy Families* or Medi-Cal. Expenditures on services related to this MDC comprised 11.5% of total CCS-Only expenditures in 2004-05, which is more than four times as much as the equivalent percentage spent by the *Healthy Families* Program and more than twice the percent spent by Medi-Cal on these services.

Congenital anomalies is an MDC category that captures a sizeable percent of total expenditures for all three payer categories, ranging from 9-12%. The remaining MDCs account for relatively small percentages of total expenditures for all three payment groups (usually less than 1.5%).

As Figure 2 illustrates, the percentage of expenditures spent by *Healthy Families* and CCS-Only for many of these CCS services is somewhat volatile, while the comparable percentage spent by Medi-Cal is much more stable. A possible explanation is the fact that the number of claims for all MDCs in Medi-Cal is much higher than for *Healthy Families* and CCS-Only. A few very expensive claims in Medi-Cal are unlikely to have a dramatic impact on the overall percentage spent in an MDC. When the total number of claims is much lower, a few outliers (e.g., very expensive claims) will be more likely to have a greater impact on the percentage spent (and vice versa for less expensive claims). In addition, the *Healthy Families* Program was in transition during the first few years of the time period studied and, as suggested previously, there may have been some switching of certain patients between this Program and the CCS-Only group. However, there is no reason a priori to expect a systematic relationship between those who may have switched beneficiary category and whether claims were unusually large or small.

Figure 3 provides a stacked bar approach to viewing the same results, and shows the percent of total expenditures in each year and for each of the three groups for the following nine MDCs:

1) Neoplasms (ICD-9 codes 140-239);
2) Congenital Anomalies (ICD-9 codes 740-759);
3) Accidents, Poisonings, Violence, and Immunization Reactions (ICD-9 codes 800-999);
4) Diseases of the nervous system (ICD-9 codes 320-359);
5) Endocrine, nutritional and metabolic diseases, and immunity disorders (ICD-9 codes 240-279);
6) Diseases of the blood and blood forming organs (ICD-9 codes 280-289);
7) Certain conditions originating in the perinatal period (ICD-9 codes 760-779);
8) Diseases of the digestive system (ICD-9 codes 520-579); and
9) V-codes.

An advantage of this diagram is that the horizontal width of any colored bar indicates the relative importance of a particular MDC in expenditure patterns. These widths may also be examined to see how this relative expenditure has changed over time and how it differs among the three CCS beneficiary groups. For all three groups and in all five years, these nine MDCs account for 68-80% of total expenditure on CCS-related services.

High Cost Individuals

In addition to the possibility that one payer group tends to have a disproportionate number of beneficiaries with more costly (or less costly) MDCs, one other explanation for variation in expenditures across the three groups might be that they have a different number or proportion of high-cost claims and/or beneficiaries. A similar analysis of the number of claims and expenditures was conducted for individuals whose total expenditures were at least $100,000 in a single fiscal year. Table 4 shows the number of high-cost claims in each year, MDC, and CCS payer group, as well as the total dollar expenditure these claims account for. Table 5 indicates the percent of total claims and total expenditures accounted for by high-cost beneficiaries. Figure 4 provides a similar graphical exposition as the previous analysis of MDCs, and shows patterns and time trends in the percentage of total claims and total expenditures by high-cost CCS patients. For example, for each CCS payer group, the first graph shows the claims by high-cost beneficiaries who have a primary diagnosis of infectious and parasitic diseases, as a percent of total infectious and parasitic diseases claims by all beneficiaries of that same payer group. A comparable definition applies to the percent of expenditures by high-cost beneficiaries. Of course, high-cost individuals could have high expenditures in a number of different MDCs.

As Table 4 reveals, the number of claims by high-cost patients for many MDCs was often quite small, particularly for *Healthy Families* and CCS-Only beneficiaries. Thus, the percentages shown in Figure 4 are more volatile than those for MDCs shown in Figure 2. Not surprisingly, the percent of total expenditures due to claims by high-cost individuals is generally substantially larger than the percent of claims. This is shown in Figure 4 by the dotted expenditure lines generally lying above the solid claims lines for the same payer group.

If these results had shown that high-cost individuals tended to be disproportionately represented in more costly MDCs for a particular payer group, that may have explained why that payer group had higher expenditures than other groups. However, it appears that high-cost individuals do not consistently comprise a greater percent of expenditures across all, or even most, MDCs for any payment group. Among the most notable differences, Medi-Cal spent a much larger portion of total expenditures in most years on high-cost claimants than did *Healthy Families* or CCS-only for the following MDCs: endocrine, nutritional, and metabolic diseases; disorders of the eye and adnexa; diseases of the digestive system; diseases of the skin and subcutaneous tissue; and congenital anomalies. However, the total dollar value of claims in these MDCs is quite small, making the overall impact on expenditures minimal. The percent spent on claims with primary diagnoses of diseases of the blood and blood-forming organs for high cost individuals run about 65-75% of total costs for these claims in all three payment groups. Since the total percent spent on this MDC is substantial, high cost individuals have a fairly large impact on total expenditures, especially in *Healthy Families* which spends 12% of its total for diseases of the blood and blood-forming organs.

Hospitalizations

Another reason expenditures may vary across payer groups or over time is a significant difference in the role of hospitalizations. In other words, CCS services may be more hospital intensive with one payer group, perhaps due to the types of diagnoses treated, leading to higher expenditures by that group for the same patient caseload. Or expenditures may be increasing over time because a greater proportion of hospital services are being provided. Table 6 shows the percentage of total claims and expenditures in each year and for each payer group that is due to hospitalizations. Figure 5 shows the same information graphically.

As expected, the percentage of claims for all payment groups attributed to hospitalizations is quite low, reaching a maximum value of roughly 1.7%, while the percentage of expenditures due to hospital claims is very high, ranging from 32% to 70%. The SURS data indicate that CCS-Only beneficiaries are much less likely to have a hospitalization than individuals from either of the other two payer groups, and the percent of total expenditure due to hospital services is much lower. Roughly two-thirds of all total expenditures on Medi-Cal CCS beneficiaries may be attributed to hospitalizations. Interestingly, the percentages of both expenditures and claims that result from hospitalizations by CCS-Only and Medi-Cal beneficiaries have remained fairly constant, while those for *Healthy Families* appear to have decreased slightly (from 64% of total expenditures in 2000-01 to 56% in 2004-05).

A similar analysis of hospitalizations was developed to evaluate the role of hospitalizations on expenditures by high-cost beneficiaries. That is, do more costly hospital services explain why these individuals incur higher costs? As the results in Table 7 indicate, hospitalizations account for just a slightly higher percentage of all claims by high-cost individuals than by all individuals for any payer group. Hospitalizations do appear to play at least a small role in explaining the expenditures of high-cost beneficiaries, particularly for CCS-Only high-cost beneficiaries. In four of the five years shown in Tables 6 and 7, hospitalizations account for a significantly higher percentage of total expenditures by high-cost individuals than for all beneficiaries of that payer group. Hospital expenditures as a percentage of total expenditures by high-cost individuals is also 7-8% higher for *Healthy Families* beneficiaries, but only 3-5% higher among Medi-Cal beneficiaries. In 2004-05, almost 80% of total expenditures by high-cost Medi-Cal beneficiaries was due to hospitalizations, compared to 64% of *Healthy Families* high-cost beneficiaries and 58% of CCS-Only high-cost beneficiaries.

The findings reported above may provide artificially low estimates of hospitalization by CCS-Only beneficiaries, since many of these children may receive hospital services that are covered by other health insurance plans. In addition, some of these beneficiaries may become Medi-Cal eligible during a hospitalization or may meet their Medi-Cal share of cost while hospitalized, thus shifting some of the hospital expenditure away from CCS as the ultimate payer. Thus, hospitalizations and hospital expenses reported in these tables and figures for CCS-Only beneficiaries may be understated.

Age of Beneficiaries

Another interesting subanalysis involves the possibility that the three payer groups tend to treat children of different ages. This possibility arose from the results of the MDC analysis, where certain MDCs tend to be more prevalent than others in each payer group. Table 8 shows the age distribution of the percent of all claims and expenditures for each payer group. Comparisons across payer groups in any year, and especially comparisons of trends over time, are not meaningful for *Healthy Families* and CCS-Only beneficiaries since they may be due strictly to the improvement in missing data between 2000-01 and 2004-05. For example, between the first and final year of the study period, the percent of *Healthy Families* beneficiaries with missing age data on expenditures decreased from 44% to almost 0%. The percent with different valid age codes would naturally be expected to increase. As Table 8 indicates, missing data was not a problem for Medi-Cal beneficiaries. For this reason, comparisons across age groups will be made just for 2004-05.

The first observation concerns CCS services received by Medi-Cal beneficiaries. As expected, recipients of services in the 0-1 age category were much more costly, on average, than those aged 6-17. Beneficiaries in this youngest age group accounted for just under 30% of all claims but over 57% of all expenditures. The opposite pattern was observed for Medi-Cal recipients in the 2-5, and especially 6-17, age groups. No comparable comparisons are possible for the *Healthy Families* and CCS-Only payer groups during the first part of the study period since missing data may have accounted for some of the observed discrepancies. However, for 2004-05, when missing data on claims and expenditures was not a problem, a similar age imbalance as with Medi-Cal beneficiaries did not occur among individuals in the other two payer groups. Specifically, the percent of all claims was very similar to the percent of all expenditures for most if not all age groups in the *Healthy Families* and CCS-Only populations. This difference is probably explained largely by the greater proportion of more costly diagnoses among Medi-Cal beneficiaries receiving CCS services, as revealed in the MDC subanalysis described above. Also, almost all NICU infants receiving CCS services are Medi-Cal beneficiaries, since a child hospitalized over 30 days qualified for Medi-Cal regardless of family income. Moreover, children under one year of age become eligible for *Healthy Families* only if income is 200-250% of the Federal Poverty Level, and can enroll in that program no earlier than 10-15 days after birth. These eligibility criteria undoubtedly explain a significant fraction of the higher percent of claims and expenditures by Medi-Cal for beneficiaries under age 1.

The age distributions of beneficiaries served by the three payer groups also vary. In 2004-05, 9% of total expenditures under *Healthy Families* and 16% of CCS-Only expenditures were on CCS-related services provided to the youngest individuals (i.e., those 0-1 years of age), compared with 57% of all expenditures by Medi-Cal, as cited above. Conversely, Medi-Cal beneficiaries in the 6-17 year old age group accounted for only 27% of total expenditures on CCS-related services, compared to 60% by CCS-only individuals and almost 73% in *Healthy Families* (this relatively low percent of Medi-Cal beneficiaries age 6-17 can be explained at least in part by the fact that the qualifying family income for Medi-Cal coverage for the child decreases when he or she reaches age 6). Also, 14% of total expenditures through CCS-Only were on beneficiaries in the oldest age category (i.e., 18-21 years of age), compared to roughly 6% in Medi-Cal and only 3% in *Healthy Families*. The very low percent of *Healthy Families* beneficiaries in the oldest age group is not surprising since eligibility for *Healthy Families*

coverage ends on a beneficiary's 19th birthday. Clearly, the three payer groups provide CCS-related services to recipients of different ages.

Table 9 provides information on the average number of claims and average expenditure per individual in each age category, and sheds additional light on the patterns observed in Table 8. For example, while there were approximately 19% fewer claims filed by the average Medi-Cal beneficiaries aged 0-1 compared to those aged 6-17 in 2004-05, the average expenditure by these youngest Medi-Cal recipients of CCS services was well over double that of 6-17 year olds ($17,525 compared to $8,098). A similar pattern applied to *Healthy Families* beneficiaries. However, while the average expenditure per individual aged 0-1 was higher than for individuals aged 6-17, the gap was not nearly as large among *Healthy Families* beneficiaries as for Medi-Cal beneficiaries (i.e., the average expenditure per individual aged 0-1 was 72% higher than for individuals aged 6-17 among *Healthy Families* recipients compared to 116% higher among Medi-Cal beneficiaries of similar ages). In contrast, the average CCS-Only beneficiary aged 0-1 reported significantly fewer claims and also slightly lower expense compared to those aged 6-17. It is also noteworthy to observe that both the average number of claims per individual, and especially the average expenditure per individual, were dramatically greater among Medi-Cal recipients than for either CCS-Only or *Healthy Families* beneficiaries in all age groups.

County Data

The original evaluation plans included investigating whether there might be county-specific systematic differences in the number of beneficiaries or expenditure per beneficiary for any payer group. Based on data supplied by the Medical Care Statistics section and indicated on the list of variables, the recipient's county was to be used to construct this analysis. After receiving all years of SURS data, recipient county was discovered to be coded as "Los Angeles" for more than 98% of all cases. While CMS Branch staff provided information on an alternative method of identifying recipient county data toward the end of the project, unfortunately there was insufficient time to rerun this analysis using the new information. Complete information, however, was available on the SURS data for provider county, and this variable was used to investigate a pattern of claims and expenditures by county. The percentage of claims and expenditures in each year for each county in California is shown separately in Tables 10-12 for *Healthy Families*, CCS Only, and Medi-Cal, respectively. Of course, since these results refer to the county in which providers are located, a cross-county comparison based on recipient county may yield quite different results since the degree to which beneficiaries are sent to different counties to receive CCS-approved services will vary across counties.

As expected, the largest percentage of providers was located in Los Angeles County for both claims and expenditures in all three payer groups. Providers in Orange, Sacramento, San Bernardino, San Diego, and Santa Clara Counties each generally accounted for at least 5% of both total claims and expenditures in all fiscal years. In FY 2004-05, providers in the remaining counties combined comprised roughly 21% of the total expenditures in *Healthy Families*, nearly 40% in CCS-Only, and 29% in Medi-Cal. By comparison, Los Angeles County accounted for 25% of total expenditure in *Healthy Families*, 37% in CCS-Only, and almost 35% in Medi-Cal.

Comparing claims and expenditures in any county as a percent of the total statewide also indirectly provides information on whether CCS services provided to some payer groups are more costly in certain counties than those provided to other payer groups. Based on Tables 10-12, and focusing on just those counties with a larger percentage of claims and expenditures in any year, it appears that CCS providers in Los Angeles tend to deliver more costly services if they are *Healthy Families* beneficiaries but less costly services if the children are CCS-Only beneficiaries. All providers, regardless of payer category, appear to deliver less costly services in Orange County, although they deliver more costly services in San Bernardino County if *Healthy Families* or CCS-Only pay for eligible services that are provided. No other clear and reliable differences were observed for the remaining counties.

In analyzing the data for *Healthy Families* beneficiaries in each year, it became apparent that more than 61% of all claims paid in 2002-03, accounting for 36% of total expenditures in that year, were for services provided in a previous fiscal year. This is almost certainly due to administrative issues accompanying the startup of this program statewide, and will be discussed in greater detail below. An analysis was conducted to determine if there was variation across counties in the extent to which claims that were paid late, or whether this was the uniform experience across all counties. This special analysis was performed toward the end of the project, and used the beneficiary's county to explore possible differences in payment delays.

Table 13 provides information on claims and expenditures that were paid in FY2002-03 but were for services provided in a previous year. In contrast to previous tables, all estimates refer to the county of the ***beneficiary*** (not the provider) since *Healthy Families* payments would originate from the county of the beneficiary, even if services were received from a provider in a different county. For example, 64.1% of all claims paid for beneficiaries from Alameda County in FY2002-03, and 44.6% of all expenditures in that year, were actually for CCS-approved services provided in a previous year. Almost two-thirds of these claims (40.5% of the total 64.1%) were for services provided in just the prior year (i.e., FY2000-01).

Overall, the results in Table 13 reveal wide variation in the percent of early claims (provided prior to FY2002-03) that were paid late (i.e., in FY2002-03). Nearly 40% of all FY 2002-03 expenditures for beneficiaries from Los Angeles County were for CCS-related services that were actually provided in previous fiscal years. For the same period, 42% of San Diego County expenditures, 27% of Orange County expenditures, and 33% of San Bernardino County expenditures were for previous years' services. Since these counties comprise a significant percent of the total expenditures, even a smaller percentage of the county's expenditures had a substantial impact on the total late expenditures. While there may be many possible explanations, these results may suggest significant variation across counties in the administrative structure for implementing the *Healthy Families Program*, at least concerning claims for CCS-related services.

Specific Diagnoses

More detailed analyses were performed on 18 specific diagnoses and/or procedures requested by CMS personnel. As with results reported above, separate analyses were completed for each

payment group and every fiscal year. This data was examined from multiple perspectives in an effort to identify any differences between the payment groups for these diagnoses and/or procedures. No results are presented for one additional procedure (pancreas transplants) requested by CMS staff since no such procedures were performed during the study period.

One issue of importance was whether a different proportion of total expenditures by *Healthy Families* beneficiaries was for specific diagnoses compared to Medi-Cal and CCS-only beneficiaries. In other words, did *Healthy Families* beneficiaries tend to receive CCS-related services for a narrower or broader range of primary diagnoses compared to recipients from the other two payment groups? The hypothesis was that CCS-Only beneficiaries would tend to receive services for a more specific range of diagnoses compared to beneficiaries receiving covered services from the other two payer groups.

In order to investigate this possibility, the percentages of total expenditures on individuals that were attributed to each of the selected diagnoses were calculated. These results are shown in Table 14, along with the ICD-9 code(s) corresponding to each diagnosis. For example, for all individuals with any claim paid during FY2004-05 that contained a primary diagnosis of hearing loss (ICD-9 code 389), 24.4% of expenditures for all services received by *Healthy Families* beneficiaries, regardless of ICD-9 code, were for claims with this primary ICD-9 diagnosis code for hearing loss, compared to 55.5% and 9.8% among CCS-Only and Medi-Cal beneficiaries, respectively. The remaining 75.6% (not shown) of *Healthy Families* expenditures for these children with at least one claim bearing a primary diagnosis of hearing loss are for claims listing a <u>different</u> primary diagnosis; in this example, 44.5% of CCS-Only expenditures and 90.2% of Medi-Cal expenditures for children with at least one claim containing a primary diagnosis of hearing loss are for claims with <u>other</u> primary diagnoses. Figure 6 shows this same information diagrammatically for the first 12 diagnoses (the remaining six diagnoses included too much missing information to produce meaningful diagrams).

There are three separate questions that may be answered by these results:
(a) for which diagnoses are there substantial differences in any year among payer groups based on the percentage of total expenditures on these individuals attributed to services related to this diagnosis?
(b) for any payer group, have there been dramatic changes in this percentage during the five-year study period?
(c) which diagnoses account for relatively large percentages of total expenditures on all CCS-related services?

Although in some cases the percent of primary diagnosis expenditures in relation to total costs was lower for *Healthy Families* individuals (meaning a greater percent of the individual's costs were due to non-primary diagnosis claims), no clear pattern is apparent. Indeed, the percentage of total expenditures due to specific diagnoses is very similar among the three payer groups for many diagnoses. However, several other differences did emerge. For example, CCS-Only beneficiaries with any claim for hearing loss appear to have a higher percentage of total expenditures due to that diagnosis than do those for whom *Healthy Families* or Medi-Cal is the payer. Moreover, with the exception of just a few years, Med-Cal recipients with any primary diagnosis of hearing loss, congenital heart disease, cardiac conditions, or cleft/lip/palate have a

smaller percentage of total expenditures accounted for by claims with these diagnoses than do beneficiaries of the other two payment groups with a similar diagnosis. This suggests that Medi-Cal beneficiaries who receive CCS services with these diagnoses are more likely to receive other services with different diagnoses compared to those covered by *Healthy Families* or CCS-Only.

A separate question of interest is whether the average number of claims or the average expenditure per individual on services related to specific diagnoses varies among individuals with different payment groups. A greater number of claims per person, in particular, would be considered to lead to higher expenditures on this diagnosis, other things equal.

For each year and each of the three payment groups, Table 15 and Figure 7 show the average dollar cost per individual for services related to each of the selected diagnoses and the average cost of all services received by individuals who had at least one claim with this primary diagnosis. For example, total expenditures for *Healthy Families* beneficiaries with any claim paid during FY2004-05 containing a primary diagnosis of hearing loss (ICD-9 code 389) averaged $1818. Of that amount, an average of $443 was for claims with this primary diagnosis.

With very few exceptions, the average cost per individual for services related to just the primary diagnosis were highest for Medi-Cal beneficiaries and lowest for CCS-Only recipients, with *Healthy Families* beneficiaries generally in the middle. Higher average cost by Medi-Cal beneficiaries for specific diagnosis-related services were particularly noted for the following diagnoses: congenital heart disease, diabetes, acute leukemia, brain tumors, neuroblastoma, Hodgkins Disease, hemophilia, and growth hormone deficiency.

Much of these differences is probably due to the greater number of claims by Medi-Cal patients with these diagnoses, as shown in Table 16 and Figure 8. With the exception of fiscal year 2002-03 for *Healthy Families* (an anomaly discussed below), Medi-Cal individuals generally were found to have a greater number of claims per person with the specific primary diagnosis than individuals whose services were paid by either *Healthy Families* or CCS-Only for the same diagnosis. The disparity in claims per person between Medi-Cal and CCS-Only recipients is particularly striking for all diagnoses shown in Figure 8.

This finding was not unexpected, as CMS staff identified the illness levels of Medi-Cal children as being greater than those for beneficiaries of the other two payer groups. However, it should be noted that the average number of claims in 2004-05, the last year of the study period, was fairly similar between Medi-Cal and *Healthy Families* beneficiaries for several diagnoses, including hearing loss, cardiac conditions, cleft lip/palate, Hodgkins Disease, and hemophilia.

The average number of claims per individual for the specific primary diagnosis was substantially higher in the *Healthy Families* payment group than in the CCS Only group for most diagnoses. For many diagnoses, *Healthy Families* individuals had at least three times the number of primary diagnosis claims as CCS Only individuals for the same diagnosis, including brain tumors, neuroblastoma (about six times as many claims), and Hodgkins Disease. Not surprisingly, the average cost per individual for claims with the specific primary diagnosis was substantially higher for *Healthy Families* recipients in most cases than for CCS-Only individuals.

With all claims included for individuals with a specific diagnosis (not just those claims coded for that diagnosis), *Healthy Families* individuals were found to have higher average costs. In fact, even when the average cost per individual for that specific diagnosis was similar (e.g., hearing loss), *Healthy Families* individuals had higher total costs. This may suggest that *Healthy Families* beneficiaries have more CCS-qualifying conditions than do CCS-Only recipients, or at least they receive more services for these conditions.

Growth in Healthy Families Expenditures

The primary objective of this evaluation was to use claims data to document expenditure patterns found in CCS Program data and explore possible explanations for the apparent large increase in expenditures by *Healthy Families* recipients despite what appears to be a fairly constant number of beneficiaries during most of the study period. As Table 1 demonstrated, the SURS data used in this evaluation did not yield a similar pattern. However, an interesting anomaly appeared during analysis of the SURS claims data when the dates services were provided were compared with dates the claims were paid. There was a pronounced spike in the number of *Healthy Families* claims that were paid during fiscal year 2002-03. The bottom graph in Figure 9 clearly shows the huge increase in number of claims paid during that fiscal year. Indeed, the number of claims paid in 2002-03 increased 700% from the level that occurred in 2000-01, the first year of the study period. Claims paid during the following fiscal year decreased to roughly half of those the previous year, although they were still 350% above the level of claims in 2000-01. However, it was clear that not all of these services for claims paid in 2002-03 were provided in the same year. To investigate this inconsistency, new fiscal year files were created based on "service from date" rather than "claims paid date." That is, instead of each file containing claims that were paid during a specific fiscal year, the new files included claims for services that were provided during that year.

The top diagram in Figure 9 compares expenditure growth for each of the three payer groups based on the year in which claims were paid vs. the year in which services were provided. While there is very little difference in expenditure growth for Medi-Cal and CCS-Only based on these alternative ways of defining expenditure (i.e., the dotted line and solid line are very close to each other), there is a significant difference between these two definitions of expenditure growth for *Healthy Families*. Using the same SURS files based on "claim paid dates" that were used in all of the analyses reported above, and based on data included in Table 1, this top diagram in Figure 9 shows that *Healthy Families* expenditures increased over 430% between fiscal years 2000-01 and 2004-05, although most of that increase occurred prior to the last year. However, when expenditure is displayed based on the year in which the services are provided (the dotted line), there is clearly a much slower increase in *Healthy Families* expenditures during the study period.

So why did expenditure based on when claims were paid increase faster than expenditure based on when services were provided? An unusually large percentage of claims paid during 2002-03 were actually for services that were provided in previous years. This is shown more clearly in Figure 10, which displays for all three payer groups the percent of claims paid in each year that were actually for services provided in previous years. For all fiscal years except 2002-03, the percent of claims paid for services provided in previous years appears to hover between 25% and

38% for all three payer groups (including *Healthy Families*). However, for 2002-03, more than 60% of *Healthy Families* claims paid in 2002-03 were for services provided in 2000-01 or 2001-02. A similar lag in claims payments did not occur with Medi-Cal or CCS-Only. Consequently, it appears that there was an unusual backlog of *Healthy Families* claims paid in that year, even though the services corresponding to those claims had been provided in previous years. These payments were a primary reason for the apparent surge in *Healthy Families* expenditures shown in the previous figure. This rapid increase in expenditure based on the date claims were paid actually overstated the true increase in expenditure based on services received by *Healthy Families* beneficiaries. If these expenditures for services provided in previous years had actually been associated with those earlier years (in which services were provided), the rate of expenditure growth would have been much more gradual (as shown by the dotted line in Figure 9).

Regardless of which expenditure definition is used, it is important to note that *Healthy Families* expenditures did increase substantially faster during the study period than either of the other two payer groups. However, this is not surprising since *Healthy Families* was still a fairly new program, and there was a surge in enrollment during the first few years of the study period. This is indicated by the dotted lines in Figure 11, which show the number of beneficiaries for each payer group who received CCS-related services in the indicated fiscal year (i.e., using the "service from date" definition of expenditures). While the number of Medi-Cal and CCS-only beneficiaries receiving services in each year remained relatively stable, there is still a fairly pronounced increase in the number of *Healthy Families* recipients who used CCS services during this time period. For both Medi-Cal and *Healthy Families*, expenditures for services provided in each year increased faster than the number of children who received these services. This may reflect an increase in the number or visits, number of procedures and other services, or the cost per visit or per service provided. While this evaluation was unable to identify the true cause, either of these factors would certainly increase expenditure per beneficiary, which is the result shown in Figure 11 for these two payer groups.

CONCLUSION AND FUTURE DIRECTIONS

Identifying the factors related to utilization of CCS services and expenditures on those services is not as straightforward as with other populations and types of medical services. This evaluation focused primarily on factors that might explain the large increase in expenditures observed by *Healthy Families* beneficiaries. In some respects, the cause of this increase was related to administrative issues in that program regarding claims payment, and the results were misleading due to what claims data were included in each fiscal year (i.e., based on year in which claims were paid vs. year in which services were provided). Although *Healthy Families* expenditures did increase substantially during the evaluation period, the increase was not as pronounced when viewed from the perspective of when services were actually received by eligible children.

This evaluation faced a number of limitations to providing a more complete, detailed understanding of many of the factors underlying expenditure growth. Many of these relate to

unavoidable data problems (e.g., data that were missing or unavailable). A number of questions or issues emerged that would be interesting to investigate in future evaluations:

1) Data on the beneficiary's county was unavailable until the very end of this evaluation, so the provider's county was used as a proxy. Because it is unclear how closely provider county parallels beneficiary county, and whether this varies significantly across counties, it would be interesting to repeat the analyses on variation in MDC claims, expenditures, and number of individuals based on recipient's county to see if the results are similar.

2) One of the more important data limitations for this study was the absence of information on CCS qualifying conditions. Instead, we were forced to investigate differences in MDCs. But recipients of services were often included in a number of different MDCs simply because they had claims with many different primary diagnoses. While this was the best diagnosis-specific evaluation possible given the data, it would be most interesting to identify the specific qualifying condition(s) of CCS recipients, explore which are the most costly, and investigate whether costs or services provided based on CCS qualifying condition vary across payer groups. This would allow CCS staff to identify specific qualifying conditions that may be contributing disproportionately to CCS expenditures.

3) There was too much missing data to permit an analysis of MDCs and hospitalization by age. It would be potentially important to investigate whether (and why) certain age groups are more likely to be hospitalized. This may explain more fully some of the expenditure differences across age groups discussed above.

4) Time constraints limited the ability of this study to investigate different procedures and surgeries as possible cost factors. It would be potentially important to identify high-cost surgeries and procedures, and to explore whether these vary across payer groups.

5) No data were available on SURS for the gender and ethnicity of CCS beneficiaries. These two factors may play critical roles in determining different expenditure patterns, and it may be important to explore issues related to access to care, quality of care, and patient outcomes.

6) The greater number of primary diagnosis claims per individual as well as the higher expenditures for primary diagnosis claims and total claims for *Healthy Families* individuals merit further investigation as these factors may help explain the increase in costs for *Healthy Families* individuals.

These are just a few of the additional avenues for future evaluations to investigate possible reasons underlying different expenditure growth and service patterns across different payers for CCS services.

Appendix

to the

Evaluation of Expenditures by California Children's Services (CCS) Beneficiaries: 2001 - 2005

Table 1. Comparison of Caseload and Expenditures: CCS Reports vs. SURS Data

Program	Fiscal Years	CASELOAD			EXPENDITURES		
		Original CCS Caseload	SURS Caseload	% Difference	Original CCS Expenditures	SURS Expenditures	% Difference
Healthy Families	2000-2001	9,210	4,394	-52.29	$14,297,164	$13,568,584	-5.10
	2001-2002	17,351	8,676	-50.00	$29,975,301	$29,994,691	0.06
	2002-2003	16,668	17,347	4.07	$53,342,671	$53,341,458	0.00
	2003-2004	17,700	16,065	-9.24	$72,161,983	$72,165,030	0.00
	2004-2005	20,601	20,602	0.00	$73,710,006	$73,185,559	-0.07
CCS Only	2000-2001	30,661	25,130	-18.04	$45,343,136	$40,438,941	-10.82
	2001-2002	17,671	23,257	31.61	$46,053,500	$45,879,152	-0.38
	2002-2003	19,919	28,150	41.32	$50,807,409	$49,501,475	-2.57
	2003-2004	20,866	28,872	38.37	$48,245,949	$47,825,971	-0.87
	2004-2005	18,827	27,916	48.28	$49,421,792	$51,562,370	4.33
Medi-Cal	2000-2001	118,019	104,875	-11.14	$727,889,492	$710,079,212	-2.45
	2001-2002	124,167	105,074	-15.38	$963,707,355	$977,138,167	1.39
	2002-2003	129,798	129,228	-0.44	$1,092,978,098	$1,142,222,628	4.51
	2003-2004	139,140	125,078	-10.11	$1,188,515,815	$1,343,334,690	13.03
	2004-2005	143,692	132,511	-7.78	$1,172,814,795	$1,456,294,177	24.2

Figure 1. Change in Composition of Total Caseload and Expenditures

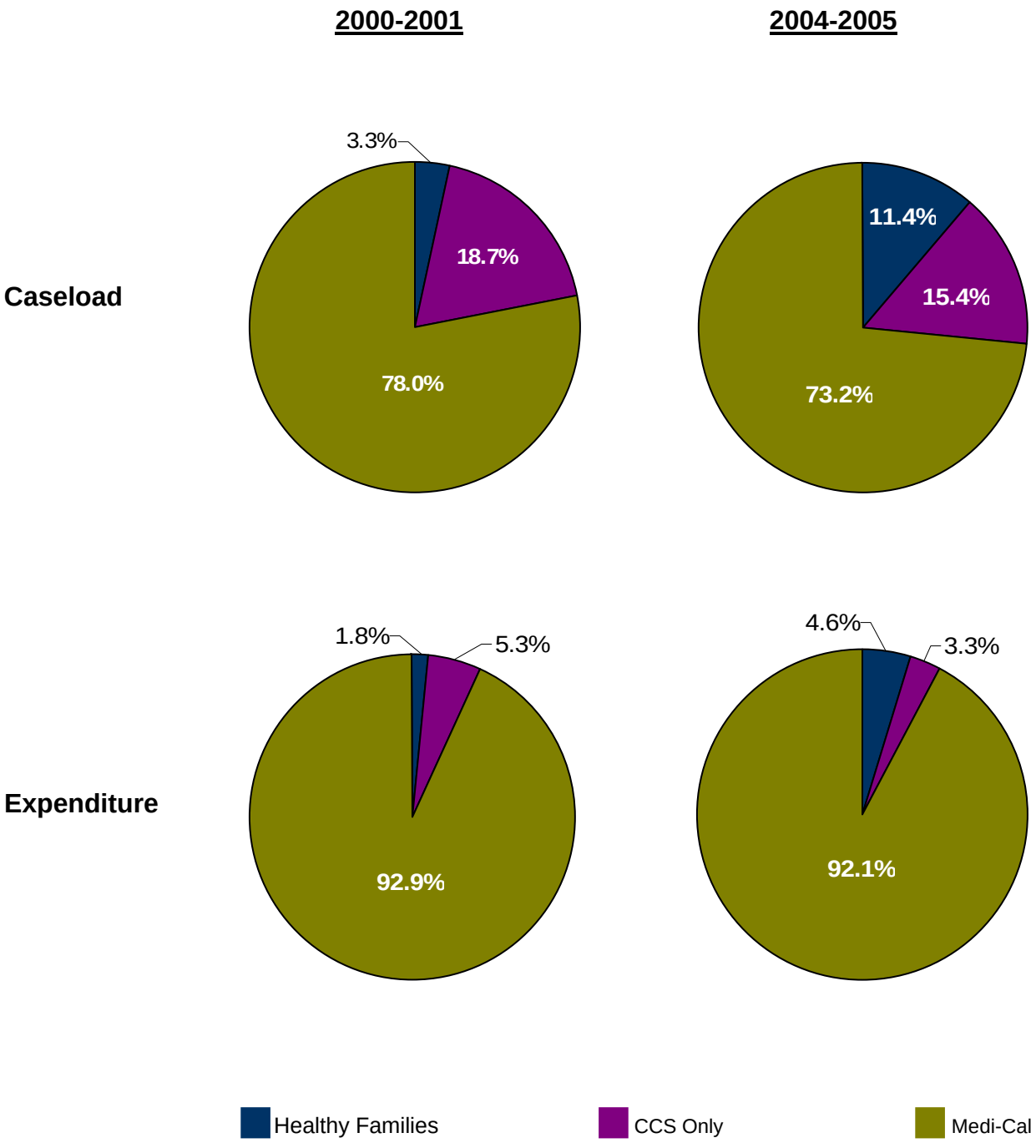


Table 2. Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Infectious and Parasitic Diseases	00 - 01	0.7	1.4	1.4	1.0	2.1	2.1
	01 -02	0.9	1.4	1.1	0.7	1.7	1.5
	02 - 03	0.9	1.5	1.4	1.4	1.7	1.6
	03 - 04	1.0	1.4	1.4	1.9	1.5	1.5
	04 - 05	0.8	1.4	0.9	1.0	1.3	1.5
Neoplasms	00 - 01	17.9	15.9	9.5	6.4	10.7	6.2
	01 -02	15.3	11.3	10.0	8.8	10.6	5.3
	02 - 03	17.2	12.9	8.9	6.2	11.3	5.8
	03 - 04	12.0	13.3	9.0	7.4	9.9	4.8
	04 - 05	12.5	12.2	8.5	7.3	9.4	4.5
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	00 - 01	7.3	2.5	7.0	4.1	4.0	2.8
	01 -02	7.4	3.0	6.0	2.9	4.4	2.7
	02 - 03	8.6	5.5	5.7	4.4	5.2	3.3
	03 - 04	8.8	5.2	7.5	5.1	5.3	3.2
	04 - 05	8.9	5.7	7.3	5.8	4.9	3.0
Diseases of the Blood and Blood-Forming Organs	00 - 01	4.0	10.4	3.6	13.0	4.6	7.8
	01 -02	5.4	10.5	3.5	11.2	4.2	8.0
	02 - 03	5.2	10.4	5.3	15.9	4.5	8.6
	03 - 04	5.1	15.1	5.2	14.4	4.0	8.0
	04 - 05	5.0	11.8	3.5	8.8	4.0	5.8
Mental Disorders	00 - 01	0.2	0.7	0.5	0.1	0.6	0.2
	01 -02	0.2	0.1	0.4	0.3	0.4	0.2
	02 - 03	0.2	0.1	0.6	0.2	0.5	0.2
	03 - 04	0.2	0.1	0.5	0.2	0.5	0.2
	04 - 05	0.3	0.1	0.4	0.2	0.4	0.2

Table 2 Cont'd. Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Diseases of the Nervous System	00 - 01	3.0	4.3	15.7	12.6	12.8	7.0
	01 -02	2.9	3.1	13.2	12.9	12.0	6.4
	02 - 03	2.6	3.0	12.4	13.3	11.4	6.5
	03 - 04	2.6	3.0	10.9	13.5	12.0	5.6
	04 - 05	2.4	2.7	11.7	11.5	12.9	5.1
Disorders of the Eye and Adnexa	00 - 01	1.3	0.7	0.8	0.5	1.0	0.5
	01 -02	1.3	0.7	0.9	1.1	0.9	0.6
	02 - 03	1.8	1.1	1.0	0.8	1.0	0.7
	03 - 04	1.7	0.9	1.1	0.8	1.1	0.7
	04 - 05	1.6	1.0	0.9	0.6	1.0	0.6
Diseases of the Ear and Mastoid Processes	00 - 01	3.5	1.6	2.7	2.3	1.5	0.6
	01 -02	3.1	1.6	3.1	2.2	1.5	0.6
	02 - 03	2.8	1.6	3.2	2.6	1.5	0.7
	03 - 04	2.9	1.4	3.4	2.4	1.4	0.5
	04 - 05	2.8	1.2	3.2	2.0	1.3	0.6
Diseases of the Circulatory System	00 - 01	2.3	3.1	1.7	2.7	1.9	1.8
	01 -02	2.8	3.8	1.6	1.2	2.0	1.9
	02 - 03	2.8	1.6	2.1	1.9	2.0	1.8
	03 - 04	3.5	5.3	1.8	2.4	2.1	1.6
	04 - 05	3.2	5.3	2.0	2.5	2.1	1.8
Diseases of the Respiratory System	00 - 01	2.1	1.8	1.8	1.7	5.9	8.2
	01 -02	2.4	4.5	2.2	3.7	5.2	6.8
	02 - 03	2.6	4.7	1.9	2.3	4.8	6.7
	03 - 04	2.1	2.9	1.6	2.2	4.7	5.6
	04 - 05	1.8	2.7	1.6	3.0	4.0	4.8

Table 2 Cont'd. Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Diseases of the Digestive System	00 - 01	4.7	3.9	4.6	3.4	2.7	3.8
	01 -02	5.0	4.6	6.4	5.4	2.9	3.2
	02 - 03	4.9	6.0	6.5	5.2	3.1	3.4
	03 - 04	7.9	5.9	6.6	5.6	3.3	3.2
	04 - 05	8.8	6.6	5.9	4.2	3.4	3.3
Diseases of the Genitourinary System	00 - 01	3.0	2.0	3.4	2.5	2.9	1.8
	01 -02	3.3	2.0	3.4	2.5	3.4	1.8
	02 - 03	3.9	1.8	3.6	2.3	3.4	1.9
	03 - 04	4.4	2.8	4.5	2.4	3.4	1.8
	04 - 05	3.5	1.9	4.2	2.3	3.1	1.6
Diseases of the Skin and Subcutaneous Tissue	00 - 01	0.7	0.3	0.4	0.2	0.5	0.7
	01 -02	0.6	0.4	0.4	0.3	0.5	0.6
	02 - 03	0.7	0.3	0.4	0.3	0.5	0.6
	03 - 04	0.6	0.4	0.5	0.5	0.4	0.5
	04 - 05	0.5	0.4	0.4	0.3	0.4	0.4
Diseases of the Musculoskeletal System and Connective Tissue	00 - 01	6.9	7.0	3.9	3.3	3.7	2.6
	01 -02	8.0	6.6	4.1	2.5	3.3	2.4
	02 - 03	7.8	6.4	4.3	3.0	3.5	2.3
	03 - 04	6.3	6.6	4.1	3.1	3.2	1.9
	04 - 05	6.5	5.1	4.8	3.9	3.3	1.9
Congenital Anomalies	00 - 01	11.1	10.9	12.3	11.4	11.1	10.6
	01 -02	10.3	12.6	11.0	11.2	11.7	10.4
	02 - 03	11.6	11.5	10.1	9.5	11.9	10.4
	03 - 04	9.9	10.2	9.8	9.8	12.3	11.1
	04 - 05	9.5	11.5	9.5	9.3	12.3	12.2

Table 2 Cont'd. Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Certain Conditions Originating in the Perinatal Period	00 - 01	0.3	0.9	2.5	3.7	4.5	11.6
	01 -02	0.2	0.6	2.1	3.2	6.3	14.2
	02 - 03	0.2	0.2	1.4	1.7	6.0	14.0
	03 - 04	0.3	0.6	1.1	1.7	7.3	17.4
	04 - 05	0.3	0.7	2.1	4.2	6.9	17.0
Injury and Poisoning	00 - 01	7.0	13.2	3.6	6.4	5.3	8.4
	01 -02	8.4	14.7	5.0	8.0	5.5	7.7
	02 - 03	7.0	13.9	5.3	9.1	5.1	7.1
	03 - 04	6.6	11.6	4.9	7.6	5.0	6.4
	04 - 05	6.2	11.4	4.3	7.3	4.8	6.2
Non-Qualifying Conditions	00 - 01	3.4	2.1	4.3	2.8	6.1	3.8
	01 -02	4.0	2.4	4.4	2.2	5.9	3.5
	02 - 03	5.2	2.2	4.2	2.3	5.9	3.5
	03 - 04	4.8	2.0	3.8	2.4	5.7	2.9
	04 - 05	3.6	2.2	3.5	2.1	5.6	2.8
V Codes	00 - 01	6.5	6.8	6.9	6.8	8.5	11.8
	01 -02	7.5	6.4	6.7	5.9	8.4	15.4
	02 - 03	7.8	5.5	8.3	5.6	9.4	15.8
	03 - 04	8.5	5.3	10.0	5.3	10.5	19.5
	04 - 05	8.6	7.0	10.3	11.3	12.8	23.2

Figure 2. Percentage of Total Claims and Expenditures, by Payment Group and Fiscal Year

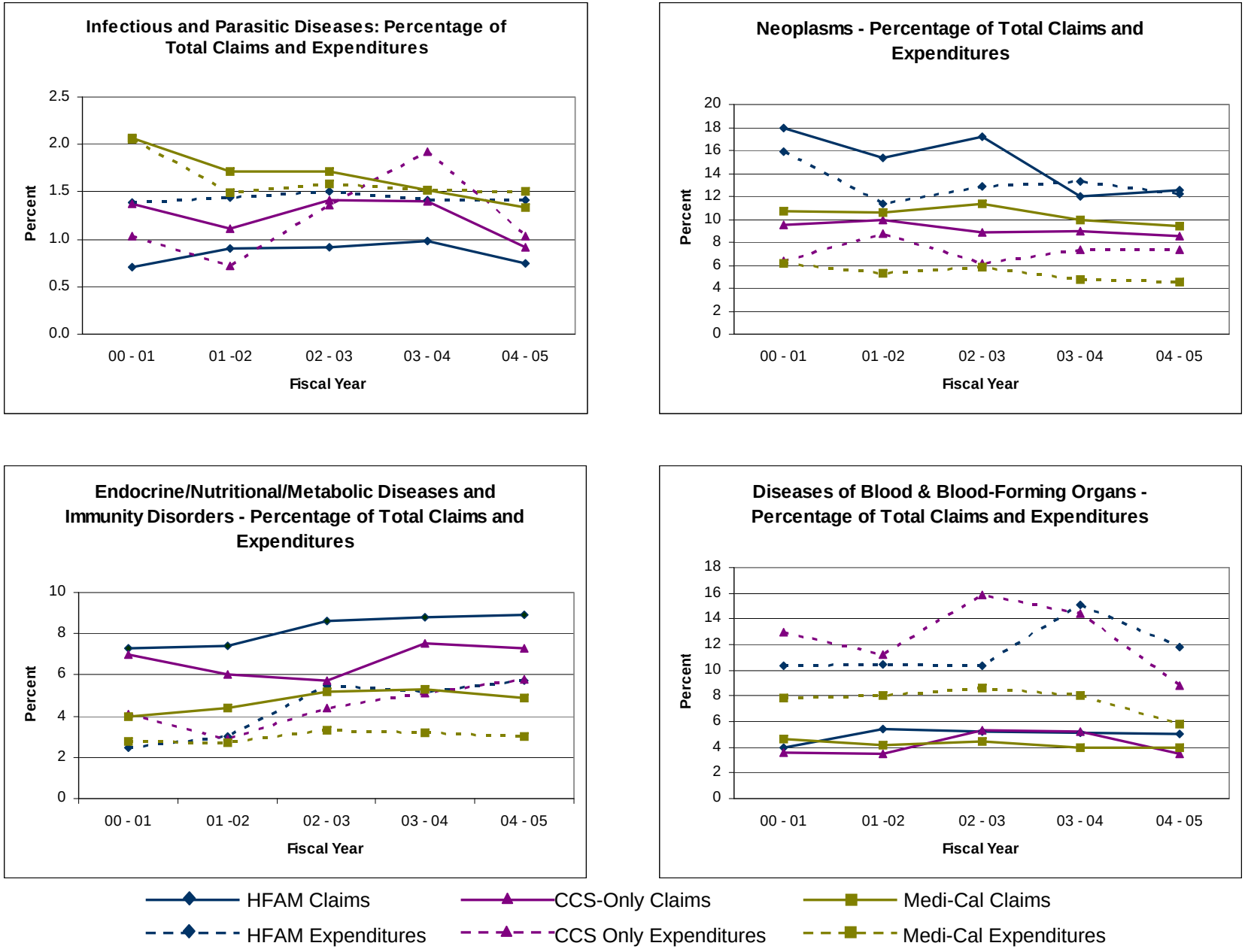
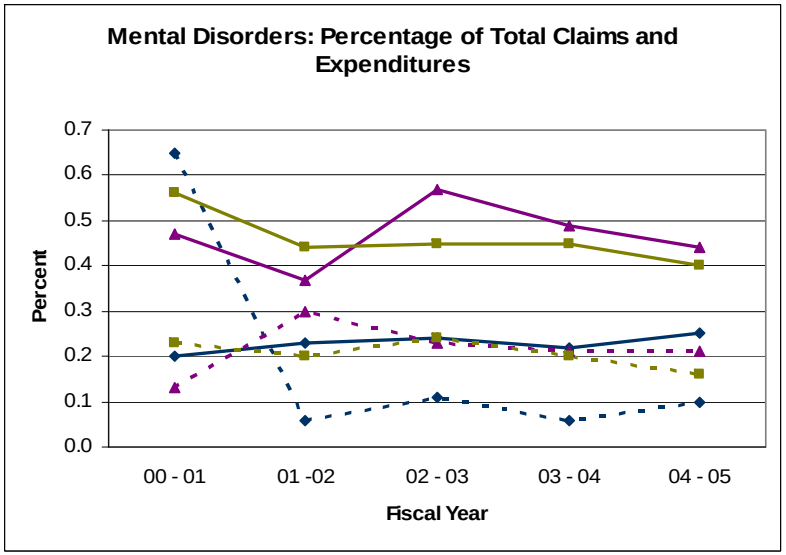
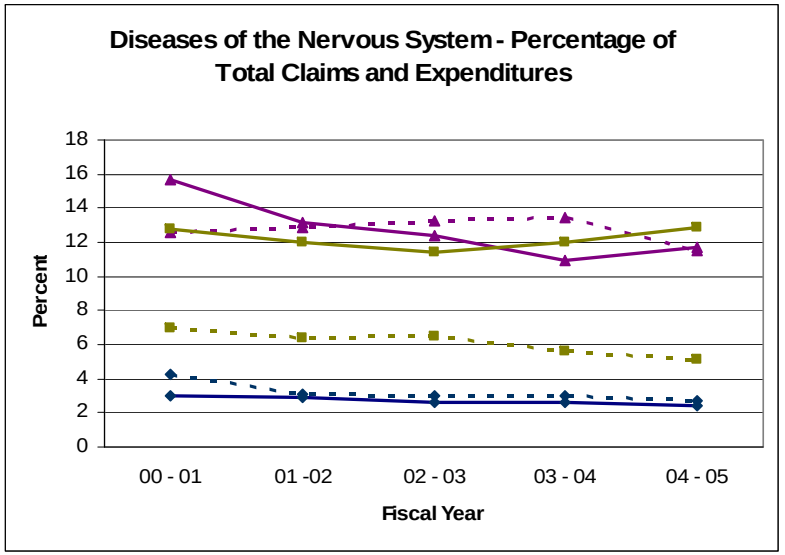
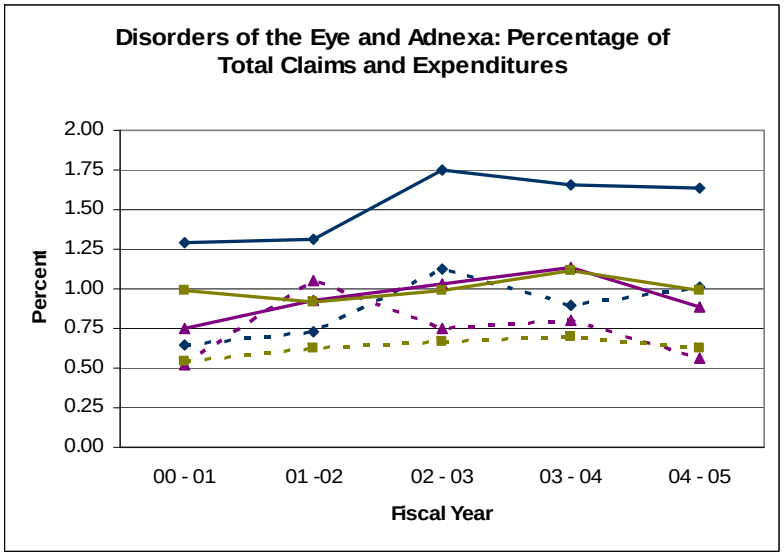
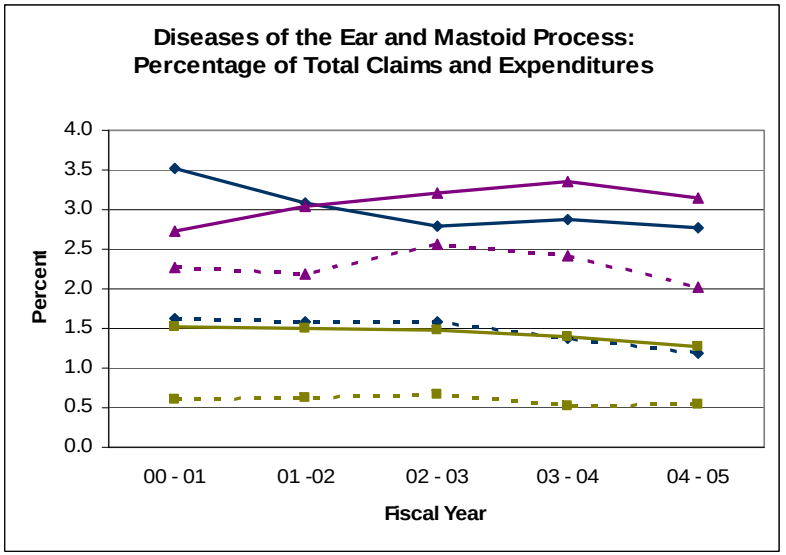


Figure 2 Cont'd. Percentage of Total Claims and Expenditures, by Payment Group and Fiscal Year









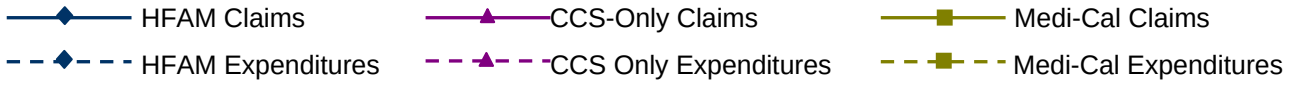


Figure 2 Cont'd. Percentage of Total Claims and Expenditures, by Payment Group and Fiscal Year

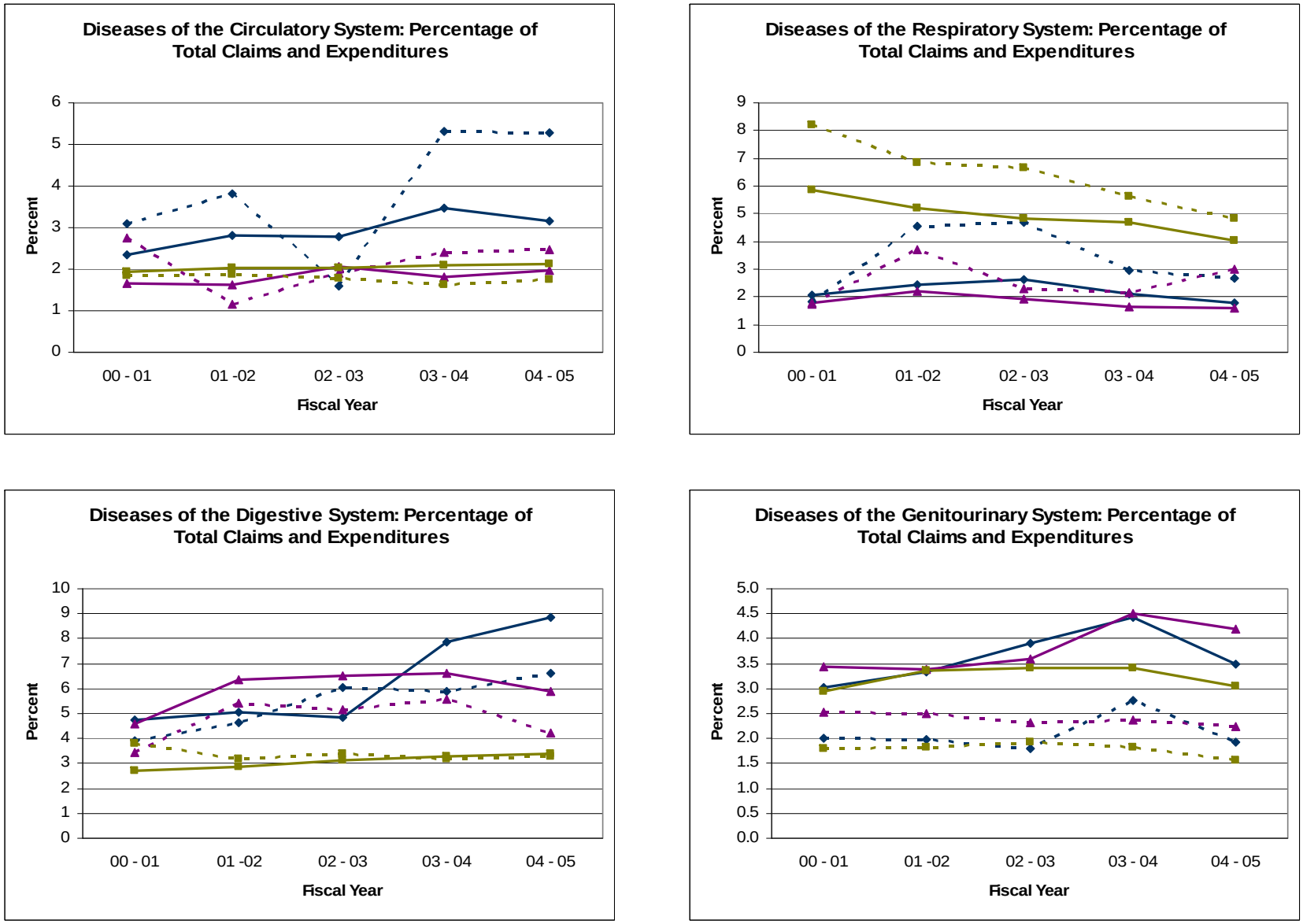
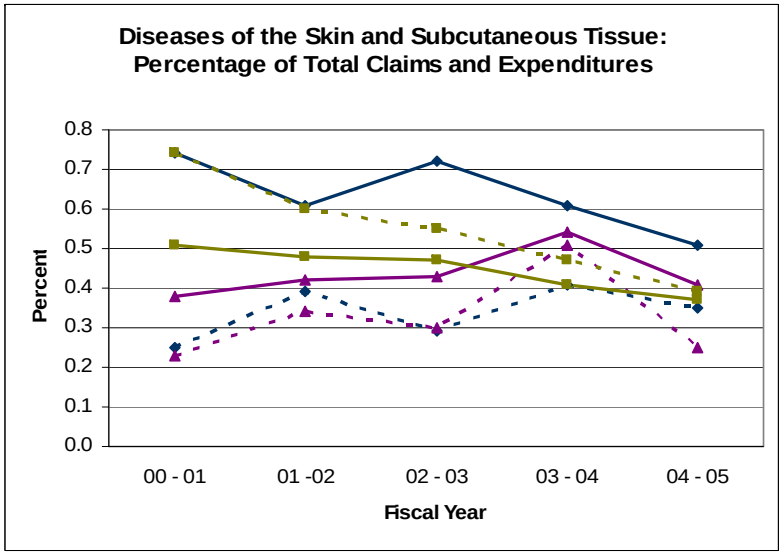
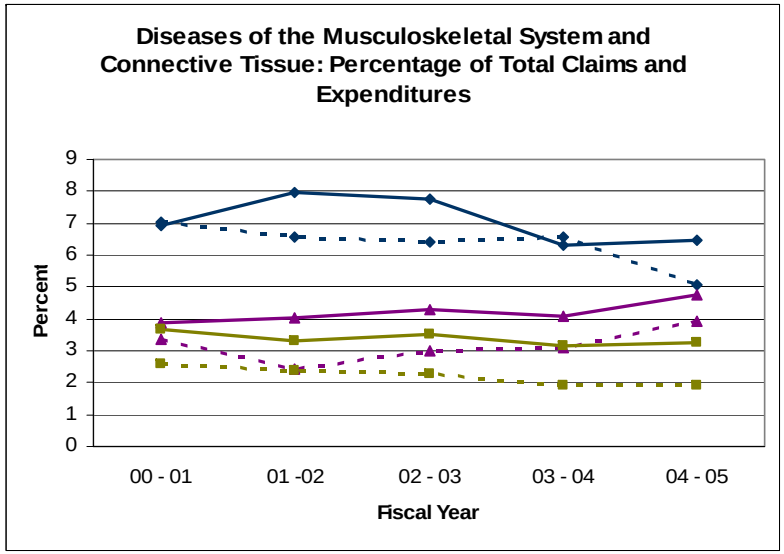
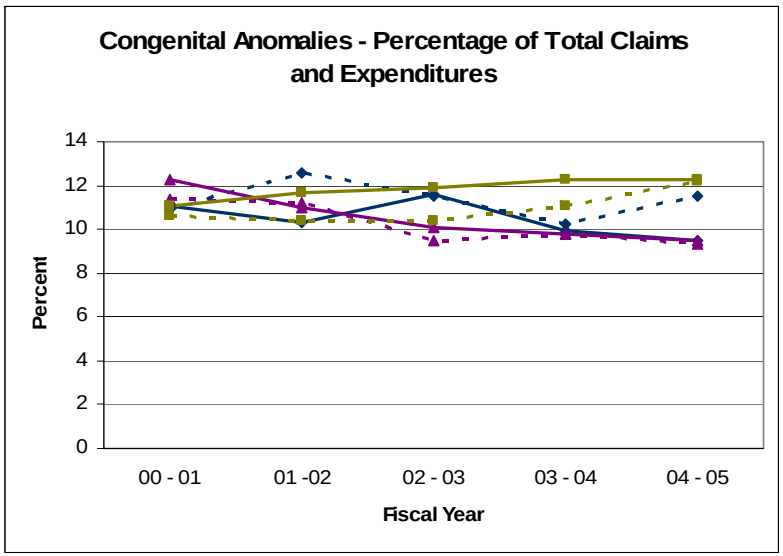
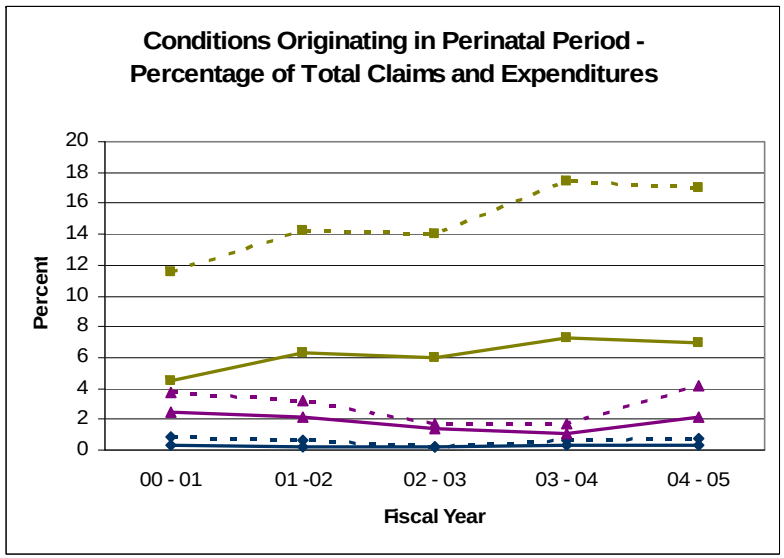


Figure 2 Cont'd. Percentage of Total Claims and Expenditures, by Payment Group and Fiscal Year









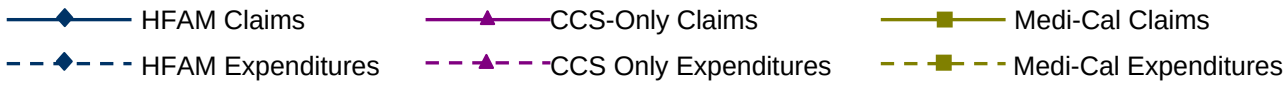
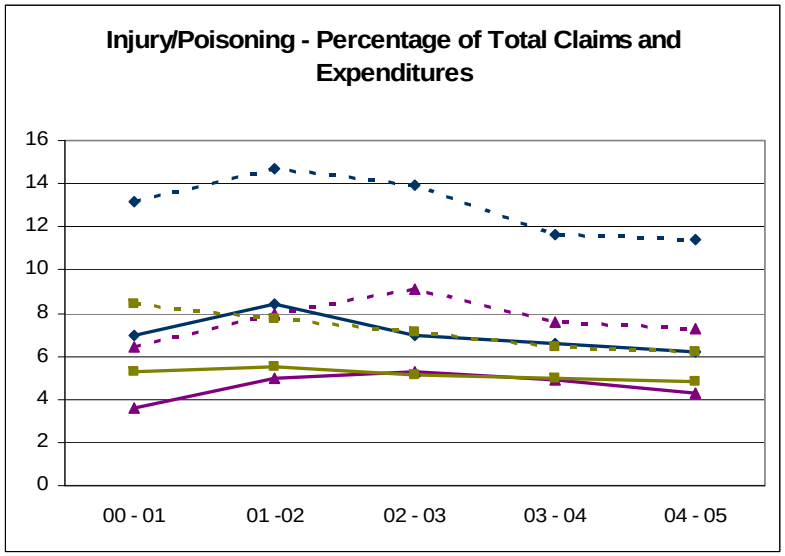
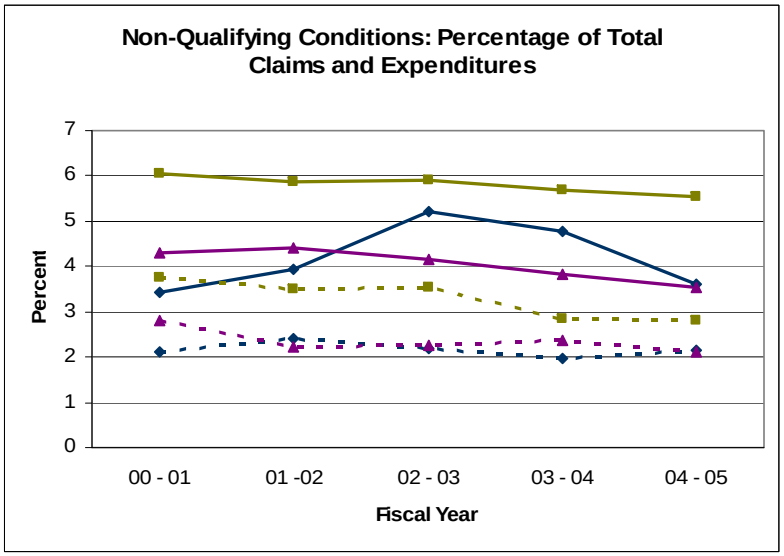
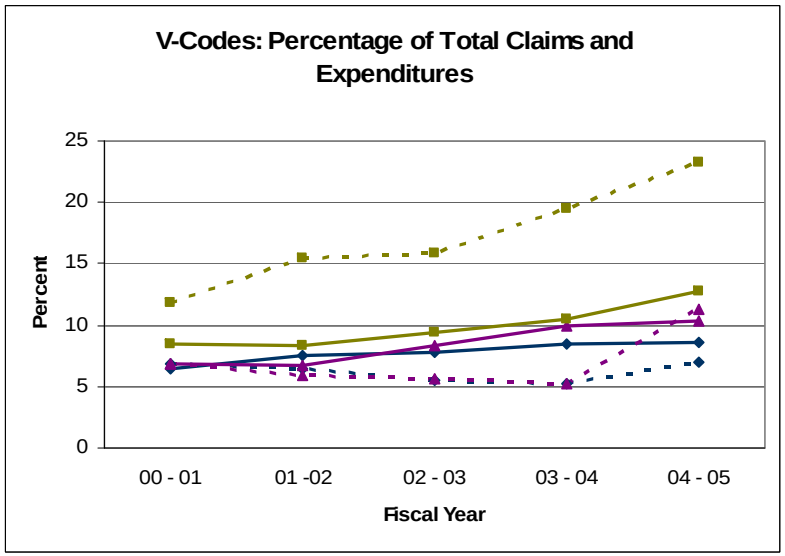


Figure 2 Cont'd. Percentage of Total Claims and Expenditures, by Payment Group and Fiscal Year







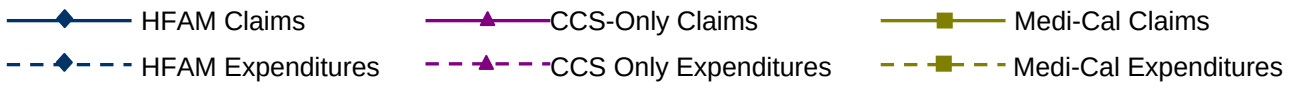


Table 3. Total Claims and Expenditures by Major Diagnostic Classification, by Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Infectious and Parasitic Diseases	00 - 01	480	188,829	4,342	414,869	68,168	14,650,509
	01 -02	1,392	431,250	3,125	332,213	70,101	14,526,574
	02 - 03	4,984	801,899	4,539	671,564	86,883	18,125,910
	03 - 04	2,920	1,021,587	4,398	924,970	67,752	20,400,321
	04 - 05	2,812	1,107,019	3,131	534,243	64,332	21,849,673
Neoplasms	00 - 01	12,029	2,156,713	30,145	2,581,748	350,281	43,830,980
	01 -02	23,551	3,401,620	28,019	4,019,687	434,713	51,403,688
	02 - 03	93,789	6,883,804	28,499	3,082,151	575,336	65,653,996
	03 - 04	35,682	9,590,943	28,115	3,518,718	442,022	64,062,057
	04 - 05	46,710	8,892,610	29,108	3,758,951	453,449	65,498,071
Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders	00 - 01	4,889	339,875	22,178	1,665,560	132,308	19,733,558
	01 -02	11,377	912,550	16,769	1,338,111	179,685	26,219,490
	02 - 03	47,149	2,949,076	18,260	2,184,694	264,156	37,368,232
	03 - 04	26,189	3,752,085	23,341	2,417,905	235,727	42,487,140
	04 - 05	33,121	4,162,554	25,050	3,009,365	235,625	43,055,079
Diseases of the Blood and Blood-Forming Organs	00 - 01	2,679	1,408,240	11,516	5,246,183	151,734	55,436,685
	01 -02	8,327	3,160,557	9,695	5,135,766	170,578	78,160,154
	02 - 03	28,374	5,519,049	16,923	7,855,926	226,039	98,259,320
	03 - 04	15,109	10,900,199	16,361	6,892,303	178,456	107,485,946
	04 - 05	18,694	8,607,229	11,854	4,540,293	191,371	84,298,726
Mental Disorders	00 - 01	134	88,743	1,481	52,871	18,414	1,638,237
	01 -02	359	19,241	1,026	137,056	18,037	1,915,866
	02 - 03	1,325	56,936	1,835	115,067	22,820	2,697,623
	03 - 04	652	42,629	1,540	98,905	20,077	2,657,537
	04 - 05	953	79,676	1,493	105,730	19,171	2,380,882

Table 3 Cont'd. Total Claims and Expenditures by Major Diagnostic Classification, by Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Diseases of the Nervous System	00 - 01	1,989	577,316	49,691	5,079,468	419,793	49,751,673
	01 -02	4,482	934,549	36,958	5,917,803	491,351	62,283,108
	02 - 03	14,236	1,571,487	39,498	6,579,998	579,310	74,617,861
	03 - 04	7,744	2,177,801	34,073	6,452,586	538,297	75,721,780
	04 - 05	8,965	1,983,919	39,794	5,941,169	626,633	73,989,405
Disorders of the Eye and Adnexa	00 - 01	869	88,144	2,360	211,635	32,396	3,817,139
	01 -02	2,027	217,997	2,603	480,651	37,933	6,130,081
	02 - 03	9,561	599,804	3,307	371,717	50,521	7,702,390
	03 - 04	4,931	650,367	3,584	383,847	49,609	9,400,687
	04 - 05	6,130	794,172	3,049	287,566	47,893	8,987,108
Diseases of the Ear and Mastoid Processes	00 - 01	2,378	220,281	8,617	921,570	49,891	4,341,948
	01 -02	4,776	473,507	8,566	1,005,645	60,985	6,180,031
	02 - 03	15,250	845,487	10,246	1,273,758	74,788	7,580,690
	03 - 04	8,517	987,537	10,535	1,150,438	61,984	7,108,599
	04 - 05	10,412	936,601	10,744	1,048,010	62,242	8,044,921
Diseases of the Circulatory System	00 - 01	1,580	418,597	5,298	1,109,338	63,502	13,009,758
	01 -02	4,336	1,144,981	4,531	527,651	83,291	18,131,573
	02 - 03	18,068	2,230,773	6,553	945,562	102,913	20,434,176
	03 - 04	10,301	3,822,754	5,705	1,152,754	93,694	21,759,152
	04 - 05	11,874	4,147,852	6,678	1,280,137	103,370	25,670,698
Diseases of the Respiratory System	00 - 01	1,390	250,165	5,684	696,256	192,261	58,172,652
	01 -02	3,738	1,360,351	6,203	1,686,954	213,177	66,706,095
	02 - 03	14,306	2,492,055	6,105	1,130,651	245,944	76,015,700
	03 - 04	6,266	2,123,884	5,106	1,039,651	209,610	75,657,385
	04 - 05	6,754	2,111,144	5,436	1,540,814	195,477	70,103,998

Table 3 Cont'd. Total Claims and Expenditures by Major Diagnostic Classification, by Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Diseases of the Digestive System	00 - 01	3,191	533,426	14,444	1,387,240	89,679	26,805,522
	01 -02	7,765	1,393,001	17,925	2,486,492	117,532	31,114,126
	02 - 03	26,488	3,223,951	20,803	2,556,107	157,904	38,887,058
	03 - 04	23,406	4,243,675	20,697	2,659,932	147,689	42,780,548
	04 - 05	33,086	5,189,320	20,121	2,178,260	165,329	48,075,301
Diseases of the Genitourinary System	00 - 01	2,030	271,474	10,859	1,020,408	96,423	12,754,051
	01 -02	5,143	590,737	9,504	1,149,084	138,348	17,871,209
	02 - 03	21,300	962,055	11,487	1,147,188	172,869	22,148,699
	03 - 04	13,118	1,983,660	14,096	1,128,758	152,831	24,257,679
	04 - 05	13,029	1,504,153	14,338	1,162,456	147,824	22,825,100
Diseases of the Skin and Subcutaneous Tissue	00 - 01	498	34,204	1,207	91,587	16,909	5,245,673
	01 -02	948	116,545	1,183	153,947	19,563	5,899,413
	02 - 03	3,926	155,350	1,380	150,299	23,771	6,277,470
	03 - 04	1,824	293,647	1,696	244,600	18,545	6,260,238
	04 - 05	1,894	274,367	1,387	131,240	18,178	5,607,529
Diseases of the Musculoskeletal System and Connective Tissue	00 - 01	4,666	952,368	12,202	1,352,019	120,535	18,482,294
	01 -02	12,299	1,974,223	11,380	1,123,093	135,821	23,361,601
	02 - 03	42,486	3,426,172	13,743	1,473,295	178,468	26,238,152
	03 - 04	18,776	4,741,051	12,769	1,478,209	141,718	25,945,705
	04 - 05	24,288	3,985,835	16,329	2,024,907	159,150	27,813,930
Congenital Anomalies	00 - 01	7,483	1,475,422	38,869	4,591,360	365,232	75,456,209
	01 -02	15,945	3,779,889	30,800	5,157,773	478,251	101,094,916
	02 - 03	63,585	6,122,193	32,308	4,713,904	607,292	118,485,542
	03 - 04	29,302	7,374,328	30,819	4,686,692	550,371	148,581,661
	04 - 05	35,690	8,408,758	32,274	4,771,591	596,038	177,975,502

Table 3 Cont'd. Total Claims and Expenditures by Major Diagnostic Classification, by Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Certain Conditions Originating in the Perinatal Period	00 - 01	202	117,520	7,766	1,500,289	148,970	82,544,894
	01 -02	306	171,580	5,995	1,470,178	257,767	138,950,826
	02 - 03	1,248	97,003	4,565	832,905	302,413	160,032,383
	03 - 04	774	395,793	3,503	796,851	328,029	233,983,984
	04 - 05	1,235	476,834	7,165	2,165,678	333,454	246,775,939
Injury and Poisoning	00 - 01	4,695	1,796,184	11,270	2,582,352	175,587	59,408,255
	01 -02	12,896	4,416,799	13,910	3,665,188	225,021	75,180,125
	02 - 03	38,432	7,392,252	16,894	4,516,090	256,830	80,644,846
	03 - 04	19,655	8,376,772	15,466	3,618,269	224,911	85,553,400
	04 - 05	23,011	8,325,809	14,597	3,762,796	233,937	89,858,663
Non-Qualifying Conditions	00 - 01	2,301	287,436	13,618	1,140,775	199,624	26,763,753
	01 -02	6,101	720,329	12,365	1,027,097	240,698	34,281,245
	02 - 03	28,478	1,170,821	13,335	1,112,164	299,956	40,447,329
	03 - 04	14,129	1,429,787	11,925	1,131,157	253,630	38,248,615
	04 - 05	13,467	1,688,092	12,037	1,094,494	269,236	40,838,747
V Codes	00 - 01	4,383	922,900	21,752	2,761,561	280,856	83,928,869
	01 -02	11,572	1,924,335	18,944	2,690,018	344,149	150,914,915
	02 - 03	42,747	2,934,502	26,476	2,760,454	478,098	180,441,823
	03 - 04	25,327	3,854,889	31,286	2,540,383	470,706	261,864,182
	04 - 05	32,097	5,161,137	35,059	5,837,668	618,143	338,213,408
Missing	00 - 01	9,460	1,435,913	42,958	6,027,427	313,351	54,019,578
	01 -02	16,979	2,848,757	41,384	6,372,881	385,009	66,742,840
	02 - 03	30,414	3,890,141	42,856	6,021,606	376,634	60,054,283
	03 - 04	31,738	4,374,635	38,089	5,501,227	283,516	48,839,318
	04 - 05	49,666	5,315,874	51,285	6,363,190	306,496	54,218,162

Figure 3. Selected MDCs: Percent of Total Expenditures by Payment Group and Fiscal Year

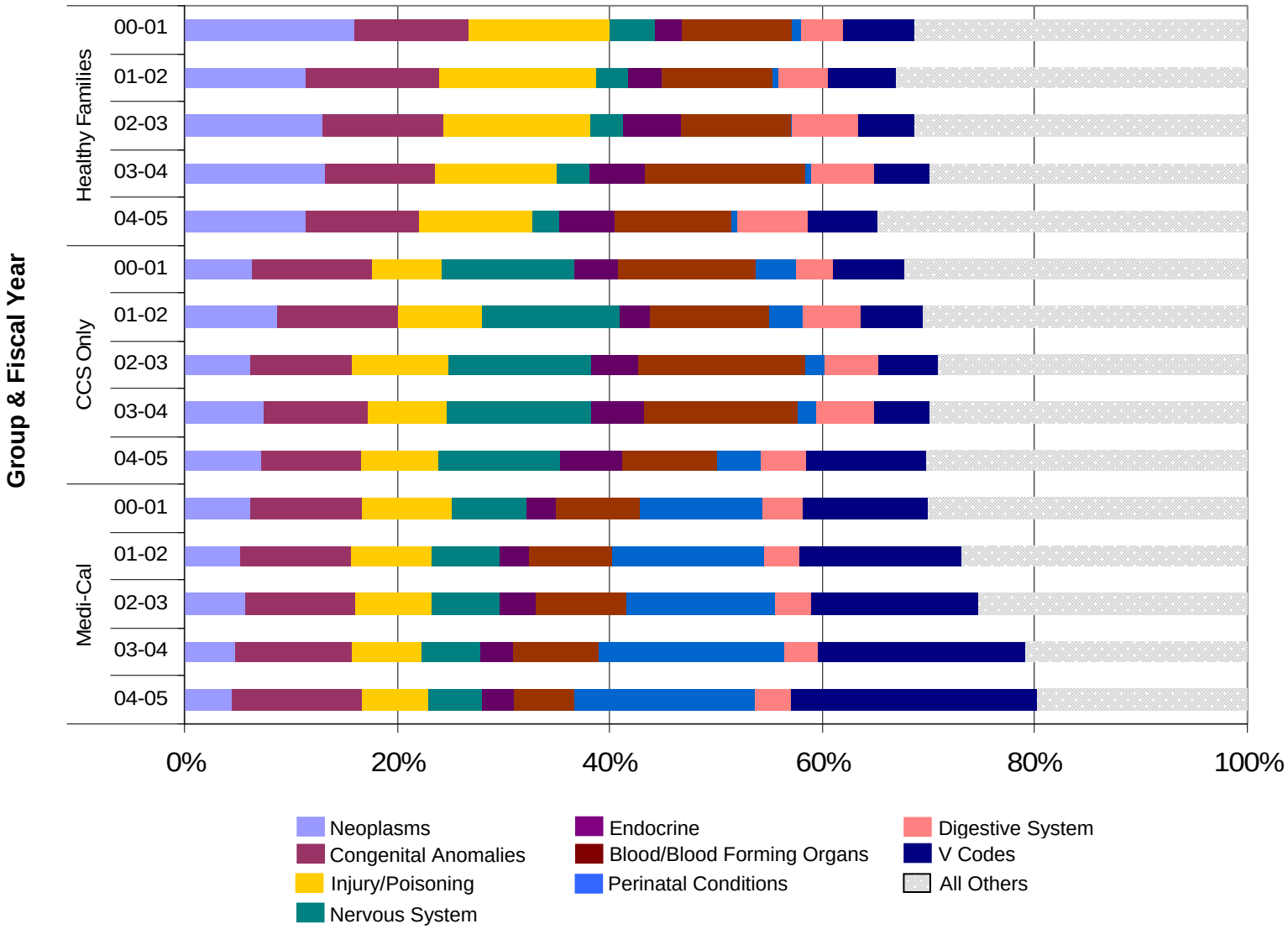


Table 4. High Cost Patients: Total Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Infectious and Parasitic Diseases	00 - 01	76	58,982	421	124,488	12,696	5,102,376
	01 -02	342	154,068	113	22,861	11,977	5,081,899
	02 - 03	536	231,100	279	141,532	17,190	7,142,143
	03 - 04	1,083	497,381	878	462,298	16,542	8,778,331
	04 - 05	671	537,026	194	10,331	14,849	9,244,450
Neoplasms	00 - 01	2,478	1,120,575	1,812	621,531	96,222	21,804,271
	01 -02	6,338	1,523,599	4,973	1,772,833	123,197	24,348,640
	02 - 03	15,022	3,134,614	4,184	975,766	157,467	35,098,598
	03 - 04	13,551	5,683,338	2,186	1,323,870	146,862	33,125,786
	04 - 05	17,608	4,696,378	2,567	1,149,751	152,237	32,320,278
Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders	00 - 01	30	3,894	436	372,760	20,452	6,271,035
	01 -02	241	134,136	68	4,350	24,857	8,954,522
	02 - 03	3,182	690,558	710	372,374	35,384	12,303,588
	03 - 04	1,100	835,781	582	219,891	34,144	13,321,938
	04 - 05	1,470	908,737	916	567,602	31,830	13,623,160
Diseases of the Blood and Blood-Forming Organs	00 - 01	291	745,186	382	3,104,607	33,531	37,611,667
	01 -02	2,860	2,054,670	846	3,401,067	34,767	58,230,609
	02 - 03	3,900	4,172,969	613	5,109,486	42,957	75,168,857
	03 - 04	5,169	8,840,888	977	4,417,650	36,594	84,556,980
	04 - 05	2,765	6,440,675	759	2,928,984	39,023	59,361,841
Mental Disorders	00 - 01	0	0	46	3,920	2,864	593,593
	01 -02	44	1,494	47	85,198	2,808	548,871
	02 - 03	101	3,806	5	113	3,119	984,799
	03 - 04	96	4,725	6	264	4,207	810,721
	04 - 05	184	18,791	2	105	3,083	578,781

Table 4 Cont'd. High Cost Patients: Total Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Diseases of the Nervous System	00 - 01	117	153,968	3,537	888,520	21,796	8,660,402
	01 -02	419	183,464	3,073	744,223	29,442	11,331,960
	02 - 03	619	161,577	127	38,635	42,501	15,463,913
	03 - 04	531	492,726	480	178,393	42,232	18,425,539
	04 - 05	1,217	129,578	250	408,738	43,240	17,427,240
Disorders of the Eye and Adnexa	00 - 01	5	939	55	7,893	3,016	769,271
	01 -02	6	206	41	90,346	3,143	1,819,197
	02 - 03	20	1,166	41	14,027	4,803	2,038,852
	03 - 04	47	3,911	5	268	6,723	3,104,401
	04 - 05	71	4,132	4	187	5,321	2,830,961
Diseases of the Ear and Mastoid Processes	00 - 01	0	0	1	24	847	244,674
	01 -02	33	2,373	39	1,565	901	232,672
	02 - 03	76	3,926	15	746	1,562	581,779
	03 - 04	115	136,867	2	111	891	103,760
	04 - 05	22	710	0	0	1,148	360,560
Diseases of the Circulatory System	00 - 01	171	108,750	347	442,666	10,119	3,918,502
	01 -02	815	424,286	219	41,898	13,571	5,721,984
	02 - 03	1,159	685,334	247	61,345	17,588	6,470,909
	03 - 04	2,351	2,013,028	294	280,416	16,995	7,189,471
	04 - 05	2,150	1,916,738	344	182,311	24,071	10,585,195
Diseases of the Respiratory System	00 - 01	119	26,974	145	15,610	41,947	19,638,219
	01 -02	710	590,388	855	768,212	51,705	22,075,635
	02 - 03	1,448	1,159,741	595	462,825	57,135	25,238,479
	03 - 04	947	673,174	348	163,693	54,424	27,846,959
	04 - 05	1,365	719,777	707	652,397	54,520	26,244,930

Table 4 Cont'd. High Cost Patients: Total Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Diseases of the Digestive System	00 - 01	35	17,875	150	43,196	23,018	10,445,126
	01 -02	452	37,649	371	299,827	31,652	11,285,296
	02 - 03	2,351	418,519	115	32,931	46,913	15,554,441
	03 - 04	665	501,620	214	282,282	52,529	18,407,965
	04 - 05	879	772,377	49	7,990	62,933	24,074,697
Diseases of the Genitourinary System	00 - 01	3	-62	27	312,856	6,145	1,509,581
	01 -02	82	18,473	381	237,859	15,095	3,547,016
	02 - 03	116	30,624	44	2,446	20,976	4,703,693
	03 - 04	574	102,283	271	78,069	18,191	4,676,803
	04 - 05	538	69,865	242	54,939	17,701	4,842,260
Diseases of the Skin and Subcutaneous Tissue	00 - 01	15	270	4	57	3,226	2,668,831
	01 -02	67	5,345	4	592	4,154	2,744,349
	02 - 03	34	5,959	14	1,156	3,266	2,698,806
	03 - 04	194	44,809	6	302	3,319	2,532,782
	04 - 05	67	46,906	39	7,249	3,248	2,110,482
Diseases of the Musculoskeletal System and Connective Tissue	00 - 01	39	780	49	2,462	9,302	3,203,094
	01 -02	858	274,969	119	45,830	10,046	3,757,032
	02 - 03	374	55,634	143	42,858	10,293	3,849,519
	03 - 04	700	1,074,151	431	538,396	11,418	4,495,388
	04 - 05	1,167	378,397	528	381,013	12,834	4,877,124
Congenital Anomalies	00 - 01	32	16,846	233	773,160	38,174	18,069,911
	01 -02	217	707,129	560	636,045	51,199	23,021,587
	02 - 03	1,036	712,845	172	159,848	65,841	28,576,867
	03 - 04	1,203	1,370,704	356	363,609	86,920	55,651,061
	04 - 05	1,727	1,729,170	280	400,537	108,719	80,035,344

Table 4 Cont'd. High Cost Patients: Total Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families* Claims	*Healthy Families* Expenditures (in $$)	CCS Only Claims	CCS Only Expenditures (in $$)	Medi-Cal Claims	Medi-Cal Expenditures (in $$)
Certain Conditions Originating in the Perinatal Period	00 - 01	36	62,070	486	621,678	35,949	28,422,214
	01 -02	46	142,066	234	338,649	51,579	41,699,913
	02 - 03	38	2,126	7	1,202	66,274	46,171,197
	03 - 04	196	219,850	51	1,409	113,503	124,892,596
	04 - 05	39	1,757	56	121,826	119,971	137,929,822
Injury and Poisoning	00 - 01	346	544,198	541	584,937	27,411	16,508,751
	01 -02	1,021	908,226	834	673,406	32,766	21,040,695
	02 - 03	1,887	1,968,347	869	973,315	31,793	18,543,949
	03 - 04	1,875	2,549,680	376	560,122	32,761	23,949,909
	04 - 05	1,520	1,313,282	599	652,102	37,447	27,134,011
Non-Qualifying Conditions	00 - 01	189	36,040	647	516,159	34,015	8,741,190
	01 -02	710	283,856	478	58,993	53,253	11,080,580
	02 - 03	3,542	136,915	319	57,507	63,839	13,785,873
	03 - 04	4,711	429,903	358	145,420	63,677	13,201,892
	04 - 05	2,585	406,920	564	282,288	60,842	13,074,644
V Codes	00 - 01	1,006	318,443	2,442	1,117,058	52,721	26,501,272
	01 -02	2,137	1,109,803	2,318	1,280,318	68,107	47,989,526
	02 - 03	5,860	1,330,294	2,104	1,000,014	108,767	53,667,528
	03 - 04	7,910	2,276,113	3,232	882,471	126,201	108,513,437
	04 - 05	6,868	2,868,345	3,320	2,152,895	166,185	150,255,311

Table 5. High Cost Patients: Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Infectious and Parasitic Diseases	00 - 01	15.8	31.2	9.7	30.0	18.6	34.8
	01 -02	24.6	35.7	3.6	6.9	17.1	35.0
	02 - 03	10.8	28.8	6.1	21.1	19.8	39.4
	03 - 04	37.1	48.7	20.0	50.0	24.4	43.0
	04 - 05	23.9	48.5	6.2	1.9	23.1	42.3
Neoplasms	00 - 01	20.6	52.0	6.0	24.1	27.5	49.8
	01 -02	26.9	44.8	17.7	44.1	28.3	47.4
	02 - 03	16.0	45.5	14.7	31.7	27.4	53.5
	03 - 04	38.0	59.3	8.8	30.6	33.2	51.7
	04 - 05	37.7	52.8	21.7	11.5	33.6	49.4
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	00 - 01	0.6	1.2	2.0	22.4	15.5	31.8
	01 -02	2.1	14.7	0.4	0.3	13.8	34.2
	02 - 03	6.8	23.4	3.9	17.0	13.4	32.9
	03 - 04	4.2	22.3	2.5	9.1	14.5	31.4
	04 - 05	4.4	21.8	3.7	18.9	13.5	31.6
Diseases of the Blood and Blood-Forming Organs	00 - 01	10.9	52.9	3.3	59.2	22.1	67.9
	01 -02	34.4	65.0	8.7	66.2	20.4	74.5
	02 - 03	13.7	75.6	3.6	65.0	19.0	76.5
	03 - 04	34.2	81.1	6.0	64.1	20.5	78.7
	04 - 05	14.8	74.8	6.4	64.5	20.4	70.4
Mental Disorders	00 - 01	0.0	0.0	3.1	7.4	15.6	36.2
	01 -02	12.3	7.8	4.6	62.2	15.6	28.6
	02 - 03	7.6	6.7	0.3	0.1	13.7	36.5
	03 - 04	14.7	11.1	0.4	0.3	21.0	30.5
	04 - 05	19.3	23.6	0.1	0.1	16.1	24.3

Table 5 Cont'd. High Cost Patients: Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Diseases of the Nervous System	00 - 01	5.9	26.7	7.1	17.5	5.2	17.4
	01 -02	9.4	19.6	8.3	12.6	6.0	18.2
	02 - 03	4.4	10.3	0.3	0.6	7.3	20.7
	03 - 04	6.9	22.6	1.4	2.8	7.9	24.3
	04 - 05	13.6	6.5	0.6	6.9	6.9	23.6
Disorders of the Eye and Adnexa	00 - 01	0.6	1.1	2.3	3.7	9.3	20.2
	01 -02	0.3	0.1	1.6	18.8	8.3	29.7
	02 - 03	0.2	0.2	1.2	3.8	9.5	26.5
	03 - 04	1.0	0.6	0.1	0.1	13.6	33.0
	04 - 05	1.2	0.5	0.1	0.1	11.1	31.5
Diseases of the Ear and Mastoid Processes	00 - 01	0.0	0.0	0.0	0.0	1.7	5.6
	01 -02	0.7	0.5	0.5	0.2	1.5	3.8
	02 - 03	0.5	0.5	0.1	0.1	2.1	7.7
	03 - 04	1.4	13.9	0.0	0.0	1.4	1.5
	04 - 05	0.2	0.1	0.0	0.0	1.8	4.5
Diseases of the Circulatory System	00 - 01	10.8	26.0	6.5	39.9	15.9	30.1
	01 -02	18.8	37.1	4.8	7.9	16.3	31.6
	02 - 03	6.4	30.7	3.8	6.5	17.1	31.7
	03 - 04	22.8	52.7	5.2	24.3	18.1	33.0
	04 - 05	18.1	46.2	5.2	14.2	23.3	41.2
Diseases of the Respiratory System	00 - 01	8.6	10.8	2.6	2.2	21.8	33.8
	01 -02	19.0	43.4	13.8	45.5	24.3	33.1
	02 - 03	10.1	46.5	9.7	40.9	23.2	33.2
	03 - 04	15.1	31.7	6.8	15.7	26.0	36.8
	04 - 05	20.2	34.1	13.0	42.3	27.9	37.4

Table 5 Cont'd. High Cost Patients: Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Diseases of the Digestive System	00 - 01	1.1	3.4	1.0	3.1	25.7	39.0
	01 -02	5.8	2.7	2.1	12.1	26.9	36.3
	02 - 03	8.9	13.0	0.6	1.3	29.7	40.0
	03 - 04	2.8	11.8	1.0	10.6	35.6	43.0
	04 - 05	2.7	14.9	0.2	0.4	38.1	50.1
Diseases of the Genitourinary System	00 - 01	0.1	0.0	0.2	30.7	6.4	11.8
	01 -02	1.6	3.1	4.0	20.7	10.9	19.8
	02 - 03	0.5	3.2	0.4	0.2	12.1	21.2
	03 - 04	4.4	5.2	1.9	6.9	11.9	19.3
	04 - 05	4.1	4.6	1.7	4.7	12.0	21.2
Diseases of the Skin and Subcutaneous Tissue	00 - 01	3.0	0.8	0.3	0.1	19.1	50.9
	01 -02	7.1	4.6	0.3	0.4	21.2	46.5
	02 - 03	0.9	3.8	1.0	0.8	13.7	43.0
	03 - 04	10.6	15.3	0.4	0.1	17.9	40.5
	04 - 05	3.5	17.1	2.8	5.5	17.9	37.6
Diseases of the Musculoskeletal System and Connective Tissue	00 - 01	0.8	0.1	0.4	0.2	7.7	17.3
	01 -02	7.0	13.9	1.1	4.1	7.4	16.1
	02 - 03	0.9	1.6	1.0	2.9	5.8	14.7
	03 - 04	3.7	22.7	3.4	36.4	8.1	17.3
	04 - 05	4.8	9.5	3.2	18.8	8.1	17.5
Congenital Anomalies	00 - 01	0.4	1.1	0.6	16.8	10.5	24.0
	01 -02	1.4	18.7	1.8	12.3	10.7	22.8
	02 - 03	1.6	11.6	0.5	3.4	10.8	24.1
	03 - 04	4.1	18.6	1.2	7.8	15.8	37.5
	04 - 05	4.8	20.6	0.9	8.4	18.2	45.0

Table 5 Cont'd. High Cost Patients: Percentage of Total Claims and Expenditures by Major Diagnostic Classification, Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Certain Conditions Originating in the Perinatal Period	00 - 01	17.8	52.8	6.3	41.4	24.1	34.4
	01 -02	15.0	82.8	3.9	23.0	20.0	30.0
	02 - 03	3.0	2.2	0.2	0.1	21.9	28.9
	03 - 04	25.3	55.6	1.5	0.2	34.6	53.4
	04 - 05	3.2	0.4	0.8	5.6	36.0	55.9
Injury and Poisoning	00 - 01	7.4	30.3	4.8	22.7	15.6	27.8
	01 -02	7.9	20.6	6.0	18.4	14.6	28.0
	02 - 03	4.9	26.6	5.1	21.6	12.4	23.0
	03 - 04	9.5	30.4	2.4	15.5	14.6	28.0
	04 - 05	6.6	15.8	4.1	17.3	16.0	30.2
Non-Qualifying Conditions	00 - 01	8.2	12.5	4.8	45.3	17.0	32.7
	01 -02	11.6	39.4	3.9	5.7	22.1	32.3
	02 - 03	12.4	11.7	2.4	5.2	21.3	34.1
	03 - 04	33.3	30.1	3.0	12.9	25.1	34.5
	04 - 05	19.2	24.1	4.7	25.8	22.6	32.0
V Codes	00 - 01	23.0	34.5	11.2	40.5	18.8	31.6
	01 -02	18.5	57.7	12.2	47.6	19.8	31.8
	02 - 03	13.7	45.3	7.9	36.2	22.8	29.7
	03 - 04	31.2	59.0	10.3	34.7	26.8	41.4
	04 - 05	21.4	55.6	9.5	36.9	26.9	44.4

Figure 4. High Cost Patients as a Percentage of Total MDC Specific Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

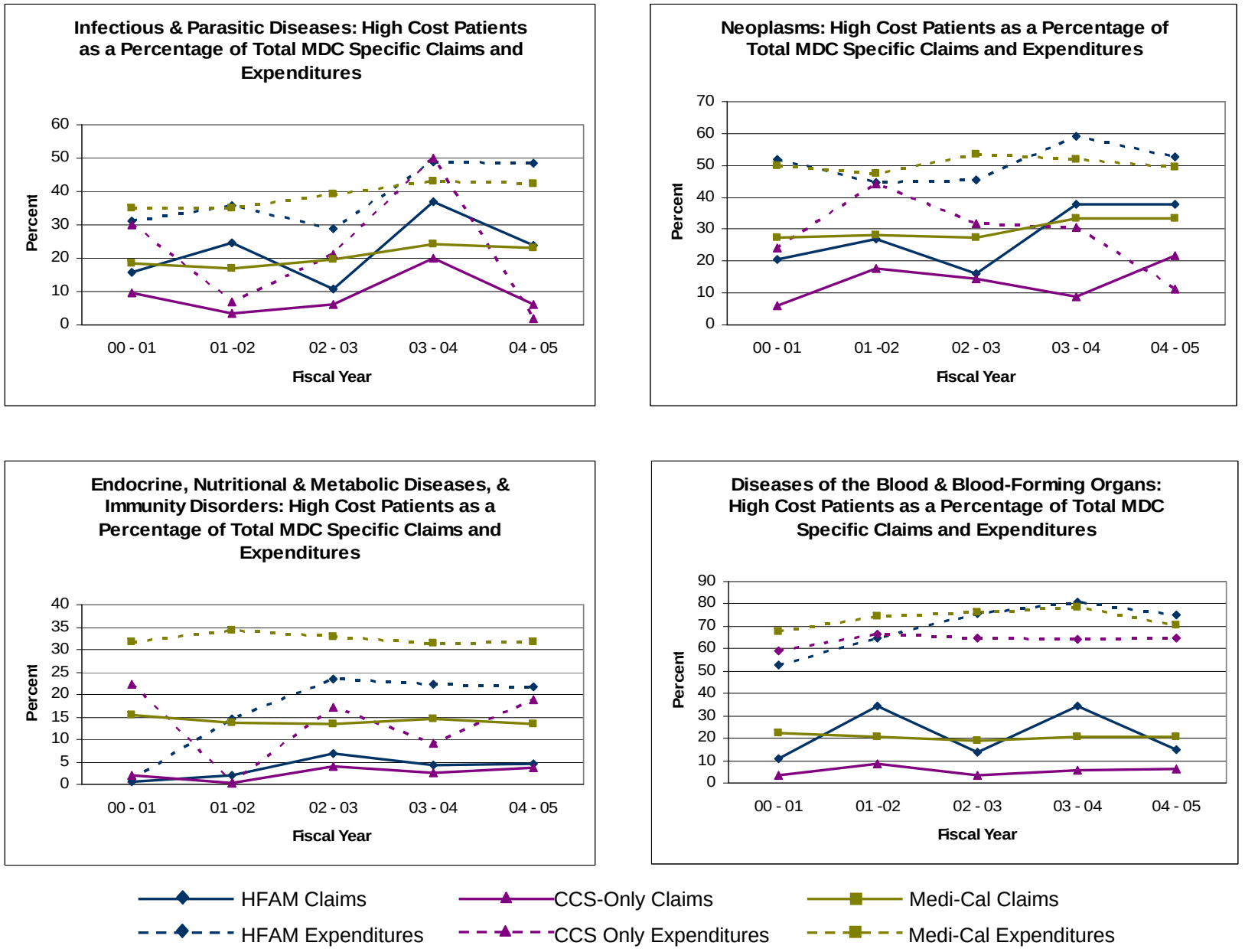


Figure 4 Cont'd. High Cost Patients as a Percentage of Total MDC Specific Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

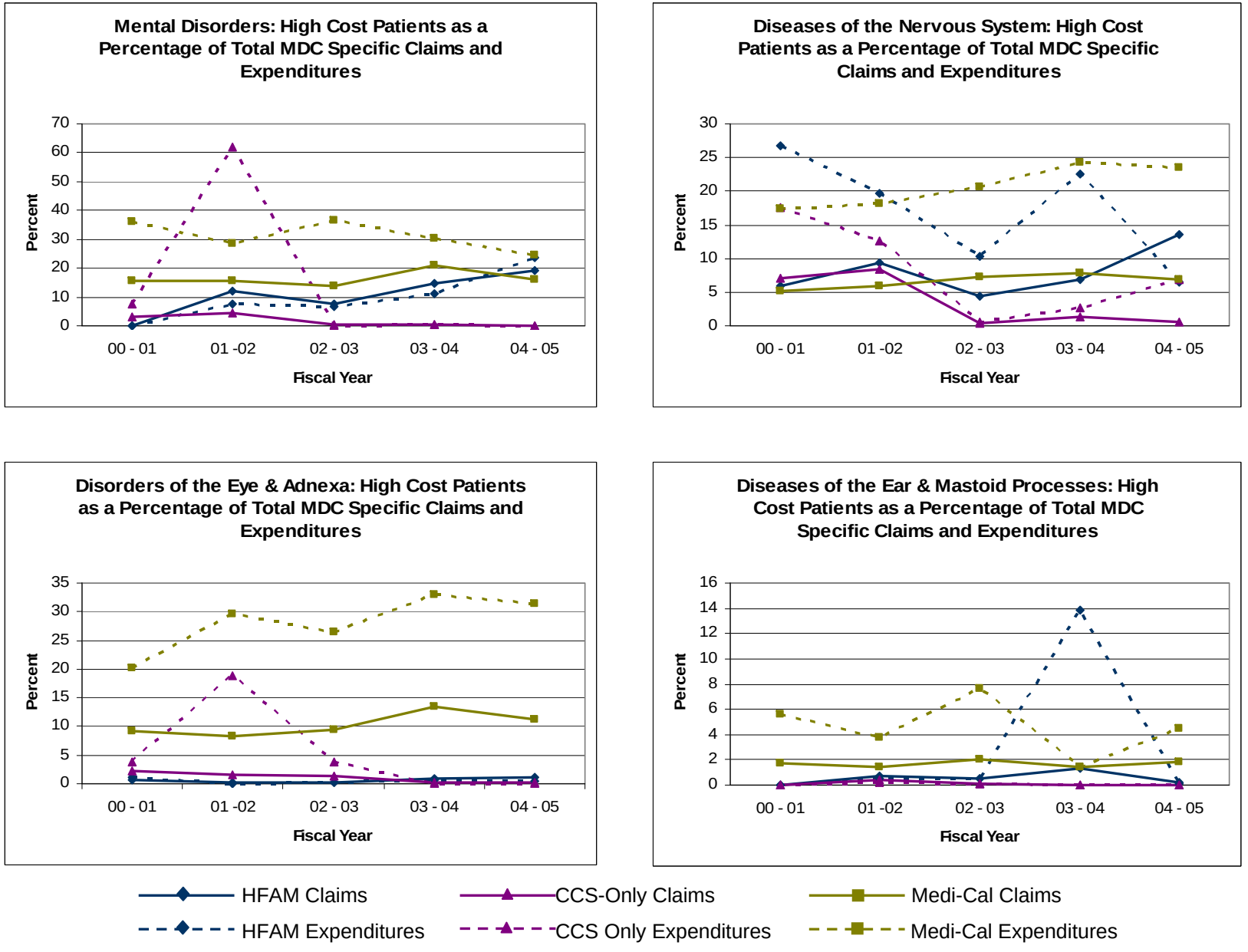


Figure 4 Cont'd. High Cost Patients as a Percentage of Total MDC Specific Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

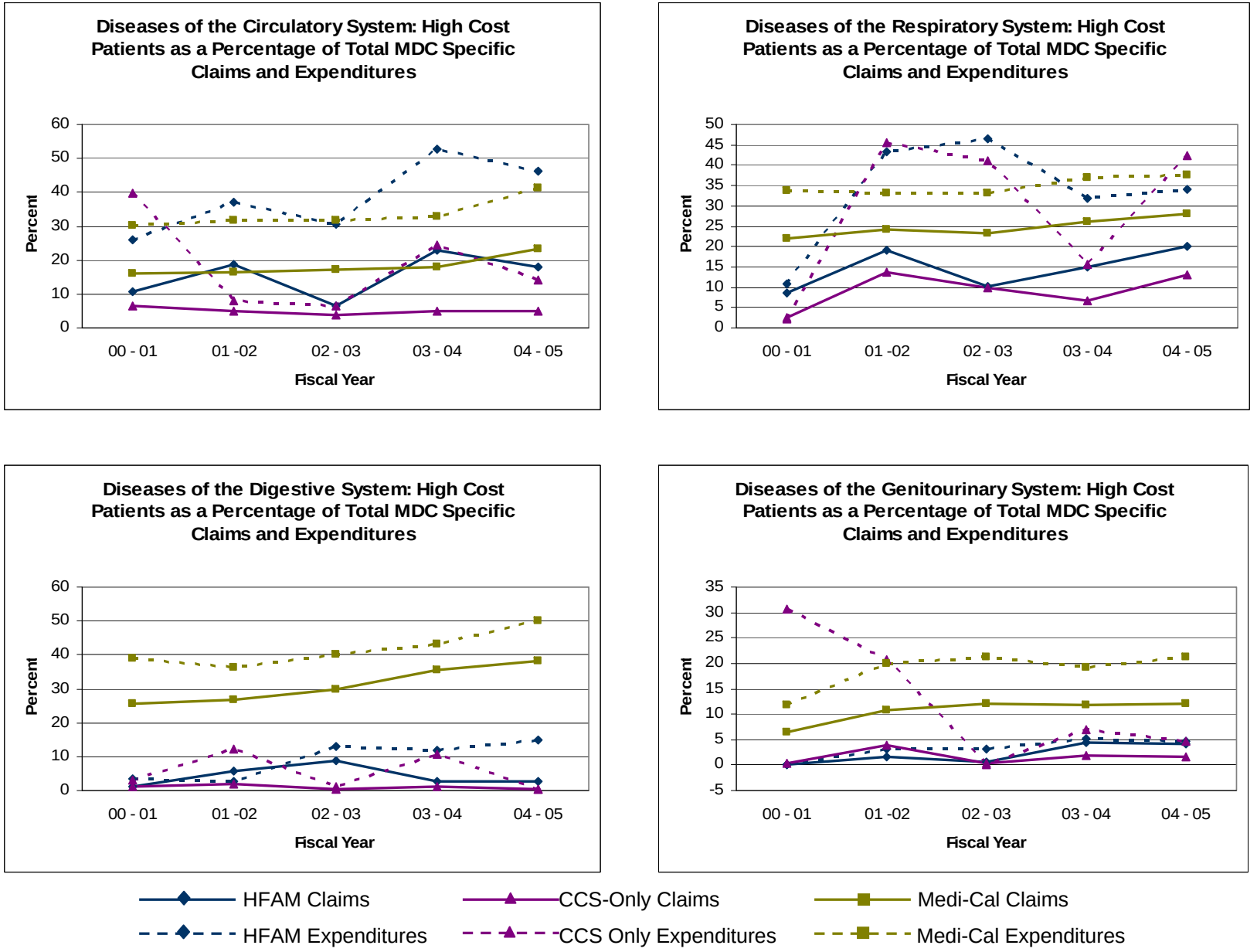


Figure 4 Cont'd. High Cost Patients as a Percentage of Total MDC Specific Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year

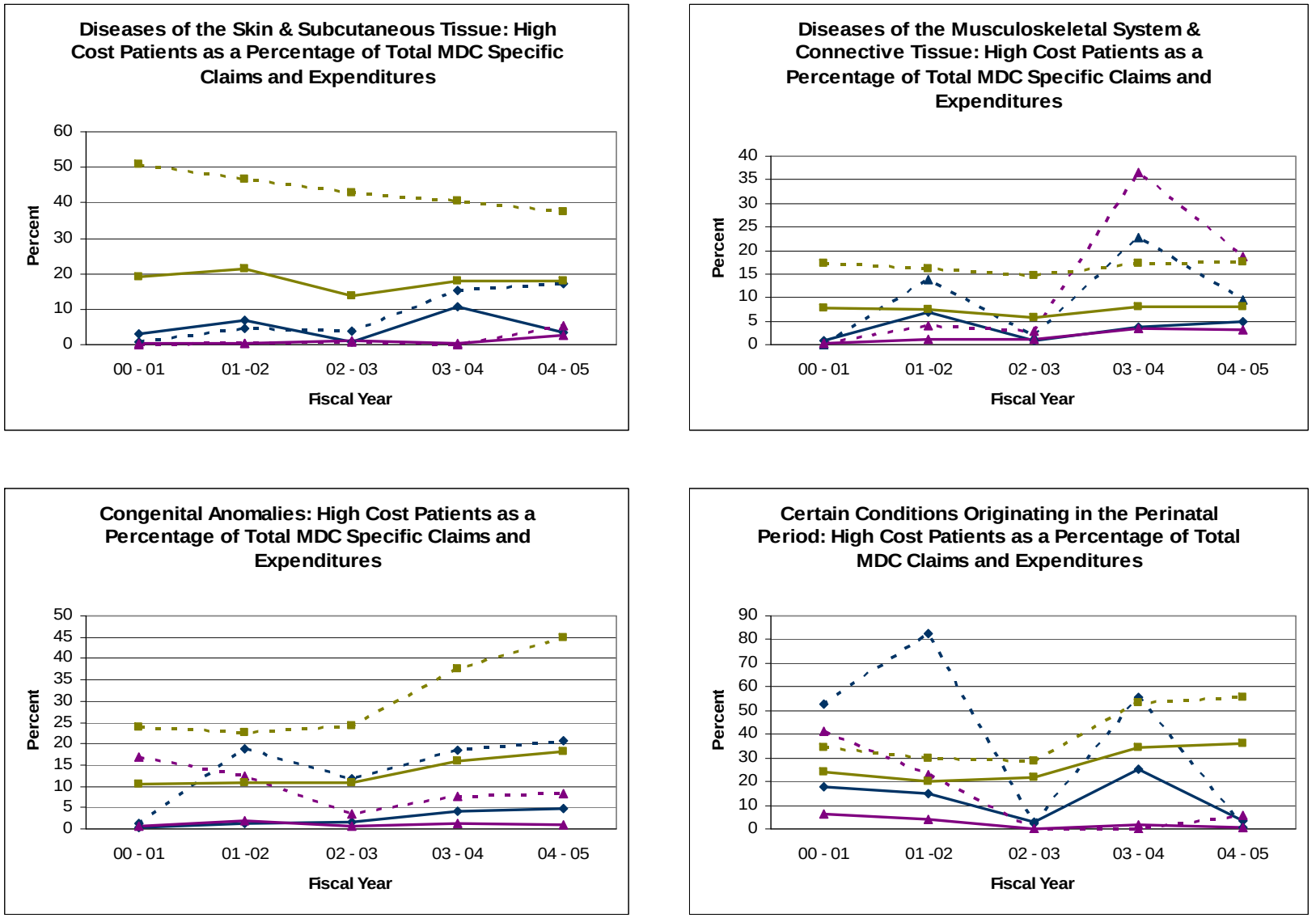
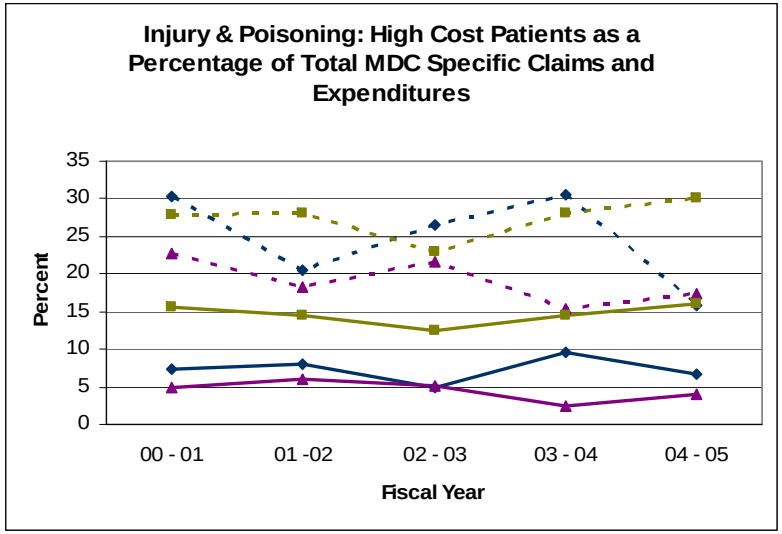
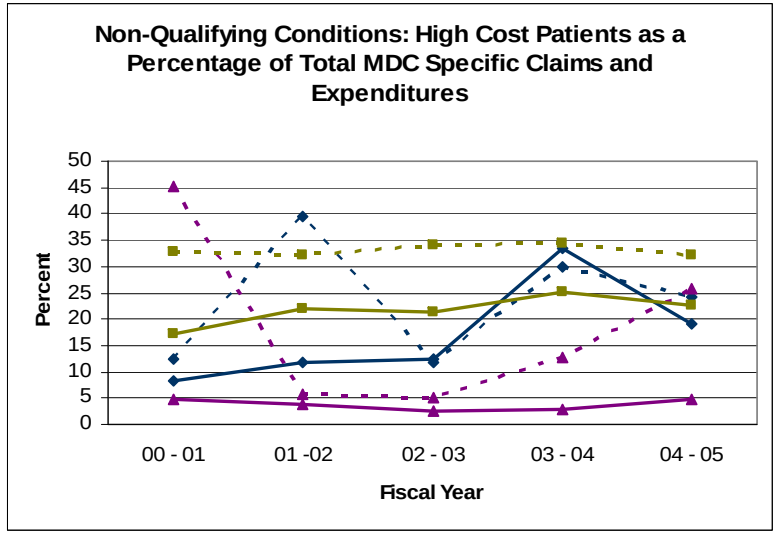
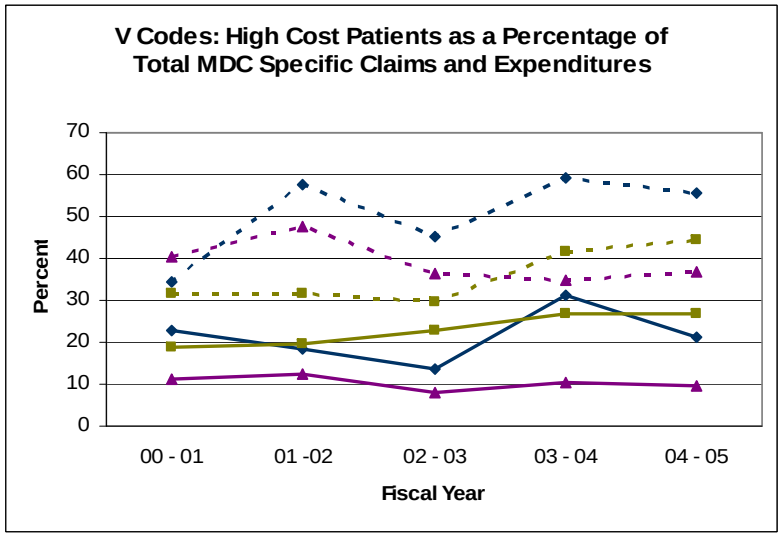


Figure 4 Cont'd. High Cost Patients as a Percentage of Total MDC Specific Claims and Expenditures, by Major Diagnostic Classification, Payment Group, and Fiscal Year







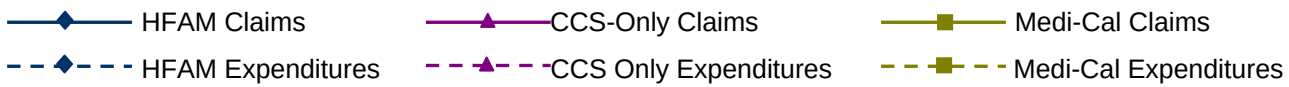


Table 6. Hospitalization Data: Claims and Expenditures as a Percentage of Total, by Payment Group and Fiscal Year

	Fiscal Year				
	2000 - 2001	**2001 - 2002**	**2002 - 2003**	**2003 - 2004**	**2004 - 2005**
Claims					
Healthy Families	1.33	1.25	0.63	1.01	0.95
CCS Only	0.43	0.58	0.46	0.42	0.63
Medi-Cal	1.71	1.73	1.35	1.63	1.68
Expenditures					
Healthy Families	63.60	61.76	56.12	57.33	55.66
CCS Only	36.77	36.91	31.20	32.05	38.52
Medi-Cal	68.24	65.63	63.98	68.32	70.73

Figure 5. Hospitalizations: Claims and Expenditures as a Percentage of Total, by Payment Group and Fiscal Year

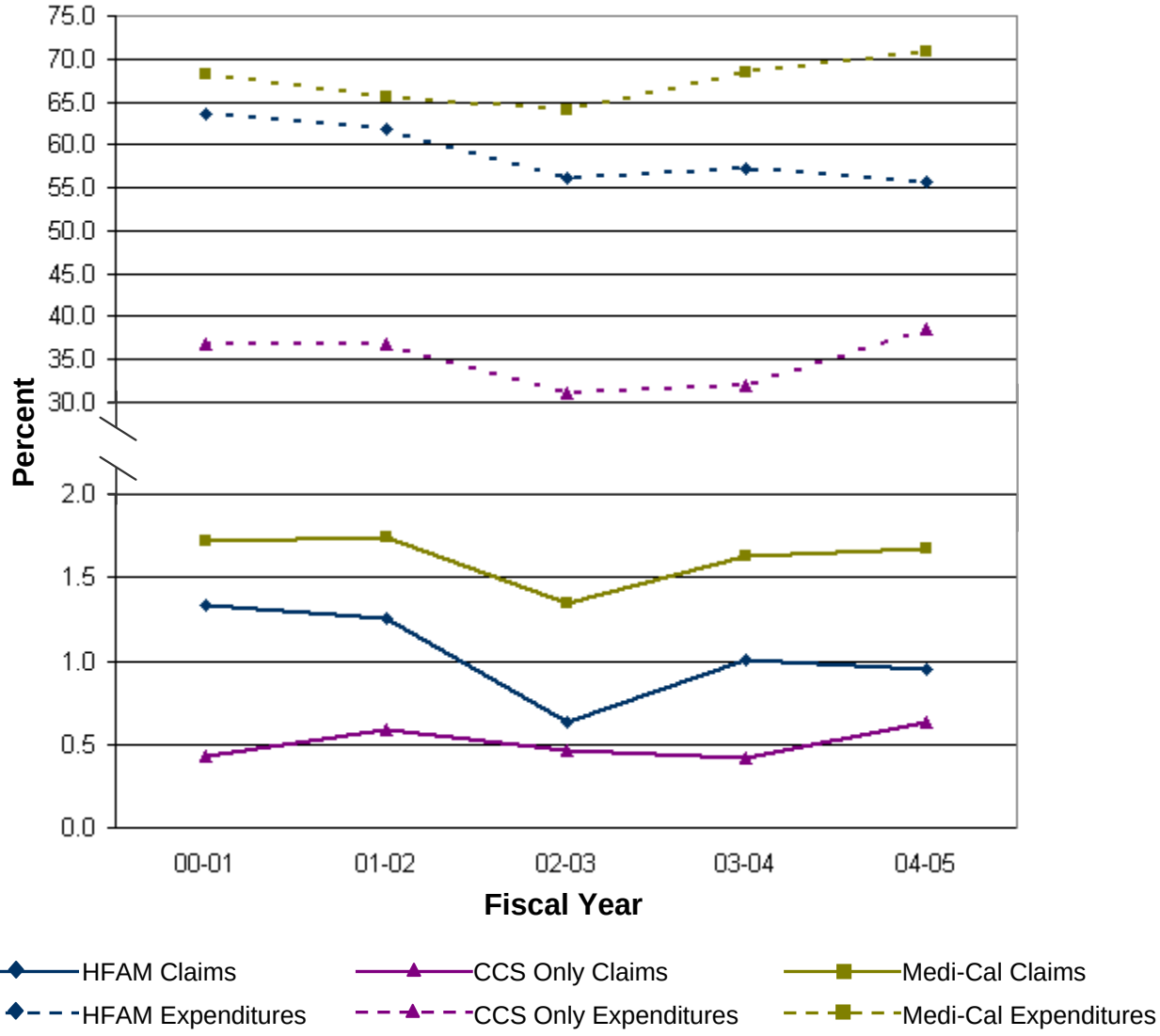


Table 7. High Cost Individual Hospitalization Data: Claims and Expenditures as a Percentage of Total High Cost Claims and Expenditures, by Payment Group and Fiscal Year

	Fiscal Year				
	2000 - 2001	**2001 - 2002**	**2002 - 2003**	**2003 - 2004**	**2004 - 2005**
Claims					
Healthy Families	2.39	1.64	0.93	1.34	1.10
CCS Only	1.52	1.67	1.38	1.09	1.32
Medi-Cal	2.40	2.36	1.77	2.05	2.28
Expenditures					
Healthy Families	71.95	69.27	65.98	62.09	64.27
CCS Only	53.53	55.64	38.75	49.04	57.82
Medi-Cal	71.08	68.69	65.41	73.77	79.52

Table 8. Percent of Individuals and Expenditures by Age, Payment Group, and Fiscal Year

Age Group	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Ages 0 - 1	2000-01	3.95	4.47	7.41	8.64	23.05	42.86
	2001 -02	4.33	5.06	8.99	13.49	26.71	48.67
	2002 - 03	4.78	7.71	7.74	8.51	25.74	49.33
	2003 - 04	4.79	6.89	7.35	9.12	28.67	54.26
	2004 - 05	4.55	8.72	9.24	15.68	29.46	57.05
Ages 2 - 5	2000-01	21.83	11.69	15.61	8.85	23.58	14.64
	2001 -02	20.91	18.43	13.43	9.16	21.78	12.17
	2002 - 03	20.00	17.08	12.92	10.08	20.89	12.06
	2003 - 04	18.11	20.54	13.81	10.33	19.64	10.86
	2004 - 05	16.97	14.96	13.34	10.70	19.60	9.98
Ages 6 - 17	2000-01	56.42	39.53	50.21	53.65	46.81	36.49
	2001 -02	60.68	57.74	53.52	47.07	44.78	33.28
	2002 - 03	68.10	65.31	55.27	51.32	46.16	33.47
	2003 - 04	72.82	69.15	63.11	63.27	44.72	29.25
	2004 - 05	73.93	72.96	59.82	59.86	43.34	26.58
Ages 18 - 21	2000-01	2.10	0.72	9.14	10.13	6.35	5.76
	2001 -02	2.65	3.46	9.81	11.31	6.65	5.65
	2002 - 03	2.92	2.83	12.96	13.87	7.16	5.06
	2003 - 04	4.01	2.56	15.30	16.13	6.91	5.59
	2004 - 05	4.34	3.19	17.18	13.80	7.51	6.32
Miscodes/Missing	2000-01	15.70	43.59	17.63	18.73	0.21	0.24
	2001 -02	11.43	15.31	14.25	18.96	0.07	0.22
	2002 - 03	4.19	7.06	11.11	16.22	0.05	0.07
	2003 - 04	0.27	0.87	0.43	1.15	0.06	0.03
	2004 - 05	0.21	0.16	0.42	(0.04)	0.10	0.08

Table 9. Number of Individuals and Expenditures by Age, Payment Group, and Fiscal Year

		Healthy Families		CCS Only		Medi-Cal	
Age Group	Fiscal Year	Average # of Claims per Individual	Average Expenditure per Individual (in $$)	Average # of Claims per Individual	Average Expenditure per Individual (in $$)	Average # of Claims per Individual	Average Expenditure per Individual (in $$)
Ages 0 - 1	00 - 01	12.1	2,758	8.3	1,242	26.6	10,681
	01 -02	14.8	3,350	7.8	1,909	33.4	14,486
	02 - 03	24.2	3,810	5.5	939	30.5	13,139
	03 - 04	17.3	6,047	4.7	899	32.1	18,271
	04 - 05	16.2	6,078	6.0	1,531	35.6	17,525
Ages 2 - 5	00 - 01	18.9	2,039	12.0	870	32.8	4,395
	01 -02	20.2	3,466	11.5	1,279	44.1	5,867
	02 - 03	32.5	2,709	11.3	1,361	44.8	5,806
	03 - 04	19.6	5,417	10.8	1,230	38.5	6,397
	04 - 05	18.7	3,231	12.0	1,453	47.6	7,272
Ages 6 - 17	00 - 01	15.1	2,137	12.1	1,657	33.7	5,667
	01 -02	17.3	3,198	12.5	1,800	41.5	7,343
	02 - 03	32.6	3,051	11.9	1,711	44.0	7,166
	03 - 04	18.4	4,254	11.9	1,827	37.7	7,411
	04 - 05	18.3	3,532	13.4	2,020	44.0	8,098
Ages 18 - 21	00 - 01	13.0	900	17.7	2,508	32.3	6,325
	01 -02	16.6	4,223	16.2	3,051	38.5	7,800
	02 - 03	28.9	2,732	17.2	2,853	41.8	6,648
	03 - 04	17.6	2,732	15.1	2,434	34.9	8,495
	04 - 05	17.1	2,455	17.4	2,105	44.8	11,321

Table 10. Percentage of Claims and Expenditures by Provider County: *Healthy Families*

County	2000 - 01		2001 -02		2002 - 03		2003 - 04		2004 - 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Alameda	3.47	2.17	2.41	2.73	2.43	3.50	3.15	5.01	2.52	2.05
Alpine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amador	0.05	0.03	0.03	0.01	0.04	0.04	0.02	0.06	0.02	0.02
Butte	0.85	0.73	0.36	0.26	0.29	0.34	0.34	0.32	0.41	0.20
Calaveras	0.01	0.00	0.02	0.00	0.01	0.01	0.02	0.01	0.01	0.01
Colusa	0.15	0.07	0.04	0.02	0.01	0.01	0.02	0.00	0.00	0.00
Contra Costa	0.20	0.11	0.32	0.38	0.22	0.13	0.18	0.14	0.19	0.11
Del Norte	0.00	0.00	0.01	0.00	0.00	0.00	0.07	0.00	0.03	0.00
El Dorado	0.13	0.05	0.06	0.02	0.04	0.02	0.04	0.01	0.10	0.04
Fresno	0.98	0.50	1.21	1.02	1.06	0.78	0.97	0.63	0.99	0.68
Glenn	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
Humboldt	0.73	0.38	0.28	0.28	0.33	0.22	0.27	0.15	0.24	0.17
Imperial	0.10	0.01	0.04	0.00	0.05	0.05	0.06	0.06	0.06	0.04
Inyo	0.01	0.00	0.00	0.00	0.02	0.01	0.05	0.01	0.03	0.01
Kern	0.05	0.07	0.11	0.07	0.33	0.25	0.51	0.31	0.77	0.58
Kings	0.06	0.00	0.06	0.02	0.03	0.04	0.05	0.02	0.04	0.01
Lake	0.01	0.02	0.07	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Lassen	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.01
Los Angeles	22.74	19.05	31.11	25.63	29.56	30.67	29.56	34.78	29.08	34.66
Madera	6.77	5.92	5.74	5.12	5.56	5.91	4.75	4.97	5.39	4.69
Marin	0.23	0.10	0.08	0.07	0.05	0.05	0.07	0.06	0.06	0.04
Mariposa	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table 10 Cont'd. Percentage of Claims and Expenditures by Provider County: *Healthy Families*

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Mendocino	0.47	0.21	0.24	0.12	0.15	0.08	0.15	0.07	0.14	0.05
Merced	0.79	0.24	0.41	0.16	0.22	0.15	0.11	0.04	0.14	0.06
Modoc	0.00	0.00	0.01	0.01	0.01	0.01	0.01	0.00	0.02	0.01
Mono	0.14	0.03	0.07	0.03	0.04	0.01	0.19	0.08	0.03	0.09
Monterey	1.47	0.78	1.03	0.74	0.81	0.56	0.71	0.60	0.69	0.65
Napa	0.05	0.81	0.03	0.41	0.07	0.01	0.04	0.12	0.04	0.08
Nevada	0.18	0.17	0.14	0.13	0.13	0.11	0.20	0.04	0.11	0.05
Orange	0.87	0.33	5.08	4.25	9.87	10.54	14.96	11.32	14.41	8.45
Placer	0.49	1.28	0.28	0.34	0.13	0.09	0.13	0.13	0.13	0.08
Plumas	0.01	0.00	0.03	0.00	0.01	0.00	0.00	0.00	0.00	0.00
Riverside	0.62	0.36	0.63	0.68	0.87	1.10	1.42	1.15	1.74	2.21
Sacramento	5.11	4.11	5.56	5.24	5.19	5.21	4.47	3.57	4.60	4.06
San Benito	0.01	0.00	0.02	0.01	0.01	0.00	0.03	0.00	0.05	0.03
San Bernardino	12.07	20.73	10.54	12.52	9.56	9.79	8.85	10.81	8.60	11.93
San Diego	19.55	14.34	13.57	11.41	13.66	10.39	12.26	10.74	15.64	13.07
San Francisco	4.78	11.68	4.48	9.92	4.47	5.41	2.99	4.85	2.93	5.40
San Joaquin	0.55	0.26	0.77	0.53	0.39	0.35	0.65	0.43	0.63	0.41
San Luis Obispo	1.13	0.42	0.88	0.59	0.60	0.28	0.34	0.13	0.26	0.17
San Mateo	0.56	0.84	0.36	0.50	0.10	0.51	0.20	0.23	0.25	0.11
Santa Barbara	1.31	0.68	1.10	2.07	1.12	0.91	0.82	0.52	0.62	0.45
Santa Clara	6.85	7.37	7.09	10.10	7.74	8.36	5.80	5.36	4.31	5.74
Santa Cruz	0.63	0.40	0.58	0.42	0.52	0.29	0.57	0.26	0.33	0.15

Table 10 Cont'd. Percentage of Claims and Expenditures by Provider County: *Healthy Families*

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Shasta	0.57	0.50	0.37	0.27	0.41	0.51	0.32	0.24	0.28	0.20
Sierra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Siskiyou	0.04	0.01	0.07	0.01	0.04	0.04	0.04	0.01	0.02	0.03
Solano	0.07	0.03	0.09	0.03	0.03	0.01	0.04	0.02	0.03	0.01
Sonoma	0.09	0.24	0.34	0.23	0.44	0.57	0.77	0.45	0.81	0.64
Stanislaus	1.15	1.87	0.82	1.26	0.70	0.85	0.77	0.54	0.71	0.52
Sutter	0.98	0.37	0.47	0.24	0.20	0.21	0.39	0.16	0.45	0.15
Tehama	0.15	0.09	0.02	0.01	0.05	0.01	0.02	0.01	0.08	0.01
Trinity	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tulare	0.71	0.27	0.73	0.23	0.45	0.20	0.43	0.16	0.23	0.16
Tuolumne	0.15	0.06	0.12	0.02	0.13	0.04	0.14	0.04	0.07	0.03
Ventura	1.32	0.57	1.62	0.76	1.48	0.81	1.53	0.65	1.48	0.91
Yolo	0.10	0.02	0.07	0.02	0.03	0.07	0.02	0.00	0.03	0.02
Yuba	0.17	0.04	0.16	0.07	0.11	0.04	0.10	0.04	0.02	0.01
Unknown	0.27	1.69	0.26	1.04	0.21	0.45	0.35	0.65	0.13	0.75

Table 11. Percentage of Claims and Expenditures by Provider County: CCS Only

County	2000 - 01		2001 -02		2002 - 03		2003 - 04		2004 - 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Alameda	4.40	4.20	4.32	4.35	3.89	4.62	4.71	4.39	4.59	6.40
Alpine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amador	0.01	0.00	0.02	0.03	0.07	0.02	0.01	0.01	0.02	0.01
Butte	0.44	0.31	0.45	0.19	0.29	0.19	0.26	0.23	0.17	0.21
Calaveras	0.03	0.02	0.03	0.00	0.00	0.00	0.02	0.01	0.02	0.01
Colusa	0.02	0.00	0.02	0.00	0.01	0.01	0.02	0.02	0.01	0.00
Contra Costa	0.30	0.46	0.34	0.37	0.34	0.49	0.35	0.57	0.37	0.29
Del Norte	0.31	0.04	0.81	0.08	0.78	0.09	0.40	0.04	0.09	0.01
El Dorado	0.01	0.01	0.04	0.04	0.05	0.07	0.06	0.06	0.11	0.07
Fresno	0.88	0.83	1.12	1.73	1.14	1.23	1.06	1.33	1.37	2.13
Glenn	0.01	0.00	0.02	0.01	0.01	0.00	0.01	0.00	0.01	0.00
Humboldt	0.23	0.13	0.32	0.18	0.65	0.33	0.51	0.29	0.41	0.30
Imperial	0.03	0.01	0.01	0.01	0.04	0.03	0.02	0.00	0.05	0.01
Inyo	0.15	0.02	0.22	0.03	0.38	0.05	0.33	0.19	0.03	0.01
Kern	0.16	0.46	0.21	0.36	1.61	1.17	1.68	1.36	2.01	2.52
Kings	0.03	0.01	0.06	0.05	0.04	0.03	0.05	0.03	0.04	0.02
Lake	0.05	0.02	0.03	0.01	0.00	0.00	0.01	0.00	0.03	0.02
Lassen	0.48	0.08	0.57	0.08	1.31	0.11	0.56	0.10	0.22	0.03
Los Angeles	49.53	41.68	42.26	40.16	34.23	31.84	33.07	30.76	30.55	24.64
Madera	3.97	2.70	4.43	3.16	3.97	4.05	4.40	4.19	4.57	3.78
Marin	0.34	0.19	0.23	0.24	0.13	0.12	0.13	0.19	0.11	0.12
Mariposa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table 11 Cont'd. Percentage of Claims and Expenditures by Provider County: CCS Only

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Mendocino	0.23	0.10	0.19	0.13	0.16	0.11	0.19	0.16	0.25	0.29
Merced	0.52	0.27	0.41	0.24	0.19	0.15	0.15	0.13	0.18	0.12
Modoc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00
Mono	0.09	0.02	0.23	0.04	0.37	0.13	0.25	0.05	0.26	0.03
Monterey	0.96	0.82	0.94	0.78	0.89	0.61	0.75	0.47	0.71	0.42
Napa	0.02	0.03	0.25	0.08	0.09	1.28	0.09	1.13	0.05	0.15
Nevada	0.12	0.03	0.17	0.04	0.15	0.09	0.21	0.12	0.09	0.03
Orange	1.94	2.04	3.63	3.10	9.33	6.95	11.81	9.34	11.69	7.11
Placer	0.37	0.20	0.50	0.17	0.29	0.16	0.09	0.07	0.08	0.04
Plumas	0.01	0.00	0.03	0.00	0.01	0.00	0.00	0.00	0.00	0.00
Riverside	0.91	2.54	0.94	1.24	1.40	1.20	1.36	1.49	3.44	4.05
Sacramento	6.07	4.56	5.89	5.98	6.11	4.99	5.72	4.19	6.02	4.87
San Benito	0.03	0.01	0.04	0.03	0.05	0.01	0.06	0.01	0.10	0.02
San Bernardino	5.92	10.43	5.14	7.39	6.17	9.80	7.54	11.12	8.15	13.82
San Diego	6.68	6.75	7.21	7.57	5.54	7.11	5.26	8.99	6.32	7.91
San Francisco	2.81	5.40	3.64	5.26	3.28	3.94	3.30	4.33	3.27	5.31
San Joaquin	0.29	0.20	0.63	0.45	0.51	0.42	0.46	0.41	0.59	0.53
San Luis Obispo	0.64	0.27	0.42	0.29	0.38	0.28	0.41	0.32	0.40	0.26
San Mateo	0.25	2.49	0.50	1.47	0.41	1.98	0.32	0.86	0.47	0.33
Santa Barbara	1.10	1.05	1.18	1.19	1.86	1.68	1.63	1.54	1.41	1.17
Santa Clara	5.36	6.18	6.61	6.04	7.57	6.94	7.12	6.04	6.65	7.27
Santa Cruz	0.70	0.61	0.82	0.96	0.66	0.70	0.83	0.76	0.60	0.56

Table 11 Cont'd. Percentage of Claims and Expenditures by Provider County: CCS Only

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Shasta	0.25	0.32	0.35	0.44	0.56	0.54	0.46	0.42	0.37	0.29
Sierra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Siskiyou	0.10	0.04	0.15	0.07	0.05	0.02	0.09	0.07	0.03	0.01
Solano	0.07	0.11	0.16	0.17	0.03	0.04	0.03	0.05	0.04	0.03
Sonoma	0.07	0.13	0.32	0.34	0.91	0.90	0.81	0.82	0.93	0.77
Stanislaus	0.53	0.78	0.63	0.58	0.41	0.57	0.42	0.72	0.59	0.42
Sutter	0.21	0.24	0.23	0.24	0.22	0.18	0.34	0.14	0.35	0.11
Tehama	0.01	0.00	0.00	0.00	0.02	0.01	0.03	0.01	0.04	0.04
Trinity	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01
Tulare	1.01	0.60	0.99	0.45	1.08	0.59	0.79	0.53	0.42	0.30
Tuolumne	0.08	0.02	0.06	0.03	0.03	0.02	0.03	0.01	0.10	0.05
Ventura	0.73	1.62	1.40	3.09	1.62	2.93	1.29	1.37	1.13	1.58
Yolo	0.10	0.10	0.18	0.23	0.23	0.24	0.14	0.08	0.04	0.03
Yuba	0.04	0.04	0.08	0.03	0.15	0.10	0.12	0.05	0.07	0.05
Unknown	0.36	0.82	0.59	0.79	0.33	0.89	0.27	0.41	0.39	1.45

Table 12. Percentage of Claims and Expenditures by Provider County: Medi-Cal

County	2000 - 01		2001 -02		2002 - 03		2003 - 04		2004 - 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Alameda	4.68	4.72	3.88	4.90	3.62	4.70	3.60	5.27	3.85	4.91
Alpine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amador	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00
Butte	0.43	0.17	0.25	0.13	0.29	0.14	0.27	0.10	0.29	0.10
Calaveras	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00
Colusa	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contra Costa	0.20	0.31	0.55	0.39	0.47	0.26	0.37	0.37	0.91	0.28
Del Norte	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
El Dorado	0.03	0.01	0.02	0.01	0.03	0.01	0.04	0.02	0.05	0.03
Fresno	2.15	1.45	2.05	1.48	2.29	1.74	2.26	1.41	1.83	1.33
Glenn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Humboldt	0.13	0.11	0.11	0.08	0.11	0.10	0.08	0.06	0.21	0.08
Imperial	0.06	0.02	0.03	0.01	0.05	0.01	0.06	0.02	0.05	0.01
Inyo	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01	0.00	0.00
Kern	1.06	1.25	1.11	1.42	1.23	1.43	1.28	1.46	1.32	1.80
Kings	0.04	0.01	0.04	0.01	0.03	0.01	0.02	0.01	0.01	0.01
Lake	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01	0.00
Lassen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00
Los Angeles	40.52	40.27	41.18	40.19	40.06	39.42	38.46	37.61	35.74	37.39
Madera	3.88	6.61	5.12	6.47	5.69	6.43	5.93	7.11	5.53	7.14
Marin	0.03	0.00	0.04	0.01	0.03	0.01	0.07	0.01	0.05	0.01
Mariposa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table 12 Cont'd. Percentage of Claims and Expenditures by Provider County: Medi-Cal

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Mendocino	0.04	0.02	0.05	0.02	0.08	0.03	0.11	0.03	0.08	0.02
Merced	0.16	0.04	0.09	0.03	0.11	0.03	0.12	0.03	0.11	0.03
Modoc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mono	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Monterey	0.39	0.32	0.42	0.39	0.44	0.34	0.51	0.30	0.57	0.30
Napa	0.02	0.30	0.00	0.15	0.01	0.37	0.01	0.55	0.01	0.24
Nevada	0.08	0.00	0.02	0.00	0.03	0.00	0.03	0.00	0.04	0.01
Orange	10.39	7.13	9.06	7.18	9.54	7.42	10.71	8.66	10.81	7.94
Placer	0.08	0.05	0.05	0.04	0.06	0.05	0.07	0.04	0.06	0.04
Plumas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Riverside	1.37	1.38	1.28	1.40	1.63	1.46	1.28	1.55	1.77	2.48
Sacramento	7.47	5.77	6.51	5.76	5.82	4.87	6.07	5.11	5.71	5.00
San Benito	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
San Bernardino	9.16	9.22	9.41	9.25	8.58	10.17	9.58	9.83	9.05	9.66
San Diego	7.11	7.65	7.47	7.54	7.25	7.66	6.76	6.79	9.21	7.61
San Francisco	2.50	4.03	3.03	3.81	3.31	3.67	2.90	3.62	3.10	3.81
San Joaquin	0.86	0.65	0.67	0.74	0.68	0.72	0.70	0.72	0.82	0.88
San Luis Obispo	0.27	0.18	0.24	0.18	0.14	0.13	0.16	0.12	0.17	0.15
San Mateo	0.19	0.55	0.25	0.45	0.24	0.40	0.09	0.39	0.07	0.16
Santa Barbara	0.11	0.16	0.11	0.19	0.11	0.19	0.12	0.34	0.14	0.27
Santa Clara	3.18	4.65	4.07	4.47	4.75	4.66	4.95	5.01	4.80	4.82
Santa Cruz	0.40	0.30	0.45	0.31	0.46	0.35	0.50	0.34	0.43	0.30

Table 12 Cont'd. Percentage of Claims and Expenditures by Provider County: Medi-Cal

	2000 – 01		2001 -02		2002 – 03		2003 – 04		2004 – 05	
	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures	% of Claims	% of Expenditures
Shasta	0.20	0.17	0.17	0.26	0.18	0.22	0.18	0.29	0.20	0.28
Sierra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Siskiyou	0.01	0.01	0.02	0.00	0.02	0.01	0.01	0.00	0.01	0.00
Solano	0.11	0.06	0.12	0.07	0.01	0.01	0.01	0.01	0.01	0.01
Sonoma	0.34	0.30	0.39	0.38	0.36	0.34	0.34	0.32	0.44	0.44
Stanislaus	0.87	0.48	0.64	0.64	0.76	0.73	0.90	0.83	0.89	0.83
Sutter	0.03	0.01	0.02	0.01	0.02	0.01	0.02	0.01	0.01	0.01
Tehama	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00
Trinity	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tulare	0.38	0.15	0.35	0.11	0.43	0.23	0.50	0.29	0.54	0.33
Tuolumne	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.01	0.01
Ventura	0.79	0.85	0.48	1.12	0.89	1.09	0.76	1.00	0.84	0.85
Yolo	0.07	0.01	0.02	0.01	0.01	0.00	0.01	0.00	0.01	0.00
Yuba	0.03	0.01	0.02	0.02	0.01	0.01	0.01	0.00	0.01	0.00
Unknown	0.08	0.58	0.08	0.36	0.11	0.51	0.12	0.30	0.18	0.42

Table 13. Percent of Total Recipient County Claims and Expenditures Paid in FY 2002-2003 for Services Provided in Previous Fiscal Years - *Healthy Families* Only[1,2]

	Total Services Provided Prior to FY2002-03 Percent in this County		Services Provided in FY 99-00		Services Provided in FY 00-01		Services Provided in FY 01-02	
County	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Alameda	64.1	44.6	1.4	0.0	22.2	3.0	40.5	41.6
Amador	84.1	71.8	1.9	0.0	38.2	42.2	44.0	29.5
Butte	74.1	43.1	19.5	0.2	17.6	3.7	37.0	39.3
Calaveras	69.4	46.5	17.8	11.7	20.8	21.1	30.8	13.7
Colusa	78.3	82.1	8.3	0.2	49.9	61.6	20.0	20.3
Contra Costa	63.5	14.7	13.6	0.1	14.9	0.9	35.0	13.7
Del Norte	44.6	48.9	0.6	0.0	6.1	0.9	37.9	47.9
El Dorado	62.8	21.1	4.9	0.0	19.7	1.2	38.2	19.8
Fresno	61.0	29.5	3.5	0.1	19.4	6.4	38.1	23.0
Glenn	67.8	28.6	22.0	1.4	13.2	2.6	32.7	24.6
Humboldt	47.3	11.3	9.0	0.1	20.6	3.3	17.7	7.9
Imperial	72.7	36.8	15.2	1.5	20.0	3.4	37.5	31.9
Inyo	62.3	43.8	1.7	0.1	2.5	2.0	58.1	41.6
Kern	48.4	52.0	0.0	0.0	0.0	0.0	48.4	52.0
Kings	70.0	67.6	3.8	0.3	13.7	3.1	52.5	64.2
Lake	71.7	63.4	5.4	0.1	26.1	4.7	40.2	58.5
Lassen	88.1	78.5	16.5	0.2	45.9	14.6	25.7	63.8
Los Angeles	63.2	39.1	3.9	0.6	20.1	7.9	39.2	30.6
Madera	63.6	16.3	6.5	0.4	26.9	2.7	30.1	13.1
Marin	63.7	31.2	6.9	0.3	29.7	8.6	27.1	22.3

Table 13 Cont'd. Percent of Total Recipient County Claims and Expenditures Paid in FY 2002-2003 for Services Provided in Previous Fiscal Years - *Healthy Families* Only[1,2]

	Total Services Provided Prior to FY2002-03		Services Provided in FY 99-00		Services Provided in FY 00-01		Services Provided in FY 01-02	
	Percent in this County							
	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
Mariposa	91.8	90.8	7.9	0.7	56.0	78.2	27.9	12.0
Mendocino	61.5	25.5	4.2	0.2	37.8	12.1	19.5	13.2
Merced	71.1	63.1	5.1	0.1	25.9	8.2	40.1	54.8
Modoc	77.4	59.3	6.0	0.2	25.6	23.2	45.9	36.0
Mono	65.3	54.1	4.9	0.2	13.5	3.3	47.0	50.7
Monterey	64.2	30.7	8.0	0.2	22.9	2.4	33.3	28.0
Napa	45.9	73.4	0.7	0.0	8.5	1.8	36.8	71.6
Nevada	68.5	59.2	8.4	0.1	10.0	1.3	50.0	57.8
Orange	46.6	26.8	0.0	0.0	0.0	0.0	46.5	26.8
Placer	58.5	-9.9	4.1	0.1	8.0	-66.0	46.3	56.0
Plumas	86.3	47.8	14.7	1.1	41.2	26.2	30.4	20.6
Riverside	62.8	29.2	3.2	0.1	18.5	3.2	41.1	25.9
Sacramento	45.0	16.9	0.0	0.0	6.1	1.0	38.9	15.9
San Benito	53.3	11.8	3.1	0.1	24.8	4.0	25.4	7.7
San Bernardino	57.1	33.3	2.8	-0.4	12.4	1.1	41.9	32.6
San Diego	63.8	42.0	5.0	0.2	20.7	12.0	38.1	29.9
San Francisco	69.5	38.0	0.4	0.1	23.9	3.6	45.2	34.3
San Joaquin	65.4	42.6	0.0	0.0	20.1	11.3	45.3	31.3
San Luis Obispo	69.7	38.0	4.5	0.8	17.8	4.2	47.4	33.0

Table 13 Cont'd. Percent of Total Recipient County Claims and Expenditures Paid in FY 2002-2003 for Services Provided in Previous Fiscal Years - *Healthy Families* Only[1,2]

	Total Services Provided Prior to FY2002-03		Services Provided in FY 99-00		Services Provided in FY 00-01		Services Provided in FY 01-02	
	Percent in this County							
	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures	Claims	Expenditures
San Mateo	94.0	98.9	0.0	0.0	9.0	3.6	85.1	95.3
Santa Barbara	76.7	73.5	3.1	0.1	29.7	8.1	43.9	65.3
Santa Clara	67.4	32.1	4.0	0.4	20.4	1.6	43.0	30.1
Santa Cruz	69.6	20.7	14.0	0.3	17.8	5.7	37.8	14.7
Shasta	66.9	33.6	2.8	0.4	26.0	13.2	38.1	20.0
Siskiyou	93.8	88.0	0.0	0.0	0.0	0.0	93.8	88.0
Solano	65.7	41.9	0.7	0.0	27.6	3.1	37.4	38.8
Sonoma	61.8	41.5	0.4	0.0	28.3	0.7	33.1	40.8
Stanislaus	41.0	33.2	0.0	0.0	0.9	0.1	40.1	33.0
Sutter	56.0	20.4	2.2	0.1	20.3	2.8	33.5	17.6
Tehama	60.3	34.7	9.6	7.8	16.2	3.8	34.5	23.1
Trinity	77.0	80.4	5.5	0.4	42.8	7.2	28.7	72.7
Tulare	52.2	12.4	14.7	0.4	14.4	2.2	23.1	9.8
Tuolumne	73.5	38.2	6.3	0.3	24.2	4.5	43.0	33.4
Unknown	70.2	17.6	13.6	4.8	21.8	3.4	34.8	9.3
Ventura	66.0	37.1	13.1	0.6	13.8	1.8	39.1	34.7
Yolo	56.2	40.6	2.9	1.1	15.6	4.3	37.8	35.2
Yuba	59.6	28.4	14.6	1.9	10.4	5.4	34.6	21.2

[1]A total of 546,448 claims were paid in FY 2002-2003 for *Healthy Families* CCS beneficiaries; of those, 335,706 were for services provided in previous fiscal years.

[2]A total of $53,341458.18 was paid in FY 2002-2003 for *Healthy Families* CCS beneficiaries; of that amount, $19,266,734.10 was paid for services provided in previous fiscal years.

Table 14. Specific Primary Diagnoses: Cost for Primary Diagnosis Claims as a Percentage of Aggregate Total Costs, by Payment Group and Fiscal Year

		Healthy Families	CCS Only	Medi-Cal
Specific Diagnosis	**Fiscal Year**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**
Hearing Loss (ICD-9 389)	00 - 01	33.7	49.5	9.8
	01 -02	17.8	36.6	11.3
	02 - 03	16.9	53.9	11.4
	03 - 04	38.1	56.3	10.7
	04 - 05	24.4	55.5	9.8
Congenital Heart Disease (ICD-9 745 - 747.7)	00 - 01	55.0	45.9	31.2
	01 -02	42.6	53.2	27.3
	02 - 03	40.4	94.5	26.6
	03 - 04	36.4	50.2	26.1
	04 - 05	49.3	57.9	27.8
Cardiac Conditions (ICD-9 391 - 429.9)	00 - 01	14.9	23.1	8.0
	01 -02	15.2	7.3	7.8
	02 - 03	14.9	13.3	7.1
	03 - 04	21.9	18.2	7.2
	04 - 05	18.2	15.1	6.8
Diabetes (ICD-9 250)	00 - 01	39.2	27.5	31.9
	01 -02	38.3	37.0	29.1
	02 - 03	29.6	34.4	27.6
	03 - 04	30.6	36.1	26.1
	04 - 05	35.1	26.1	26.1
Cleft Lip/Palate (ICD-9 749)	00 - 01	47.2	46.1	20.1
	01 -02	21.2	55.4	24.2
	02 - 03	61.4	57.5	25.9
	03 - 04	57.5	62.6	27.6
	04 - 05	53.6	43.6	25.0
Acute Lymphoid Leukemia (ICD-9 204)	00 - 01	40.6	23.8	30.2
	01 -02	8.8	42.4	33.0
	02 - 03	30.7	29.2	30.0
	03 - 04	25.9	39.0	25.5
	04 - 05	29.3	34.6	27.2
Brain Tumors (ICD-9 239.6 & 191)	00 - 01	40.2	30.1	28.3
	01 -02	33.6	36.0	24.1
	02 - 03	32.4	24.7	24.2
	03 - 04	24.4	41.6	28.6
	04 - 05	41.8	40.1	27.0

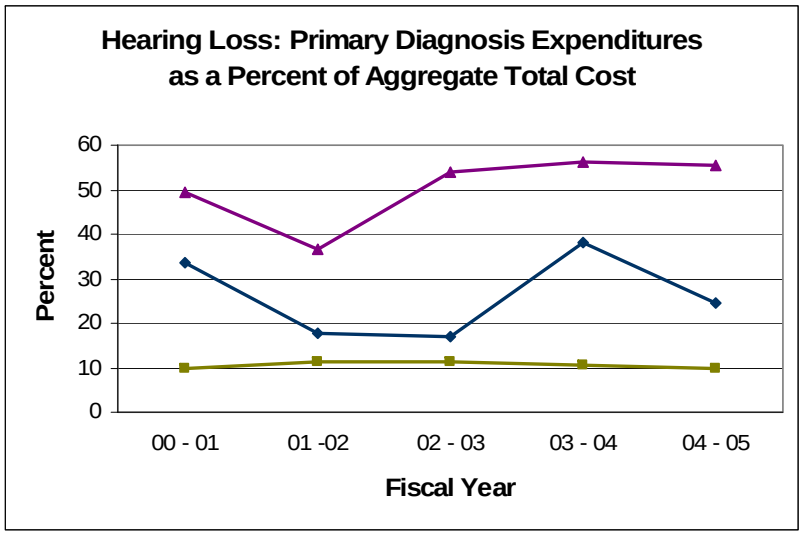
Table 14 Cont'd. Specific Primary Diagnoses: Cost for Primary Diagnosis Claims as a Percentage of Aggregate Total Costs, by Payment Group and Fiscal Year

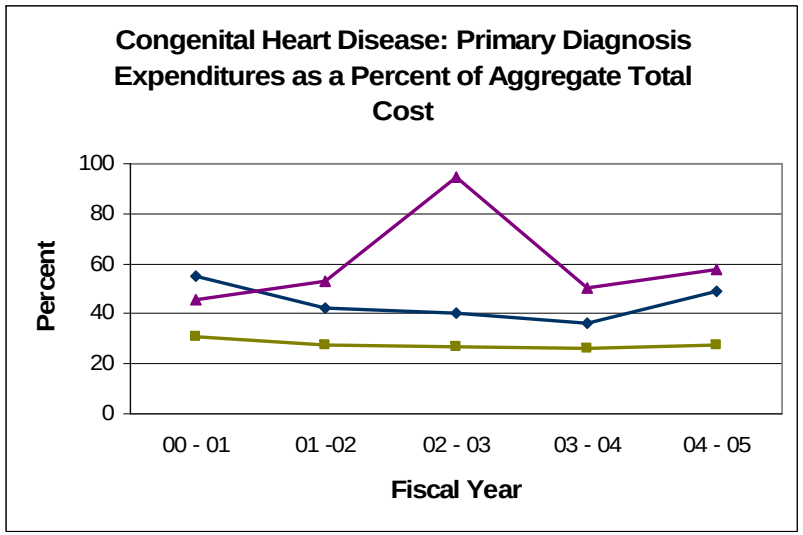
		Healthy Families	CCS Only	Medi-Cal
Specific Diagnosis	**Fiscal Year**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**
Neuroblastoma (ICD-9 194.0)	00 - 01	40.3	15.6	13.2
	01 -02	14.5	4.2	18.9
	02 - 03	16.0	4.8	18.8
	03 - 04	35.3	23.2	17.0
	04 - 05	13.7	70.1	20.1
Hodgkins Disease (ICD-9 201.90)	00 - 01	2.7	8.5	11.7
	01 -02	14.0	13.0	18.3
	02 - 03	23.6	44.9	19.8
	03 - 04	31.2	22.1	27.2
	04 - 05	11.5	43.5	18.5
Hemophilia (ICD-9 286)	00 - 01	86.4	92.1	83.6
	01 -02	89.3	92.2	85.5
	02 - 03	90.2	94.4	82.2
	03 - 04	80.6	89.1	83.22
	04 - 05	87.4	97.4	75.5
Growth Hormone Deficiency (ICD-9 253.3)	00 - 01	0.6	2.3	1.5
	01 -02	1.1	1.3	1.1
	02 - 03	33.4	32.9	23.6
	03 - 04	71.9	27.2	29.0
	04 - 05	66.5	57.6	31.0
Cerebral Palsy (IDC-9 353)	00 - 01	13.0	1.7	7.6
	01 -02	0.9	23.2	6.9
	02 - 03	61.9	7.7	5.7
	03 - 04	13.7	43.2	6.7
	04 - 05	43.7	51.7	7.3
Bone Marrow Transplant	00 - 01	1.0	0.2	1.6
	01 -02	0.1	3.1	1.2
	02 - 03	0.1	0.2	2.9
	03 - 04	0.2	0.6	2.7
	04 - 05	0.4	1.1	2.2
Heart Transplant	00 - 01	3.3	-	13.2
	01 -02	23.4	-	13.4
	02 - 03	1.5	-	18.4
	03 - 04	2.5	38.2	13.9
	04 - 05	5.3	17.1	15.2

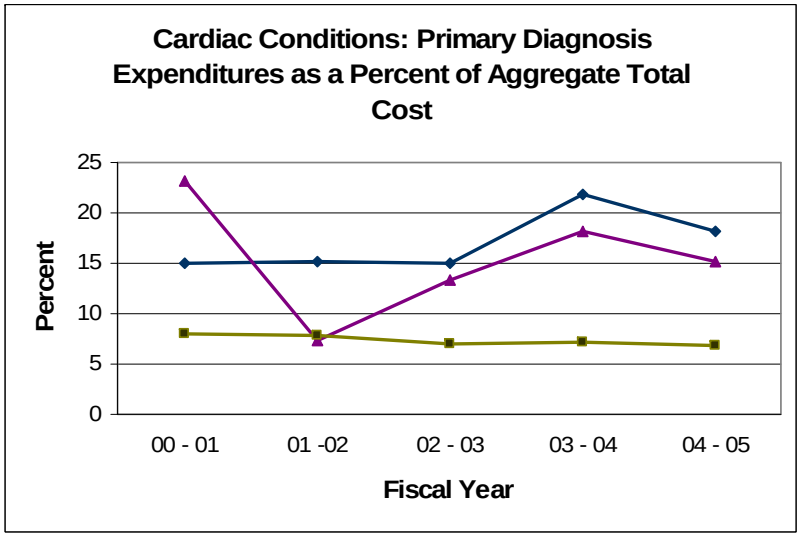
Table 14 Cont'd. Specific Primary Diagnoses: Cost for Primary Diagnosis Claims as a Percentage of Aggregate Total Costs, by Payment Group and Fiscal Year

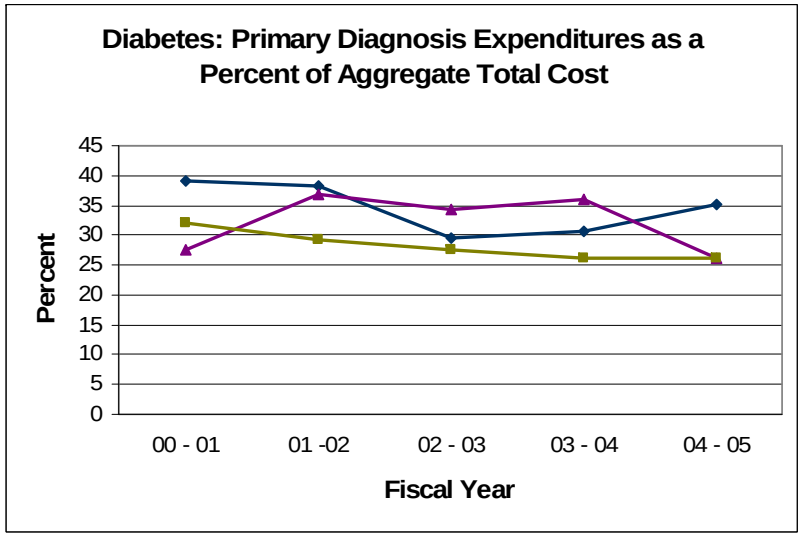
		Healthy Families	CCS Only	Medi-Cal
Specific Diagnosis	**Fiscal Year**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**	**Primary Diagnosis Expenditure as a Percent of Aggregate Total Cost**
Lung Transplant	00 - 01	-	-	-
	01 -02	-	-	-
	02 - 03	-	-	-
	03 - 04	-	-	-
	04 - 05	2.7	1.2	-
Heart-Lung Transplant	00 - 01	-	-	1.6
	01 -02	-	-	-
	02 - 03	-	-	-
	03 - 04	-	-	15.9
	04 - 05	-	0.0	-
Liver Transplant	00 - 01	-	49.4	15.5
	01 -02	-	-	17.8
	02 - 03	19.2	55.6	18.2
	03 - 04	21.2	6.6	14.5
	04 - 05	5.4	28.6	22.7
Kidney Transplant	00 - 01	-	8.7	3.6
	01 -02	4.4	16.2	3.2
	02 - 03	12.5	4.0	2.8
	03 - 04	1.9	3.7	4.3
	04 - 05	7.2	2.4	2.2

Figure 6. Expenditures as a Percent of Aggregate Total Cost, by Specific Diagnosis, Payment Group, and Fiscal Year









Healthy Families CCS Only Medi-Cal

Figure 6 Cont'd. Expenditures as a Percent of Aggregate Total Cost, by Specific Diagnosis, Payment Group, and Fiscal Year

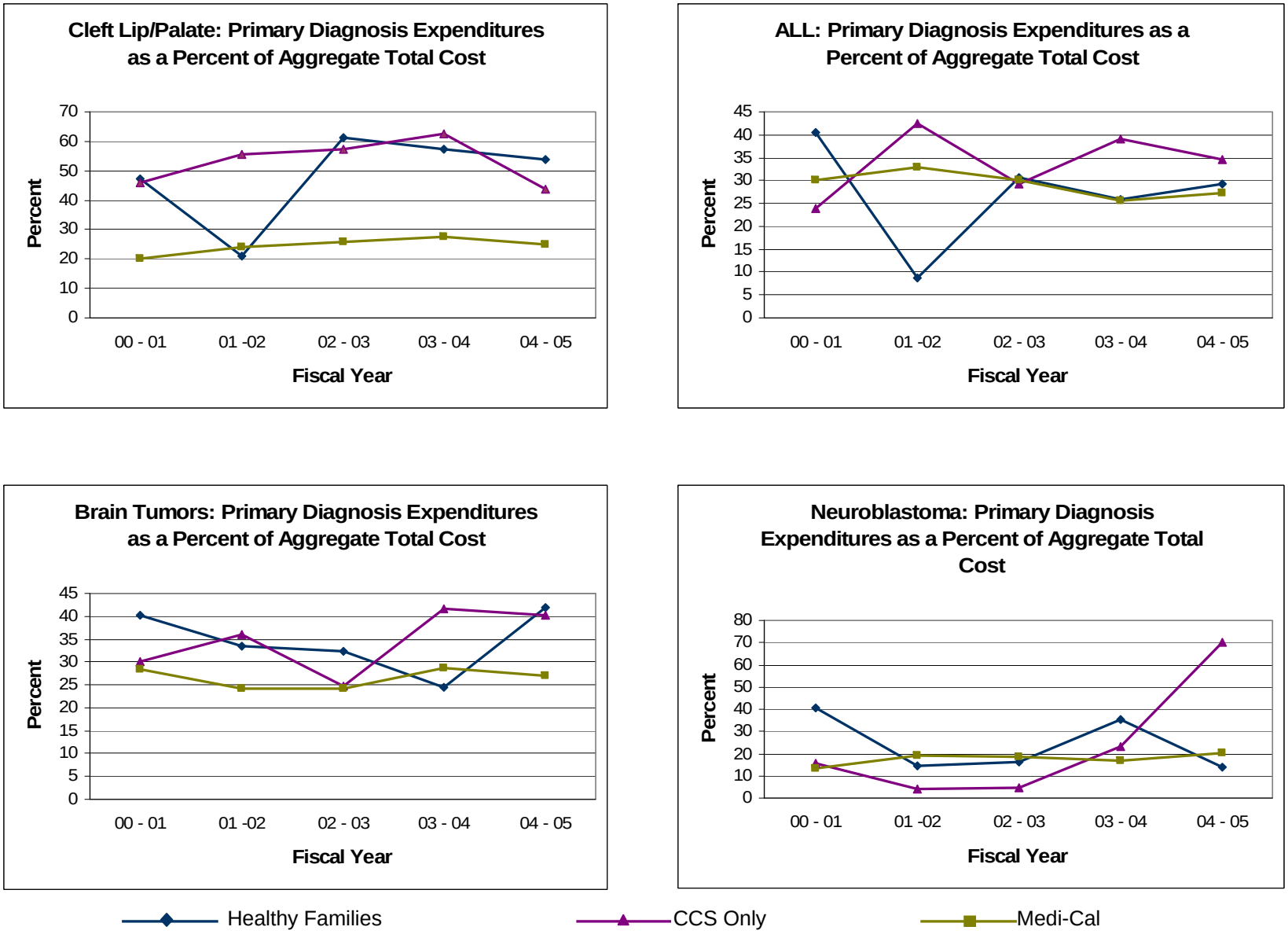
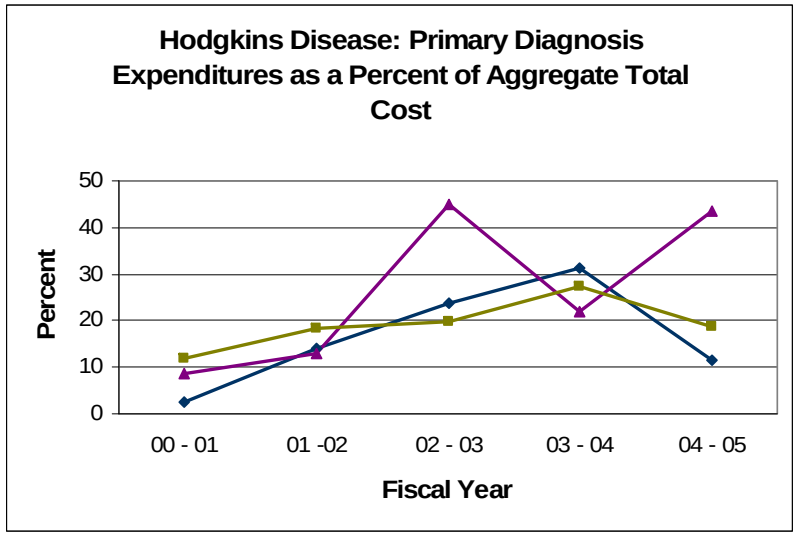
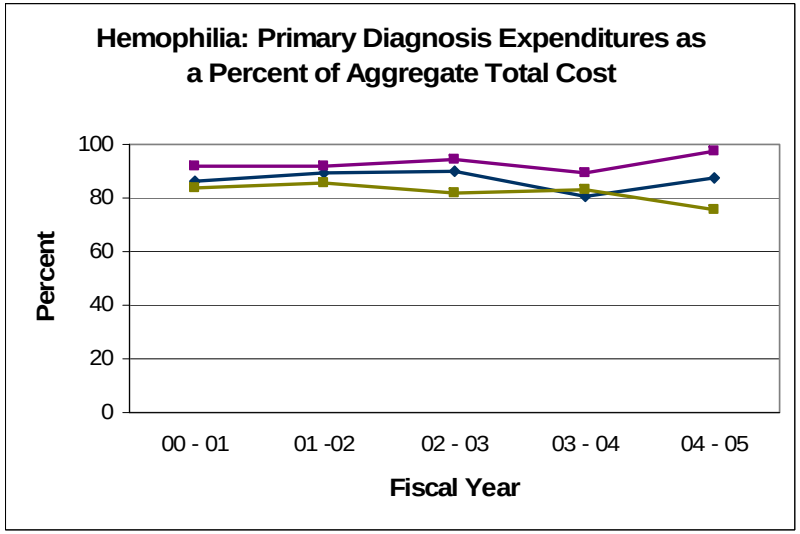
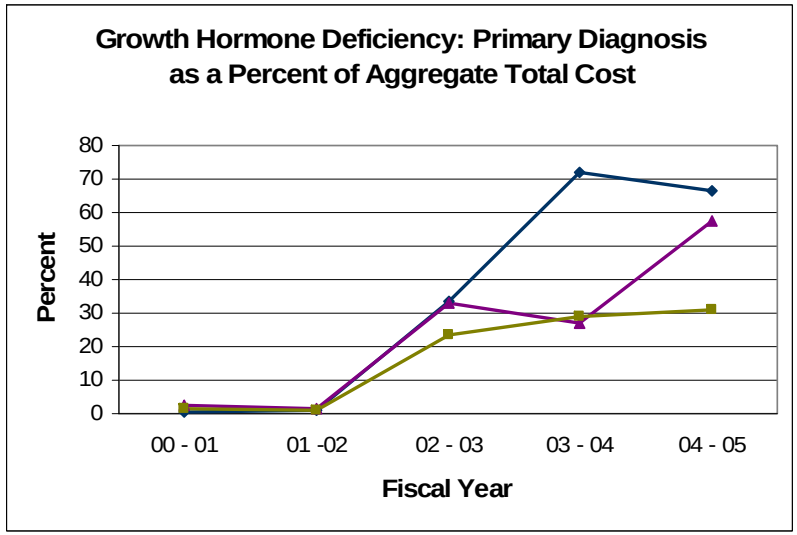
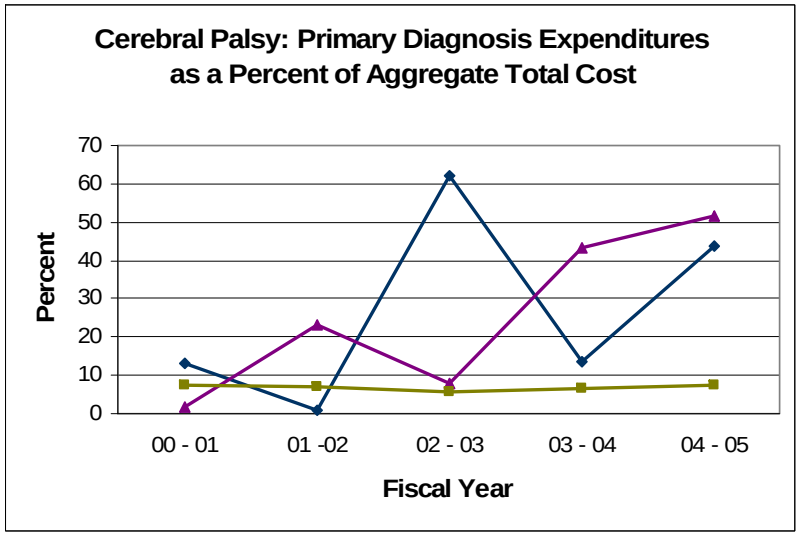


Figure 6 Cont'd. Expenditures as a Percent of Aggregate Total Cost, by Specific Diagnosis, Payment Group, and Fiscal Year









Healthy Families CCS Only Medi-Cal

Table 15. Average Diagnosis Specific Cost per Individual and Average Total Cost per Individual for Selected Diagnoses, by Payment Group and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$))
Hearing Loss	00 - 01	481	1,428	475	960	459	4,746
(ICD-9 389)	01 -02	482	2,706	516	1,409	581	5,158
	02 - 03	450	2,667	560	1,038	563	4,961
	03 - 04	468	1,230	499	886	587	5,507
	04 - 05	443	1,818	446	804	620	6,329
Congenital	00 - 01	2,788	5,068	1,182	2,575	3,938	12,636
Heart Disease	01 -02	2,320	5,448	1,918	3,602	4,133	15,153
(ICD-9 745 -	02 - 03	1,861	4,613	1,715	1,814	3,976	14,936
747.7)	03 - 04	2,670	7,331	1,407	2,802	4,768	18,295
	04 - 05	3,052	6,192	1,417	2,447	5,447	19,599
Cardiac	00 - 01	2,136	14,316	1,354	5,855	2,042	25,373
Conditions	01 -02	2,415	15,890	617	8,424	2,302	29,646
(ICD-9 391 -	02 - 03	1,791	11,984	771	5,797	2,114	29,962
429.9)	03 - 04	4,311	19,705	1,315	7,233	2,342	32,542
	04 - 05	3,135	17,186	1,178	7,777	2,429	35,770
Diabetes	00 - 01	734	1,875	385	1,401	1,916	6,002
(ICD-9 250)	01 -02	932	2,436	524	1,419	2,109	7,241
	02 - 03	1,074	3,624	525	1,526	1,888	6,838
	03 - 04	1,220	3,984	442	1,226	2,202	8,430
	04 - 05	1,127	3,208	460	1,761	2,052	7,854

Table 15 Cont'd. Average Diagnosis Specific Cost per Individual and Average Total Cost per Individual for Selected Diagnoses, by Payment Group and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$))
Cleft Lip/Palate	00 - 01	581	1,231	415	901	836	4,166
(ICD-9 749)	01 -02	859	4,058	452	817	1,013	4,180
	02 - 03	1,075	1,751	440	765	1,203	4,643
	03 - 04	1,119	1,946	549	877	1,277	4,622
	04 - 05	1,250	2,330	645	1,478	1,353	5,414
Acute	00 - 01	6,923	17,045	1,287	5,405	9,662	32,001
Lymphoid	01 -02	1,358	15,507	3,235	7,629	10,554	31,995
Leukemia	02 - 03	6,186	20,136	1,834	6,287	10,245	34,187
(ICD-9 204)	03 - 04	10,574	40,820	1,756	4,501	8,773	34,386
	04 - 05	6,814	23,234	1,824	5,272	9,116	33,530
Brain Tumors	00 - 01	3,619	8,998	1,457	4,834	8,434	29,828
(ICD-9 239.6	01 -02	5,897	17,574	2,793	7,768	7,381	30,621
& 191)	02 - 03	4,779	14,753	1,570	6,348	7,707	31,846
	03 - 04	9,769	40,005	2,631	6,331	9,987	34,905
	04 - 05	11,933	28,564	3,678	9,172	9,050	33,501
Neuroblastoma	00 - 01	7,152	17,743	653	4,177	4,522	34,226
	01 -02	6,613	45,725	658	15,632	7,124	37,598
	02 - 03	2,147	13,442	550	11,542	6,028	32,056
	03 - 04	10,506	29,743	326	1,407	7,607	44,715
	04 - 05	5,279	38,443	2,279	3,252	8,688	43,219

Table 15 Cont'd. Average Diagnosis Specific Cost per Individual and Average Total Cost per Individual for Selected Diagnoses, by Payment Group and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$))
Hodgkins	00 - 01	108	4,038	279	3,269	2,471	21,045
Disease	01 -02	2,383	16,977	905	6,950	3,621	19,774
(IDC-9 201.90)	02 - 03	4,262	18,058	951	2,118	4,927	24,935
	03 - 04	5,394	17,297	865	3,921	5,798	21,323
	04 - 05	3,620	31,494	1,312	3,018	6,476	34,941
Hemophilia	00 - 01	21,652	25,053	15,507	16,828	59,404	71,079
(ICD-9 286)	01 -02	27,216	30,480	21,580	23,413	77,209	90,272
	02 - 03	28,082	31,129	21,814	23,119	74,569	90,737
	03 - 04	60,878	75,491	17,808	19,986	83,160	99,932
	04 - 05	38,809	44,426	16,720	17,172	57,379	75,972
Growth	00 - 01	53	9,409	164	7,142	228	15,208
Hormone	01 -02	131	12,448	161	12,048	220	19,258
Deficiency	02 - 03	4,095	12,276	3,025	9,201	4,562	19,335
(ICD-9 253.3)	03 - 04	12,270	17,061	3,645	13,399	6,395	22,027
	04 - 05	5,898	8,870	4,135	7,182	6,800	21,913
Cerebral Palsy	00 - 01	166	1,276	133	7,786	512	6,697
(ICD-9 353)	01 -02	288	30,631	736	3,200	802	11,572
	02 - 03	1,292	2,086	1,469	4,644	837	8,721
	03 - 04	478	3,485	680	1,573	705	10,485
	04 - 05	1,474	3,377	745	1,442	729	9,935

Table 15 Cont'd. Average Diagnosis Specific Cost per Individual and Average Total Cost per Individual for Selected Diagnoses, by Payment Group, and Fiscal Year

Major Diagnostic Classification	Fiscal Year	*Healthy Families*		CCS Only		Medi-Cal	
		Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$)	Average Cost per Individual for Selected Diagnosis (in $$)	Average Aggregate Cost per Individual with Specific Diagnosis (in $$))
Heart	00 - 01	2,206	66,917	0	333	17,148	130,205
Transplant	01 -02	26,111	111,611	-	-	15,551	115,698
	02 - 03	6,472	441,018	-	-	21,629	117,735
	03 - 04	10,095	412,280	-	-	18,476	133,048
	04 - 05	10,095	189,131	17,868	104,701	23,118	152,278
Lung	00 - 01	-	-	-	-	-	-
Transplant	01 -02	-	-	-	-	-	-
	02 - 03	-	-	-	-	-	-
	03 - 04	-	-	15,822	238,200	-	-
	04 - 05	4,728	176,687	788	68,682	-	-
Heart-Lung	00 - 01	-	-	-	-	3,949	243,550
Transplant	01 -02	-	-	-	-	-	-
	02 - 03	-	-	-	-	-	-
	03 - 04	-	-	-	-	33,653	212,378
	04 - 05	-	-	-	-	-	-
Liver	00 - 01	-	-	10,500	21,254	25,075	161,619
Transplant	01 -02	-	-	-	-	28,520	160,527
	02 - 03	24,631	128,013	20,711	37,242	27,671	152,270
	03 - 04	15,822	74,562	2,179	58,627	21,179	146,330

Figure 7. Average Cost per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year

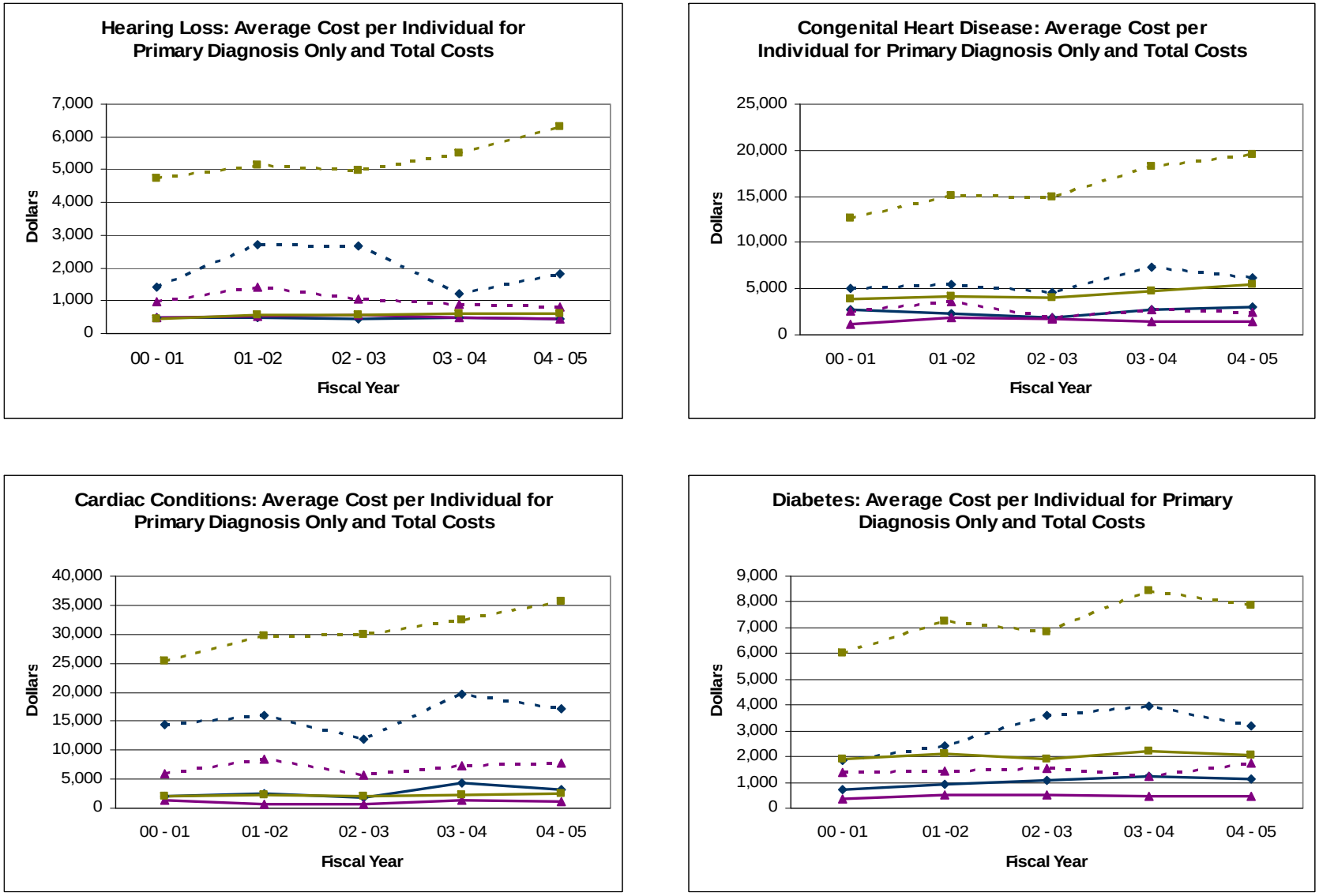


Figure 7 Cont'd. Average Cost per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year

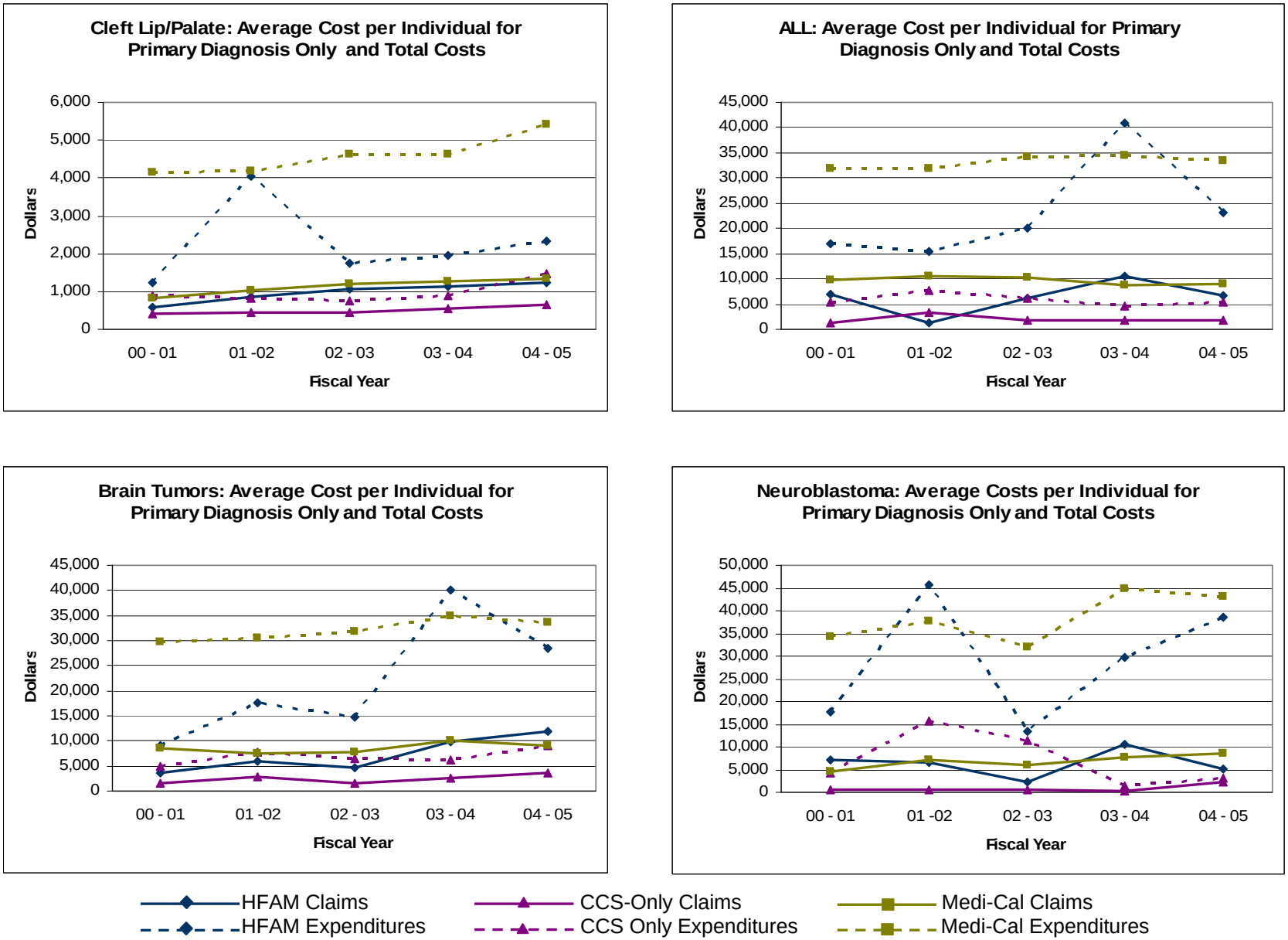
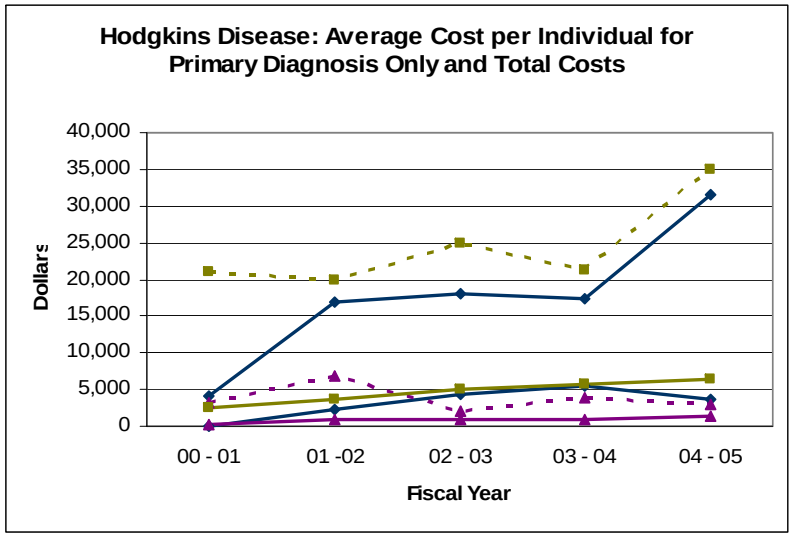
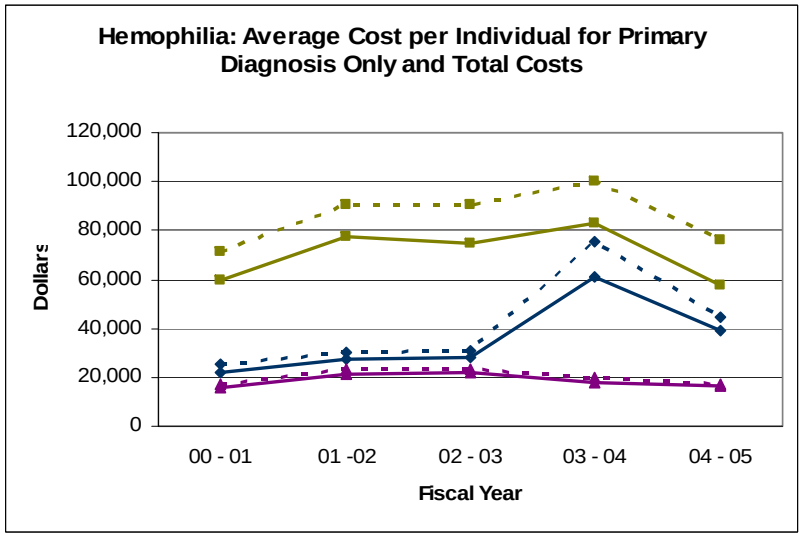
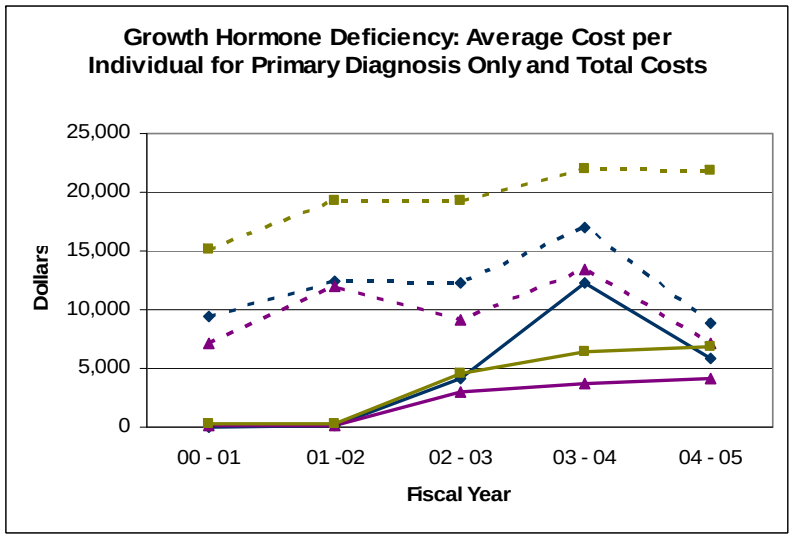
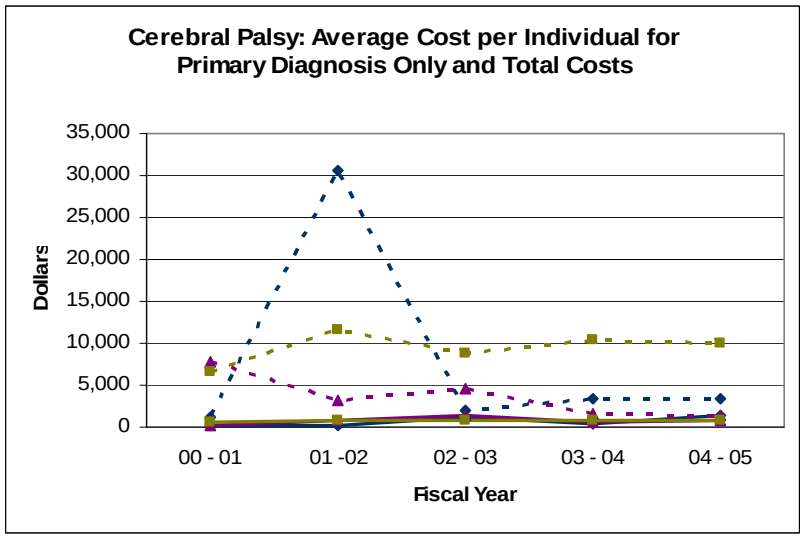


Figure 7 Cont'd. Average Cost per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year









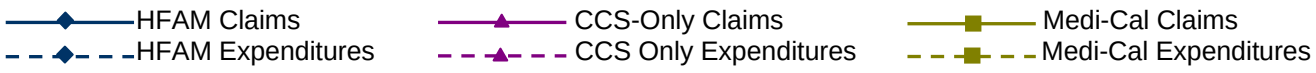


Table 16. Specific Primary Diagnoses: Average Number of Claims per Individual, by Payment Group and Fiscal Year

Specific Diagnosis	Fiscal Year	*Healthy Families* Average # of Claims per Individual for Primary Dx Claims	CCS Only Average # of Claims per Individual for Primary Dx Claims	Medi-Cal Average # of Claims per Individual for Primary Dx Claims
Hearing Loss (ICD-9 389)	00 - 01	4.0	3.8	4.2
	01 -02	4.2	3.8	4.8
	02 - 03	5.7	4.0	5.2
	03 - 04	4.5	4.1	4.6
	04 - 05	4.9	4.4	4.5
Congenital Heart Disease (ICD-9 745 - 747.7)	00 - 01	9.8	7.5	17.6
	01 -02	9.3	7.0	17.8
	02 - 03	21.7	8.0	17.2
	03 - 04	9.7	6.7	16.2
	04 - 05	10.4	7.5	17.0
Cardiac Conditions (ICD-9 391 - 429.9)	00 - 01	7.6	6.2	10.8
	01 -02	9.3	5.4	11.0
	02 - 03	17.2	6.0	10.8
	03 - 04	11.8	5.7	10.0
	04 - 05	10.4	6.9	10.3
Diabetes (ICD-9 250)	00 - 01	9.5	7.5	14.8
	01 -02	12.2	8.2	18.7
	02 - 03	25.1	7.1	20.8
	03 - 04	14.6	6.7	19.0
	04 - 05	13.8	7.2	17.7
Cleft Lip/Palate (ICD-9 749)	00 - 01	7.1	6.0	8.4
	01 -02	8.3	4.9	11.7
	02 - 03	13.5	4.8	14.4
	03 - 04	8.9	5.1	11.1
	04 - 05	9.9	6.7	11.5
Acute Lymphoid Leukemia (ICD-9 204)	00 - 01	57.0	21.1	108.9
	01 -02	40.7	28.3	120.9
	02 - 03	97.1	20.8	128.0
	03 - 04	54.6	20.4	91.1
	04 - 05	51.7	22.6	91.7
Brain Tumors (ICD-9 239.6 & 191)	00 - 01	27.3	12.8	51.5
	01 -02	19.6	19.6	54.6
	02 - 03	46.1	18.8	57.8
	03 - 04	29.8	11.9	52.5
	04 - 05	35.8	10.3	47.0

Table 16 Cont'd. Specific Primary Diagnoses: Average Number of Claims per Individual, by Payment Group and Fiscal Year

Specific Diagnosis	Fiscal Year	*Healthy Families* Average # of Claims per Individual for Primary Dx Claims	CCS Only Average # of Claims per Individual for Primary Dx Claims	Medi-Cal Average # of Claims per Individual for Primary Dx Claims
Neuroblastoma (ICD-9 194.0)	00 - 01	36.3	13.2	56.1
	01 -02	83.3	13.0	88.8
	02 - 03	81.9	12.1	92.4
	03 - 04	43.1	8.7	82.5
	04 - 05	47.6	7.8	80.8
Hodgkins Disease (ICD-9 201.90)	00 - 01	5.6	8.7	46.9
	01 -02	36.5	11.8	57.1
	02 - 03	70.3	9.8	61.6
	03 - 04	48.6	16.6	54.7
	04 - 05	50.2	13.0	52.1
Hemophilia (ICD-9 286)	00 - 01	11.9	6.9	21.5
	01 -02	15.4	10.1	24.8
	02 - 03	31.7	7.5	23.9
	03 - 04	21.3	7.5	20.3
	04 - 05	17.7	7.3	19.8
Growth Hormone Deficiency (ICD-9 253.3)	00 - 01	1.8	3.4	5.3
	01 -02	4.7	4.4	6.3
	02 - 03	7.8	4.1	9.1
	03 - 04	10.1	4.8	9.2
	04 - 05	7.6	5.4	9.8
Cerebral Palsy (IDC-9 353)	00 - 01	3.6	0.0	11.6
	01 -02	2.5	7.2	12.7
	02 - 03	6.3	4.4	8.4
	03 - 04	4.0	3.5	8.2
	04 - 05	4.5	9.5	9.9
Bone Marrow Transplant	00 - 01	1.0	1.2	1.9
	01 -02	1.0	2.3	1.5
	02 - 03	1.5	1.3	1.7
	03 - 04	1.0	1.3	1.7
	04 - 05	1.8	1.0	1.6
Heart Transplant	00 - 01	1.0	2.0	1.7
	01 -02	1.5	-	1.7
	02 - 03	1.0	-	1.6
	03 - 04	1.7	2.0	2.0
	04 - 05	0.7	2.0	1.6

Table 16 Cont'd. Specific Primary Diagnoses: Average Number of Claims per Individual, by Payment Group and Fiscal Year

		Healthy Families	CCS Only	Medi-Cal
Specific Diagnosis	**Fiscal Year**	**Average # of Claims per Individual for Primary Dx Claims**	**Average # of Claims per Individual for Primary Dx Claims**	**Average # of Claims per Individual for Primary Dx Claims**
Lung Transplant	00 - 01	-	-	-
	01 -02	-	-	-
	02 - 03	-	-	-
	03 - 04	-	-	-
	04 - 05	4.0	1.0	-
Heart-Lung Transplant	00 - 01	-	-	2.5
	01 -02	-	-	-
	02 - 03	-	-	-
	03 - 04	-	-	1.0
	04 - 05	-	-	-
Liver Transplant	00 - 01			
	01 -02	-	1.0	1.6
	02 - 03	-	-	2.1
	03 - 04	2.7	1.0	1.9
	04 - 05	1.0	1.0	1.6
Kidney Transplant	00 - 01	2.0	1.0	1.7
	01 -02	-	1.0	1.2
	02 - 03	2.0	1.3	1.4
	03 - 04	2.0	1.3	1.2
	04 - 05	2.3	1.6	1.4

Figure 8. Average Number of Claims per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year

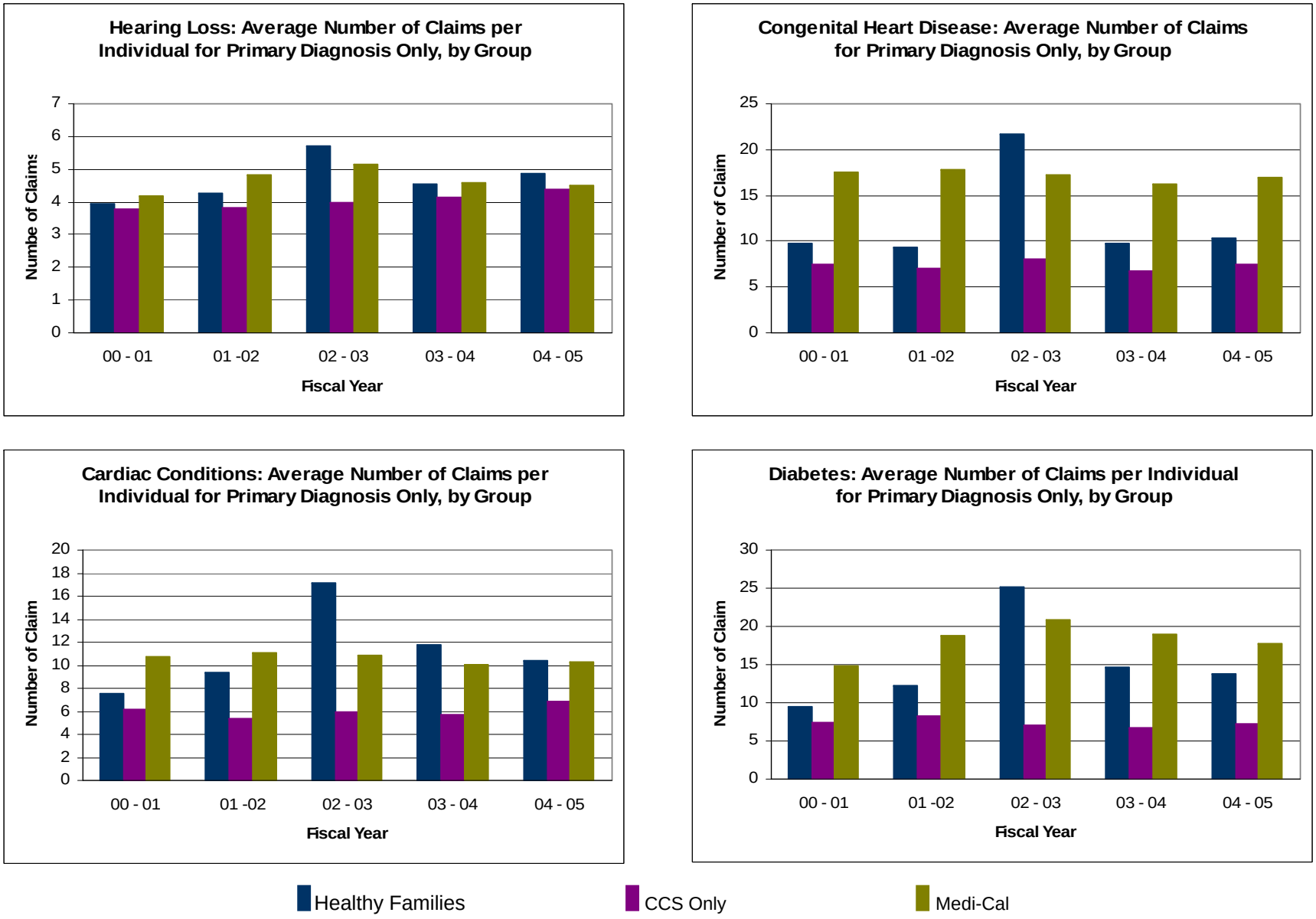
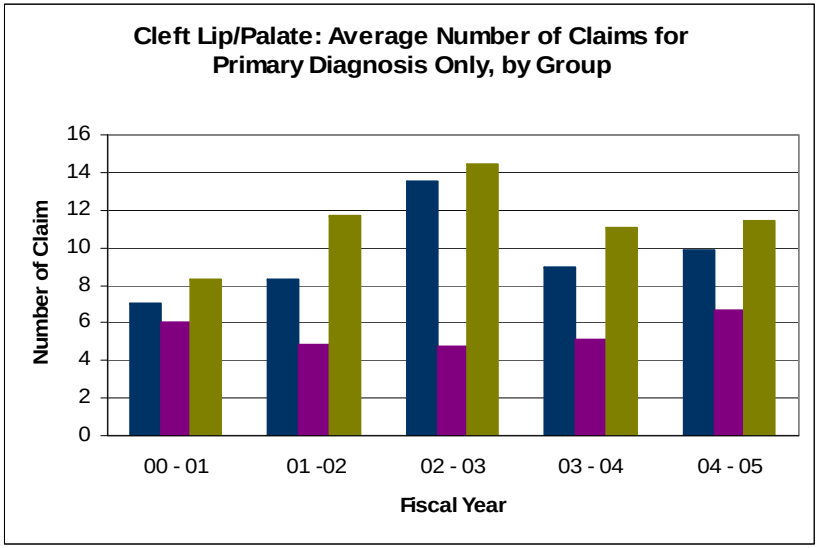
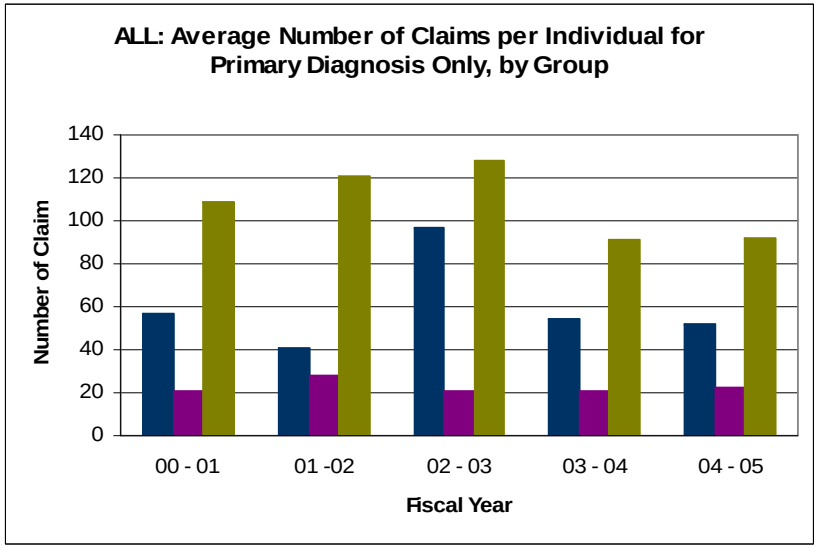
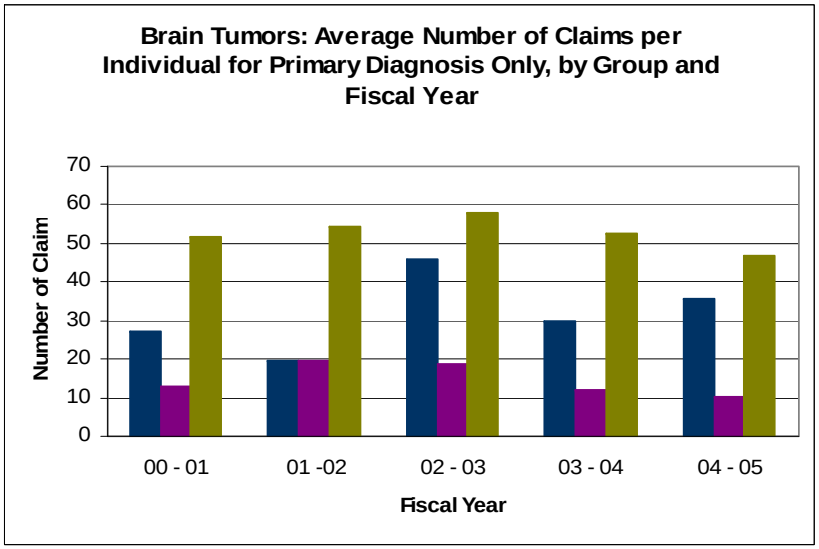


Figure 8 Cont'd. Average Number of Claims per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year







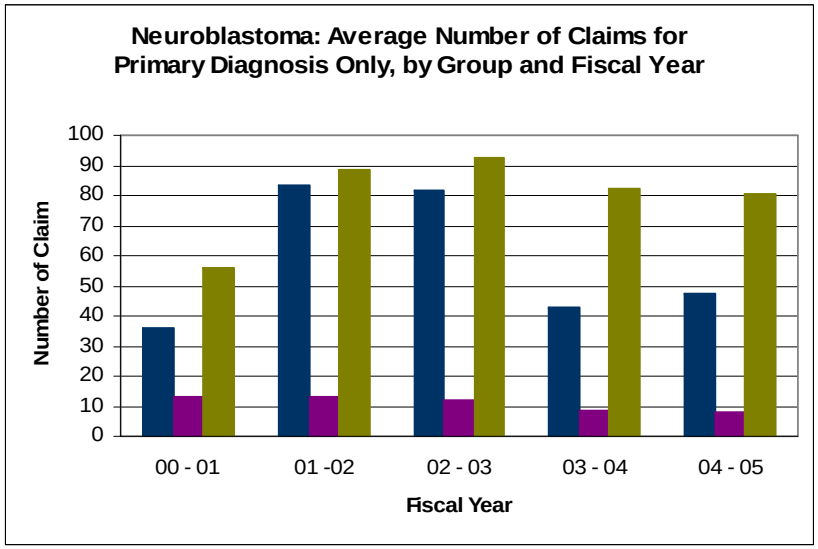


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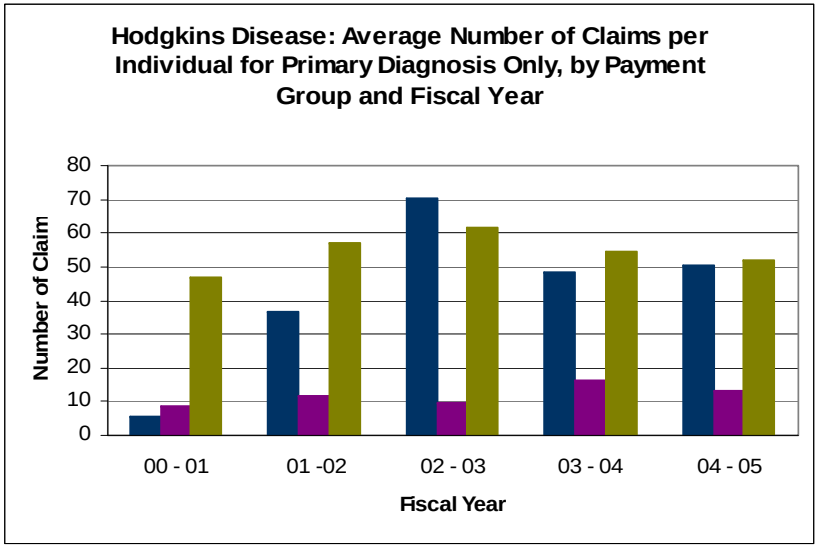
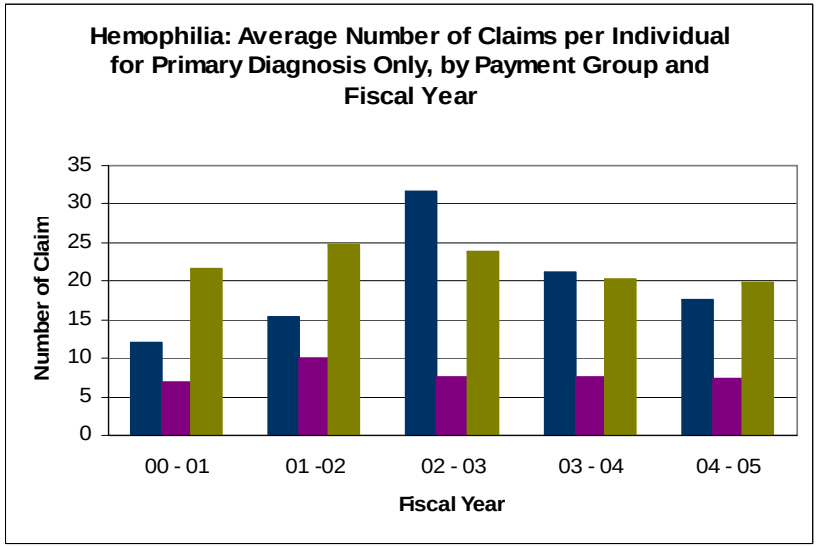
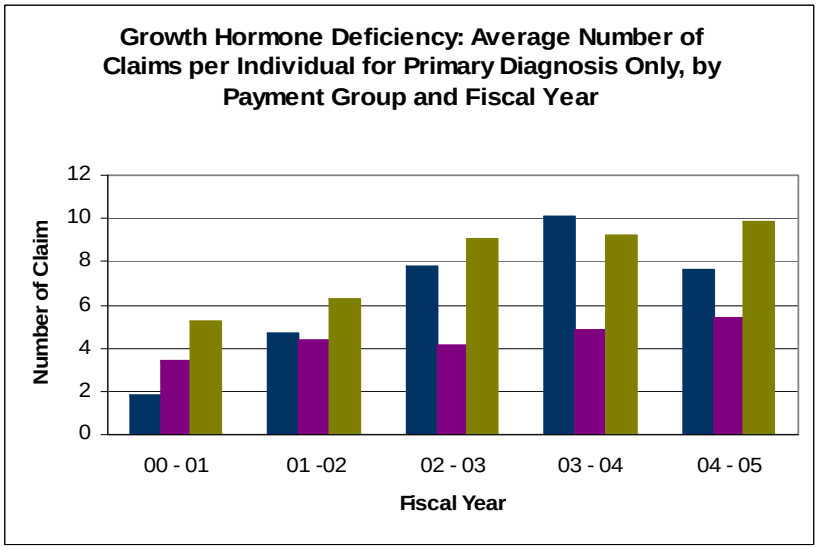
Figure 8 Cont'd. Average Number of Claims per Individual, by Specific Diagnosis, Payment Group, and Fiscal Year







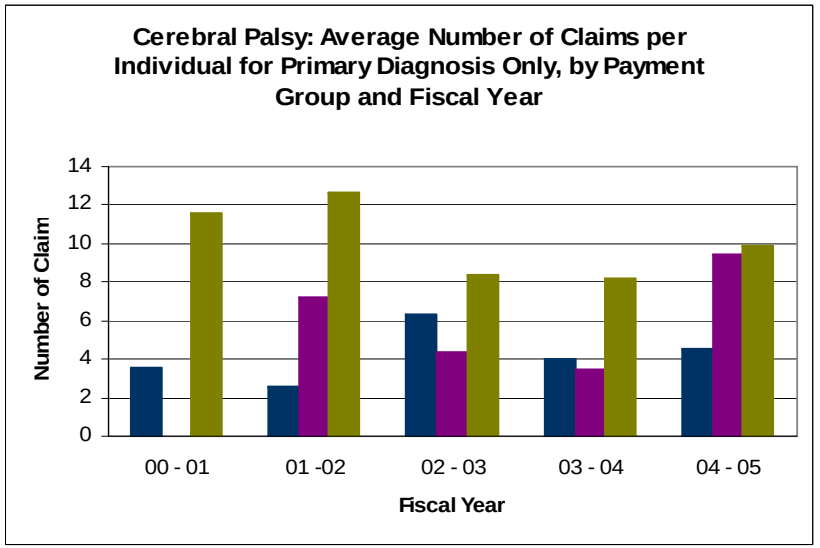


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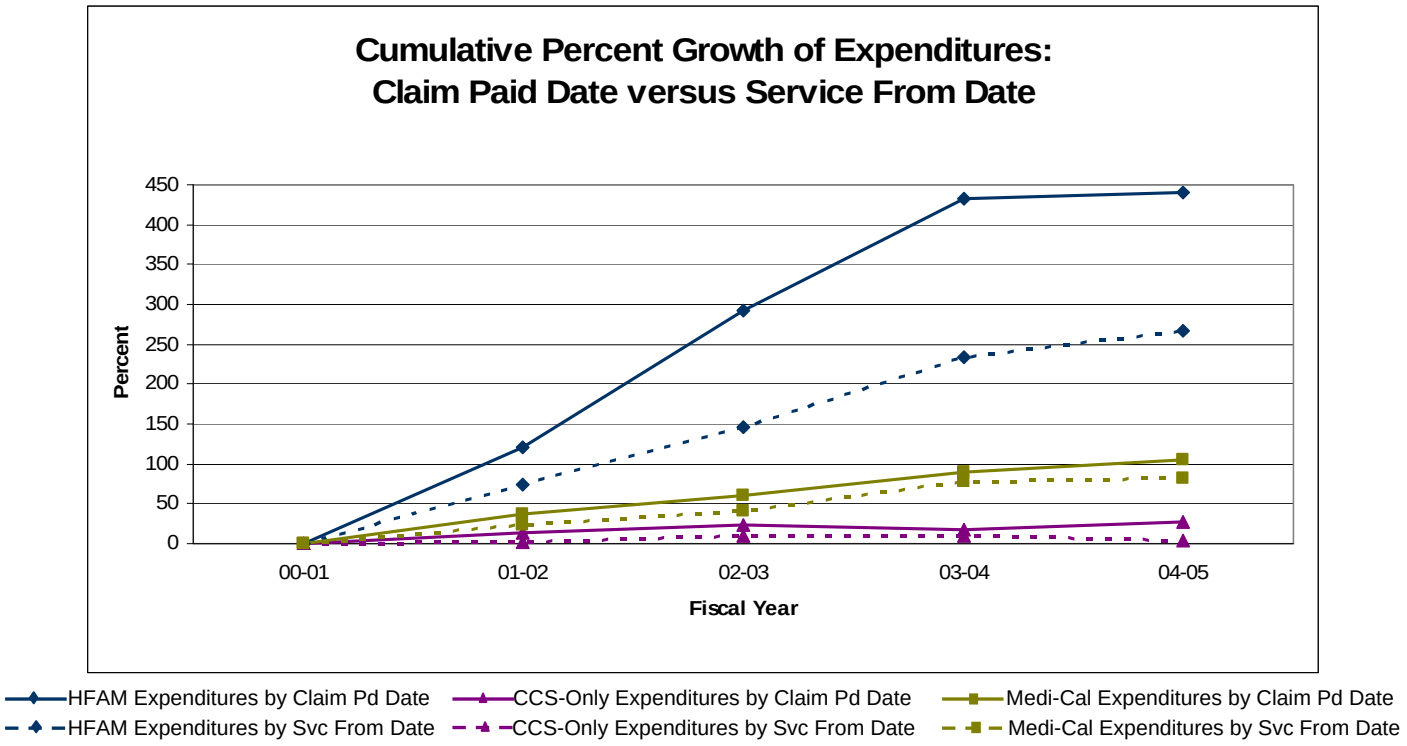
Figure 9. Changes in Claims and Expenditures Based on Different Period Definitions: Year Claim Paid vs. Year Service Provided



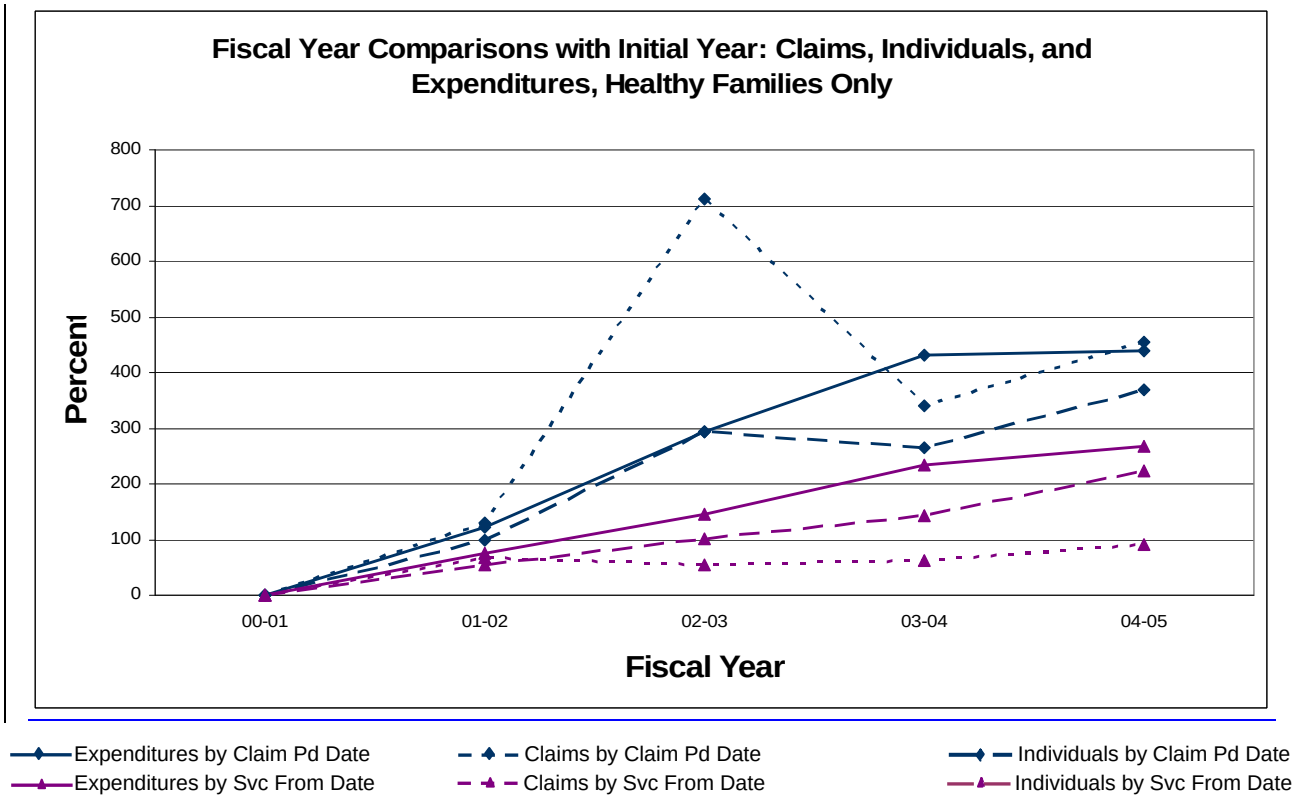


Figure 10. Lag in Claims Payment

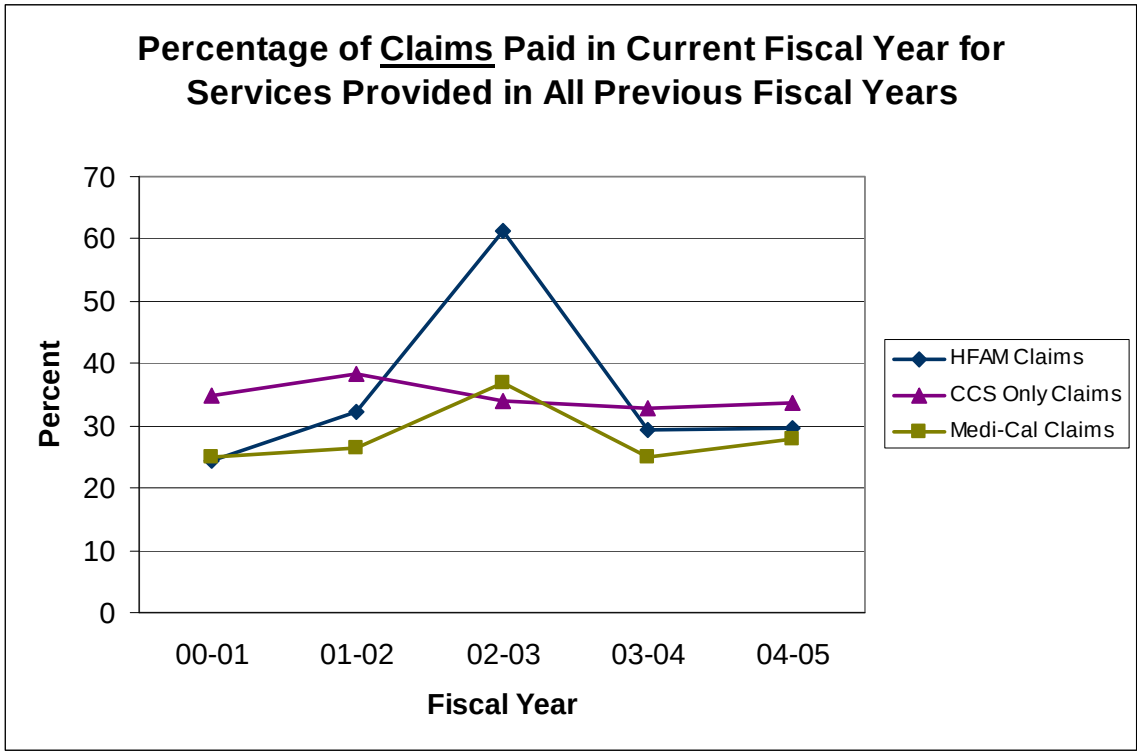


Figure 11. Changes in Expenditures and Individuals Based on Different Period Definitions: Year Claim Paid vs. Year Service Provided