



**California's Fee-for-Service Medi-Cal Program
Health Care Access Monitoring Report**

December 2019

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Executive Summary

In November 2015, the Centers for Medicare & Medicaid Services (CMS) issued rules requiring each state to develop and submit a monitoring plan and analysis of access to covered Medicaid services within the state's Fee-for-Service (FFS) delivery system. These rules prescribed a standard process for each state to follow, including specific health care measures and provider/service payment reviews that must be performed every three years.

In September 2016, the California Department of Health Care Services (DHCS) submitted California's initial FFS Medi-Cal Program Health Care Access Monitoring Plan and analysis to CMS in accordance with the new rules. DHCS' submission covered three study periods: State Fiscal Years (SFYs) 2012-13, 2013-14, and 2014-15.

Consistent with the CMS three-year reporting interval, this report represents DHCS' continued evaluation and analysis of access to care in Medi-Cal's FFS delivery system, which covers two study periods: SFYs 2015-16 and 2016-17. Like DHCS' initial submission in 2016, DHCS analyzed Medi-Cal's FFS delivery system across seven domains:

- 1.) *Beneficiary Participation;*
- 2.) *Provider Participation;*
- 3.) *Realized Access (Service Utilization);*
- 4.) *Birth Outcomes;*
- 5.) *Beneficiary Feedback;*
- 6.) *Dental Services; and*
- 7.) *Provider Reimbursement Rates.*

Highlights

Medi-Cal continues to transition beneficiaries from its traditional FFS delivery system to managed care. Those enrolled in full-scope aid codes participating in the FFS delivery system represented only 2.5% of Medi-Cal's overall population in SFY 2016-17.

Two aid code groups, the Undocumented and Dual Eligibles, represented roughly 73% of all individuals in the study population in SFY 2016-17.

Changes in utilization were primarily driven by alterations in the population mix due to the movement of beneficiaries from the FFS delivery system to managed care.

The aggregate number of providers participating in the FFS delivery system showed little change between the two study periods. Population-to-provider ratios denoted improvement, which was the result of a declining FFS population.

Births financed through Medi-Cal's FFS delivery system met the Healthy People 2020 objectives for early prenatal care initiation, low-birthweight, and preterm births.

The percentage of individuals ages 20 and younger receiving at least one dental service throughout the year increased from 44.3% to 45.9% between the two study periods. Similarly, the percentage of individuals ages 20 and younger receiving at least one preventive dental service increased from 39.5% to 41.6%.

The evaluation domains presented in this report provide a broad picture of health care access in Medi-Cal's FFS delivery system, while taking into account the limitations of readily available data sources, the time required for reporting, and the unique administrative characteristics of the FFS Medi-Cal population.

Medi-Cal's FFS delivery system serves a vital, but evolving role. The population participating in Medi-Cal's traditional FFS delivery system has been materially transformed over the past 10 years. Medi-Cal has reengineered its delivery system, moving away from the FFS system and towards more accountable managed care delivery systems. Today, Medi-Cal managed care health plans operate in all 58 California counties, enrolling the majority of each county's Medi-Cal population. As a result of this shift in delivery systems, Medi-Cal's traditional FFS delivery system now serves a more specialized role and includes a unique population of Medi-Cal certified eligibles. Consequently, Medi-Cal's evaluation of access to care within the FFS delivery system must consider the unique benefit structure, dual eligibility status, and episodic FFS participation for these individuals.

The Medi-Cal access to care analysis covering SFYs 2015-16 and 2016-17 found that seven out of 10 individuals participating in the FFS delivery system are classified as either undocumented immigrants, or dually eligible for both Medi-Cal and Medicare. These individuals differ from the majority of Medi-Cal beneficiaries in that undocumented immigrants are entitled to emergency and pregnancy-related services only, while Medicare directs most of the health care services received by the dually eligible population.

Changes in utilization from year to year were mostly the result of the ever-changing case mix, as individuals transitioned from the FFS delivery system to managed care. These changes in utilization were not unexpected, and were found to be consistent with the policy shift to managed care and the inevitable case mix changes resulting from that transition.

During the two study periods evaluated, Medi-Cal-financed dental care for individuals ages 20 and younger displayed improvement, with the percentage of these individuals receiving any dental service and preventive dental service rising. The number of Medi-Cal-participating FFS providers also displayed improved access, with the population-to-provider ratios improving across all provider types.

As the FFS delivery system continues to finance a significant number of births, which is the result of an undocumented population that primarily participates in the FFS delivery system only, a special focus was directed at birth outcomes. In this access to care report, DHCS evaluated birth outcomes for calendar years (CYs) 2014, 2015, and 2016. DHCS found that FFS-financed births met the Healthy People 2020 national objectives for early prenatal care initiation, low-birthweight, and preterm births.

California's Fee-for-Service Medi-Cal Program Health Care Access Monitoring Report for SFY 2015-16/SFY 2016-17 did not identify any systemic barriers in access to care. The measures evaluated indicated either improving performance, or metrics that indicated FFS outcomes met nationally recognized objectives, such as birth outcomes. Trends identified were all within expectations and primarily driven by policy changes within the Medi-Cal program that disrupted the long-standing case mix of individuals that make up the FFS population.

Introduction

California's Medicaid program, known as Medi-Cal, is a public health insurance program that provides health care coverage to millions of low-income individuals including families with children, seniors, individuals with disabilities, foster care children, pregnant women, and certain low-income individuals with specific diseases such as tuberculosis, breast and cervical cancer, or HIV/AIDS.

In November 2015, the Centers for Medicare & Medicaid Services (CMS) finalized the access to care regulations that address states' methods for assuring access to covered Medicaid services in fee-for-service (FFS) delivery systems.¹ These regulations detailed a standard process for each state to follow in order to document compliance with Section 1902(a)(30)(A)ⁱ of the Social Security Act. The process includes the design and development of an access monitoring plan that facilitates analysis of specific health care measures and provider/service payment reviews, performed both on a recurring basis and under certain circumstances required by federal Medicaid regulation.²

The California Department of Health Care Services (DHCS) is responsible for overseeing access to health care services among beneficiaries participating in Medi-Cal's FFS delivery system. In response to the new access to care reporting requirements, DHCS submitted California's FFS Medi-Cal Program Health Care Access Monitoring Plan³ to CMS in September 2016. The 2016 report covered a reporting period spanning State Fiscal Years (SFYs) 2012-13, 2013-14, and 2014-15. This report serves as an update to DHCS's September 2016 submission. The study periods for this report are SFYs 2015-16 and 2016-17.

Based on DHCS' framework for measuring and monitoring access in Medi-Cal's FFS delivery system and pursuant to 42 Code of Federal Regulations (CFR) Part 447,⁴ this report presents analysis for the following seven evaluation domains:

- 1.) **Beneficiary Participation.** Within this domain, DHCS describes the size and characteristics of the underlying study population. It provides population metrics for each of the two state fiscal years measured, and discusses any changes in both the size and composition of the population that occurred during the two-year study period.

ⁱ In what has become known as the "equal access clause," section 1902(a)(30)(A) of the Social Security Act requires states to have in place methods and procedures to assure that "payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area." Retrieved from https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

- 2.) **Provider Participation.** This domain provides information on the number of providers who provided or rendered services to Medi-Cal beneficiaries as measured from paid claims data.
- 3.) **Realized Access (Service Utilization).** Realized access refers to the actual use of services by members of the study population. This domain focuses on service utilization for seven categories of service, as measured by units of service per 1,000 member months, and along various dimensions including sex, age group, race/ethnicity, eligibility pathway, and geographic region. The seven service categories are: Primary Care, Physician Specialist, Behavioral Health, Pre- and Post-Natal Obstetric, Home Health, Pharmacy, and Private Duty Nursing. Services are evaluated on the basis of provider type, rather than by the identification of specific services, for all categories except Private Duty Nursing.
- 4.) **Births Outcomes.** This domain provides detailed information on Medi-Cal-funded births occurring in calendar years (CYs) 2014, 2015, and 2016. It includes statistics on the number of overall California resident births funded by Medi-Cal and through Medi-Cal's FFS delivery system; demographic characteristics of Medi-Cal mothers; early prenatal care initiation; and birth outcomes such as preterm births and low-birthweight infants.
- 5.) **Beneficiary Feedback.** This domain focuses on beneficiary experiences in Medi-Cal's FFS delivery system based on data collected from the Medi-Cal Managed Care Operations Division's Office of the Ombudsman call center.
- 6.) **Dental Services.** This domain reports the percentage of certified eligible Medi-Cal beneficiaries with at least 3 months of continuous enrollment who received a preventive dental service, as well as the percentage who received any dental service occurring in either an office or clinic setting. In addition, it evaluates the number of dental service locations, including evaluations of safety-net clinics and rendering providers by geographic region. Finally, Medi-Cal reimbursement rates for the 25 most-utilized Medi-Cal dental procedures are compared to the reimbursement rates of four other state Medicaid programs.
- 7.) **Provider Reimbursement Rates.** In this domain, FFS Medi-Cal reimbursement rates were compared to Medicare reimbursement rates. The aggregate average FFS Medi-Cal reimbursement rates as a percentage of Medicare reimbursement rates were calculated for the following services: Primary Care, Physician Specialist, Behavioral Health, Pre- and Post-Natal Obstetric, and Home Health.

The evaluation domains presented in this report provide a broad picture of health care access in Medi-Cal's FFS delivery system, while taking into account the limitations of readily available data sources, the time required for reporting, and the unique administrative characteristics of the FFS Medi-Cal population. The analysis presented in these evaluation domains will be used to consider trends and identify any potential access to care deficiencies in FFS Medi-Cal.

Background

Access Monitoring and Documentation Requirements

DHCS developed a monitoring plan⁵ in response to CMS' new requirements for states' documentation of access to care and service payment rates. In November 2015, CMS released its final rule with a comment period along with a related request for information (RFI) on access to care under FFS Medicaid.

CFR Part 447.203⁶ outlines what states must do to document and report their approach to monitoring access to care in their FFS delivery system. These new requirements necessitate the design and development of an access monitoring plan. In addition, the Final Rule requires states to establish procedures to review the effects of proposed rate reductions and payment restructuring on beneficiary access.

Elements of the Access Monitoring Plan

CMS requires that the access monitoring plan address and consider the following elements:

- Needs of the enrollees,
- Availability of providers,
- Changes in beneficiary utilization of covered services,
- Characteristics of the Medi-Cal beneficiary population, and
- Service payment information.

CMS requires that the following providers and services types be periodically analyzed pursuant to its access monitoring plan at least once every three years:

- Primary Care providers/services,
- Physician Specialists/services,
- Behavioral Health providers/services,
- Pre- and Post-Natal Obstetric providers/services, and
- Home Health providers/services.

In addition, DHCS monitors Pharmacy and Private Duty Nursing providers.

Defining Access to Health Care Services

Access is generally thought of as a concept used to describe a broad set of concerns that focus on whether individuals or specific groups can obtain necessary health care

services. Defining access has been an evolutionary process. Initial attempts at defining access focused on whether individuals had insurance coverage. Later efforts were directed towards the number of providers and the efficiency of health care services.⁷ Still others defined access as simply having available health care resources where and when the need arises.⁸

The National Academy of Science's Institute of Medicine (IOM) added an outcomes element to the definition. Specifically, the IOM broadly defines health care access as "the timely use of personal health services to achieve the best possible health outcomes."⁹ Over the years, many definitions have been derived from the frameworks used to study health care access. Each framework and the associated definition focuses on different areas of policy interest.

As described by Andersen and Aday (1974) in their framework, access to health care services is the outcome of many factors.¹⁰ These include the: (1) health care system and the external environment; (2) population characteristics; and (3) health behaviors. Population characteristics are comprised of three categories: predisposing factors, enabling factors, and need. Predisposing factors can be characteristics such as race/ethnicity, age, and cultural beliefs. Enabling factors include personal or family support, and community resources. Need represents both perceived and actual need for health care services.

Medi-Cal Overview

Implemented in 1966, Medi-Cal is a public health insurance program that provides comprehensive health care services for low-income individuals including families with children, seniors, individuals with disabilities, children in foster care, pregnant women, and individuals with specific diseases such as breast cancer or HIV/AIDS.

Medi-Cal is financed by the state and federal governments.¹¹ Medi-Cal is California's largest safety-net program, and providers are defined by their willingness to serve patients regardless of the patients' ability to pay for services rendered, and by the proportion of vulnerable populations included in their case mix. Medi-Cal funding is a major and vitally important source of funding supporting California's overall health care delivery system.

Medi-Cal plays a significant role in providing health care coverage to California's overall population. In February 2016, Medi-Cal provided health care coverage for more than 13 million people, or roughly 33% of the state's population.¹² Medi-Cal also financed 50% of California resident births, and provided health care coverage for 50% of California's children.^{13,14}

The role that Medi-Cal plays in providing health care coverage to the population varies by county. For instance, in counties such as Tulare and Merced, Medi-Cal provided coverage to roughly 50% of the population in September 2015. In other counties such as Placer, Marin, San Mateo, and El Dorado, approximately 20% of residents were enrolled in Medi-Cal during the same time period. Of particular note, within Los Angeles County, where more than one-quarter of the state population resides, close to 40% of the county's population was enrolled in Medi-Cal in September 2015.¹⁵

Eligibility

Individuals often become eligible for Medi-Cal based on economic challenges, but may also qualify on the basis of being diagnosed with a specific disease or medical condition, or through disability status. Particular eligibility groups include individuals under age 65 whose income is at or below 138% of the Federal Poverty Level (FPL), indigent seniors ages 65 and older, people with disabilities, individuals who are blind, children, pregnant women, individuals in foster care programs, those without Satisfactory Immigration Status (SIS), individuals diagnosed with breast or cervical cancer or HIV/AIDS, and others.

Some subpopulations may gain access to Medi-Cal-administered health care services only after experiencing an acute-care hospital admission. In these cases, such individuals are not eligible for Medi-Cal at the time of admission, but gain Medi-Cal eligibility retroactively.¹⁶ Other individuals become eligible because they cannot pay all of their medical expenses. These individuals must generally pay a portion of their medical expenses, known as a "share of cost," before Medi-Cal pays for services. Similarly, individuals who require institutional long-term care become eligible for Medi-Cal-covered services once they contribute a certain share of cost towards their monthly nursing home expenses (sometimes referred to "income spend down").¹⁷

Benefits

The federal government mandates that a minimum set of benefits be available to beneficiaries who are eligible for full-scope Medi-Cal services. These full-scope State Plan benefits include, but are not limited to: outpatient (ambulatory) services; emergency services; hospital inpatient and outpatient services; maternity and newborn care; mental health and substance use disorder services; prescription drugs; laboratory services; preventive and wellness services; and children's services. In addition to these mandatory services, California also provides optional benefits such as dental services, home- and community-based waiver services, acupuncture, and medical equipment.¹⁸

Additionally, certain groups may only be eligible for a limited scope of coverage, and not Medi-Cal's full scope of services. For example, certain individuals without SIS are only eligible for pregnancy-related services and emergency medical care. Similarly, individuals whose eligibility pathway includes the Breast and Cervical Cancer Treatment Program may only receive services related to their specific condition or disease.

Health Care Delivery Systems

There are two primary health care delivery systems in the Medi-Cal program: FFS and managed care. Following recent initiatives to expand coordinated care and organized delivery, managed care is now the predominant system employed in Medi-Cal. In 2015, nearly 80% of all Medi-Cal beneficiaries received services through the managed care delivery system, and among full-scope Medi-Cal populations managed care enrollment was approximately 90%.

In the FFS delivery model, the state pays the health care provider for each administered State Plan service. By contrast, in the managed care delivery system, typically the state pays a contracted health plan a fixed monthly capitation payment amount for each enrolled beneficiary. Managed care plans are then responsible for providing and/or arranging for all delegated services.

Certain categories of service, or specialized types of services within a particular category, are not delegated to the primary Medi-Cal managed care plan. These "carve-outs" are either administered pursuant to standalone delivery arrangements (which can take either a FFS or managed care form, or both), or remain the responsibility of the state to reimburse through the FFS system.

Key examples of standalone delivery arrangements in Medi-Cal are: (1) specialty mental health services delivered/reimbursed exclusively via County Mental Health Plans (MHPs) pursuant to the State's 1915(b) waiver; (2) substance use disorder services delivered/reimbursed via the FFS Drug Medi-Cal program or, in the future, pursuant to approved county-based Drug Medi-Cal Organized Delivery System (DMC-ODS) pilots authorized by the "Medi-Cal 2020" Section 1115 demonstration project; and (3) dental services delivered/reimbursed via either FFS Medi-Cal Dental or standalone dental managed care plans in Sacramento and Los Angeles counties.

As reiterated by CMS in the preamble to their Final Rule on access monitoring, Section 1902(a)(30)(A) of the SSA governs FFS delivery, meaning state payments made directly to providers for services and *not* payments made to managed care entities.¹⁹ As a result, DHCS' monitoring plan is tailored to account for the complexities in Medi-Cal delivery described above, and will facilitate the analysis and review of access to care for FFS populations that are not enrolled in a Medi-Cal managed care plan.

Access to services delivered through a Medi-Cal managed care plan, or for particular service categories delivered via standalone managed care arrangements such as MHPs, DMC-ODS pilots, or dental managed care plans, are subject to the separate requirements of 42 CFR Part 438 (e.g., network adequacy and quality reviews), and are thus beyond the scope of this report. However, service utilization and access to care among managed care enrollees accessing carve-out services through standalone FFS delivery arrangements (i.e., FFS Drug Medi-Cal and FFS Medi-Cal Dental) are accounted for in this report.

Aside from these standalone arrangements, there are also specialized types of services within a category, or a level of service utilization beyond an enumerated threshold, that are not delegated to contracted Medi-Cal managed care plans. For example, this type of carve-out includes certain prescription drugs. In the case of a managed care enrollee receiving a small portion of care within a particular service category by way of FFS, their utilization is still driven and coordinated by the primary Medi-Cal managed care plan. Because of the smaller magnitude, and concerns over the potential for skewed and inaccurate data or resultant analysis, this type of utilization by managed care-enrolled beneficiaries is not incorporated into this report.

Medi-Cal Population Characteristics

The unique characteristics of Medi-Cal beneficiaries pose particular challenges to policy-makers seeking to ensure access to care. Knowledge of the Medi-Cal population's unique demographic and clinical characteristics and health care needs provides administrators with a better understanding of how to shape policies and processes so that all beneficiaries are able to successfully obtain needed health care services.

The California Health Interview Survey (CHIS), a population-based telephone survey representing California's non-institutionalized population living in households, provides a source for examining the characteristics of the Medi-Cal population. Although the data does not allow DHCS to specifically isolate the experiences of FFS respondents, it remains a valuable source of information about the Medi-Cal population in general. The CHIS presents information on socio-demographic determinants of health and health behaviors that are not available in administrative data, and allows for comparisons between the Medi-Cal population and individuals with private insurance.

According to the CY 2016 CHIS, Medi-Cal beneficiaries tend to be of lower socioeconomic status compared to individuals with private insurance. Most Medi-Cal beneficiaries (73.2%) had an income below 200% FPL, while less than a fifth (14.0%) of individuals with private insurance had an income below 200% FPL. Additionally, food insecurity was prevalent among the Medi-Cal population: Nonelderly adults enrolled in

Medi-Cal were more than seven times as likely to experience food insecurity as individuals with private insurance (35.9% and 4.8%, respectively) (Table 1).

In addition, nonelderly adults with Medi-Cal coverage generally had lower educational attainment, and were more than three times as likely as individuals with private insurance to not have a high school diploma (28.4% and 7.9%, respectively). In CY 2016, slightly less than half of nonelderly adults enrolled in Medi-Cal were unemployed (43.2%), nearly three times the proportion among nonelderly adults with private insurance (17.1%). Additionally, nonelderly adults enrolled in Medi-Cal were less likely to live in safe and trusting neighborhoods. When compared to individuals with private insurance, nonelderly Medi-Cal adults were more likely to report feeling unsafe in their neighborhood (8.8% and 23.0%, respectively) and more likely to feel that they couldn't trust people in their neighborhood (13.6% and 30.0%) (Table 1).

Table 1: Socioeconomic Characteristics of California's Nonelderly Adult Population, by Insurance Coverage (CY 2016 CHIS)

Socioeconomic Characteristic	Medi-Cal	Private Insurance
Below 200% of the Federal Poverty Level	73.2%	14.0%
Food Insecurity	35.9%	4.8%
Less Than a High School Education	28.4%	7.9%
Unemployed	43.2%	17.1%
Do not feel safe in neighborhood	23.0%	8.8%
Can't trust neighbors	30.0%	13.6%

Source: Created by DHCS using 2016 California Health Interview Survey data obtained by the University of California, Los Angeles.

Medi-Cal beneficiaries tend to have more physical and mental health problems than other populations. Nonelderly adults enrolled in Medi-Cal were more than three times as likely as individuals with private insurance to have a fair or poor health status (30.4% and 11.4%, respectively). Medi-Cal beneficiaries were also more likely to have one or more chronic conditions than individuals with private insurance (40.7% and 33.9%, respectively). More than a third of nonelderly adults enrolled in Medi-Cal were obese (35.5%), which was more than a third higher than among nonelderly adults with private insurance (24.2%). Additionally, nonelderly Medi-Cal adults were more likely to have serious psychological distress than individuals with private insurance (7.6% and 2.0%, respectively) (Table 2).

Table 2: Health Characteristics of California's Nonelderly Adult Population, by Insurance Coverage (CY 2016 CHIS)

Health Characteristic	Medi-Cal	Private Insurance
Fair or Poor Health	30.4%	11.4%
One or More Chronic Conditions	40.7%	33.9%
Obese	35.5%	24.2%
Disabled	40.8%	16.3%
Serious Psychological Distress	7.6%	2.0%
Daily Smokers	12.1%	5.0%

Source: Created by DHCS using 2016 California Health Interview Survey data obtained by the University of California, Los Angeles.

Unlike the more homogenous populations covered by commercial and employer-based private insurance, Medi-Cal provides medical coverage to a variety of disadvantaged sub-populations. The Medi-Cal population is comprised of a diverse set of sub-populations with unique demographic traits, clinical characteristics, benefit packages, and Medi-Cal administrative complexities. Understanding the general characteristics of the Medi-Cal population is the first step in a multi-dimensional process for understanding access to needed health care services. An assessment of access to health care services requires an examination of the relationships between human behavior, organizational structures, environmental influences, public policy, and economic factors.

Medi-Cal Program Delivery System Participation

Along with a general understanding of how the overall Medi-Cal population differs from individuals with private health insurance, it is also important to understand how the FFS delivery system has come to serve only a fraction of Medi-Cal beneficiaries, and how this fact affects analyses of access to care.

Since 2008, California has progressively expanded the Medi-Cal managed care delivery system throughout the state. Counties once served exclusively by the FFS delivery system saw a majority of their Medi-Cal population shift into managed care health plans. In addition, as the Medi-Cal program expanded to cover millions of new individuals, including members of the Patient Protection and Affordable Care Act (ACA) expansion, California required most of them to enroll into managed care. The result was a massive shift of individuals away from FFS and into Medi-Cal managed care.

In SFY 2016-17, there were 15.7 million Californians certified eligible for Medi-Cal for at least one month during the SFY. Of these, only 1.5 million participated in FFS for 11 months or more. The 1.5 million beneficiaries who participated in FFS for 11 months or more represented 9.6% of the total Medi-Cal population (Table 3).

Table 3: Distribution of Certified Eligible Medi-Cal Beneficiaries in SFY 2016-17, by Length of FFS Enrollment

Length of FFS Enrollment	Number of Certified Eligibles	Percentage of Certified Eligibles
FFS (11+ Months)	1,502,250	9.6%
All Others	14,202,488	90.4%
Total	15,704,738	100.0%

Source: Created by DHCS using Medi-Cal eligibility data.

Note: The All Others group includes individuals who were enrolled exclusively in managed care, or were enrolled in FFS for less than 11 months, during the study period. The FFS (11+ Months) group only includes individuals who were enrolled in the FFS delivery system for at least 11 months during the study period.

The population enrolled for at least 11 months in SFY 2016-17 included 795,270 undocumented immigrants entitled to emergency and pregnancy services only, 310,338 Dual Eligibles, and 396,642 beneficiaries with Medi-Cal coverage only, entitled to the full scope of Medi-Cal State Plan services (Table 4).

Table 4: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Scope of Coverage

Scope of Coverage	Number of Certified Eligibles	Percentage of Certified Eligibles Enrolled for at Least 11 Months
FFS – Undocumented-Restricted Scope	795,270	52.9%
FFS – Dual Eligible	310,338	20.7%
FFS – Full-Scope Medi-Cal Only	396,642	26.4%
Total	1,502,250	100.0%

Source: Created by DHCS using Medi-Cal eligibility data.

The Role of Fee-for-Service in Medi-Cal

In the early years of Medi-Cal, FFS was the sole delivery system. It was the single delivery of care system for all Medi-Cal beneficiaries, regardless of the various eligibility pathways they took into the program or the different health care benefits for which they were entitled. Since the introduction of the managed care delivery system, and its expansion throughout the state beginning in 1972, the traditional role of FFS has evolved. The FFS delivery system now provides services to a mix of individuals who are entitled to differing benefits, spend short durations participating in FFS, or enter the FFS delivery system episodically.

For the purpose of measuring and evaluating levels of utilization, the relevant population are those individuals with a length of continuous enrollment sufficient to ensure that the system had enough time to render services. For most quality of care measures, such as those included in the Healthcare Effectiveness Data and Information Set (HEDIS) reporting set, that length of enrollment is 11 months or more.

Two categories, undocumented immigrants and Dual Eligibles, accounted for nearly 74% of the Medi-Cal population who participated in the FFS delivery system for 11 months or more. Beneficiaries with Medi-Cal coverage only, and entitled to full-scope Medi-Cal services, represented only 26% of this population (Table 5).

Table 5: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries with at Least 11 Months Enrollment in SFY 2016-17, by Eligibility Pathway

Eligibility Pathway	Number of Certified Eligibles	Percentage of Certified Eligibles
Undocumented	795,270	52.9%
Dual Eligible	310,338	20.7%
Other	275,928	18.4%
Adoption/Foster Care	81,894	5.5%
Disabled	38,820	2.6%
Total	1,502,250	100.0%

Source: Created by DHCS using Medi-Cal eligibility data.

Evaluation Domain: Beneficiary Participation

Abstract

Demand for Medi-Cal program services is driven by both the size and characteristics of the underlying enrolled population. Evaluating changes in Medi-Cal enrollment allows DHCS to monitor the changing demand for program services by enrollee demographic characteristics, aid code group, and benefit coverage. Data can be compared year-over-year to identify trends in Medi-Cal enrollment that help administrators anticipate the need for program services, and the types and number of providers required to meet demand.

This analysis of the composition of Medi-Cal enrollment and trends over two SFYs focuses on individuals participating in Medi-Cal's FFS delivery system for 11 or more months throughout the study period. For this analysis, two study periods and two study populations were incorporated for SFY 2015-16 and SFY 2016-17.

Over the two study periods, the Medi-Cal program continued its transition of beneficiaries into managed care delivery systems, and this resulted in declining participation in the FFS delivery system. In SFY 2015-16, approximately 15.2 million individuals participated in the Medi-Cal program at some time throughout the year. Of that total, 12.0%, or 1.8 million, participated in Medi-Cal's traditional FFS delivery system for 11 or more months throughout the study period. By SFY 2016-17, FFS Medi-Cal participants had declined by 18.0%, from 1.8 million to 1.5 million. The number of individuals participating in Medi-Cal's traditional FFS delivery system for 11 or more months in SFY 2016-17 represented only 9.6% of the total Medi-Cal population. Those entitled to full-scope State Plan benefits participating in Medi-Cal's FFS delivery system for 11 or more months constituted just 2.5% of Medi-Cal's overall population by SFY 2016-17.

The SFY 2015-16 study population disclosed that 21.4% were individuals ages 0-20, 63.7% were non-elderly adults ages 21-64, and 15.0% were seniors ages 65 and older. Two eligibility pathways, the Undocumented and Dual Eligibles, accounted for about 62% of the overall study population. The Other aid code group (primarily Affordable Care Act [ACA] expansion individuals, ACA individuals ages 20 and younger, CHDP Gateway infants, and parent/caretaker relatives) accounted for 30.1% of the overall SFY 2015-16 study population, but declined both numerically and proportionally as movement into managed care delivery systems within this group accelerated between SFYs 2015-16 and 2016-17.

The 18.0% decrease in the study population from SFYs 2015-16 to 2016-17 materially altered the composition of the population participating in the FFS delivery system for 11 months or more. The number of beneficiaries from the Other eligibility pathway fell from

550,501 in SFY 2015-16 to 275,928 in SFY 2016-17, dropping from 30.1% of the study population to only 18.4%. Undocumented immigrants increased both numerically and proportionally, accounting for 42.6% of the study population in SFY 2015-16 and 52.9% of the study population in SFY 2016-17. Dual Eligibles remained fairly consistent between the two study periods, representing 18.9% of the population in SFY 2015-16 and 20.7% of the population in SFY 2016-17. Together, the Undocumented and Dual Eligibles accounted for roughly 74% of the overall study population in SFY 2016-17.

Individuals ages 20 and younger declined from 391,070 in SFY 2015-16 to 236,170 in SFY 2016-17, dropping from 21.4% of the overall study population to 15.7%. Individuals ages 20 and younger in the Adoption/Foster Care eligibility pathway represented about 19% of the study population ages 0-20 in SFY 2015-16, and rose to represent nearly 32% of all study population members ages 0-20 in SFY 2016-17.

Because the Medi-Cal program finances roughly half of all resident births in California hospitals, the number of enrolled women of child-bearing age is an important element for anticipating demand for services. In both SFYs 2015-16 and 2016-17, nearly a third of beneficiaries participating in the FFS delivery system for 11 months or more were females between the ages of 15 and 44. In SFY 2015-16, about 63% of these women were Undocumented immigrants, entitled to emergency and pregnancy-related services only. In SFY 2016-17, the percentage of women who were Undocumented immigrants increased to about 77%.

Introduction

This evaluation domain describes the characteristics of the FFS Medi-Cal study population. The study population for this evaluation consists of those individuals who were certified eligible and enrolled in the Medi-Cal program during SFYs 2015-16 and/or 2016-17, and who participated in Medi-Cal's FFS health care delivery system for at least 11 months during the SFY.

Background

Evaluating the composition and changing enrollment trends among Medi-Cal's population is vitally important. The full range of complex factors influencing the utilization of enrolled beneficiaries must be carefully evaluated when analyzing health

system capacity and service use. Understanding Medi-Cal enrollment composition allows program directors to anticipate the need for health care services, and the types and number of providers needed to meet demand. Evaluating Medi-Cal enrollment trends and FFS participation ensures that program directors anticipate changing population dynamics, including demographic characteristics and case mix.

Case Mix: The relative numbers of various types of patients being treated as categorized by disease-related groups, severity of illness, rate of consumption of resources, and other indicators; used as a tool for managing and planning health care services.

-- *Medical Dictionary for the Health Professions and Nursing (2012)*

Methodology

The Beneficiary Participation summaries presented below were created using Medi-Cal eligibility data. Monthly enrollment data was summarized to create a research dataset with a single record containing information for each beneficiary's length of participation, the eligibility category under which they are eligible for services, and demographic data, including age, sex, race/ethnicity, and primary language spoken. In addition, the research dataset also contained geographic variables that allowed examination of the data by state geographic region. Two distinct datasets were created which constitute the two study periods and two study populations.

To reveal potential differences in participation based on specific health care needs, beneficiaries were grouped into homogeneous subpopulations based on age, sex, eligibility pathway, race/ethnicity, primary language, and geographic region of residence.

Two study populations were defined for this assessment of access to care within FFS Medi-Cal – one study population for SFY 2015-16 and one for SFY 2016-17. Individuals identified as members of each study population represented all individuals certified eligible for Medi-Cal who participated in Medi-Cal's FFS delivery system for at least 11 months throughout either SFY.

The two study periods were defined using the state fiscal year, beginning July 1 and ending June 30. For this access to care analysis, the two study periods were defined as SFY 2015-16 and SFY 2016-17.

Eligibility Pathway

Individuals may become eligible for Medi-Cal through various eligibility pathways. Based on an individual's pathway, they are assigned to one of over roughly 200 different aid codes. These aid codes map to statutory authority setting forth specific

parameters for eligibility based upon such criteria as income, resources, age, parenting status, disability, etc.

This access to care evaluation grouped certified eligible FFS Medi-Cal beneficiaries into five “eligibility pathways” encompassing individuals with broadly similar aid codes. Additionally, Dual Eligibles (individuals eligible for both Medicare and Medi-Cal coverage) were grouped into their own eligibility pathway. The five eligibility pathways were designed to capture beneficiaries with generally similar patterns of utilization and/or benefit coverage, and in some cases serve as proxies for medical need. They include:

1. Adoption/Foster Care,
2. Disabled (those with Medi-Cal coverage only),
3. Dual Eligible,
4. Other, and
5. Undocumented.

Individuals constituting the Other eligibility pathway were primarily enrolled in Medi-Cal aid codes M1, 8U, M3, 8E, P5, and P7. These six Medi-Cal aid codes accounted for 73% of enrollment in the Other eligibility pathway.

Table 6 presents the five eligibility pathways and associated Medi-Cal aid codes. In the case of the Dual Eligible pathway, specific aid codes are not relevant. Dual Eligibles were defined as any Medi-Cal beneficiary who was enrolled in Medicare at any time during the applicable study period.

Table 6: Eligibility Pathways and Individual Aid Codes

Aid Code Group	Aid Codes
Adoption/Foster Care	03, 04, 06, 07, 2P, 2S, 2T, 40, 42, 43, 45, 46, 49, 4A, 4E, 4F, 4G, 4H, 4L, 4M, 4N, 4S, 4T, 4W, 5K, 2R, 2U
Disabled	10, 13, 14, 16, 17, 18, 1E, 1H, 1X, 1Y, 20, 23, 24, 26, 27, 28, 2E, 2H, 36, 53, 60, 63, 64, 66, 67, 68, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6S, 6V, 6W, 6X, 6Y, 8G, 8C
Dual Eligible	Eligible for Medicare for any time during the study periods evaluated (i.e., SFYs 2015-16, 2016-17).
Other	Aid codes that did not fit into a category above. Six Medi-Cal aid codes constituted roughly 73% of all individual members of this aid code group. These included: M1-Adult, 19-65, 0-138% FPL; 8U-200% FPL Infant CHDP Gateway; M3-

Aid Code Group	Aid Codes
	Parent/Caretaker Relative, 0-109% FPL; 8E-MI Child-No SOC-Acctd Enrllt Chld Prg; P5-ACA Child 6-19, 0-133% FPL; and P7-ACA Child 1-6, 0-142% FPL.
Undocumented	1U, 3T, 3V, 48, 55, 58, 5F, 5H, 5J, 5M, 5N, 5R, 5T, 5W, 5Y, 69, 6U, 70, 74, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, L3, L5, M0, M2, M4, M6, M8, P0, P6, P8, T0, T6, T7, T8, T9, 5G, L7

Source: Created by DHCS.

Data Source

The data used to create the summaries presented below originated in the Medi-Cal Eligibility Data System (MEDS). The MEDS system contains a record containing information for every beneficiary for every month of their Medi-Cal enrollment. Monthly enrollment data from MEDS is routinely loaded into the DHCS Management Information System Decision Support System (MIS/DSS), and from that repository it is extracted and used for analysis.

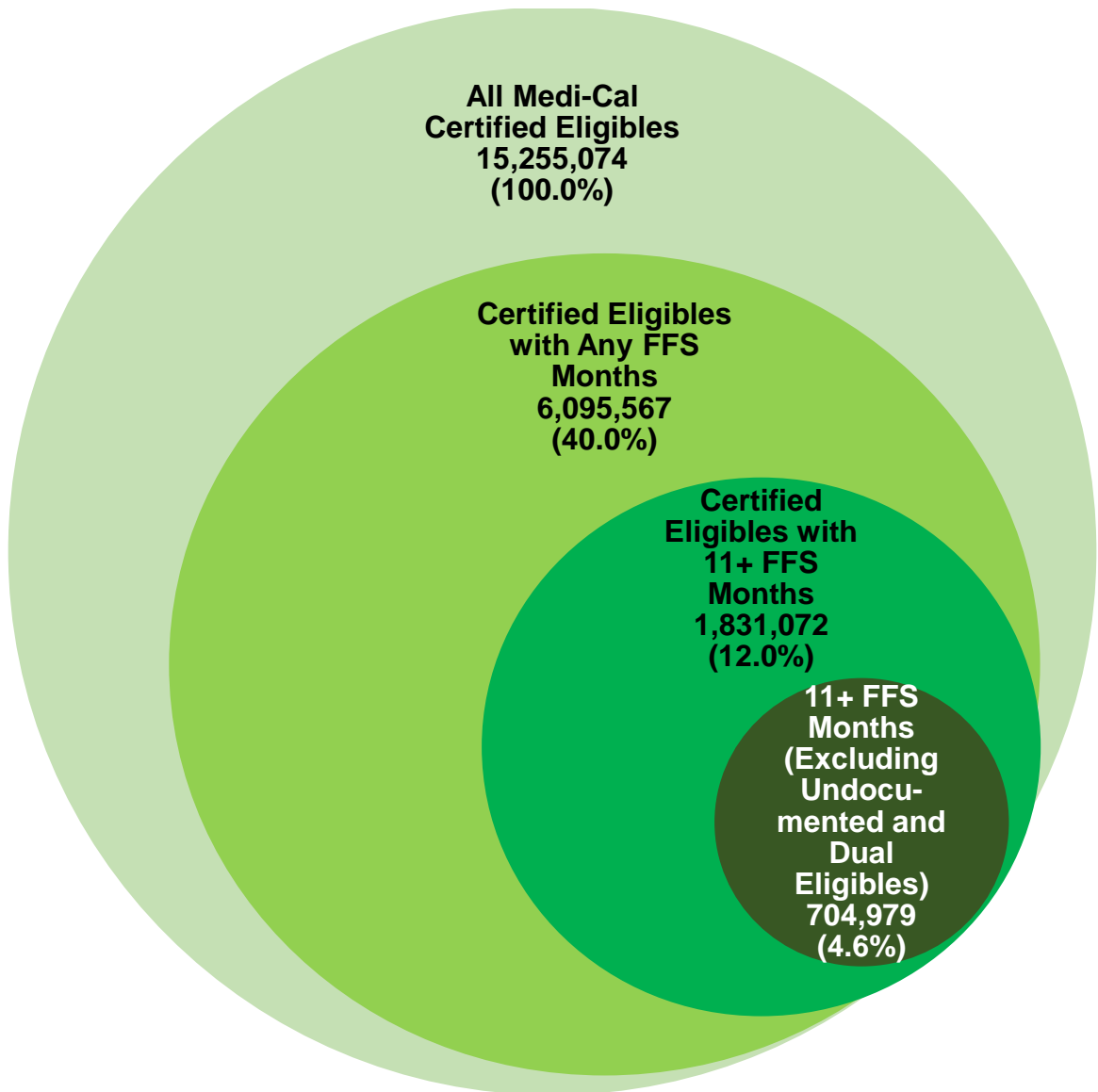
For a description of primary data sources used in this report, see Appendix B.

Results

Study Population in Relation to the Overall Medi-Cal Population

The study population for this access to care analysis represented only a small proportion of the overall Medi-Cal population. In SFY 2015-16, individuals who participated in Medi-Cal’s FFS delivery system for at least one month represented 40.0% of the overall Medi-Cal population, while individuals with 11 or more months of FFS participation (i.e., the study population) represented only 12.0% of the overall Medi-Cal population. When undocumented immigrants and Dual Eligibles were excluded from the FFS study population, the remaining beneficiaries – those entitled to full-scope State Plan Medi-Cal benefits who participated in Medi-Cal’s FFS delivery system for 11 or more months – numbered only 704,979, or 4.6% of the overall Medi-Cal population (Figure 1 and Table 7).

Figure 1: Certified Eligible Medi-Cal Beneficiaries as a Percentage of the Total Medi-Cal Population in SFY 2015-16, by Length of FFS Enrollment and Undocumented/Dual Eligible Status



Source: Created by DHCS using Medi-Cal eligibility data.

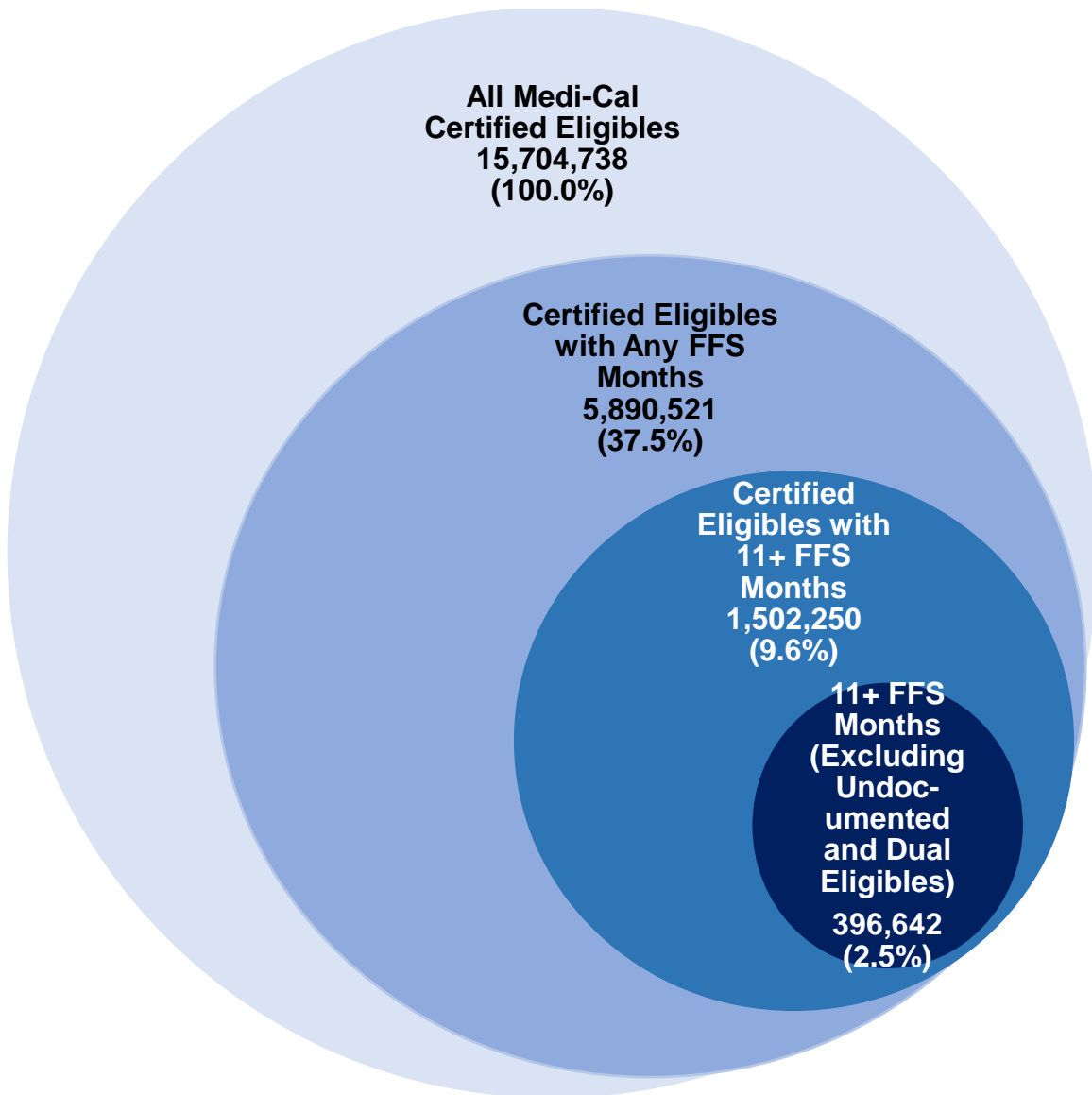
Table 7: Certified Eligible Medi-Cal Beneficiaries as a Percentage of the Total Medi-Cal Population in SFY 2015-16, by Length of FFS Enrollment and Undocumented/Dual Eligible Status

Length of FFS Enrollment	Number of Certified Eligibles	Percentage of Certified Eligibles
All Medi-Cal Certified Eligibles	15,255,074	100.0%
Certified Eligibles with Any FFS Months	6,095,567	40.0%
Certified Eligibles with 11+ FFS Months (Study Population)	1,831,072	12.0%
11+ FFS Months (Excluding Undocumented and Dual Eligibles)	704,979	4.6%

Source: Created by DHCS using Medi-Cal eligibility data.

In SFY 2016-17, individuals who participated in Medi-Cal's FFS delivery system for at least one month represented 37.5% of the overall Medi-Cal population, while individuals participating in the FFS delivery system for 11 or more months represented only 9.6% of the overall Medi-Cal population. Again, when undocumented immigrants and Dual Eligibles were excluded from the study population, the remaining beneficiaries – those entitled to full-scope State Plan Medi-Cal benefits who participated in Medi-Cal's FFS delivery system for 11 or more months – numbered only 396,642, just 2.5% of the overall Medi-Cal population (Figure 2 and Table 8).

Figure 2: Certified Eligible Medi-Cal Beneficiaries as a Percentage of the Total Medi-Cal Population in SFY 2016-17, by Length of FFS Enrollment and Undocumented/Dual Eligible Status



Source: Created by DHCS using Medi-Cal eligibility data.

Table 8: Certified Eligible Medi-Cal Beneficiaries as a Percentage of the Total Medi-Cal Population in SFY 2016-17, by Length of FFS Enrollment and Undocumented/Dual Eligible Status

Length of FFS Enrollment	Number of Certified Eligibles	Percentage of Certified Eligibles
All Medi-Cal Certified Eligibles	15,704,738	100.0%
Certified Eligibles with Any FFS Months	5,890,521	37.5%
Certified Eligibles with 11+ FFS Months (Study Population)	1,502,250	9.6%
Certified Eligibles with 11+ FFS Months (Excluding Undocumented immigrants and Dual Eligibles)	396,642	2.5%

Source: Created by DHCS using Medi-Cal eligibility data.

Changes in the Composition of the FFS Study Population

Medi-Cal's FFS delivery system has evolved with the ever-changing health care landscape. Medi-Cal's FFS delivery system was once the predominate delivery and payment system; however, it is now a unique delivery system that finances health care for individuals with short transitional participation periods, differing health care needs, varied benefit packages, and eligibility for Medi-Cal managed care participation. As a consequence, the population that participates in Medi-Cal's FFS delivery system for any one-year period has been in a continual state of flux, with certain populations moving from the FFS delivery system to managed care, and others remaining in the FFS delivery system. From year to year, the proportion of the population associated with any one aid code category or group may materially change. These proportional changes in the FFS participants may result in significant deviations in the associated service utilization, and types of providers needed to deliver health care services.

Medi-Cal's FFS population is diverse, comprised of both young and healthy individuals with a relatively low need to use medical services, and older and/or more clinically compromised individuals with a greater need to use medical services. It includes some beneficiaries entitled to a full scope of Medicaid State Plan services, others with a more limited scope of services, and still others for whom Medi-Cal serves as a secondary payer. Consequently, changes to the distribution or case mix of the population, between those with a higher propensity to seek and utilize Medi-Cal services and those with a lower propensity, have the potential to move the overall rate of utilization higher or

lower. Such changes may result if the movement of beneficiaries to managed care materially alters the study population characteristics.

In some cases, Medi-Cal's FFS delivery system provides access to health care services prior to enrolling into managed care. Individuals who become eligible for Medi-Cal may spend two or three months in Medi-Cal's FFS delivery system prior to enrolling into a managed care health plan. Others may become eligible for Medi-Cal via an eligibility pathway that affords them access to a restricted scope of benefits. In many cases such individuals, generally referred to as "undocumented" due to their lack of Satisfactory Immigration Status (SIS), may not enroll in managed care; therefore, they receive health care services through Medi-Cal's FFS delivery system.

Still others may become eligible for Medi-Cal, but be subject to a share-of-cost requirement. These individuals must meet a monthly cost-sharing amount prior to receiving Medi-Cal-covered benefits. In general, these individuals also participate in Medi-Cal's FFS delivery system once they meet their monthly share of cost.

Individuals who are eligible for both Medi-Cal and Medicare may also participate in Medi-Cal's FFS delivery system. For these individuals, referred to as Dual Eligibles, Medi-Cal is generally the secondary payer for many health care services, providing coverage for cost-sharing, co-payments, premiums, etc. For these dually eligible individuals, Medi-Cal may also finance services that are not a Medicare-covered benefit, such as long-term custodial care, etc.

Evaluating FFS participation by the five eligibility pathways defined in this analysis highlights the fact that lengths of FFS participation vary by eligibility pathway. Table 9 presents FFS participation by Medi-Cal eligibility pathway and length of FFS participation for the SFY 2015-16 study period. The count of all FFS participants (those with at least one month of FFS participation, totaling 6,095,567) discloses that 67% of individuals with any FFS participation were classified as being in the Other eligibility pathway. The Other eligibility pathway constitutes 90% of the population of individuals who participated in the FFS delivery system for between 1 and 3 months. Among beneficiaries who participated in FFS for 11 months or more throughout the study period, the Other category constitutes only 30% of the population.

In this case, the Other eligibility pathway primarily represents a Medi-Cal population that is transitioning from Medi-Cal's FFS delivery system into managed care. Many individuals spend between 1 and 3 months participating in the FFS delivery system, then transition into managed care. These individuals – who did not accumulate 11 months or more of FFS delivery system participation – are not members of the study population for the purposes of this access to care analysis.

In contrast, the Undocumented and the Dual Eligibles present a different pattern. In the case of the Undocumented, members of this eligibility pathway must participate in Medi-

Cal's FFS delivery system. Except for two counties that allow managed care participation, and specific child populations, individuals classified as Undocumented do not participate in Medi-Cal's managed care delivery system.

Looking again at Table 9, the Undocumented population constituted 18% of the individuals who participated in the FFS delivery system at any time throughout the study period. When we isolate the population to only those who participated in the FFS delivery system for between 1 and 3 months, the Undocumented represent only 3% of the population. Finally, when we hone in on the study population (those who participated in FFS for 11 or more months), we see that the Undocumented account for 43% of the study population.

Again, this is because the Undocumented primarily participate in Medi-Cal's FFS delivery system, and are ineligible to participate in Medi-Cal's managed care delivery system. Individuals classified as Undocumented who participated in FFS for less than 11 months were generally newly eligible members of Medi-Cal. They entered Medi-Cal throughout the year and did not accumulate enough months of eligibility to meet the criteria for inclusion in the study population.

The eligibility pathway denoted as Dual Eligible presented a similar pattern. In the case of the Dual Eligibles, participation in Medi-Cal managed care is optional outside of the CCI-designated counties.ⁱⁱ In Table 9, Dual Eligibles represented only 9% of the population who participated in the FFS delivery system at any time during the study period. In terms of the study population – individuals who participated in Medi-Cal's FFS delivery system for 11 or more months – the Dual Eligible population represented 19% of the overall study population.

ⁱⁱ The eight counties that have implemented the Cal Medi-Connect program are Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara. Participation in the managed care delivery system is voluntary for dual eligibles in all other counties.

Table 9: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries in SFY 2015-16, by Eligibility Pathway and Length of Enrollment

Length of FFS Enrollment	Adoption/ Foster Care	Disabled	Dual Eligible	Other	Undocu-mented
All FFS Participants (N = 6,095,567)	2%	3%	9%	67%	18%
01 to 03 Months (n = 2,732,791)	1%	2%	4%	90%	3%
04 to 06 Months (n = 912,765)	1%	3%	6%	80%	10%
07 to 10 Months (n = 618,939)	2%	3%	9%	59%	27%
11 to 12 Months (n = 1,831,072)	4%	4%	19%	30%	43%

Source: Created by DHCS using Medi-Cal eligibility data.

The SFY 2016-17 study population differed from the SFY 2015-16 study population by eligibility pathway. The Undocumented, which constituted 43% of the overall SFY 2015-16 study population, represented 53% of the overall SFY 2016-17 study population, an increase of 10 percentage points. The Other eligibility pathway declined, dropping from 30% of the SFY 2015-16 overall study population to 18% of the SFY 2016-17 study population. This drop was the result of a declining overall Medi-Cal populationⁱⁱⁱ and transitions from the Medi-Cal FFS delivery system into the managed care delivery system. The Dual Eligible eligibility pathway showed a slight change, rising from 19% of the overall study population in the SFY 2015-16 study period to 21% of the overall SFY 2016-17 study population (Table 10).

ⁱⁱⁱ Growth in Medi-Cal enrollment reached its apex in March 2016, when the number of certified eligibles totaled 13,567,971. Since then, Medi-Cal enrollment has gradually, but steadily declined. It had fallen to 13,385,001 by June 2017, and 12,961,151 by December 2018. *Source: DHCS – Count of Medi-Cal Eligibles and Fast Facts.*

Table 10: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries in SFY 2016-17, by Eligibility Pathway and Length of Enrollment

Length of FFS Enrollment	Adoption/ Foster Care	Disabled	Dual Eligible	Other	Undocu- mented
All FFS Participants (N = 5,890,521)	2%	3%	10%	65%	20%
01 to 03 Months (n = 2,949,673)	1%	3%	5%	88%	4%
04 to 06 Months (n = 948,154)	1%	3%	10%	75%	12%
07 to 10 Months (n = 490,444)	2%	3%	14%	47%	33%
11 to 12 Months (n = 1,502,250)	5%	3%	21%	18%	53%

Source: Created by DHCS using Medi-Cal eligibility data.

Composition of the Study Populations

Table 11 below displays the number of certified eligible FFS Medi-Cal beneficiaries with 11 months or more of FFS participation in SFY 2015-16 and SFY 2016-17, and their distribution by demographic group. The proportion of each group within the population informs our understanding of the overall case mix and how that distribution may influence use of services.

Sex

In both SFYs 2015-16 and 2016-17, females represented just over 57% of the population and males represented just under 43%. In SFY 2016-17, the number of females decreased by 18.2% from the prior SFY, while the number of males declined by 17.6%.

Eligibility Pathway

In SFY 2015-16, beneficiaries with 11 months or more of FFS participation included 779,476 Undocumented immigrants comprising 42.6% of the population; 550,501 members of the Other cohort comprising 30.1% of the population; 346,617 Dual Eligibles comprising 18.9% of the population; 79,954 individuals in Adoption/Foster Care comprising 4.4% of the population; and 74,524 Disabled beneficiaries comprising 4.1% of the study population.

In SFY 2016-17, the study population included 795,270 Undocumented immigrants, now comprising 52.9% of the population, or more than half of beneficiaries with 11 months or more of FFS participation. The number of Dual Eligibles fell to 310,338, but they comprised 20.7% of the study population. The number of beneficiaries in the Other eligibility pathway fell to 275,928, a 49.9% decline from the prior year. The number of Adoption/Foster Care children and young adults (up to age 26) increased to 81,894, or 5.5% of the study population. The number and proportion of Disabled beneficiaries in the study population fell to 38,820 and 2.6%, respectively.

For a list of aid codes included in each eligibility pathway, see Appendix C.

Age Group

In SFY 2015-16 there were 391,070 certified eligible FFS Medi-Cal beneficiaries ages 20 and younger, representing 21.4% of Medi-Cal beneficiaries with 11 months or more of FFS participation; 1,165,853 non-elderly adults ages 21-64, representing 63.7% of the population; and 274,149 seniors ages 65 and older, representing 15.0% of the population.

In SFY 2016-17, the number of beneficiaries ages 0-20 with 11 months or more of FFS participation fell sharply to 236,170, and they now represented only 15.7% of the study population. Non-elderly adults ages 21-64 declined in number to 1,030,620 but increased to 68.6% of the overall study population. Seniors ages 65 and older also declined in number to 235,460 but increased proportionally to 15.7% of the total study population.

Ages 0-20: The majority of the decrease in the number of individuals ages 0-20 in the study population occurred in the Other eligibility pathway. The number of individuals ages 20 and younger in the Other category decreased by 140,633, or 50.5% (Table 11). In SFY 2016-17, the number of Undocumented immigrants ages 20 and younger declined by 11,887, or 52.2%, from the previous year. The number of Disabled individuals ages 20 and younger fell by 6,148, or 28.0%. The beneficiaries ages 20 and younger remaining in the FFS study population included Adoption/Foster Care beneficiaries, for whom managed care enrollment is voluntary. In SFY 2016-17,

Adoption/Foster Care beneficiaries accounted for 31.8% of all individuals ages 0-20 participating in FFS for 11 months or more.

Beneficiaries ages 20 and younger in the Other eligibility pathway who remained in the study population in SFY 2016-17 included 34,581 infants enrolled under the Child Health and Disability Prevention (CHDP) gateway deemed presumptively eligible for Medi-Cal benefits (aid code 8U).^{iv} Individuals enrolled under aid code 8U, together with individuals ages 20 and younger enrolled under P5 (ACA Children Ages 6-19 Years at 0-133% FPL) and 8E (Accelerated Enrollment)^v, comprised about 52% of beneficiaries ages 0-20 from the Other eligibility pathway remaining in the study population in SFY 2016-17.

Table 11: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 in the Other Eligibility Pathway in SFYs 2015-16 and 2016-17, by Aid Code

Aid Code Description	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
P5 – ACA Child 6-19, 0-133% FPL	81,612	29.3%	21,105	15.3%	-74.1%
8U – 200% FPL Infant CHDP Gateway	25,813	9.3%	34,581	25.1%	34.0%
8E – MI Child-No SOC-Acctd Enrllt Chld Prg	23,140	8.3%	15,581	11.3%	-32.7%
P7 – ACA Child 1-6, 0-142% FPL	19,352	7.0%	13,106	9.5%	-32.3%

^{iv} Infants enrolled under aid code 8U are automatically linked to their mother’s case number and Medi-Cal eligibility is established without the family having to complete the Healthy Families/Medi-Cal Joint Application (MC 231). This full-scope FFS Medi-Cal eligibility remains in place until the county welfare department makes a final determination of eligibility.

^v Children in aid code 8E receive accelerated enrollment, and are screened and presumed eligible for no cost, full-scope FFS Medi-Cal until the county makes a final determination of eligibility.

Aid Code Description	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
34 – AFDC-MN	17,176	6.2%	1,093	0.8%	-93.6%
30 – CalWORKs-All Families	16,350	5.9%	5,578	4.1%	-65.9%
M5 – Expansion Child 6-19, 108-133% FPL	11,727	4.2%	3,901	2.8%	-66.7%
33 – CalWORKs-Zero Parent-State Only	9,123	3.3%	2,375	1.7%	-74.0%
T2 – OTLIC Child 6-19, 134-160% FPL	7,931	2.9%	3,119	2.3%	-60.7%
T1 – OTLIC Child 6-19, 161-266% FPL, Premium	7,298	2.6%	3,392	2.5%	-53.5%
Other aid codes	58,739	21.1%	33,797	24.6%	-42.5%
Total	278,261	100.0%	137,628	100.0%	- 50.5%

Source: Created by DHCS using Medi-Cal eligibility data.

Ages 21-64: While the number of non-elderly adults ages 21-64 participating in FFS for 11 months or more declined by 11.6% in SFY 2016-17, the decrease was not distributed evenly among all eligibility pathways. The number of individuals in the Disabled and Other (i.e., Parent/Caretaker Relative & Child, ACA Expansion Adult, and OTLIC/CHIP) eligibility pathways declined by 44.1% and 49.3%, respectively. The number of Dual Eligibles under the age 65 also decreased, although less sharply.

The number of individuals enrolled under Adoption/Foster Care aid codes for young adults up to age 26 increased, although they represented less than 1% of the non-elderly adults in the study population. The number of Undocumented non-elderly adults in the study population also increased in SFY 2016-17 to 74.3% of the non-elderly adults in the study population.

Ages 65 and older: The senior population ages 65 and older participating in FFS for 11 months or more decreased by 14.1% in SFY 2016-17. The 90.7% of seniors who were dually eligible decreased by 9.2%. The number of seniors over 65 years of age who were not dually eligible decreased more sharply.

Race/Ethnicity

The decrease in the size of the study population resulted in only small changes in the distribution of the study population by race/ethnicity.

In SFY 2015-16, individuals of Hispanic race/ethnicity numbered 1,133,499 and comprised 61.9% of beneficiaries participating in FFS for 11 months or more. Beneficiaries of White race/ethnicity numbered 263,282 and comprised 14.4% of the study population. There were 136,527 beneficiaries of Asian race/ethnicity and 105,731 beneficiaries of African-American race/ethnicity who comprised 7.5% and 5.8% of the study population, respectively. There were 6,424 beneficiaries of American Indian/Alaskan Native race/ethnicity comprising 0.4% of the study population. Approximately 10.1% of the study population did not report a race/ethnicity in SFY 2015-16.

In SFY 2016-17, individuals of Hispanic race/ethnicity decreased to 942,594, representing 62.7% of the study population. Beneficiaries of White race/ethnicity numbered 210,430 and comprised 14.0% of the study population. There were 101,401 beneficiaries of Asian race/ethnicity and 78,593 beneficiaries of African-American race/ethnicity comprising 6.7% and 5.2% of the study population, respectively. Beneficiaries of American Indian/Alaskan Native race/ethnicity numbered 5,893 and comprised 0.4% of the study population. Approximately 10.9% of the study population did not report a race/ethnicity in SFY 2016-17 (Table 12).

Geographic Region

The distribution of the study population by statewide geographic region diverged only slightly from that of the overall Medi-Cal population, and did not change dramatically as the population decreased in SFY 2016-17.

In SFY 2015-16, approximately 37.7% of all beneficiaries with 11 months or more of FFS participation resided in Los Angeles County, 22.5% resided in other Southern California counties, 14.6% resided in the Bay Area region, 13.7% resided in the Central Valley, and 5.6% resided in the counties of the Sacramento Valley.

In SFY 2016-17, 34.3% of all beneficiaries with 11 months or more of FFS participation resided in Los Angeles County, 21.1% resided in other Southern California counties,

15.7% resided in the Central Valley, 15.7% resided in the Bay Area region, and 6.4% resided in the counties of the Sacramento Valley (Table 12).

For a list of California counties included in each geographic region, see Appendix D.

Table 12: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Sex, Age Group, Eligibility Pathway, Race/Ethnicity, and Geographic Region

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Total Study Population	1,831,072	100.0%	1,502,250	100.0%	- 18.0%
Sex					
Female	1,049,898	57.3%	858,590	57.2%	-18.2%
Male	781,174	42.7%	643,660	42.8%	-17.6%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Age Group					
Ages 0-20	391,070	21.4%	236,170	15.7%	-39.6%
Ages 21-64	1,165,853	63.7%	1,030,620	68.6%	-11.6%
Ages 65 and Older	274,149	15.0%	235,460	15.7%	-14.1%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Eligibility Pathway					
Adoption/Foster Care	79,954	4.4%	81,894	5.5%	2.4%
Disabled	74,524	4.1%	38,820	2.6%	-47.9%
Dual Eligible	346,617	18.9%	310,338	20.7%	-10.5%
Other	550,501	30.1%	275,928	18.4%	-49.9%
Undocumented	779,476	42.6%	795,270	52.9%	2.0%

Evaluation Domain: Beneficiary Participation

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Race/Ethnicity					
African-American	105,731	5.8%	78,593	5.2%	-25.7%
American Indian/ Alaskan Native	6,424	0.4%	5,893	0.4%	-8.3%
Asian	136,527	7.5%	101,401	6.7%	-25.7%
Hispanic	1,133,499	61.9%	942,594	62.7%	-16.8%
White	263,282	14.4%	210,430	14.0%	-20.1%
Not Reported	185,609	10.1%	163,339	10.9%	-12.0%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Geographic Region					
Bay Area	266,796	14.6%	236,129	15.7%	-11.5%
Central Coast	75,466	4.1%	70,364	4.7%	-6.8%
Central Valley	251,732	13.7%	235,847	15.7%	-6.3%
Far North	1,841	0.1%	1,405	0.1%	-23.7%
Los Angeles	690,272	37.7%	515,217	34.3%	-25.4%
North Coast	4,655	0.3%	4,110	0.3%	-11.7%
Sacramento Valley	101,837	5.6%	96,766	6.4%	-5.0%
Sierra Range/Foothills	26,425	1.4%	24,898	1.7%	-5.8%
Southern California	412,048	22.5%	317,514	21.1%	-22.9%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%

Source: Created by DHCS using data from the MIS/DSS eligibility tables.

Table 13: Distribution of Member Months for Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Sex, Age Group, Eligibility Pathway, Race/Ethnicity, and Geographic Region

	Member Months in SFY 2015-16	Percentage of Total	Member Months in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Total Study Population	21,793,560	100.0%	17,918,692	100.0%	- 17.8%
Sex					
Female	12,499,715	57.4%	10,244,387	57.2%	-18.0%
Male	9,293,845	42.6%	7,674,305	42.8%	-17.4%
Total	21,793,560	100.0%	17,918,692	100.0%	-17.8%
Age Group					
Ages 0-20	4,636,838	21.3%	2,813,984	15.7%	-39.3%
Ages 21-64	13,881,259	63.7%	12,290,246	68.6%	-11.5%
Ages 65 and Older	3,275,463	15.0%	2,814,462	15.7%	-14.1%
Total	21,793,560	100.0%	17,918,692	100.0%	-17.8%
Eligibility Pathway					
Adoption/Foster Care	956,552	4.4%	979,663	5.5%	2.4%
Disabled	887,900	4.1%	463,620	2.6%	-47.8%
Dual Eligible	4,144,384	19.0%	3,710,914	20.7%	-10.5%
Other	6,501,848	29.8%	3,273,488	18.3%	-49.7%
Undocumented	9,302,876	42.7%	9,491,007	53.0%	2.0%
Total	21,793,560	100.0%	17,918,692	100.0%	-17.8%
Race/Ethnicity					
African-American	1,256,837	5.8%	936,535	5.2%	-25.5%

Evaluation Domain: Beneficiary Participation

	Member Months in SFY 2015-16	Percentage of Total	Member Months in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
American Indian/Alaskan Native	76,579	0.4%	70,293	0.4%	-8.2%
Asian	1,624,649	7.5%	1,209,543	6.8%	-25.6%
Hispanic	13,488,982	61.9%	11,242,481	62.7%	-16.7%
White	3,136,389	14.4%	2,511,376	14.0%	-19.9%
Not Reported	2,210,124	10.1%	1,948,464	10.9%	-11.8%
Total	21,793,560	100.0%	17,918,692	100.0%	-17.8%
Geographic Region					
Bay Area	3,179,662	14.6%	2,818,663	15.7%	-11.4%
Central Coast	895,439	4.1%	839,341	4.7%	-6.3%
Central Valley	3,004,386	13.8%	2,817,728	15.7%	-6.2%
Far North	21,784	0.1%	16,724	0.1%	-23.2%
Los Angeles	8,205,489	37.7%	6,138,744	34.3%	-25.2%
North Coast	55,047	0.3%	49,056	0.3%	-10.9%
Sacramento Valley	1,215,495	5.6%	1,155,216	6.4%	-5.0%
Sierra Range/Foothills	315,691	1.4%	297,396	1.7%	-5.8%
Southern California	4,900,567	22.5%	3,785,824	21.1%	-22.7%
Total	21,793,560	100.0%	17,918,692	100.0%	-17.8%

Source: Created by DHCS using data from the MIS/DSS eligibility tables.

Women of Child-bearing Age

Evaluating the population of women between the ages of 15 and 44 is important when considering access to care within Medi-Cal. Medi-Cal finances roughly 50% of all California births annually. Within Medi-Cal's FFS delivery system, women of child-

bearing age that participated for 11 months or more throughout each of the two study periods numbered 577,530 during SFY 2015-16 and 462,612 during SFY 2016-17 (Table 14 and Table 15). In addition, women ages 15-44 classified as Undocumented participated almost exclusively in Medi-Cal’s FFS system.^{vi} Women classified as Undocumented account for roughly 20% of all Medi-Cal births each year.

Table 14: Distribution of Certified Eligible Female FFS Medi-Cal Beneficiaries with at Least 11 Months of Enrollment in SFY 2015-16, by Age Group and Scope of Coverage

Age Group/Scope of Coverage	Number of Certified Eligibles	Percentage of Certified Eligibles
Ages 0-14	123,137	11.7%
Full-Scope Ages 15-44	215,788	20.6%
Undocumented Ages 15-44	361,742	34.5%
Ages 45 and Older	349,231	33.3%
Total	1,049,898	100.0%

Source: Created by DHCS using Medi-Cal eligibility data.

Table 15: Distribution of Certified Eligible Female FFS Medi-Cal Beneficiaries with at Least 11 Months of Enrollment in SFY 2016-17, by Age Group and Scope of Coverage

Age Group/Scope of Coverage	Number of Certified Eligibles	Percentage of Certified Eligibles
Ages 0-14	81,193	9.5%
Full-Scope Ages 15-44	107,815	12.6%
Undocumented Ages 15-44	354,797	41.3%

^{vi} Undocumented immigrants are eligible to participate in managed care in Napa, Solano, and Yolo counties. Undocumented immigrants enrolled in the Breast and Cervical Cancer Treatment Program (BCCTP) are also required to enroll in a health plan in counties utilizing the COHS model of managed care.

Age Group/Scope of Coverage	Number of Certified Eligibles	Percentage of Certified Eligibles
Ages 45 and Older	314,785	36.7%
Total	858,590	100.0%

Source: Created by DHCS using Medi-Cal eligibility data.

Table 16 provides additional information on the distribution of certified eligible female FFS Medi-Cal beneficiaries ages 15-44 with at least 11 months enrollment in either SFYs 2015-16 or 2016-17, by select demographic and administrative characteristics.

The distribution of certified eligible female FFS Medi-Cal beneficiaries ages 15-44 enrolled for at least 11 months in either SFYs 2015-16 or 2016-17 by eligibility category varied from that of the overall Medi-Cal population. Beneficiaries in the Undocumented eligibility category represented the largest proportion of the study population in SFY 2015-16 (62.6%) and increased in SFY 2016-17 (76.7%). The majority of these individuals are entitled to emergency and pregnancy-related services only.^{vii} Individuals in the Other eligibility category comprised 30.9% of the study population in SFY 2015-16 and decreased to 16.3% in SFY 2016-17 (Table 16).

The distribution of certified eligible female FFS Medi-Cal beneficiaries ages 15-44 enrolled for at least 11 months in either SFYs 2015-16 or 2016-17 varied by race/ethnicity. Beneficiaries of Hispanic race/ethnicity represented the largest proportion of the study population in both SFYs 2015-16 (75.7%) and 2016-17 (78.7%). This is the result of the continued transition of Medi-Cal’s population from FFS to managed care. As additional populations not classified as Undocumented are transitioned from FFS to managed care, the characteristics of the largest subgroup (i.e., the Undocumented eligibility category) begins to influence the racial/ethnic characteristics of the broader FFS Medi-Cal population.

The distribution of certified eligible female FFS Medi-Cal beneficiaries ages 15-44 enrolled for at least 11 months in either SFYs 2015-16 or 2016-17 varied by geographic region. The Los Angeles and Southern California geographic regions were home to the largest proportions of the study population during both SFYs 2015-16 and 2016-17. Combined, these two geographic regions comprised nearly two-thirds of the total study population at 65.4% in SFY 2015-16 and 60.8% in SFY 2016-17. The North Coast (0.3% in SFY 2015-16 and 0.4% in SFY 2016-17) and Far North (0.1% in both SFYs

^{vii} In May 2016, California Senate Bill 75 extended full-scope Medi-Cal benefits to individuals ages 0-18, “regardless of immigration status.” <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx>.

2015-16 and 2016-17) geographic regions, both comprised of rural counties with small populations, had the smallest proportions of the study population during both SFYs (Table 16).

Table 16: Distribution of Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Eligibility Pathway, Race/Ethnicity, and Geographic Region

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Total Study Population	577,530	100.0%	462,612	100.0%	-19.9%
Eligibility Pathway					
Adoption/Foster Care	14,258	2.5%	14,991	3.2%	5.1%
Disabled	10,606	1.8%	6,948	1.5%	-34.5%
Dual Eligible	12,592	2.2%	10,588	2.3%	-15.9%
Other	178,366	30.9%	75,320	16.3%	-57.8%
Undocumented	361,708	62.6%	354,765	76.7%	-1.9%
Total	577,530	100.0%	462,612	100.0%	-19.9%
Race/Ethnicity					
African-American	22,395	3.9%	14,710	3.2%	-34.3%
American Indian/ Alaskan Native	1,534	0.3%	1,316	0.3%	-14.2%
Asian	26,427	4.6%	16,652	3.6%	-37.0%
Hispanic	437,365	75.7%	363,857	78.7%	-16.8%
White	55,071	9.5%	38,938	8.4%	-29.3%
Not Reported	34,738	6.0%	27,139	5.9%	-21.9%
Total	577,530	100.0%	462,612	100.0%	-19.9%

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Geographic Region					
Bay Area	74,212	12.8%	64,962	14.0%	-12.5%
Central Coast	35,034	6.1%	33,624	7.3%	-4.0%
Central Valley	64,708	11.2%	58,618	12.7%	-9.4%
Far North	521	0.1%	413	0.1%	-20.7%
Los Angeles	231,602	40.1%	172,096	37.2%	-25.7%
North Coast	1,864	0.3%	1,651	0.4%	-11.4%
Sacramento Valley	19,311	3.3%	18,370	4.0%	-4.9%
Sierra Range/Foothills	4,256	0.7%	3,918	0.8%	-7.9%
Southern California	146,022	25.3%	108,960	23.6%	-25.4%
Total	577,530	100.0%	462,612	100.0%	-19.9%

Source: Created by DHCS using data from the MIS/DSS eligibility tables.

Conclusions

Evaluating trends in enrollment and the changing composition of the Medi-Cal population allows program directors to anticipate need for health care services and the types and number of providers needed to meet demand.

The continued shift of Medi-Cal beneficiaries into managed care delivery systems has greatly impacted the composition of the population participating in Medi-Cal's FFS delivery system. Individuals participating in Medi-Cal's FFS delivery system for 11 months or more represented 12.0% (1,831,072) of total Medi-Cal enrollment (15,255,074) in SFY 2015-16, and decreased to 9.6% (1,502,250) of total Medi-Cal enrollment (15,704,738) in SFY 2016-17.

The number of individuals ages 0-20 in the FFS study population declined by nearly 40% from SFY 2015-16 to SFY 2016-17. The departure of so many individuals ages 0-20 in the Other and Undocumented eligibility pathways (most of whom had a lower

propensity to use services) changed the case mix, leaving among the remaining individuals ages 0-20 in the FFS study population a larger proportion with a greater propensity to use services. Individuals ages 0-20 in the Adoption/Foster Care eligibility pathway represented roughly 5% of the FFS population during both analyzed SFYs (4.4% in SFY 2015-16 and 5.5% in SFY 2016-17), and were the only other group besides Undocumented immigrants to see their numbers in the study population increase. These individuals ages 0-20 are especially vulnerable and have unique psycho-social and health care needs.

Among non-elderly adults ages 21-64, an opposite effect on case mix occurred from SFY 2015-16 to SFY 2016-17. By SFY 2016-17, the majority (52.9%) of the population remaining in Medi-Cal's FFS delivery system long-term were Undocumented immigrants with a restricted scope of services. The number of Disabled beneficiaries within the FFS delivery system, a more costly and medically challenging cohort, declined by 47.9%. In SFY 2016-17, this population constituted only 2.6% of the FFS population.

In both SFYs, females constituted a greater proportion of the FFS Medi-Cal population than males, accounting for approximately 57% of the population. More importantly, more than half of all females enrolled in FFS Medi-Cal were between the child-bearing ages of 15 and 44. Females enrolled in the Undocumented eligibility category accounted for 62.6% and 76.7% of female FFS Medi-Cal beneficiaries ages 15-44 in SFY 2015-16 and SFY 2016-17, respectively.

Evaluation Domain: Provider Participation

Abstract

Physicians have been described as the focal point of health care delivery, providing patients with a gateway into the health care system and affecting how the vast majority of all health care dollars are spent. Consequently, an adequate number of medical providers actively treating Medi-Cal beneficiaries is crucial for providing both preventative and remedial health care services, and for the overall efficacy of the Medi-Cal program.

As part of California's FFS access monitoring analysis, DHCS evaluated the number of providers, over two SFYs, who administered a service through Medi-Cal's FFS delivery system. This analysis focuses on two study periods: SFY 2015-16 and SFY 2016-17. Provider participation counts are presented by geographic region and service setting for Primary Care physicians (PCPs), Physician Specialists, Behavioral Health providers, Pre- and Post-Natal Obstetric providers, Home Health providers, Pharmacies, and Private Duty Nursing providers. DHCS evaluated FFS Medi-Cal population-to-PCP ratios using paid claims and eligibility data available through the Medi-Cal program. Additionally, DHCS calculated the average driving time and distance to each beneficiary's nearest primary care provider, by geographic region.

The population-to-PCP ratio improved by 15.6%, from 47.4 in SFY 2015-16 to 40.0 in SFY 2016-17, improving across all analyzed geographic regions. The lower population-to-provider ratio indicates that there are a greater number of PCPs relative to the population.

Between the study years of SFY 2015-16 and SFY 2016-17, the aggregate count of PCPs changed very little, declining by 0.4% between years. However, the population-to-provider ratio actually improved. In this case, there are fewer individuals per physician. This was the result of a decline in the number of individuals participating in Medi-Cal's FFS delivery system, many of whom transitioned to managed care delivery systems.

The number of Physician Specialists increased by 0.3%; Behavioral Health providers increased by 4.7%; Private Duty Nursing providers increased by 66.0%; Pharmacies decreased by 0.3%; and the total number of Pre- and Post-Natal Obstetric providers increased by 0.3%. Home Health providers decreased by 23 in aggregate, from 305 in SFY 2015-16 to 282 in SFY 2016-17. Across all analyzed provider types, smaller geographic regions exhibited the lowest count of participating FFS Medi-Cal providers during the study period, while the Bay Area, Los Angeles, and Southern California geographic regions had the highest total of participating FFS Medi-Cal providers.

Just over 99% of individuals in the study population were located within 10 miles or 30 minutes of a Primary Care physician during both SFYs 2015-16 and 2016-17.

Introduction

Adequate provider participation is an important first step in ensuring health care access, increasing the likelihood that patients receive preventive services and timely referrals to needed care. A sufficient level of physician participation is critically important for the success of the Medi-Cal program. A wide body of research has found that adequate access to primary care, delivered by primary care physicians, is associated with improved health outcomes and lower costs.²⁰ One study concluded that an increase in a state's number of primary care physicians resulted in lower rates of mortality and chronic disease, and an increase in the quality of overall population health. Some causes for this outcome include improved preventative care and early detection rates.²¹

The ability of Medi-Cal beneficiaries to access care is driven not just by the supply of providers, but also by the willingness of available providers to participate in the Medi-Cal program and treat Medi-Cal patients. Significant changes in the participation of providers may provide insight into various aspects of health care utilization. Long-term trends may help decision-makers evaluate policies that may be inhibiting provider participation in the Medi-Cal program.

Provider participation can be defined as the number of providers who provided or rendered services to Medi-Cal beneficiaries as measured from paid claims data. The number of providers available to meet the needs of Medi-Cal beneficiaries is a combination of both provider supply and provider participation. In other words, the actual number of providers available to Medi-Cal beneficiaries may result from the overall statewide or region-wide supply of certain types of health care professionals, and the decision of those providers to participate in the Medi-Cal program. Thus, the level of provider participation in Medi-Cal has several dimensions to be explored.

The analysis and findings associated with evaluating provider participation are designed to alert DHCS policymakers of any negative trends in Medi-Cal's enrolled FFS providers. The findings will allow DHCS to monitor trends in FFS provider participation by provider type and service setting. Decreases in provider participation rates will serve as a trigger for DHCS to further investigate whether the FFS Medi-Cal provider network is sufficient to meet enrollees' needs, and consider options for reversing such trends.

As part of California's FFS access monitoring analyses, DHCS evaluated provider participation in Medi-Cal's FFS delivery system during the following two study periods: SFY 2015-16 and SFY 2016-17. Provider participation metrics are based on the number of physicians who administered a service in FFS Medi-Cal during the study period.

Provider participation counts are presented for Primary Care providers, Physician Specialists, Behavioral Health providers, Pre- and Post-Natal Obstetric providers, Home Health providers, Pharmacies, and Private Duty Nursing providers. DHCS also evaluated FFS population-to-provider ratios for Primary Care providers, as well as the average drive time and distance to providers by geographic region and primary care service area.

Background

Determinants of Provider Participation

There are a number of variables that serve to discourage physician participation in provider networks, and other variables that maintain and support physician participation. Variables that can negatively impact physician participation include provider reimbursement rates, as well as processes that may make participation administratively burdensome. Yet physician participation rates may exhibit varying degrees of sensitivity in response to these negative impacts, depending on the presence of other factors that may limit a physician's ability or desire to participate in provider networks.

Various studies have found that the health care delivery system, the size and setting of practice, the geographical location of practice, and the specialty of practice are all associated with increased or decreased physician participation in Medicaid. Some of these factors lend themselves to greater participation, while others do not.

Elastic Factors Associated with Provider Participation Rates

Provider reimbursement rates have the greatest effect on the willingness of providers to offer care to Medicaid patients.²² Several studies have found a strong correlation between states with low reimbursement rates and those with low provider participation.^{23,24,25,26} Conversely, states with high reimbursement rates generally have high rates of provider participation and higher acceptance rates of new Medicaid patients.

Changes in provider participation due to increased reimbursement rates vary dramatically by state, and typically influence provider participation rates only to a modest degree. A report by the Center for Studying Health System Change found that, on average, a 10% increase in primary care provider reimbursement rates relative to those paid by Medicare would result in a 2.1% increase of primary care physicians accepting new Medicaid patients.²⁷

Administrative burden refers to the amount of clerical work and the associated cost related to participation and reimbursement requirements. Administrative burdens for health care providers include payment delays, rejection of claims, complex filing rules

and regulations for claims, and pre-authorization requirements for certain services.²⁸ Studies have found that administrative burdens have caused physicians to limit services to Medicaid patients to a greater extent than for Medicare and privately insured patients.²⁹

Among physicians not accepting new Medicaid patients, one survey found that 71% cited paperwork and billing requirements, and 65% cited payment delays, as moderately or very important reasons for their lack of program participation.³⁰ Administrative burdens are of much greater concern among solo and small-practice providers, since the administrative costs in relation to low patient numbers and low reimbursement rates tend to be more cost-prohibitive.³¹ In 2011, studies showed that physicians in solo practices were 23.5% less likely to accept new Medicaid patients than were physicians in larger practices with at least 10 physicians.³²

Slower payment times were correlated with lower provider participation, even when controlling for the level of reimbursement. On average, payments take longer for Medicaid claims than for either Medicare or privately insured claims. Increases in provider participation rates gained through higher reimbursement payments could be offset by delays in payment.³³

Inelastic Factors Associated with Provider Participation Rates

The geographic location of practice and its corresponding economic conditions have a substantial influence on provider participation in Medicaid. Populous metropolitan regions have a greater concentration of both patients and providers, and thus offer providers more flexibility in choosing to whom they offer care.³⁴

Providers in less populated areas and those in lower-income regions have a greater obligation to serve the surrounding population.^{35,36} As a result, providers in less populous and less wealthy regions generally accept greater numbers of Medicaid patients. Physicians practicing in statistical metropolitan areas are 19% less likely to accept new Medicaid patients than physicians practicing in less populated areas.³⁷ Similarly, physicians practicing in regions in which at least 15% of the population's income is under the federal poverty level are 12% more likely to accept Medicaid patients than physicians in more affluent regions.³⁸

The specialty of practice has a considerable influence on providers' willingness to accept Medicaid patients. Some areas of specialty care offer minimal coverage to Medicaid patients, while others offer a greater financial obligation to serve this population.

Overall, specialists are less likely to accept Medicaid patients than privately insured patients. This is due in part to greater socioeconomic and health challenges seen within

the Medicaid population. Generally, Medicaid enrollees with special health issues require a referral from a primary care provider to see a specialist. However, referrals for Medicaid patients are less likely to result in appointments because of the increased difficulty of locating specialists willing to accept Medicaid patients.

Specialist care in hospitals may be an option for Medicaid beneficiaries, but care is unlikely to be provided in a timely manner, as the demand frequently outweighs the supply.³⁹ This issue also puts a greater time and resource burden on primary care physicians, which may influence their decision to accept Medicaid patients.

Conversely, specialties that serve Medicaid-concentrated demographics, such as children and women, experience increased provider participation.⁴⁰ In California, medical care is provided to children at a much higher rate than for all other age groups, due in part to increased eligibility opportunities available to this age group. With nearly half of the state's children receiving coverage through Medi-Cal, pediatricians have a greater financial incentive to serve this population.

Women also make up a large proportion of the Medi-Cal population. Medi-Cal provides medical coverage with less restrictive qualification criteria to women during and shortly after pregnancy. Generally, 50% of all California births are financed by Medi-Cal. The large proportion of women with Medi-Cal coverage makes it difficult for OB/GYNs to restrict or reject these beneficiaries.

Point of Access

The primary gateway into Medi-Cal's health care system is through an encounter with a physician. From this access point, a beneficiary may be referred to a pharmacy, durable medical supply provider, laboratory, diagnostic radiology, or any other authorized provider of medical care.

Medi-Cal beneficiaries may access the health care system in a variety of settings, including clinics, emergency departments, outpatient hospital facilities, adult day care centers, and local physician or physician groups offices. Of all potential health care settings, the primary care setting is most associated with cost-effective delivery of services and improved health outcomes, including lower rates of all-cause mortality, cancer, heart disease, stroke, infant mortality, and low birthweight; and higher life expectancy and self-rated health.⁴¹

Greater utilization of primary care was associated not only with better health outcomes, but also with more cost-effective care: "The mix of the physician workforce plays a critical role in the use of highly effective care. States with more general practitioners have both higher rates of use of effective care and lower spending."⁴²

Methodology

For the purpose of evaluating provider participation, this metric focuses on providers who have rendered services to individuals participating in the FFS Medi-Cal delivery system (i.e., participating providers) during study periods SFY 2015-16 and SFY 2016-17. The count of providers is based on paid claims. An encounter — also referred to as a distinct visit — is defined as a contact between a provider and a FFS Medi-Cal beneficiary in which a Medi-Cal claim record(s) for reimbursement is generated and submitted for payment. A distinct visit represents a single encounter and is defined by the unique combination of the provider county, beneficiary's Client Identification Number, provider's NPI, and the date-of-service. Both billing and rendering providers are captured from claims data, and verified against active provider enrollment for these analyses. Evaluation of the following provider types is performed by geographic region and service setting:

- Primary Care
- Physician Specialist
- Behavioral Health
- Pre- and Post-Natal Obstetric
- Home Health
- Pharmacy
- Private Duty Nursing

The study population for Primary Care provider participation is limited to those individuals who are entitled to full-scope services under California's Medicaid State Plan, and who are not eligible for Medicare. Those entitled to restricted-scope services were excluded, as they are generally not entitled to Medi-Cal-covered primary care services. Individuals that are entitled to both Medicare and Medi-Cal generally have services coordinated and provided by Medicare, as Medicare is the primary payer, with Medi-Cal mostly paying cost sharing and copayments.

How Are Providers Counted?

Some providers may practice in multiple geographic regions and service settings. For the purpose of evaluating beneficiary access to care using provider counts, the following methods were used to count distinct providers:

- For statewide provider sub-group totals, providers are counted once by provider ID regardless of how many geographic regions they may have participated in.

- For regional provider sub-group totals, providers are counted once by provider ID for each geographic region they participated in. Note that a provider may have rendered a service in more than one geographic region, so they may be counted in each geographic region in which they participated.
- For statewide service setting totals, providers are counted once by provider ID for each service setting in which they participated, regardless of how many geographic regions in which they may have participated. Please note that a provider may have rendered a service in more than one service setting, so they may be counted in each service setting in which they participated.
- For regional service setting totals, providers are counted once by provider ID for each service setting and geographic region in which they participated. Please note that a provider may have rendered a service in more than one geographic region and service setting, so they may be counted in each service setting and geographic region in which they participated.

Population-to-Provider Ratio

Population-to-provider ratios are calculated by taking the unique individuals participating in the FFS Medi-Cal delivery system (for any length of time) during SFYs 2015-16 and 2016-17 divided by the number of participating providers in the same time period, stratified by geographic region. Primary Care providers include physicians, physician groups, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and other clinics that are actively participating in the Medi-Cal program.

Readers should be aware that the population eligible for Medi-Cal Only and participating in the FFS health care delivery system is not static, and population shifts from FFS to managed care delivery systems may be responsible for differences or changes in beneficiary-to-provider ratios between different counties or different periods of measurement. For this reason, both the number of physicians and the ratios are displayed.

Limitations

This analysis is inherently limited by the availability of data relating to provider participation. Administrative data do not denote the percentage of a given provider's hours or capacity that are devoted to treating FFS Medi-Cal beneficiaries compared with other types of health insurance for which the provider renders services (e.g., Medi-Cal managed care).

Brief Overview of the Study Populations

Changes in the composition of the study populations between SFY 2015-16 and SFY 2016-17 provide important context for evaluating provider participation. Understanding changes in the case mix informs expectations of provider use. There were 1,831,072 individuals who participated in Medi-Cal's FFS delivery system for at least 11 months during SFY 2015-16. In SFY 2016-17 the study population consisted of 1,502,250 individuals certified eligible for Medi-Cal who participated for at least 11 months, a decrease of 18.0%.

The study populations for SFY 2015-16 and SFY 2016-17 showed similar distributions by sex, race/ethnicity, and geographic region, but revealed shifts in the composition by age group and eligibility pathway. Most notably, beneficiaries ages 0-20 decreased from 21.4% of the study population in SFY 2015-16 to 15.7% of the study population in SFY 2016-17. As individuals ages 0-20 accounted for a smaller percentage of the study population in SFY 2016-17, individuals ages 21-64 represented more of the overall study population in SFY 2016-17. Individuals ages 21-64 accounted for 63.7% of the study population in SFY 2015-16, and then increased to represent 68.6% of the study population in SFY 2016-17.

By eligibility pathway, two prominent shifts in the composition of the study population occurred. In SFY 2015-16, nearly one-third (30.1%) of the study population was represented in the Other eligibility pathway, but dropped by nearly half to account for only 18.4% of the study population in SFY 2016-17. As the number of individuals in the Other eligibility pathway saw significant decline, the Undocumented eligibility pathway increased from 42.6% of the study population in SFY 2015-16 to 52.9% in SFY 2016-17. This is important when interpreting results within this domain, especially considering that individuals in the Undocumented eligibility group, who make up more than half of the study population in SFY 2016-17, are only entitled to emergency and pregnancy-related services.

For a more detailed description of the composition of the certified eligible FFS population and their enrollment characteristics, see the Beneficiary Participation section of this report.

Data Source

Data used in this analysis were extracted from the Department's MIS/DSS eligibility and paid claims files.

Results

Providers by Provider Sub-Group and Geographic Region

Primary Care Providers

Primary Care providers include physicians, physician groups, and clinics with the following classifications: general practice, family practice, gynecology, obstetrics, obstetrics-gynecology, preventive, pediatrics, internal medicine, FQHC/RHC, free clinic, community clinic, multispecialty clinic, clinic exempt from licensure, county clinics not associated with a hospital, otherwise undesignated clinics, and tribal health clinics.

Readers should note that providers may render services in more than one geographic region. Also note that Primary Care providers classified as gynecology, obstetrics, and obstetrics-gynecology will also be included in the participation totals of Pre- and Post-Natal Obstetric providers.

Statewide during SFY 2016-17, there were 36,963 Primary Care providers that rendered services to Medi-Cal beneficiaries, compared to 37,122 during SFY 2015-16, a decrease of 0.4%. The geographic region with the largest number of participating Primary Care providers was Los Angeles, with 10,980 providers during SFY 2015-16 and 10,742 during SFY 2016-17, followed by Southern California, with 10,190 participating providers during SFY 2015-16 and 9,968 during SFY 2016-17; and the Bay Area, with 9,890 participating providers during SFY 2015-16 and 10,032 during SFY 2016-17 (Table 17 and Table 18).

Table 17: Total Medi-Cal Participating Primary Care Providers in SFY 2015-16, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Clinics
Bay Area	9,890	9,428	212	250
Central Coast	1,998	1,776	96	126
Central Valley	4,661	4,098	245	318
Far North	342	280	21	41
Los Angeles	10,980	9,965	718	297
North Coast	382	304	15	63
Sacramento Valley	2,716	2,518	96	102
Sierra Range/Foothills	1,375	1,273	41	61
Southern California	10,190	9,396	543	251
Statewide	37,122	33,707	1,919	1,496

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Notes: Some providers may have participated under multiple provider types such as Physician Groups and Clinics. Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions in which they may have participated.

Table 18: Total Medi-Cal Participating Primary Care Providers in SFY 2016-17, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Clinics
Bay Area	10,032	9,581	206	245
Central Coast	2,014	1,795	87	132
Central Valley	4,696	4,120	242	334
Far North	296	236	19	41
Los Angeles	10,742	9,756	679	307

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Clinics
North Coast	397	316	15	66
Sacramento Valley	2,622	2,439	81	102
Sierra Range/Foothills	1,364	1,264	41	59
Southern California	9,968	9,185	528	255
Statewide	36,963	33,604	1,827	1,532

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Notes: Some providers may have participated under multiple provider types such as Physician Groups and Clinics. Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions in which they may have participated.

Table 19 displays FFS full-scope Medi-Cal Only beneficiary-to-primary-care-provider ratios in SFYs 2015-16 and 2016-17, by geographic region. The ratios are specific to individuals who were entitled to full-scope services. Those entitled to restricted-scope services were excluded, as they are either not entitled to Medi-Cal-covered primary and non-emergency care services, or Medicare generally provides most primary care services. As the number of individuals who participate in the FFS delivery system continues to decline, and primary care provider participation remains relatively constant, ratios improve. SFY 2015-16 saw a 47.4 beneficiary-to-provider ratio, improving to a 40.0 beneficiary-to-provider ratio in SFY 2016-17. The ratios improved in each geographic region year over year.

Table 19: FFS Full-Scope Medi-Cal Only Beneficiary-to-Primary-Care-Provider Ratios in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16	SFY 2016-17
Bay Area	26.2	23.2
Central Coast	34.9	34.6
Central Valley	52.9	49.6
Far North	4.9	4.5

Geographic Region	SFY 2015-16	SFY 2016-17
Los Angeles	59.6	47.0
North Coast	10.8	10.1
Sacramento Valley	36.8	36.4
Sierra Range/Foothills	18.9	18.0
Southern California	38.9	31.3
Statewide	47.4	40.0

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Statewide during both SFYs 2015-16 and 2016-17, Primary Care providers that rendered services to Medi-Cal beneficiaries were concentrated in the Clinic (24,275 during SFY 2015-16 and 23,947 during SFY 2016-17), Hospital Inpatient (20,459 during SFY 2015-16 and 20,151 during SFY 2016-17), and Hospital Outpatient (20,452 during SFY 2015-16 and 19,704 during SFY 2016-17) service settings. The geographic regions with the largest number of participating Primary Care providers during both SFYs 2015-16 and 2016-17, regardless of service setting, were the Bay Area, Los Angeles, and Southern California (Table 20 and Table 21). Slight year-over-year decreases were observed in each of the five service settings, dropping by 1.4% for Clinics, 1.5% in Hospital Inpatient, 3.7% in Hospital Outpatient, 4.1% in the ED, and by 13.2% in the Other service setting.

Table 20: Total Medi-Cal Participating Primary Care Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	Clinics	Hospital Inpatient	Hospital Outpatient	ED*	Other
Bay Area	5,684	5,139	5,391	1,292	1,086
Central Coast	1,218	1,043	1,147	396	290
Central Valley	2,961	2,156	2,267	722	857
Far North	160	178	133	78	56
Los Angeles	6,880	5,892	5,347	1,418	3,680
North Coast	220	142	208	78	35
Sacramento Valley	1,208	1,314	1,840	402	364

Evaluation Domain: Provider Participation

Geographic Region	Clinics	Hospital Inpatient	Hospital Outpatient	ED*	Other
Sierra Range/Foothills	655	630	699	214	122
Southern California	6,239	5,760	5,084	1,744	2,667
STATEWIDE	24,275	20,459	20,452	5,988	8,879

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Table 21: Total Medi-Cal Participating Primary Care Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	Clinics	Hospital Inpatient	Hospital Outpatient	ED*	Other
Bay Area	5,707	5,110	5,514	1,272	971
Central Coast	1,182	1,045	1,134	391	307
Central Valley	3,032	2,177	2,155	785	774
Far North	151	136	147	56	36
Los Angeles	6,638	5,767	4,990	1,288	3,122
North Coast	224	122	220	77	33
Sacramento Valley	1,183	1,245	1,729	406	291
Sierra Range/Foothills	553	672	724	190	102
Southern California	6,056	5,641	4,730	1,660	2,267
Statewide	23,947	20,151	19,704	5,741	7,709

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Statewide, approximately 99.9% of FFS Medi-Cal beneficiaries resided inside a Primary Care service area in SFY 2015-16, and 99.8% in SFY 2016-17. The geographic regions with the largest proportions of beneficiaries residing outside a Primary Care service area were the Far North (1.9% in SFY 2015-16 and 1.6% in SFY 2016-17) and the Sierra Range/Foothills (1.4% in both SFYs 2015-16 and 2016-17) geographic regions (Table 17).

Table 22: Percentage of Certified Eligible FFS Medi-Cal Beneficiaries Who Resided Inside/Outside a Primary Care Service Area in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	Percentage of Beneficiaries Residing Inside Medical Service Area in SFY 2015-16	Percentage of Beneficiaries Residing Outside Medical Service Area in SFY 2015-16	Percentage of Beneficiaries Residing Inside Medical Service Area in SFY 2016-17	Percentage of Beneficiaries Residing Outside Medical Service Area in SFY 2016-17
Bay Area	100.0%	0.0%	100.0%	0.0%
Central Coast	99.7%	0.3%	99.8%	0.2%
Central Valley	99.9%	0.1%	99.9%	0.1%
Far North	98.1%	1.9%	98.4%	1.6%
Los Angeles	100.0%	0.0%	100.0%	0.0%
North Coast	99.1%	0.9%	99.3%	0.7%
Sacramento Valley	99.7%	0.3%	99.7%	0.3%
Sierra Range/Foothills	98.6%	1.4%	98.6%	1.4%
Southern California	99.7%	0.3%	99.6%	0.4%
Statewide	99.9%	0.1%	99.8%	0.2%

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Across all of the analyzed geographic regions, FFS Medi-Cal beneficiaries residing outside of a Primary Care service area averaged 42.1 minutes in driving time to reach their appointment in SFY 2015-16 and 41.9 minutes in SFY 2016-17. The geographic region with the longest average driving times for FFS beneficiaries residing outside a Primary Care service area to reach a Primary Care physician appointment was the Southern California (48.8 minutes in SFY 2015-16 and 48.0 minutes in SFY 2016-17) geographic region (Table 18).

Table 23: Average Driving Time to Reach Primary Care Appointment among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17 Who Resided Outside of a Primary Care Service Area, by Geographic Region

Geographic Region	Average Driving Time (in Minutes) for Beneficiaries Residing Outside Service Area in SFY 2015-16	Average Driving Time (in Minutes) for Beneficiaries Residing Outside Service Area in SFY 2016-17
Bay Area	30.4	29.4
Central Coast	39.4	36.9
Central Valley	38.6	38.5
Far North	33.6	31.0
Los Angeles	32.3	31.1
North Coast	28.9	33.5
Sacramento Valley	34.4	33.4
Sierra Range/Foothills	36.3	36.7
Southern California	48.8	48.0
Statewide	42.1	41.9

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Drive time and distance is calculated for each beneficiary to the closest Primary Care provider.

Across all of the analyzed geographic regions, FFS Medi-Cal beneficiaries residing outside of a Primary Care service area averaged 28.8 miles in driving distance to reach their appointment in SFY 2015-16 and 28.1 miles in SFY 2016-17. The geographic region with the longest average driving distance for FFS beneficiaries residing outside a Primary Care service area to reach a Primary Care physician appointment was the Southern California geographic region (36.2 miles in SFY 2015-16 and 35.7 miles in SFY 2016-17) (Table 19).

Table 24: Average Driving Distance to Reach Primary Care Appointment among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17 Who Resided Outside of a Primary Care Service Area, by Geographic Region

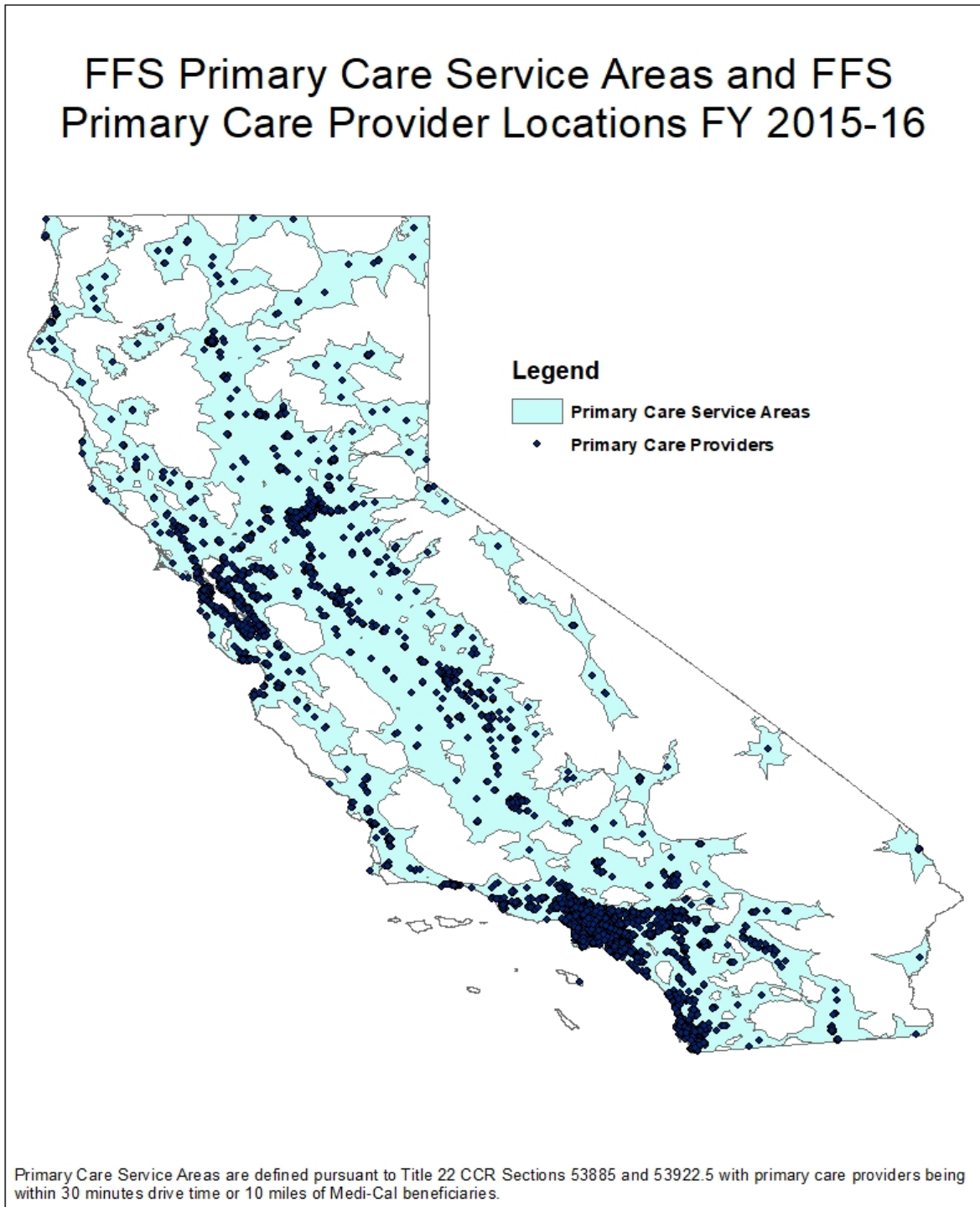
Geographic Region	Average Driving Distance (in Miles) for Beneficiaries Residing Outside Service Area in SFY 2015-16	Average Driving Distance (in Miles) for Beneficiaries Residing Outside Service Area in SFY 2016-17
Bay Area	16.7	17.2
Central Coast	25.2	22.3
Central Valley	20.9	20.7
Far North	22.4	21.6
Los Angeles	17.5	17.2
North Coast	16.9	19.8
Sacramento Valley	20.5	20.8
Sierra Range/Foothills	22.9	23.1
Southern California	36.2	35.7
Statewide	28.8	28.1

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Drive time and distance is calculated for each beneficiary to the closest Primary Care provider.

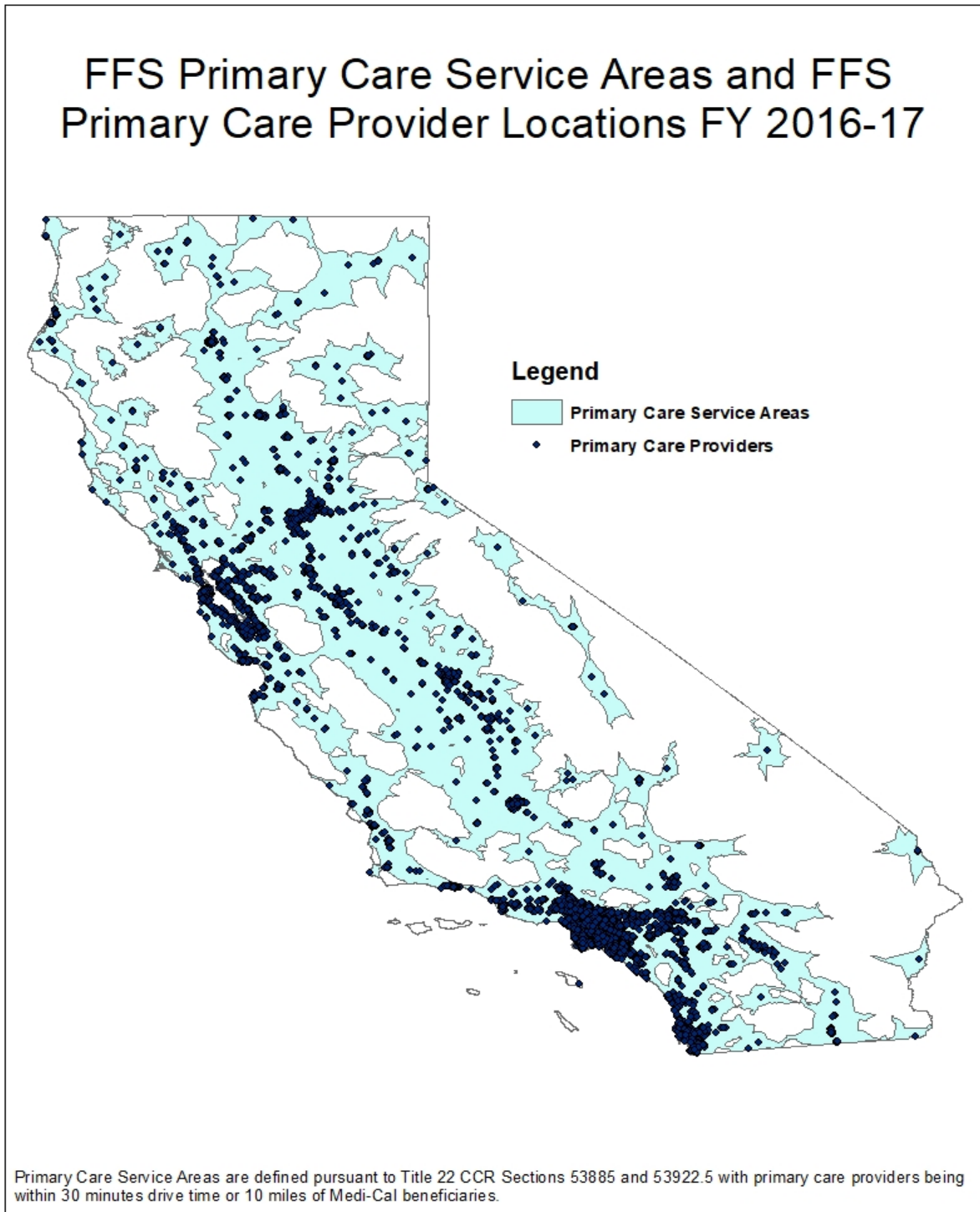
Figures 3 and 4 provide a visual depiction of the Primary Care service areas and the distribution of FFS Medi-Cal Primary Care provider locations throughout the state.

Figure 3: Statewide FFS Medi-Cal Primary Care Service Areas and FFS Medi-Cal Primary Care Provider Locations in SFY 2015-16



Source: Created by DHCS.

Figure 4: Statewide FFS Medi-Cal Primary Care Service Areas and FFS Medi-Cal Primary Care Provider Locations in SFY 2016-17



Source: Created by DHCS.

Physician Specialist Providers

Physician Specialist providers include physicians and physician groups. See Appendix E for a complete description of provider specialties.

Statewide during SFY 2015-16, there were 34,943 Physician Specialist providers that rendered services to Medi-Cal beneficiaries, compared to 35,034 during SFY 2016-17, an increase of 0.3%. The geographic region with the largest number of participating Physician Specialist providers was Los Angeles, with 10,599 providers during SFY 2015-16 and 10,561 during SFY 2016-17, followed by Southern California, with 9,938 participating providers during SFY 2015-16 and 9,780 during SFY 2016-17; and the Bay Area, with 9,165 participating providers during SFY 2015-16 and 9,273 during SFY 2016-17 (Table 25 and Table 26). The consistent participation of Physician Specialists may reflect the need of individuals who remain in FFS, such as individuals ages 0-20 in the Adoption/Foster Care eligibility pathway.

Table 25: Total Medi-Cal Participating Physician Specialist Providers in SFY 2015-16, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups
Bay Area	9,165	8,777	388
Central Coast	1,913	1,746	167
Central Valley	4,156	3,854	302
Far North	247	221	26
Los Angeles	10,599	9,802	797
North Coast	299	279	20
Sacramento Valley	2,901	2,779	122
Sierra Range/Foothills	1,314	1,262	52
Southern California	9,938	9,243	695
Statewide	34,943	32,461	2,482

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions in which they may have participated.

Table 26: Total Medi-Cal Participating Physician Specialist Providers in SFY 2016-17, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups
Bay Area	9,273	8,915	358
Central Coast	1,972	1,812	160
Central Valley	4,193	3,895	298
Far North	238	213	25
Los Angeles	10,561	9,799	762
North Coast	309	290	19
Sacramento Valley	2,874	2,768	106
Sierra Range/Foothills	1,338	1,284	54
Southern California	9,780	9,101	679
Statewide	35,034	32,649	2,385

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions in which they may have participated.

Statewide, during both SFYs 2015-16 and 2016-17, Physician Specialist providers that rendered services to Medi-Cal beneficiaries were concentrated in the Hospital Inpatient (24,516 during SFY 2015-16 and 24,397 during SFY 2016-17), Hospital Outpatient (22,979 during SFY 2015-16 and 22,403 during SFY 2016-17), and Clinic (22,690 during SFY 2015-16 and 22,533 during SFY 2016-17) service settings. The geographic regions with the largest number of participating Physician Specialist providers during both SFYs 2015-16 and 2016-17, regardless of service setting, were the Bay Area, Los Angeles, and Southern California (Table 27 and Table 28).

Table 27: Total Medi-Cal Participating Physician Specialist Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	1,974	5,771	5,953	5,096	776

Evaluation Domain: Provider Participation

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Central Coast	468	1,262	1,198	1,226	222
Central Valley	910	2,312	2,323	2,853	632
Far North	63	141	144	159	38
Los Angeles	2,022	7,029	6,104	6,492	2,925
North Coast	81	154	220	160	27
Sacramento Valley	764	1,896	2,127	1,350	298
Sierra Range/ Foothills	376	769	870	664	77
Southern California	2,524	7,012	6,112	5,932	2,124
Statewide	8,662	24,516	22,979	22,690	6,863

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Table 28: Total Medi-Cal Participating Physician Specialist Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	1,972	5,853	5,832	5,035	705
Central Coast	484	1,284	1,193	1,229	254
Central Valley	883	2,294	2,326	2,886	631
Far North	61	139	153	158	37
Los Angeles	1,997	6,969	5,902	6,360	2,522

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
North Coast	75	140	214	137	19
Sacramento Valley	781	1,834	2,089	1,344	265
Sierra Range/ Foothills	368	791	906	592	79
Southern California	2,554	6,928	5,866	5,936	1,802
Statewide	8,548	24,397	22,403	22,533	6,137

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Behavioral Health Providers

Behavioral Health providers include physicians, physician groups, and other non-physician providers such as psychologists.

Statewide during SFY 2015-16, there were 1,039 Behavioral Health providers that provided services to Medi-Cal beneficiaries, compared to 1,088 during SFY 2016-17, an increase of 0.3%. The geographic region with the largest number of participating Behavioral Health providers was Los Angeles, with 307 providers during SFY 2015-16 and 287 during SFY 2016-17, followed by the Bay Area, with 290 participating providers during SFY 2015-16 and 315 during SFY 2016-17; and Southern California, with 260 participating providers during SFY 2015-16 and 274 during SFY 2016-17 (Table 29 and Table 30).

It is important to note that given the structure of Medi-Cal's health care delivery system, FFS is a very minor component of the delivery of Behavioral Health services. Mental health services are primarily delivered through the managed care delivery system, and county mental health plans are entirely responsible for specialty mental health services.

Table 29: Total Medi-Cal Participating Behavioral Health Providers in SFY 2015-16, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Bay Area	290	185	12	93
Central Coast	33	23	2	8
Central Valley	68	48	4	16
Far North	4	4	-	-
Los Angeles	307	232	12	63
North Coast	8	4	1	3
Sacramento Valley	97	72	4	21
Sierra Range/Foothills	36	20	3	13
Southern California	260	171	11	78
Statewide	1,039	718	40	281

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Table 30: Total Medi-Cal Participating Behavioral Health Providers in SFY 2016-17, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Bay Area	315	201	14	100
Central Coast	45	26	3	16
Central Valley	76	56	2	18

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Far North	6	5	-	1
Los Angeles	287	210	10	67
North Coast	10	5	1	4
Sacramento Valley	93	67	4	22
Sierra Range/Foothills	36	20	3	13
Southern California	274	173	13	88
Statewide	1,088	734	40	314

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Statewide, during both SFYs 2015-16 and 2016-17, Behavioral Health providers that rendered services to Medi-Cal beneficiaries were concentrated in the Hospital Inpatient (367 during both SFY 2015-16 and SFY 2016-17), Hospital Outpatient (343 during SFY 2015-16 and 382 during SFY 2016-17), and Clinic (536 during SFY 2015-16 and 539 during SFY 2016-17) service settings. The geographic regions with the largest number of participating Behavioral Health providers during both SFYs 2015-16 and 2016-17, regardless of service setting, were the Bay Area, Los Angeles, and Southern California (Table 31 and Table 32). The pattern of provider participation by service setting was fairly consistent from SFYs 2015-16 to 2016-17.

Table 31: Total Medi-Cal Participating Behavioral Health Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	42	94	106	151	19
Central Coast	3	10	7	21	2
Central Valley	6	29	30	30	9
Far North	-	-	1	3	-
Los Angeles	62	112	83	157	88
North Coast	-	1	4	5	-
Sacramento Valley	27	37	32	38	6
Sierra Range/Foothills	5	7	13	18	6
Southern California	35	89	84	139	65
Statewide	174	367	343	536	194

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Table 32: Total Medi-Cal Participating Behavioral Health Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	41	105	117	154	25
Central Coast	4	7	12	30	9
Central Valley	7	23	34	39	2
Far North	-	-	-	6	-

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Los Angeles	73	108	85	136	68
North Coast	-	-	5	6	-
Sacramento Valley	22	38	42	31	5
Sierra Range/Foothills	5	4	14	20	6
Southern California	36	89	89	141	59
Statewide	183	367	382	539	170

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Pre- and Post-Natal Obstetric Providers

Pre- and Post-Natal Obstetric providers include physicians, physician groups, and other non-physician providers such as midwives (Appendix E).

Statewide during SFY 2015-16, there were 4,753 Pre- and Post-Natal Obstetric providers that provided services to Medi-Cal beneficiaries, compared to 4,769 during SFY 2016-17, increasing by 0.3%. The geographic region with the largest number of participating Pre- and Post-Natal Obstetric providers was Los Angeles, with 1,481 providers during SFY 2015-16 and 1,456 during SFY 2016-17, followed by Southern California, with 1,444 participating providers during SFY 2015-16 and 1,432 during SFY 2016-17; and the Bay Area, with 1,201 participating providers during SFY 2015-16 and 1,238 during SFY 2016-17 (Table 33 and Table 34). The consistent participation of Pre- and Post-Natal Obstetric providers may largely be driven by the continued need of women in the Undocumented eligibility category, who make up 75% of all women ages 15-44 in study period SFY 2016-17. Although not eligible for most services, women in the Undocumented eligibility pathway are entitled to pregnancy-related services and account for nearly half of all births in the FFS delivery system.

Table 33: Total Medi-Cal Participating Pre- and Post-Natal Obstetric Providers in SFY 2015-16, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Bay Area	1,201	1,078	40	83
Central Coast	285	254	27	4
Central Valley	595	539	45	11
Far North	29	23	6	-
Los Angeles	1,481	1,259	151	71
North Coast	46	35	3	8
Sacramento Valley	386	344	19	23
Sierra Range/Foothills	162	140	11	11
Southern California	1,444	1,212	110	122
Statewide	4,753	4,061	383	309

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Table 34: Total Medi-Cal Participating Pre- and Post-Natal Obstetric Providers in SFY 2016-17, by Provider Sub-Group and Geographic Region

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Bay Area	1,238	1,124	36	78
Central Coast	293	265	22	6
Central Valley	610	555	43	12

Geographic Region	Total Providers	Total Physicians	Total Physician Groups	Total Other Non-Physician Providers
Far North	30	23	7	-
Los Angeles	1,456	1,230	149	77
North Coast	58	42	4	12
Sacramento Valley	384	343	20	21
Sierra Range/Foothills	188	162	12	14
Southern California	1,432	1,209	107	116
Statewide	4,769	4,096	370	303

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Statewide, during both SFYs 2015-16 and 2016-17, Pre- and Post-Natal Obstetric providers that rendered services to Medi-Cal beneficiaries were concentrated in the Hospital Inpatient (3,741 during SFY 2015-16 and 3,706 during SFY 2016-17), Hospital Outpatient (3,574 during SFY 2015-16 and 3,549 during SFY 2016-17), and Clinic (3,422 during SFY 2015-16 and 3,469 during SFY 2016-17) service settings. The geographic regions with the largest number of participating Pre- and Post-Natal Obstetric providers during both SFYs 2015-16 and 2016-17, regardless of service setting, were the Bay Area, Los Angeles, and Southern California (Table 35 and Table 36). Similar to the other providers, service setting participation of Pre- and Post-Natal Obstetric providers was consistent from SFYs 2015-16 to 2016-17.

Note that Primary Care providers classified as gynecology, obstetrics, and obstetrics-gynecology are also included in the participation totals of Pre- and Post-Natal Obstetric providers.

Table 35: Total Medi-Cal Participating Pre- and Post-Natal Obstetric Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	261	796	875	786	104
Central Coast	91	243	216	201	55
Central Valley	160	387	412	438	64
Far North	9	20	22	22	-
Los Angeles	350	1,066	907	942	494
North Coast	10	27	36	32	6
Sacramento Valley	101	258	312	187	40
Sierra Range/Foothills	37	106	119	75	12
Southern California	441	1,181	1,018	925	396
Statewide	1,394	3,741	3,574	3,422	1,148

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Table 36: Total Medi-Cal Participating Pre- and Post-Natal Obstetric Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	259	816	893	799	94
Central Coast	96	245	220	192	55
Central Valley	160	395	398	463	51
Far North	8	20	21	22	-

Geographic Region	ED*	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Los Angeles	342	1,037	869	937	405
North Coast	12	27	50	36	2
Sacramento Valley	80	242	312	202	27
Sierra Range/Foothills	25	119	140	82	10
Southern California	440	1,192	1,012	919	316
Statewide	1,340	3,706	3,549	3,469	945

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

* ED = Emergency Department

Home Health Providers

Statewide during SFY 2015-16, there were 305 Home Health providers that rendered services to Medi-Cal beneficiaries, compared to 282 during SFY 2016-17, a decrease of 8.0%. The geographic region with the largest number of participating Home Health providers was Los Angeles, with 99 providers during SFY 2015-16 and 96 during SFY 2016-17, followed by Southern California, with 68 participating providers during SFY 2015-16 and 64 during SFY 2016-17; and the Bay Area, with 44 participating providers during SFY 2015-16 and 38 during SFY 2016-17 (Table 37 and Table 38). Since Home Health services are covered under the Medi-Cal managed care scope of services, decreases from SFYs 2015-16 to 2016-17 may reflect the overall decline in participation of individuals ages 0-20 in the FFS delivery system. Many of these individuals, who account for 55% of Home Health, transitioned into the managed care delivery system between study years.

Table 37: Total Medi-Cal Participating Home Health Providers in SFY 2015-16, by Geographic Region

Geographic Region	Total Providers
Bay Area	44
Central Coast	15
Central Valley	33
Far North	5
Los Angeles	99
North Coast	4
Sacramento Valley	28
Sierra Range/Foothills	11
Southern California	68
Statewide	305

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Table 38: Total Medi-Cal Participating Home Health Providers in SFY 2016-17, by Geographic Region

Geographic Region	Total Providers
Bay Area	38
Central Coast	14
Central Valley	30
Far North	4
Los Angeles	96
North Coast	4
Sacramento Valley	23
Sierra Range/Foothills	10
Southern California	64

Geographic Region	Total Providers
Statewide	282

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Pharmacy Providers

Statewide during SFY 2015-16, there were 5,485 Pharmacy providers that rendered services to Medi-Cal beneficiaries, compared to 5,476 during SFY 2016-17, a decrease of 0.3%. The geographic region with the largest number of participating Pharmacy providers was Los Angeles, with 1,538 providers during SFY 2015-16 and 1,546 during SFY 2016-17, followed by Southern California, with 1,520 participating providers during both SFYs 2015-16 and 2016-17; and the Bay Area, with 933 participating providers during SFY 2015-16 and 931 during SFY 2016-17 (Table 39 and Table 40).

Table 39: Total Medi-Cal Participating Pharmacy Providers in SFY 2015-16, by Geographic Region

Geographic Region	Total Providers
Bay Area	933
Central Coast	321
Central Valley	590
Far North	48
Los Angeles	1,538
North Coast	56
Sacramento Valley	328
Sierra Range/Foothills	159
Southern California	1,520
Statewide	5,485

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Table 40: Total Medi-Cal Participating Pharmacy Providers in SFY 2016-17, by Geographic Region

Geographic Region	Total Providers
Bay Area	931
Central Coast	318
Central Valley	587
Far North	45
Los Angeles	1,546
North Coast	55
Sacramento Valley	322
Sierra Range/Foothills	158
Southern California	1,520
Statewide	5,476

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Statewide, during both SFYs 2015-16 and 2016-17, Pharmacy providers that rendered services to Medi-Cal beneficiaries were heavily concentrated in the Clinics (5,476 during SFY 2015-16 and 5,461 during SFY 2016-17) service setting. The geographic regions with the largest number of participating Pharmacy providers in the Clinics service setting, during both SFYs 2015-16 and 2016-17, were the Los Angeles, Southern California, and Bay Area geographic regions (Table 41 and Table 42).

Table 41: Total Medi-Cal Participating Pharmacy Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	-	-	933	45
Central Coast	-	-	318	24
Central Valley	3	3	587	78
Far North	-	-	48	6
Los Angeles	-	2	1,534	178
North Coast	-	-	56	5
Sacramento Valley	-	-	328	34
Sierra Range/Foothills	-	-	158	17
Southern California	1	2	1,517	115
Statewide	4	7	5,476	495

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

Table 42: Total Medi-Cal Participating Pharmacy Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Bay Area	-	-	929	39
Central Coast	-	-	314	23
Central Valley	3	3	586	75
Far North	-	-	45	6
Los Angeles	-	2	1,543	141
North Coast	-	-	54	5
Sacramento Valley	-	-	321	31
Sierra Range/Foothills	-	-	158	11

Geographic Region	Hospital Inpatient	Hospital Outpatient	Clinics	Other
Southern California	1	2	1,514	97
Statewide	4	7	5,461	425

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

Private Duty Nursing Providers

Statewide during SFY 2015-16, there were 1,364 Private Duty Nursing providers that rendered services to Medi-Cal beneficiaries, increasing by 4.7% to 2,271 during SFY 2016-17. The geographic region with the largest number of participating Private Duty Nursing providers was Los Angeles, with 660 providers during SFY 2015-16 and 919 during SFY 2016-17, followed by Southern California, with 479 participating providers during SFY 2015-16 and 842 during SFY 2016-17; and the Bay Area, with 133 participating providers during SFY 2015-16 and 196 during SFY 2016-17 (Table 43 and Table 44).

Table 43: Total Medi-Cal Participating Private Duty Nursing Providers in SFY 2015-16, by Geographic Region

Geographic Region	Total Providers
Bay Area	133
Central Coast	15
Central Valley	70
Far North	5
Los Angeles	660
North Coast	2
Sacramento Valley	63
Sierra Range/Foothills	25
Southern California	479
Statewide	1,364

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Table 44: Total Medi-Cal Participating Private Duty Nursing Providers in SFY 2016-17, by Geographic Region

Geographic Region	Total Providers
Bay Area	196
Central Coast	48
Central Valley	230
Far North	13
Los Angeles	919
North Coast	12
Sacramento Valley	79
Sierra Range/Foothills	29
Southern California	842

Geographic Region	Total Providers
Statewide	2,271

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide provider total, regardless of how many geographic regions they may have participated in.

Statewide, during both SFYs 2015-16 and 2016-17, Private Duty Nursing providers that rendered services to Medi-Cal beneficiaries were heavily concentrated in the Home (1,348 during SFY 2015-16 and 2,256 during SFY 2016-17) service setting. The geographic regions with the largest number of participating Private Duty Nursing providers in the Home service setting, during both SFYs 2015-16 and 2016-17, were Los Angeles, Southern California, and the Bay Area (Table 45 and Table 46).

Table 45: Total Medi-Cal Participating Private Duty Nursing Providers in SFY 2015-16, by Service Setting and Geographic Region

Geographic Region	Hospital Inpatient	Home	Other
Bay Area	-	133	-
Central Coast	-	15	-
Central Valley	-	70	-
Far North	-	5	-
Los Angeles	2	649	15
North Coast	-	2	-
Sacramento Valley	-	62	-
Sierra Range/Foothills	-	25	-
Southern California	-	474	-
Statewide	2	1,348	15

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

Table 46: Total Medi-Cal Participating Private Duty Nursing Providers in SFY 2016-17, by Service Setting and Geographic Region

Geographic Region	Hospital Inpatient	Nursing Facility	Home	Other
Bay Area	-	-	196	-
Central Coast	-	-	48	-
Central Valley	-	-	228	-
Far North	-	-	13	-
Los Angeles	3	1	911	9
North Coast	-	-	12	-
Sacramento Valley	-	-	79	-
Sierra Range/Foothills	-	-	29	-
Southern California	2	-	834	1

Geographic Region	Hospital Inpatient	Nursing Facility	Home	Other
Statewide	5	1	2,256	10

Source: Created by DHCS using data from the MIS/DSS claims and provider tables.

Note: Providers are counted once by provider ID in the statewide service setting total for each service setting in which they participated, regardless of how many geographic regions in which they may have participated.

Conclusions

- The participation of Primary Care providers decreased statewide by 159 (0.4%) between SFYs 2015-16 and 2016-17 from 37,122 to 36,963.
- Primary Care physicians provided services almost equally among the Hospital Inpatient, Hospital Outpatient, and Clinic service settings. However, Clinics delivered the most services by Primary Care providers.
- The statewide beneficiary-to-primary-care-physician ratio was 47.4 in SFY 2015-16 and improved to 40.0 in SFY 2016-17. The geographic regions with the highest ratios were Los Angeles, at 59.6 beneficiaries per provider for SFY 2015-16 and 47.0 for SFY 2016-17; and the Central Valley, at 52.9 beneficiaries per provider for SFY 2015-16 and 49.6 for SFY 2016-17. The decrease in population-to-PCP ratios is attributable to the continued transition of beneficiaries from the FFS delivery system into managed care plans, as well as the overall decline in Medi-Cal enrollees.
- Less than 1% of FFS Medi-Cal beneficiaries resided outside a Primary Care service area (more than 10 miles in distance or 30 minutes in travel time) in SFY 2016-17.
- The longest average driving time (48.0 minutes) and distance (35.7 miles) to a Primary Care provider in SFY 2016-17 was in the Southern California geographic region.
- The participation of Physician Specialist providers slightly increased statewide by 91 (0.3%) between SFYs 2015-16 2016-17 from 34,943 to 35,034. The consistent participation of Physician Specialists from study year to study year reflect the continued need of individuals who remain in FFS, such as individuals age 0-20 in the Adoption/Foster Care eligibility pathway who saw participation increase by 5.5% during SFY 2016-17.
- The participation of Behavioral Health providers slightly increased statewide by 49 (4.7%) between SFYs 2015-16 and 2016-17 from 1,039 to 1,088. It is

important to note that the FFS delivery system is a very minor component in the delivery of Behavioral Health services. Mental health services are primarily delivered through the managed care delivery system, and county mental health plans are entirely responsible for specialty mental health services.

- The participation of Pre- and Post-Natal Obstetric providers increased slightly statewide by 16 (0.3%) between SFYs 2015-16 and 2016-17 from 4,769 to 4,753. The consistent participation of Pre- and Post-Natal Obstetric providers may largely be driven by the continued need of women in the Undocumented eligibility category, who make up 75% of all women ages 15-44 in SFY 2016-17. Although not eligible for most services, women in the Undocumented eligibility pathway are entitled to pregnancy-related services and account for nearly half of all births in the FFS delivery system.
- The participation of Home Health providers slightly decreased statewide by 23 (8.0%) between SFYs 2015-16 and 2016-17 from 305 to 282. Since Home Health services are covered under the Medi-Cal managed care scope of services, decreases from SFY 2015-16 to SFY 2016-17 may reflect the overall decline in participation of individuals ages 0-20 in the FFS delivery system. Many of these individuals, who accounted for 55% of Home Health users in SFY 2016-17, transitioned into the managed care delivery system between study years.
- The participation of Pharmacy providers slightly decreased statewide by 9 (0.2%) between SFYs 2015-16 and 2016-17 from 5,485, to 5,476.
- The participation of Private Duty Nursing providers increased by 907 (66.0%) between SFYs 2015-16 and 2016-17.

Evaluation Domain: Realized Access (Service Utilization)

Abstract

Realized Access is the evaluation of health services used by individuals. This analysis provides insight into whether the enrolled population is receiving services, and allows users of the report to evaluate service use expectations relative to changes within the study population.

This domain measured Realized Access for five service categories mandated by CMS⁴³, and two additional services categories included by DHCS: Primary Care, Physician Specialist, Behavioral Health, Home Health, Pre- and Post-Natal Obstetric, Pharmacy, and Private Duty Nursing. The analysis of service use and trends over two SFYs focused on individuals participating in Medi-Cal's FFS delivery system for 11 or more months throughout either of the two SFYs evaluated. Two study periods and two study populations were incorporated for SFYs 2015-16 and 2016-17. For this analysis, DHCS calculated service units per 1,000 member months to identify differences in utilization within the study populations, as well as year-over-year changes. For this analysis, the study populations were categorized into five aid code groups, or eligibility pathways: Adoption/Foster Care, Disabled, Dual Eligible, Other, and Undocumented.

As a result of Medi-Cal's continued enrollment shift to the managed care delivery system, the case mix of individuals participating in Medi-Cal's FFS delivery system and identified as study population members during SFY 2016-17 differed from that in SFY 2015-16. The number of individuals participating in Medi-Cal's FFS delivery system for at least 11 months decreased by 18% between SFYs 2015-16 and 2016-17. The Other eligibility pathway, which primarily consists of aid codes designated as mandatory for managed care enrollment (primarily ACA Expansion beneficiaries, CHDP Gateway infants, and parents/caretaker relatives), accounted for 50% of the year-over-year drop, as individuals from this pathway left the FFS delivery system and transitioned into managed care. This change significantly altered the study population in SFY 2016-17, and correspondingly influenced the utilization of health care services.

Enrollment among members of the FFS study population ages 0-20 saw a 39.6% decrease between the SFY 2015-16 study period and the SFY 2016-17 study period. Nearly nine out of 10 individuals ages 0-20 who exited the FFS delivery system were associated with the Other eligibility pathway. This resulted in an increase in the proportion of individuals ages 0-20 with higher medical needs categorized in the Adoption/Foster Care eligibility pathway, from 19.2% in SFY 2015-16 to 31.8% in SFY 2016-17. In turn, individuals ages 0-20 displayed higher utilization across all services evaluated.

Among individuals ages 0-20, services rendered by a Primary Care provider increased by 25.7%, services rendered by a Physician Specialist provider by 23.9%, services rendered by a Behavioral Health provider by 46.1%, services rendered by a Home Health provider by 48.3%, services rendered by a Pharmacy provider by 29.9%, and Private Duty Nursing services by 40.9%.

Significant changes in size and composition also occurred among non-elderly adult members of the FFS study population between SFYs 2015-16 and 2016-17. Overall, the number of individuals ages 21-64 participating in the FFS delivery system for 11 months or more decreased by 135,233 (11.6%), with eight out of 10 of those leaving the FFS system associated with the Other eligibility pathway. As a result, the Undocumented eligibility pathway represented a larger percentage of the overall study population in SFY 2016-17. The Undocumented eligibility pathway represented 42.6% of the overall study population, and about 63% of the adult study population in SFY 2015-16, but rose to 52.9% of the overall study population and about 74% of the adult population in SFY 2016-17. Since the Undocumented eligibility pathway includes individuals entitled to emergency and pregnancy-related services only, they are generally not entitled to services from six of the seven service categories evaluated in this analysis.

Since the Realized Access domain focuses on utilization levels as measured by units per 1,000 member months, changes in the denominator can materially impact the result. In the present case, the Undocumented eligibility pathway does not contribute to the numerator for many service categories, but supply member months to the overall rate. This means that as individuals who are eligible to receive most of the seven service categories (i.e., higher utilizers) exit the study population, overall utilization declines. Essentially, the study population has more member months that do not contribute to the numerator, or units of service.

Evaluating overall service category utilization with the inclusion of the Undocumented eligibility pathway disclosed that utilization of services rendered by a Primary Care provider decreased by 3.1% between SFYs 2015-16 and 2016-17, services rendered by a Physician Specialist provider decreased by 5.6%, services rendered by a Behavioral Health provider decreased by 8.5%, services rendered by a Pre- and Post-Natal Obstetric provider decreased by 9.2%, and services rendered by a Pharmacy provider decreased by 6.0%. In the two service categories where overall utilization increased in SFY 2016-17 (Home Health increased 8.1% and Private Duty Nursing increased 40.9%), the users of services were either mostly individuals ages 0-20 (about 55% of Home Health users) or entirely individuals ages 0-20 (the Private Duty Nursing service category is limited to individuals ages 0-20).

However, when the Undocumented eligibility pathway is excluded, overall service utilization increases significantly in all but one service category. Absent the influence of the Undocumented eligibility pathway's relative size but limited service use, the utilization of services rendered by a Primary Care provider increased by 8.3% between SFYs 2015-16 and 2016-17, services rendered by a Physician Specialist provider increased by 3.8%, services rendered by a Behavioral Health provider increased by 11.1%, services rendered by a Home Health provider increased by 32.0%, services rendered by a Pharmacy provider increased by 3.0%, and Private Duty Nursing services increased by 39.3%.

Service use among women of child-bearing ages 15-44 decreased by 9.2% between the SFY 2015-16 and SFY 2016-17 study periods. The drop in Pre- and Post-Natal Obstetric service utilization among women ages 15-44 was driven by a change in the case mix between SFYs 2015-16 and 2016-17. In SFY 2015-16, women ages 15-44 enrolled in the Other eligibility pathway constituted about 31% of all women of child-bearing age in the study population, but by SFY 2016-17 they only constituted about 16%. In SFY 2015-16, women of child-bearing age enrolled in the Other eligibility pathway generated a Pre- and Post-Natal Obstetric units per 1,000 member months of 61.06; however, by SFY 2016-17 women of child-bearing age remaining in the Other eligibility pathway generated a Pre- and Post-Natal Obstetric units per 1,000 member months of only 45.25. Many of the women of child-bearing age transitioned from the FFS delivery system to managed care between SFYs 2015-16 and 2016-17, with average monthly enrollment dropping from 175,487 to 74,323 between the two study periods. When controlling for the effect of the change in case mix (i.e., excluding the Other eligibility pathway), the decline in service utilization among women of child-bearing age dropped only 1.5% between the two study periods.

Overall, changes in the use of services between SFYs 2015-16 and 2016-17 are consistent with the changing composition of the study populations and the continual decline of enrollment in the FFS delivery system.

Introduction

Three broad areas are generally studied to evaluate health care system performance. These include the cost of care, the quality of care, and access to care. Access to care, as used in this analysis, should be thought of as a broad term that is multi-faceted. Anderson and Davidson, for example, in "Improving Access to Care in America" (2007)⁴⁴, differentiate between *potential* access to care, and *realized* access to care. While potential access to care measures the resources or capacity (i.e., numbers of physicians, hospitals, pharmacies, etc.) in place to provide health care services to the

population, realized access to care considers the population that *actually utilized* those services. Realized access looks exclusively at the health care services that actually occurred, as opposed to utilization that could have, or might have occurred if not for some impediment, or inhibiting factor.

Realized access tells us what Medi-Cal services are used, and by whom, but it should be thought of as only one of many tools used to evaluate access to care. Realized access does not provide information regarding those who sought services, but were unable to access them. Consequently, to evaluate access to care, a combination of realized access analyses together with additional information – such as beneficiary participation, birth outcomes, helpline feedback, and provider supply – must be considered.

Measurement of realized access tells us whether health care services are being utilized, and to what extent the delivery of services varies demographically (i.e., by age, sex, or race/ethnicity). Additionally, the monitoring and reporting of service utilization trends over consecutive state fiscal years is intended to identify any developing or growing gaps in utilization relative to expectations.

In this analysis, DHCS calculated units per 1,000 member months for seven service categories, and analyzed rates among demographic and Medi-Cal program characteristics for the study populations in SFYs 2015-16 and 2016-17, as well as year over year. The following service categories were analyzed by age group, sex, eligibility pathway, race/ethnicity, and geographic region for the study populations described in detail within the Beneficiary Participation domain:

1. Primary Care,
2. Physician Specialist,
3. Behavioral Health,
4. Pre- and Post-Natal Obstetric,
5. Home Health,
6. Pharmacy, and
7. Private Duty Nursing.

Background

In 2008, roughly half of the Medi-Cal population participated in the traditional FFS health delivery system and the other half participated in the managed care delivery system. By 2017, however, only 20% of Medi-Cal certified eligibles participated in FFS. The steady decline in the number of individuals participating in the FFS delivery system also took place against the backdrop of steadily changing Medi-Cal population. Major surges in enrollment between 2013 and 2016 brought many new beneficiaries into FFS Medi-Cal, most of whom remained in that delivery system for only a short duration. As the FFS population steadily declined, its overall composition as reflected in the distribution of beneficiaries between the different eligibility pathways also changed. The composition of the FFS population is described in more detail in the Beneficiary Participation evaluation domain of this report.

Utilization Paradigms

Changes in beneficiary enrollment and provider capacity are both important factors influencing health care utilization trends. When evaluating utilization trends, there are three possible scenarios, or paradigms, influencing utilization rates, that should be considered.

Paradigm One: If beneficiary participation increases overall, or within a subpopulation, and the network of health care providers cannot absorb the increased demand, beneficiaries may experience difficulties accessing health care services. In that case, one would expect to detect a decline in service utilization rates as beneficiaries forego health care services.

Paradigm Two: If beneficiary participation increases and the network of providers is able to absorb the additional demand, then one would expect service utilization rates to remain constant, increase, or to experience no significant decreases.

Paradigm Three: If beneficiary participation decreases within a subpopulation and those that remain in FFS have a significantly different case mix than the initial population, one would expect marked changes in health care utilization based on the population's level of need for services. For example, if the subpopulation that remains in FFS has significantly greater medical needs than the initial population, one would expect service utilization rates to increase. However, if the subpopulation that remains is healthier, one would expect service utilization rates to decrease. Certain shifts in populations from one health care system to another, such as from FFS to managed care, might result in a

significant change in the mix of patients remaining in the FFS health delivery system. This in turn may result in significant changes in utilization trends.

Methodology

Users of this report should note that the utilization rates presented in this evaluation domain reflect services rendered by provider type, rather than specific services identified. For example, Primary Care rates reflect services rendered to beneficiaries by a Primary Care provider, rather than Primary Care services identified.

Study Periods

The study periods were defined using State Fiscal Year, commencing in July and ending in June. For this access to care analysis, the two study periods were defined as SFY 2015-16 and SFY 2016-17. To align utilization information with the respective study periods, DHCS used only those claims with dates of service that fell within the 12-month study period.

Study Populations

Two study populations were defined for this assessment of FFS Medi-Cal access to care – one study population for SFY 2015-16 and another for SFY 2016-17. Individuals identified as members of each study population represented all individuals certified eligible for Medi-Cal benefits who participated in Medi-Cal's FFS delivery system for at least 11 months throughout the study period.

The Private Duty Nursing services category and calculations were limited to individuals ages 0-20, certified eligible for Medi-Cal with at least 11 months of participation in the FFS delivery system.

The Pre- and Post-Natal Obstetric services category and calculations were limited to women of reproductive ages 15-44, certified eligible for Medi-Cal with at least 11 months of participation in the FFS delivery system. Note that Pre- and Post-Natal Obstetric providers are included in both the Primary Care and Physician Specialist service categories. Additionally, services administered by Pre- and Post-Natal Obstetric providers are presented independently.

Users of this report should also note that individuals in the Undocumented eligibility category are entitled to emergency and pregnancy-related services only. As several provider types may administer emergency and pregnancy-related services, Undocumented beneficiaries are included in each analyzed service category.

Data Source

In order to evaluate realized access, for each study period DHCS developed and combined two datasets. The resulting analytic dataset allowed DHCS to stratify services by meaningful beneficiary characteristics and consider service rates over time.

The first dataset for each study period captured eligibility information for every individual who participated in Medi-Cal's FFS delivery system for at least 11 months during the study period. This eligibility dataset included demographic information such as age, sex, and race/ethnicity, in addition to program characteristics such as aid code, eligibility pathway, and length of FFS enrollment. Eligibility data was obtained from the MEDS as extracted from the Department's MIS/DSS.

The second dataset for each study period was constructed to identify and capture FFS Medi-Cal utilization for all individuals included in the eligibility dataset. Based on provider and procedure-related information in each FFS claim, a service category was assigned and the respective units of service identified. All FFS claims data was obtained from the department's MIS/DSS.

For each study period the two datasets were combined, creating one research dataset (RDS) for SFY 2015-16 and one RDS for SFY 2016-17. Each RDS includes all services rendered and paid for by Medi-Cal's FFS delivery system for Medi-

Cal certified eligibles who participated in the FFS delivery system for at least 11 months during the respective study period.

Calculating Units per 1,000 Member Months

Each RDS enabled DHCS to calculate utilization rates, with the eligibility dataset supplying denominator counts (how many member months associated with a given characteristic), and utilization supplying the applicable numerator (units of a given service). The following formula was used to calculate units per 1,000 member months within this evaluation domain:

$$\text{(Units of service / Member months among beneficiaries with at least 11 months in FFS)} \times 1,000 = \text{Units per 1,000 member months}$$

DHCS stratified units per 1,000 member months by the following demographic and Medi-Cal program characteristics:

1. Age Group (3 groups)
 - a. Ages 0-20
 - b. Ages 21-64
 - c. Ages 65 and Older
2. Sex (2 groups)
 - a. Female
 - b. Male
3. Eligibility Pathway (5 groups)
 - a. Adoption/Foster Care
 - b. Disabled
 - c. Dual Eligible^{viii}

^{viii} Although Medicare is generally the primary payer, the Medi-Cal program has sole or partial fiscal responsibility for particular services administered to Dual Eligibles. In both SFYs 2015-16 and 2016-17, about 80% of all Medi-Cal claims for Dual Eligibles with 11 months or more in FFS reflected services in which Medi-Cal had sole fiscal responsibility. The remaining 20% of the claims in

- d. Other (Most of these beneficiaries are enrolled in aid codes associated with the Parent /Caretaker Relative & Child, ACA Expansion – Adult Age 19-64, and Optional Targeted Low-Income Children [OTLIC /CHIP] eligibility pathways)
- e. Undocumented
- 4. Race/Ethnicity (6 groups),
 - a. African-American
 - b. American Indian/Alaskan Native
 - c. Asian
 - d. Hispanic
 - e. White
 - f. Not Reported
- 5. Statewide geographic region (9 regions)
 - a. Bay Area
 - b. Central Coast
 - c. Central Valley
 - d. Far North
 - e. Los Angeles
 - f. North Coast
 - g. Sacramento Valley
 - h. Sierra Range/Foothills
 - i. Southern California (not including Los Angeles County)

both study periods reflected services where Medi-Cal had partial fiscal responsibility and covered payment such as Medicare deductibles or co-insurance.

Service Categories

Utilization can be examined along a number of dimensions and service categories. In addition to the thousands of possible medical services, utilization can also be arrayed by health delivery dimensions such as provider type, physician specialty, and service setting.

To ensure that federally mandated access studies are consistent across all states, Subpart B, Part 447, Title 42 of the Code of Federal Regulations (42 CFR Part 447) lists five specific service categories for which states must, at a minimum, conduct analyses. In accordance with 42 CFR Part 447, DHCS presents rates of utilization for the five required service categories. DHCS also included two additional service categories, for a total of seven service categories within this evaluation domain.

Users of this report should note that the utilization rates presented in this evaluation domain reflect services rendered by provider type, rather than specific services identified. For example, Primary Care rates reflect services rendered to beneficiaries by a Primary Care provider, rather than Primary Care services identified. To determine utilization within each service category, DHCS evaluated services rendered to beneficiaries on the basis of the designated provider type of the attending physician, etc. (See Appendix E for a full list of provider types grouped into each service category.) However, to evaluate Private Duty Nursing service use, DHCS identified claims using the following procedure codes: 'Z5836', 'Z5832', 'Z5833', 'Z5834', 'Z5835', 'Z5840', 'Z5804', 'Z5805', 'Z5806', 'Z5807', 'G0162', 'G0299', 'T1002', 'T1003', 'G0300', 'T1016', 'S9123', 'T1030', 'S9124', 'T1031'.

Table 47 defines the seven service categories.

Table 47: Utilization Service Categories

Service Category	Service Category Definition	Requirement Source
Primary Care	Primary Care providers often serve as an entry-point for Medi-Cal beneficiaries to gain access to the program’s health care delivery systems. These providers are defined as any internist, general practitioner, obstetrician/gynecologist ^{ix} , pediatrician, family practice physician, non-physician medical practitioner, or any primary care clinic, Federally Qualified Health Center ^x (FQHC), Rural Health Clinic ^{xi} (RHC), Indian Health Services ^{xii} (IHS) clinic, community clinic, or hospital outpatient clinic currently enrolled in the Medi-Cal program to provide case management to Medi-Cal beneficiaries. ^{xiii}	42 CFR Part 447

^{ix} Obstetricians/Gynecologists are also included in the Pre- and Post-Natal Obstetric service category.

^x FQHCs are nonprofit, community-based organizations or public entities that offer primary and preventive health care and related social services to the medically underserved and uninsured population, regardless of their ability to pay. FQHCs receive funding under the Public Health Service Act, Section 330, which is determined by the U.S. Department of Health and Human Services (HHS).

^{xi} RHCs are organized outpatient clinics or hospital outpatient departments located in rural shortage areas as designated by HHS. To qualify as an RHC, a clinic must be located in a non-urbanized area or area currently designated by the Health Resources and Services Agency (HRSA) as a federally designated or certified shortage area.

^{xii} IHS clinics are those authorized by the U.S. Secretary of Health, Education, and Welfare to contract services to tribal organizations. Services available under the IHS provider type are more extensive than under the FQHC or RHC provider types, and include the following services: physician and physician assistant; nurse practitioner and nurse midwife; visiting nurse; clinical psychology and social work; comprehensive perinatal care; Early Periodic Screening, Diagnosis and Treatment; ambulatory; and optometry.

^{xiii} California Welfare and Institutions Code, Section 14088(b)(1)(A)

Evaluation Domain: Realized Access (Service Utilization)

Service Category	Service Category Definition	Requirement Source
	For a complete list of Medi-Cal provider types included in this service category, see Appendix E.	
Physician Specialist	<p>Specialist providers are physicians with advanced education and clinical training in a specific area of medicine, and generally require a referral from a general physician in order to treat Medi-Cal beneficiaries. This service category encompasses 40 different specialized fields, including: general surgery, allergy treatment, cardiovascular disease, dermatology, gastroenterology, neurology, physical medicine and rehabilitation, proctology, pulmonary disease, radiology, and urology.</p> <p>For a complete list of Medi-Cal provider types included in this service category, see Appendix E.</p>	42 CFR Part 447
Behavioral Health	<p>Behavioral Health providers diagnose and treat mental health conditions and promote emotional well-being among patients. Some also work to intervene or prevent substance abuse and addiction. This category of service includes psychiatrists; psychologists; marriage, family, and child counselors; and licensed clinical social workers.</p> <p>For a complete list of Medi-Cal provider types included in this service category, see Appendix E.</p>	42 CFR Part 447
Pre- and Post-Natal Obstetric	Pre- and Post-Natal Obstetric providers specialize in pregnancy, child birth, and women’s reproductive health, and provide care for women during the course of their pregnancy and for a period after their baby is born. This category of service includes obstetricians/gynecologists; neonatal providers; certified nurse midwives; and alternative birth centers.	42 CFR Part 447

Service Category	Service Category Definition	Requirement Source
	For a complete list of Medi-Cal provider types included in this service category, see Appendix E.	
Home Health	<p>Home Health providers give outpatient care to Medi-Cal beneficiaries on an intermittent or part-time basis. Home Health services paid through FFS Medi-Cal comprise any claim paid under provider type “014–Home Health Agency,” which covers a variety of services, including: part-time or intermittent skilled nursing by licensed nursing personnel; home and community-based services; physical, occupational, or speech therapy; home health aides; and pediatric palliative care waiver services.</p> <p>These services must be prescribed by a physician under a written plan renewed every 60 days, and be provided at the recipient’s place of residence. Most services require prior authorization, except for services related to case evaluations and early discharge follow-up visits.</p> <p>For a complete list of Medi-Cal provider types included in this service category, see Appendix E.</p>	42 CFR Part 447
Pharmacy	<p>Pharmacy services are the most frequently used Medi-Cal benefit and the fastest-growing portion of the Medi-Cal budget. Pharmacy coverage represents a significant proportion of the benefits received by the elderly and beneficiaries with a disability, mental illness, or chronic condition.</p> <p>Pharmacy providers not only dispense prescription drugs, but also bill for over-the-counter drugs, enteral formula, medical supplies, incontinent supplies, and durable medical equipment. Most outpatient prescription drug claims are billed by pharmacy providers. Physicians and clinics may also bill for drugs administered in their office, as well as for prenatal care</p>	Included per DHCS

Service Category	Service Category Definition	Requirement Source
	<p>vitamins that are distributed through Comprehensive Perinatal Services Program providers.</p> <p>For a complete list of Medi-Cal provider types included in this service category, see Appendix E.</p>	
<p>Private Duty Nursing</p>	<p>Private Duty Nursing is among the many services in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services benefit. Private Duty Nursing is essentially the care of clients by professionals who provide private care on a one-on-one basis in a client’s home or an institution such as a nursing home or other such facility.</p> <p>The intent of Private Duty Nursing services is to meet the needs of the individual clients while assisting them with direct nursing care resulting in optimal health status and outcomes, and to reduce the number of in-patient stays and emergency room visits.</p> <p>Private Duty Nursing services are provided by a Home Health Agency or by an Individual Nurse Provider. A Home Health Agency is a Medi-Cal provider who hires health professionals such as Registered Nurses, Licensed Vocational Nurses, and Certified Home Health Aids.</p> <p>For a complete list of Medi-Cal provider types included in this service category, see Appendix E.</p>	<p>Included per DHCS</p>

Brief Overview of the Study Populations

Changes in the composition of the study populations between SFYs 2015-16 and 2016-17 provide important context for evaluating realized access. Understanding changes in the case mix informs expectations of service use and realized access. As displayed in Table 48, there were 1,831,072 individuals who participated in Medi-Cal’s FFS delivery system for

at least 11 months during SFY 2015-16. In SFY 2016-17 the study population consisted of 1,502,250 individuals certified eligible for Medi-Cal who participated for at least 11 months, a decrease of 18.0%.

The study populations for SFYs 2015-16 and 2016-17 showed similar distributions by sex, race/ethnicity, and geographic region, but revealed shifts in the composition of age and eligibility pathway. Most notably, individuals ages 0-20 decreased from 21.4% of the study population in SFY 2015-16 to 15.7% of the study population in SFY 2016-17. As individuals ages 0-20 accounted for a smaller percentage of the study population in SFY 2016-17, individuals ages 21-64 represented more of the overall study population in SFY 2016-17. Individuals ages 21-64 accounted for 63.7% of the study population in SFY 2015-16, and then increased to represent 68.6% of the study population in SFY 2016-17.

Within eligibility pathways, two prominent shifts in the composition of the study population occurred. In SFY 2015-16, nearly one-third (30.1%) of the study population was represented in the Other eligibility pathway, but dropped by nearly half to account for only 18.4% of the study population in SFY 2016-17. While the number of individuals in the Undocumented eligibility pathway increased 2% by count between SFY 2015-16 and SFY 2016-17, the percentage of the study population represented by the Undocumented eligibility pathway increased from 42.6% in SFY 2015-16 to 52.9% in SFY 2016-17. This is important when interpreting results within this domain, especially considering that individuals in the Undocumented eligibility group, who make up more than half of the study population in SFY 2016-17, are entitled to emergency and pregnancy-related services only.

For a more detailed description of the composition of the certified eligible FFS Medi-Cal population and their enrollment characteristics, see the Beneficiary Participation evaluation domain of this report.

Table 48: Distribution of Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for At Least 11 Months in SFYs 2015-16 or 2016-17, by Select Demographic Characteristics

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Total Study Population	1,831,072	100.0%	1,502,250	100.0%	- 18.0%
Sex					
Female	1,049,898	57.3%	858,590	57.2%	-18.2%
Male	781,174	42.7%	643,660	42.8%	-17.6%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Age Group					
Ages 0-20	391,070	21.4%	236,170	15.7%	-39.6%
Ages 21-64	1,165,853	63.7%	1,030,620	68.6%	-11.6%
Ages 65 and Older	274,149	15.0%	235,460	15.7%	-14.1%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Eligibility Pathway					
Adoption/ Foster Care	79,954	4.4%	81,894	5.5%	2.4%
Disabled	74,524	4.1%	38,820	2.6%	-47.9%
Dual Eligible	346,617	18.9%	310,338	20.7%	-10.5%
Other	550,501	30.1%	275,928	18.4%	-49.9%

Evaluation Domain: Realized Access (Service Utilization)

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Undocumented	779,476	42.6%	795,270	52.9%	2.0%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Race/Ethnicity					
African-American	105,731	5.8%	78,593	5.2%	-25.7%
American Indian/ Alaskan Native	6,424	0.4%	5,893	0.4%	-8.3%
Asian	136,527	7.5%	101,401	6.7%	-25.7%
Hispanic	1,133,499	61.9%	942,594	62.7%	-16.8%
White	263,282	14.4%	210,430	14.0%	-20.1%
Not Reported	185,609	10.1%	163,339	10.9%	-12.0%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%
Geographic Region					
Bay Area	266,796	14.6%	236,129	15.7%	-11.5%
Central Coast	75,466	4.1%	70,364	4.7%	-6.8%
Central Valley	251,732	13.7%	235,847	15.7%	-6.3%
Far North	1,841	0.1%	1,405	0.1%	-23.7%
Los Angeles	690,272	37.7%	515,217	34.3%	-25.4%
North Coast	4,655	0.3%	4,110	0.3%	-11.7%

	Certified Eligibles in SFY 2015-16	Percentage of Total	Certified Eligibles in SFY 2016-17	Percentage of Total	% Change from SFYs 2015-16 to 2016-17
Sacramento Valley	101,837	5.6%	96,766	6.4%	-5.0%
Sierra Range/Foothills	26,425	1.4%	24,898	1.7%	-5.8%
Southern California	412,048	22.5%	317,514	21.1%	-22.9%
Total	1,831,072	100.0%	1,502,250	100.0%	-18.0%

Source: Created by DHCS.

Results

This section presents units of service per 1,000 member months by category of service and SFY. Within each service category, separate utilization rates are displayed for the demographic groups. As previously discussed, utilization levels reflect, among other things, the composition of the underlying study population in terms of age, health status, benefit coverage, and other demographic characteristics.

Primary Care

Primary Care is health care provided by a physician (as a general practitioner, pediatrician, or obstetrician/gynecologist) serving as the patient’s initial point of contact and by whom the patient may be referred to a specialist for further treatment. See Table 47 for a more detailed definition.

Overall, certified eligible Medi-Cal beneficiaries participating in the FFS delivery system for at least 11 months during SFY 2015-16 generated a Primary Care units per 1,000 member months of 147.37 (Table 49).

Table 49: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	280,373	1,770,055	158.40
2015-08	278,981	1,828,196	152.60
2015-09	280,197	1,828,063	153.28
2015-10	281,823	1,828,497	154.13
2015-11	247,043	1,828,168	135.13
2015-12	257,014	1,827,933	140.60
2016-01	290,530	1,828,865	158.86
2016-02	276,569	1,829,143	151.20
2016-03	280,134	1,828,317	153.22
2016-04	248,137	1,827,571	135.77
2016-05	250,627	1,828,463	137.07
2016-06	240,392	1,740,289	138.13
Total	3,211,820	21,793,560	147.37

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2016-17, FFS Medi-Cal beneficiaries with at least 11 months enrollment generated a Primary Care units per 1,000 member months of 142.82. This represented a slight decrease in the Primary Care units per 1,000 member months from SFY 2015-16 (Table 50).

Table 50: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	203,631	1,459,507	139.52
2016-08	234,372	1,499,168	156.33
2016-09	219,816	1,499,868	146.56
2016-10	211,433	1,500,043	140.95
2016-11	201,527	1,500,505	134.31
2016-12	200,104	1,500,046	133.40
2017-01	247,676	1,500,080	165.11
2017-02	210,750	1,500,727	140.43
2017-03	229,668	1,500,285	153.08
2017-04	196,246	1,500,365	130.80
2017-05	209,736	1,500,229	139.80
2017-06	194,232	1,457,869	133.23
Total	2,559,191	17,918,692	142.82

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Individuals ages 0-20 who participated in the FFS delivery system for 11 or more months during SFY 2016-17 saw a 25.7% increase in Primary Care units per 1,000 member months compared to individuals ages 0-20 in the study population for SFY 2015-16. This not only indicates that fewer individuals ages 0-20 participated in the FFS delivery

system in study year SFY 2016-17, but also that those individuals ages 0-20 utilized more services rendered by a Primary Care provider.

Individuals ages 21-64 had a Primary Care units per 1,000 member months of 143.49 in SFY 2015-16, which declined by 13.0% to 124.89 units per 1,000 member months in SFY 2016-17.

During SFY 2015-16, FFS Medi-Cal beneficiaries ages 65 and older generated a Primary Care units per 1,000 member months (184.38) that was 39% greater than that of individuals ages 0-20 (132.86), and 28% greater than that of individuals ages 21-64 (143.49). This is consistent with the fact that the use of health care services generally increases with age.⁴⁵ Older individuals encounter a number of health challenges as they age, and are more likely to have been treated for at least one chronic condition. During SFY 2016-17, individuals ages 65 and older again generated the highest Primary Care units per 1,000 member months (196.92). However, unlike in SFY 2015-16, individuals ages 0-20 generated a higher Primary Care units per 1,000 member months (167.06) than individuals ages 21-64 (124.89) in SFY 2016-17 (Table 51).

Table 51: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Age Group

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 0-20	616,025	4,636,802	132.86	470,106	2,813,984	167.06	25.7%
Ages 21-64	1,991,855	13,881,259	143.49	1,534,868	12,290,246	124.89	-13.0%
Ages 65 and Older	603,940	3,275,463	184.38	554,217	2,814,462	196.92	6.8%

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Invalid Age	0	36	0	N/A	N/A	N/A	N/A
Total	3,211,820	21,793,560	147.37	2,559,191	17,918,692	142.82	- 3.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2015-16, females (181.77) produced a much higher Primary Care units per 1,000 member months than males (101.12), exceeding males by roughly 80% (Table 52).

Table 52: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	2,272,061	12,499,715	181.77	1,792,284	10,244,387	174.95	-3.7%
Male	939,759	9,293,845	101.12	766,907	7,674,305	99.93	-1.2%
Total	3,211,820	21,793,560	147.37	2,559,191	17,918,692	142.82	- 3.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Isolating individuals to the child-bearing ages of 15-44 illustrates even larger disparities between males and females. In SFY 2015-16, females ages 15-44 generated a Primary Care units per 1,000 member months of 198.63 compared to 43.41 for males. Similarly, in SFY 2016-17, females (187.77) generated higher Primary Care units per 1,000 member months than males (39.40). This is consistent with studies that have shown that women generally utilize more health care services than men, and often those services are associated with reproductive services⁴⁶ (Table 53).

Table 53: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex (Ages 15-44 Only)

Sex	SFY 2015-16			SFY 2016-17		
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months
Female	1,365,138	6,872,636	198.63	1,035,905	5,516,835	187.77
Male	198,032	4,561,496	43.41	149,954	3,806,125	39.40
Total	1,563,170	11,434,132	136.71	1,185,859	9,322,960	127.20

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2015-16, FFS Medi-Cal beneficiaries in the Disabled eligibility pathway generated a Primary Care units per 1,000 member months of 380.33, which was far higher than other eligibility groups. This is consistent with the Disabled subpopulation’s underlying health status and greater prevalence of chronic conditions.

Dual Eligibles also generated a Primary Care units per 1,000 member months that was greater than the overall number (202.04 vs. 147.37) (Table 54). However, as discussed in the Beneficiary Participation evaluation domain, the Medicare

delivery system is the primary payer and manager of services for Dual Eligibles. Medi-Cal is the secondary payer, generally paying cost-sharing and co-payments, and is not the primary source of payment or service delivery.

Individuals in the Undocumented eligibility pathway generated the lowest Primary Care units per 1,000 member months (95.00). This reflects the fact that the Undocumented subpopulation is entitled to pregnancy and emergency services only, and are generally not entitled to services rendered by a Primary Care provider.

The Primary Care units per 1,000 member months increased for all eligibility pathways in SFY 2016-17 – except for the Undocumented, which fell from 95.00 to 90.36. However, because Undocumented beneficiaries represented over half of the member months for the study population during SFY 2016-17, they effectively drove down the overall utilization for the entire study population. The overall use from study period SFY 2015-16 (147.37) dropped by 3.1% in study period SFY 2016-17 (142.82).

Table 54: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	164,781	956,552	172.27	174,224	979,663	177.84	3.2%
Disabled	337,699	887,900	380.33	191,428	463,620	412.90	8.6%
Dual Eligible	837,349	4,144,384	202.04	805,545	3,710,914	217.07	7.4%
Other	988,199	6,501,848	151.99	530,420	3,273,488	162.04	6.6%

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Undocumented	883,792	9,302,876	95.00	857,574	9,491,007	90.36	-4.9%
Total	3,211,820	21,793,560	147.37	2,559,191	17,918,692	142.82	- 3.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In terms of race/ethnicity, during study period SFY 2015-16 those in the American Indian/Alaskan Native racial/ethnic cohort had the highest Primary Care units per 1,000 member months (330.34), followed by those in the White (198.95) and African-American (177.51) racial/ethnic cohorts.

Of the 87% of FFS Medi-Cal beneficiaries who reported racial/ethnic data during the SFY 2016-17 study period, those in the American Indian/Alaskan Native racial/ethnic cohort again generated the highest Primary Care units per 1,000 member months (353.88), followed by those in the White (208.78) and African-American (178.13) racial/ethnic cohorts.

Primary Care units per 1,000 member months decreased year-over-year for individuals identifying as Hispanic, indicating a lower-utilizing cohort in the SFY 2016-17 study year (Table 55).

Table 55: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African- American	223,098	1,256,837	177.51	166,824	936,535	178.13	0.4%
American Indian/ Alaskan Native	25,297	76,579	330.34	24,875	70,293	353.88	7.1%
Asian	214,463	1,624,649	132.01	168,285	1,209,543	139.13	5.4%
Hispanic	1,744,771	13,488,982	129.35	1,343,846	11,242,481	119.53	-7.6%
White	623,985	3,136,389	198.95	524,327	2,511,376	208.78	4.9%
Not Reported	380,206	2,210,124	172.03	331,034	1,948,464	169.89	-1.2%
Total	3,211,820	21,793,560	147.37	2,559,191	17,918,692	142.82	- 3.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Variation in service utilization by geographic region may reflect differences in the demographic composition, restrictions in the scope of services, and/or health status of the enrolled population. FFS Medi-Cal beneficiaries residing in the Sierra

Range/Foothills geographic region had the highest Primary Care units per 1,000 member months (248.16), followed by those residing in the Central Coast (185.65) and Sacramento Valley (173.62) geographic regions (Table 56).

During SFY 2016-17, FFS Medi-Cal beneficiaries residing in the Sierra Range/Foothills geographic region again had the highest Primary Care units per 1,000 member months (258.61), followed by those residing in the Central Coast (190.99) and Far North (190.15) geographic regions. Los Angeles County (101.15) generated the lowest Primary Care units per 1,000 member months. Los Angeles County also saw the largest year-over-year decrease (17.7%), indicating the transition of higher-utilizing individuals out of the study population for SFY 2016-17, and into Medi-Cal managed care.

Table 56: Primary Care Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	470,177	3,179,662	147.87	444,899	2,818,663	157.84	6.7%
Central Coast	166,237	895,439	185.65	160,307	839,341	190.99	2.9%
Central Valley	505,649	3,004,386	168.30	502,913	2,817,728	178.48	6.0%
Far North	3,164	21,784	145.24	3,180	16,724	190.15	30.9%
Los Angeles	1,008,606	8,205,489	122.92	620,937	6,138,744	101.15	-17.7%
North Coast	6,459	55,047	117.34	5,562	49,056	113.38	-3.4%

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Sacramento Valley	211,030	1,215,495	173.62	209,269	1,155,216	181.15	4.3%
Sierra Range/ Foothills	78,342	315,691	248.16	76,909	297,396	258.61	4.2%
Southern California	762,156	4,900,567	155.52	535,215	3,785,824	141.37	-9.1%
Total	3,211,820	21,793,560	147.37	2,559,191	17,918,692	142.82	- 3.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

Overall, Primary Care units per 1,000 member months among individuals who participated in the FFS delivery system for at least 11 months decreased by 3.1% from SFYs 2015-16 to 2016-17. The overall decrease reflects a different composition between the two study populations. During SFY 2015-16, individuals in the Other eligibility group had a higher Primary Care units per 1,000 member months than the overall study population, and accounted for 30.1% of the study population. However, in SFY 2016-17 the Other eligibility group dropped to account for only 18.4% of the study population.

In concert, with little change in the number of participating individuals between the two study years, the Undocumented eligibility group increased to represent 52.9% of the study population for SFY 2016-17. The Undocumented eligibility

group accounted for more than half of the denominator in SFY 2016-17, but had limited impact on the numerator since these individuals have limited benefits that generally do not include services rendered by a Primary Care provider.

Among age cohorts, Primary Care units per 1,000 member months only decreased among non-elderly adults ages 21-64, while increasing among individuals ages 0-20 and seniors ages 65 and older. (Table 57). Changes in the use of services rendered by a Primary Care provider from SFYs 2015-16 to 2016-17 are consistent with the underlying distributional shift of the FFS population. As individuals 0-20 with lower service use in the Other eligibility pathway transitioned into managed care, individuals ages 0-20 of higher need, mostly in the Adoption/Foster Care eligibility group, drove use up by 25.7%.

Table 57: Primary Care Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Select Demographic Characteristics

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	147.37	142.82	- 3.1%
Sex			
Female	181.77	174.95	-3.7%
Male	101.12	99.93	-1.2%
Age Group			
Ages 0-20	132.86	167.06	25.7%
Ages 21-64	143.49	124.89	-13.0%
Ages 65 and Older	184.38	196.92	6.8%
Eligibility Pathway			
Adoption/Foster Care	172.27	177.84	3.2%
Disabled	380.33	412.90	8.6%

	SFY 2015-16	SFY 2016-17	Percent Change
Dual Eligible	202.04	217.07	7.4%
Other	151.99	162.04	6.6%
Undocumented	95.00	90.36	-4.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Physician Specialist

Medical specialists are physicians who have completed advanced education and training in a specific field of medicine and whose practices are limited to more narrow areas of care, and specific branches of medicine. See Table 47 for a more detailed definition.

Among individuals certified eligible for Medi-Cal who participated in the FFS delivery system for at least 11 months, Physician Specialist units per 1,000 member months during SFY 2015-16 ranged from a high of 99.39 in January 2016 to a low of 79.64 in November 2015. Physician Specialist units per 1,000 member months appeared to dip lower during the last quarter. In SFY 2015-16, the overall Physician Specialist units per 1,000 member months for the entire study population was 88.74 (Table 58).

Table 58: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	169,194	1,770,055	95.59
2015-08	167,916	1,828,196	91.85
2015-09	165,168	1,828,063	90.35

Evaluation Domain: Realized Access (Service Utilization)

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-10	166,710	1,828,497	91.17
2015-11	145,597	1,828,168	79.64
2015-12	150,266	1,827,933	82.21
2016-01	181,766	1,828,865	99.39
2016-02	167,930	1,829,143	91.81
2016-03	169,826	1,828,317	92.89
2016-04	153,338	1,827,571	83.90
2016-05	152,645	1,828,463	83.48
2016-06	143,497	1,740,289	82.46
Total	1,933,853	21,793,560	88.74

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2016-17 among individuals certified eligible for Medi-Cal who participated in the FFS delivery system for at least 11 months, Physician Specialist units per 1,000 member months ranged from a high of 98.99 in January 2017 to a low of 76.86 in April 2017. The overall Physician Specialist units per 1,000 member months for the entire study population was 83.76 (Table 59). This represented a small decrease in the overall utilization of services rendered by a Physician Specialist from 88.74 in SFY 2015-16.

Table 59: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	121,803	1,459,507	83.45
2016-08	135,682	1,499,168	90.50
2016-09	128,251	1,499,868	85.51
2016-10	123,536	1,500,043	82.35
2016-11	117,027	1,500,505	77.99
2016-12	117,065	1,500,046	78.04
2017-01	148,490	1,500,080	98.99
2017-02	121,895	1,500,727	81.22
2017-03	132,248	1,500,285	88.15
2017-04	115,314	1,500,365	76.86
2017-05	124,071	1,500,229	82.70
2017-06	115,571	1,457,869	79.27
Total	1,500,953	17,918,692	83.76

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Utilization of specialty care was highest among beneficiaries ages 65 and older. This is consistent with the fact that the frequency of disability and chronic illness increases with age, and medical specialists often provide treatment for such conditions.⁴⁷

In SFY 2015-16, individuals ages 65 and older had a higher Physician Specialist units per 1,000 member months (127.60) than those ages 0-20 (77.13) or those ages 21-64 (83.44) (Table 60). During SFY 2016-17, as in SFY 2015-16, FFS Medi-Cal beneficiaries ages 65 and older generated the highest Physician Specialist units per 1,000 member months (124.49).

However, as seen with the utilization of services rendered by a Primary Care provider, there was a reversal in the Physician Specialist services utilization patterns of individuals ages 0-20 and non-elderly adults ages 21-64 in SFY 2016-17. In SFY 2015-16 non-elderly adults generated a higher rate of utilization than individuals ages 0-20, but in SFY 2016-17 individuals ages 0-20 generated a higher rate than the non-elderly adults. Utilization of Physician Specialist services among individuals ages 0-20 rose from 77.13 in SFY 2015-16 to 95.56 in SFY 2016-17 but fell among non-elderly adults in SFY 2016-17 (71.74 compared to 83.44). As individuals ages 0-20 with lower service use in the Other eligibility pathway transitioned into managed care, individuals ages 0-20 of higher need, mostly in the Adoption/Foster Care eligibility group, drove use of Physician Specialist services up by 23.9%.

Table 60: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Age Group

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 0-20	357,619	4,636,802	77.13	268,911	2,813,984	95.56	23.9%
Ages 21-64	1,158,298	13,881,259	83.44	881,675	12,290,246	71.74	-14.0%
Ages 65 and Older	417,936	3,275,463	127.60	350,367	2,814,462	124.49	-2.4%

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Invalid Age	0	36	0	N/A	N/A	N/A	N/A
Total	1,933,853	21,793,560	88.74	1,500,953	17,918,692	83.76	- 5.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Females generated a greater utilization rate for services provided by a Physician Specialist compared to males. This is consistent with research indicating that females on average generate more visits than males.⁴⁸ Among the study population for SFY 2015-16, females had a higher Physician Specialist units per 1,000 member months (105.17) than males (66.63). Females again generated a higher Physician Specialist units per 1,000 member months (97.98) than males (64.79) in SFY 2016-17 (Table 61).

Table 61: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	1,314,575	12,499,715	105.17	1,003,754	10,244,387	97.98	-6.8%
Male	619,278	9,293,845	66.63	497,199	7,674,305	64.79	-2.8%
Total	1,933,853	21,793,560	88.74	1,500,953	17,918,692	83.76	- 5.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

FFS Medi-Cal beneficiaries in the Disabled eligibility pathway had the highest Physician Specialist units per 1,000 member months (307.17) in SFY 2015-16. Disabled beneficiaries were more likely to have chronic clinical conditions than non-disabled eligibles, and these chronic conditions were more likely to require services rendered by a Physician Specialist provider. Dual Eligibles generated use of services rendered by a Physician Specialist provider that was also higher than the overall rate (129.56 vs. 88.74). (As noted with Primary Care services, Medi-Cal is the secondary payer for services rendered by a Physician Specialist provider for Dual Eligibles.) Individuals in the Undocumented eligibility pathway, entitled to pregnancy and emergency services only, generated the lowest Physician Specialist units per 1,000 member months (55.78) (Table 62).

During SFY 2016-17, individuals in the Disabled eligibility pathway again generated the highest Physician Specialist units per 1,000 member months (353.34) among all eligibility pathways (Table 62). The Disabled eligibility pathway also saw a year-over-year increase of 15.0% in the use of services rendered by a Physician Specialist, reflecting a higher need of

individuals who remained in FFS study population in SFY 2016-17 compared to the previous year. In addition to the dramatic decline in the number of Disabled beneficiaries in SFY 2016-17, the composition of the disabled population changed, resulting in a greater proportion of individuals more likely to utilize services and contribute to the denominator.

Table 62: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	89,477	956,552	93.54	92,341	979,663	94.26	0.8%
Disabled	272,736	887,900	307.17	163,814	463,620	353.34	15.0%
Dual Eligible	536,938	4,144,384	129.56	472,382	3,710,914	127.30	-1.7%
Other	515,832	6,501,848	79.34	262,296	3,273,488	80.13	1.0%
Undocumented	518,870	9,302,876	55.78	510,120	9,491,007	53.75	-3.6%
Total	1,933,853	21,793,560	88.74	1,500,953	17,918,692	83.76	- 5.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16, individuals who identified as American Indian/Alaskan Native had the highest Physician Specialist units per 1,000 member months (123.90), followed by those in the White (119.24) and African-American (112.34) racial/ethnic cohorts (Table 63). SFY 2016-17 displayed the same order, with those in the American Indian/Alaskan Native racial/ethnic

cohort generating the highest Physician Specialist units per 1,000 member months (122.60), followed by those in the White (114.64) and African-American (109.99) racial/ethnic cohorts (Table 63).

Table 63: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African- American	141,197	1,256,837	112.34	103,010	936,535	109.99	-2.1%
American Indian/ Alaskan Native	9,488	76,579	123.90	8,618	70,293	122.60	-1.0%
Asian	137,669	1,624,649	84.74	106,318	1,209,543	87.90	3.7%
Hispanic	1,036,944	13,488,982	76.87	804,117	11,242,481	71.52	-7.0%
White	373,980	3,136,389	119.24	287,905	2,511,376	114.64	-3.9%
Not Reported	234,575	2,210,124	106.14	190,985	1,948,464	98.02	-7.6%
Total	1,933,853	21,793,560	88.74	1,500,953	17,918,692	83.76	- 5.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Utilization of services rendered by a Physician Specialist provider varied by geographic region. Those residing in the Southern California geographic region had the highest Physician Specialist units per 1,000 member months for SFY 2015-16 (112.72), followed by those residing in the Sierra Range/Foothills (108.89) and Central Valley (100.69) geographic regions (Table 64).

Those in the study population for SFY 2016-17 residing in the Sierra Range/Foothills geographic region had the highest Physician Specialist units per 1,000 member months (119.77), followed by those residing in the Central Valley (102.04) and Southern California (100.28) geographic regions. FFS Medi-Cal beneficiaries residing in the Central Coast geographic region generated the lowest Physician Specialist units per 1,000 member months (53.45) (Table 64).

Table 64: Physician Specialist Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	195,989	3,179,662	61.64	192,941	2,818,663	68.45	11.1%
Central Coast	44,385	895,439	49.57	44,863	839,341	53.45	7.8%
Central Valley	302,518	3,004,386	100.69	287,515	2,817,728	102.04	1.3%
Far North	1,684	21,784	77.30	1,384	16,724	82.76	7.1%

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Los Angeles	687,952	8,205,489	83.84	447,872	6,138,744	72.96	-13.0%
North Coast	2,703	55,047	49.10	3,064	49,056	62.46	27.2%
Sacramento Valley	111,869	1,215,495	92.04	108,064	1,155,216	93.54	1.6%
Sierra Range/ Foothills	34,376	315,691	108.89	35,619	297,396	119.77	10.0%
Southern California	552,377	4,900,567	112.72	379,631	3,785,824	100.28	-11.0%
Total	1,933,853	21,793,560	88.74	1,500,953	17,918,692	83.76	- 5.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

Similar to the changes observed in services rendered by a Primary Care provider, overall Physician Specialist units per 1,000 member months decreased by 5.6% from SFYs 2015-16 to 2016-17. The overall decrease reflects the different composition between the two study populations. After comprising a smaller percent of the study population in SFY 2015-16, the Undocumented eligibility group increased to represent 52.9% of the study population for SFY 2016-17. Since individuals in the Undocumented eligibility pathway have limited benefits that do not generally include services rendered

by a Physician Specialist provider, and they account for more than half of the study population, overall utilization levels were driven down.

Physician Specialist units per 1,000 member months increased among individuals ages 0-20, but fell in the other two age groups between SFYs 2015-16 and 2016-17. In addition to their drop in enrollment during SFY 2016-17, the case mix of individuals ages 0-20 – as well as individuals in the Disabled eligibility pathway – also changed, resulting in greater use of services rendered by a Physician Specialist provider (Table 65). As individuals 0-20 with lower service use in the Other eligibility pathway transitioned into managed care, individuals ages 0-20 of higher need, mostly in the Adoption/Foster Care eligibility group, drove use up by 23.9%. Similarly, individuals in the Disabled eligibility pathway saw a 47.9% decrease in participation. Their use of services rendered by a Physician Specialist provider increased by 15.0% year-over-year, indicating a higher medical need among those individuals who remained in the FFS study population during SFY 2016-17.

Table 65: Physician Specialist Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Select Demographic Characteristics

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	88.74	83.76	- 5.6%
Sex			
Female	105.17	97.98	-6.8%
Male	66.63	64.79	-2.8%
Age Group			
Age 0 - 20	77.13	95.56	23.9%
Age 21-64	83.44	71.74	-14.0%
Age 65 and Older	127.60	124.49	-2.4%

	SFY 2015-16	SFY 2016-17	Percent Change
Eligibility Pathway			
Adoption/Foster Care	93.54	94.26	0.8%
Disabled	307.17	353.34	15.0%
Dual Eligible	129.56	127.30	-1.7%
Other	79.34	80.13	1.0%
Undocumented	55.78	53.75	-3.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Behavioral Health

Services rendered by a Behavioral Health provider deal with the diagnosis and treatment of mental health, substance abuse, and associated physical disorders. Behavioral health care involves the integrated delivery of care by psychiatrists, primary care physicians, social workers, and other healthcare professionals. See Table 47 for a detailed definition.

Among individuals certified eligible for Medi-Cal who participated in the FFS delivery system for at least 11 months, Behavioral Health units per 1,000 member months ranged from a high of 1.90 in January 2016 to a low of 0.85 in November 2015 during SFY 2015-16 (Table 66). The overall rate for the study population was 1.15 units per 1,000 member months for the entire SFY.

Table 66: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	2,439	1,770,055	1.38

Evaluation Domain: Realized Access (Service Utilization)

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-08	2,190	1,828,196	1.20
2015-09	1,755	1,828,063	0.96
2015-10	1,748	1,828,497	0.96
2015-11	1,547	1,828,168	0.85
2015-12	1,582	1,827,933	0.87
2016-01	3,466	1,828,865	1.90
2016-02	2,338	1,829,143	1.28
2016-03	2,267	1,828,317	1.24
2016-04	1,921	1,827,571	1.05
2016-05	1,821	1,828,463	1.00
2016-06	1,884	1,740,289	1.08
Total	24,958	21,793,560	1.15

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Among the study population for SFY 2016-17, monthly Behavioral Health units per 1,000 member months ranged from a high of 1.79 in January 2017 to a low of 0.73 in December 2016, and ended the year higher than at the start. The overall rate for the entire study population was 1.05 units per 1,000 member months for the entire SFY. This represented a small decrease in the overall utilization of services rendered by a Behavioral Health provider from 1.15 units per 1,000 member months in SFY 2015-16 (Table 67).

Table 67: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	1,299	1,459,507	0.89
2016-08	1,484	1,499,168	0.99
2016-09	1,343	1,499,868	0.90
2016-10	1,302	1,500,043	0.87
2016-11	1,324	1,500,505	0.88
2016-12	1,099	1,500,046	0.73
2017-01	2,682	1,500,080	1.79
2017-02	1,804	1,500,727	1.20
2017-03	1,713	1,500,285	1.14
2017-04	1,508	1,500,365	1.01
2017-05	1,595	1,500,229	1.06
2017-06	1,631	1,457,869	1.12
Total	18,784	17,918,692	1.05

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2015-16, FFS Medi-Cal beneficiaries ages 65 and older had substantially higher Behavioral Health units per 1,000 member months (2.74) than those ages 0-20 (0.85) or those ages 21-64 (0.87) (Table 68). Many aging seniors may experience feelings of anxiety, depression, and anger. More than any other age cohort seniors disproportionately experience the deaths of life-long friends and loved ones, more fear of losing their independence, and may suffer social

isolation. Loss and isolation significantly increase the likelihood of mental illness, and particularly mood and anxiety disorder. The nexus between mental and physical health for seniors, where chronic conditions can lead to depression, and untreated mental illness can lead to poor health outcomes makes access to services rendered by a Behavioral Health provider an issue of vital importance for this age cohort.⁴⁹

Again, in the study population for SFY 2016-17, individuals ages 65 and older generated a higher Behavioral Health units per 1,000 member months (2.33) than those ages 0-20 (1.24) or ages 21-64 (0.71) (Table 68).

Behavioral Health units per 1,000 member months increased among individuals ages 0-20 (0.85 in SFY 2015-16 compared to 1.24 in SFY 2016-17) and decreased for non-elderly adults ages 21-64 (0.87 in SFY 2015-16 compared to 0.71 in SFY 2016-17), once again indicating that changes in the demographic composition and health status of the study population influenced changes in service use.

Table 68: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Age Group

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 0-20	3,935	4,636,802	0.85	3,490	2,813,984	1.24	46.1%
Ages 21-64	12,052	13,881,259	0.87	8,744	12,290,246	0.71	-18.1%
Ages 65 and Older	8,971	3,275,463	2.74	6,550	2,814,462	2.33	-15.0%
Invalid Age	0	36	0	N/A	N/A	N/A	N/A

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Total	24,958	21,793,560	1.15	18,784	17,918,692	1.05	- 8.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

The study population for SFY 2015-16 consisted of males that generated a higher Behavioral Health units per 1,000 member months (1.35) than females (1.00). Although the rates of services rendered by a Behavioral Health provider were lower for SFY 2016-17, males still generated higher Behavioral Health units of service per 1,000 member months (1.18) compared to females (0.95) (Table 69).

Table 69: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	12,447	12,499,715	1.00	9,733	10,244,387	0.95	-4.6%
Male	12,511	9,293,845	1.35	9,051	7,674,305	1.18	-12.4%

Evaluation Domain: Realized Access (Service Utilization)

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Total	24,958	21,793,560	1.15	18,784	17,918,692	1.05	- 8.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Utilization of services rendered by a Behavioral Health provider was substantially higher among members of the Disabled and Dual Eligible eligibility pathways. As noted above, rates of mental illness can be higher for seniors.

During SFY 2015-16, individuals in the Dual Eligible eligibility pathway had the highest Behavioral Health units per 1,000 member months (4.55), followed by those in the Disabled (4.38) and Adoption/Foster Care (1.02) eligibility pathways (Table 70).

Utilization of services rendered by a Behavioral Health provider during SFY 2016-17 was substantially higher among members of the Disabled eligibility pathway (Table 70). Disabled beneficiaries generated 6.65 units per 1,000 member months for services rendered by a Behavioral Health provider, up from 4.38 the prior SFY. Dual Eligibles generated 3.58 units per 1,000 member months for services rendered by a Behavioral Health provider, down from 4.55 the prior SFY.

Table 70: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	977	956,552	1.02	1,219	979,663	1.24	21.8%
Disabled	3,888	887,900	4.38	3,084	463,620	6.65	51.9%
Dual Eligible	18,865	4,144,384	4.55	13,300	3,710,914	3.58	-21.3%
Other	1,034	6,501,848	0.16	960	3,273,488	0.29	84.4%
Undocumented	194	9,302,876	0.02	221	9,491,007	0.02	11.7%
Total	24,958	21,793,560	1.15	18,784	17,918,692	1.05	- 8.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Rates of utilization for services rendered by a Behavioral Health provider displayed wide variation by race/ethnicity. In SFY 2015-16, of the FFS Medi-Cal beneficiaries who reported racial/ethnic data, those in the White racial/ethnic cohort had the highest Behavioral Health units per 1,000 member months (3.30), followed by African-Americans (2.45). Compared to other cohorts, those of Asian (0.83) and Hispanic (0.33) race/ethnicity generated significantly lower units per 1,000 member months. (Table 71).

The lower findings for the Asian and Hispanic cohorts are consistent with literature. A 2015 study of racial/ethnic disparities in mental health utilization found that 7.3% of Hispanic and 4.9% of Asian individuals utilized mental health services in the past year, compared to 16.6% of White individuals.⁵⁰

As in SFY 2015-16, utilization of services rendered by a Behavioral Health provider varied substantially among racial/ethnic groups during SFY 2016-17. Of the 87% of FFS Medi-Cal beneficiaries who reported racial/ethnic data, those in the White racial/ethnic cohort had the highest Behavioral Health units per 1,000 member months (3.38), followed by those in the African-American (2.22) and American Indian/Alaskan Native (1.65) racial/ethnic cohorts (Table 71).

Table 71: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African-American	3,077	1,256,837	2.45	2,081	936,535	2.22	-9.2%
American Indian/ Alaskan Native	112	76,579	1.46	116	70,293	1.65	12.8%
Asian	1,356	1,624,649	0.83	892	1,209,543	0.74	-11.6%
Hispanic	4,441	13,488,982	0.33	3,379	11,242,481	0.30	-8.7%
White	10,342	3,136,389	3.30	8,481	2,511,376	3.38	2.4%

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Not Reported	5,630	2,210,124	2.55	3,835	1,948,464	1.97	-22.7%
Total	24,958	21,793,560	1.15	18,784	17,918,692	1.05	- 8.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Utilization varied widely by geographic region in SFY 2015-16. Those residing in the Sacramento Valley geographic region had the highest Behavioral Health units per 1,000 member months (3.25), followed by those residing in the Sierra Range/Foothills (2.76) and Bay Area (1.27) geographic regions (Table 72).

During SFY 2016-17, utilization of services rendered by a Behavioral Health provider ranged from a high of 5.93 units per 1,000 member months in the Sierra Range/Foothills geographic region to a low of 0.10 in the Central Coast geographic region. Los Angeles County, representing 34% of total member months, generated a Behavioral Health units per 1,000 member months of only 0.66, compared to 1.05 for entire study population.

Table 72: Behavioral Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	4,046	3,179,662	1.27	2,841	2,818,663	1.01	-20.8%
Central Coast	104	895,439	0.12	88	839,341	0.10	-9.7%
Central Valley	3,234	3,004,386	1.08	3,156	2,817,728	1.12	4.1%
Far North	--	--	--	--	--	--	--
Los Angeles	7,777	8,205,489	0.95	4,055	6,138,744	0.66	-30.3%
North Coast	--	--	--	--	--	--	--
Sacramento Valley	3,951	1,215,495	3.25	4,520	1,155,216	3.91	20.4%
Sierra Range/ Foothills	870	315,691	2.76	1,764	297,396	5.93	115.2%
Southern California	4,964	4,900,567	1.01	2,312	3,785,824	0.61	-39.7%
Total	24,958	21,793,560	1.15	18,784	17,918,692	1.05	- 8.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Note: Data for the Far North and North Coast geographic regions were suppressed (“--”) due to small cell sizes that rendered results unstable.

Summary

Overall, Behavioral Health service units per 1,000 member months decreased by 8.5% from SFYs 2015-16 to 2016-17. Again, utilization levels increased for individuals ages 0-20 in SFY 2016-17, and decreased for non-elderly adults ages 21-64 and seniors ages 65 and older.

Among members of the five eligibility pathways, utilization levels increased in SFY 2016-17 among beneficiaries in the Disabled, Adoption/Foster Care, and Other cohorts. Utilization levels decreased among Dual Eligibles, and were unchanged for Undocumented immigrants (Table 73).

As indicated in Table 48, the number of individuals in the Disabled eligibility pathway decreased by 47.9% from SFYs 2015-16 to 2016-17. Following that decrease, however, utilization levels for the remaining individuals in the Disabled eligibility pathway increased from 4.38 units per 1,000 member months in SFY 2015-16 to 6.65 in SFY 2016-17. This suggests that individuals with a greater need for services rendered by a Behavioral Health provider comprised more of the SFY 2016-17 study population case mix.

Table 73: Behavioral Health Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Select Demographic Characteristics

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	1.15	1.05	- 8.5%
Sex			
Female	1.00	0.95	-4.6%
Male	1.35	1.18	-12.4%
Age Group			
Age 0-20	0.85	1.24	46.1%
Age 21-64	0.87	0.71	-18.1%

	SFY 2015-16	SFY 2016-17	Percent Change
Age 65 and Older	2.74	2.33	-15.0%
Eligibility Pathway			
Adoption/Foster Care	1.02	1.24	21.8%
Disabled	4.38	6.65	51.9%
Dual Eligible	4.55	3.58	-21.3%
Other	0.16	0.29	84.4%
Undocumented	0.02	0.02	0.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Pre- and Post-Natal Obstetric

Obstetrics is the branch of medicine concerned with pregnancy and childbirth, and refers to the range of services provided to women during pregnancy, and through childbirth and the postpartum period. (See Table 47 for a more detailed definition.) The analyses for services rendered by a Pre- and Post-Natal Obstetric provider are limited to women of reproductive age (ages 15-44).

Among certified eligible female FFS Medi-Cal beneficiaries ages 15-44 with at least 11 months enrollment, Pre- and Post-Natal Obstetric units per 1,000 member months during SFY 2015-16 steadily declined throughout the study period, ranging from a high of 66.17 in July 2015 to a low of 41.70 in May 2016 (Table 74).

The Pre- and Post-Natal Obstetric units per 1,000 Member Months for all FFS females ages 15-44 with at least 11 months of enrollment in SFY 2016-17 was 48.11. This was a decrease from 52.99, generated in SFY 2015-16. The rate generally declined through the study period, ranging from a high of 59.07 in August 2016 to a low of 37.78 in April 2017 (Table 75).

Table 74: Pre- and Post-Natal Obstetric Units per 1,000 Member Months among Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	36,958	558,568	66.17
2015-08	35,937	576,572	62.33
2015-09	35,436	576,309	61.49
2015-10	35,556	576,478	61.68
2015-11	30,203	576,400	52.40
2015-12	31,321	576,306	54.35
2016-01	29,730	576,644	51.56
2016-02	28,194	576,811	48.88
2016-03	29,039	576,453	50.38
2016-04	24,437	576,158	42.41
2016-05	24,041	576,576	41.70
2016-06	23,304	549,361	42.42
Total	364,156	6,872,636	52.99

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Table 75: Pre- and Post-Natal Obstetric Units per 1,000 Member Months among Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	23,626	449,640	52.54
2016-08	27,259	461,507	59.07
2016-09	25,797	461,701	55.87
2016-10	24,616	461,758	53.31
2016-11	23,247	461,959	50.32
2016-12	22,514	461,804	48.75
2017-01	23,346	461,861	50.55
2017-02	20,023	462,061	43.33
2017-03	20,967	461,880	45.39
2017-04	17,450	461,907	37.78
2017-05	18,798	461,862	40.70
2017-06	17,764	448,895	39.57
Total	265,407	5,516,835	48.11

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16, the Pre- and Post-Natal Obstetric units per 1,000 member months among females ages 15-44 certified eligible for Medi-Cal with 11 or more months of participation in the FFS delivery system was 52.99. However, utilization varied widely by eligibility pathway. As noted previously, eligibility pathway may operate as a proxy for health status, benefit package, or set of demographic characteristics. Females in the Other eligibility pathway generated the highest

Pre- and Post-Natal Obstetric units per 1,000 member months (61.06). Women in aid codes for undocumented immigrants (restricted to pregnancy and emergency services only) generated the second-highest Pre- and Post-Natal Obstetric units per 1,000 member months (52.85). Lower units per 1,000 member months were generated by females in the Adoption/Foster Care (22.37), Disabled (18.18), and Dual Eligible (7.95) eligibility pathways.

Within the study population for SFY 2016-17, females ages 15-44 certified eligible for Medi-Cal with 11 or more months of participation in the FFS delivery system in the Undocumented eligibility pathway generated the highest Pre- and Post-Natal Obstetric units per 1,000 member months (51.53), followed by those in the Other (45.25) and Adoption/Foster Care (26.45) eligibility pathways (Table 76).

Table 76: Pre- and Post-Natal Obstetric Units per 1,000 Member Months among Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	3,814	170,530	22.37	4,743	179,295	26.45	18.3%
Disabled	2,304	126,729	18.18	1,030	83,037	12.40	-31.8%
Dual Eligible	1,197	150,555	7.95	1,005	126,611	7.94	-0.2%
Other	128,587	2,105,847	61.06	40,358	891,878	45.25	-25.9%
Undocumented	228,254	4,318,975	52.85	218,271	4,236,014	51.53	-2.5%

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Total	364,156	6,872,636	52.99	265,407	5,516,835	48.11	- 9.2%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16, Pre- and Post-Natal Obstetric units per 1,000 member months did not vary greatly by race/ethnicity. Of the 94% of female FFS Medi-Cal beneficiaries ages 15-44 who reported racial/ethnic data, those in the Hispanic racial/ethnic cohort generated the highest Pre- and Post-Natal Obstetric units per 1,000 member months (55.22), followed by those in the American Indian/Alaskan Native (54.22) and Asian (49.31) racial/ethnic cohorts (Table 77). The female Hispanic population contained a large proportion of undocumented women restricted to pregnancy and emergency-related services only, and who generated 55.22 units per 1,000 member months.

In SFY 2016-17, women of Asian race/ethnicity generated the highest Pre- and Post-Natal Obstetric units per 1,000 member months (56.09), followed by those in the Hispanic racial/ethnic cohort (50.46). African-American women generated the lowest units per 1,000 member months (29.59).

During SFY 2016-17, Pre- and Post-Natal Obstetric units per 1,000 member months declined for women in every racial/ethnic cohort except for those of Asian race/ethnicity. The units per 1,000 member months among the Asian cohort increased to 56.09, from 49.31 the prior SFY (Table 77).

Table 77: Pre- and Post-Natal Obstetric Units per 1,000 Member Months among Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African-American	11,416	265,486	43.00	5,176	174,928	29.59	-31.2%
American Indian/ Alaskan Native	989	18,242	54.22	645	15,679	41.14	-24.1%
Asian	15,439	313,124	49.31	11,101	197,915	56.09	13.8%
Hispanic	287,635	5,209,022	55.22	219,084	4,341,505	50.46	-8.6%
White	29,581	654,278	45.21	16,402	463,796	35.36	-21.8%
Not Reported	19,096	412,484	46.30	12,999	323,012	40.24	-13.1%
Total	364,156	6,872,636	52.99	265,407	5,516,835	48.11	- 9.2%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16, the study population of females ages 15-44 residing in the Southern California geographic region had the highest Pre- and Post-Natal Obstetric units per 1,000 member months (73.05), followed by those residing in the Los Angeles (60.54) geographic region. Females in the Bay Area geographic region generated the lowest units per 1,000 member months (19.79) (Table 78).

In SFY 2016-17, the study population of females ages 15-44 residing in the Southern California geographic region generated the highest Pre- and Post-Natal Obstetric units per 1,000 member months (67.75), followed by those residing in the Far North (53.51) and Los Angeles (53.29) geographic regions. The lowest units per 1,000 member months were generated in the Bay Area (24.27) and North Coast (9.84) geographic regions.

While some geographic regions, such as the Bay Area and Far North, show an increase from one study period to the next, others including Los Angeles and Southern California saw among the largest year-over-year decreases. (The North Coast shows the largest decrease of 66.5% but the relatively small population results in unstable rates). These disparate shifts are the result of the composition differences between the two study populations.

Table 78: Pre- and Post-Natal Obstetric Units per 1,000 Member Months among Certified Eligible Female FFS Medi-Cal Beneficiaries Ages 15-44 Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	17,486	883,519	19.79	18,798	774,677	24.27	22.6%
Central Coast	12,955	416,955	31.07	13,107	401,235	32.67	5.1%

Evaluation Domain: Realized Access (Service Utilization)

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Central Valley	27,483	771,562	35.62	25,224	699,833	36.04	1.2%
Far North	298	6,179	48.23	263	4,915	53.51	11.0%
Los Angeles	166,783	2,754,838	60.54	109,345	2,051,737	53.29	-12.0%
North Coast	651	22,151	29.39	194	19,720	9.84	-66.5%
Sacramento Valley	10,274	229,957	44.68	9,055	218,789	41.39	-7.4%
Sierra Range/ Foothills	1,357	50,756	26.74	1,390	46,656	29.79	11.4%
Southern California	126,869	1,736,719	73.05	88,031	1,299,273	67.75	-7.3%
Total	364,156	6,872,636	52.99	265,407	5,516,835	48.11	- 9.2%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

The universe for the Pre- and Post-Natal Obstetric service category was limited to females in each study population between the ages of 15 and 44 with 11 or more months of participation in the FFS delivery system. In SFY 2015-16,

females ages 15-44 in the Other (61.06 units per 1,000 member months) and Undocumented (52.85) eligibility pathways generated much higher units per 1,000 member months than the other eligibility cohorts.

The change in utilization between the study population of SFY 2015-16 and the study population of SFY 2016-17 disclosed an overall decrease from 52.99 to 48.11 units per 1,000 member months. In parallel to the changes observed in the utilization of services rendered by a Primary Care provider, the overall decrease reflects a different composition between the two study populations (Table 76).

In SFY 2015-16, women ages 15-44 enrolled in the Other eligibility pathway constituted about 31% of the overall population of women of child-bearing age, but by SFY 2016-17 they only constituted about 16% of the overall women of child-bearing age. In SFY 2015-16, women of child-bearing age enrolled in the Other eligibility pathway generated a units per 1,000 member months of 61.06; however, by SFY 2016-17 women of child-bearing age remaining in the Other eligibility pathway generated a units per 1,000 member months of only 45.25.

Many women of child-bearing age transitioned from the FFS to managed care delivery systems between SFYs 2015-16 and 2016-17, with average monthly enrollment dropping from 175,487 to 74,323 between the two study periods. When controlling for the effect of the change in the case mix (i.e., excluding the Other eligibility pathway), the decline in service utilization among women of child-bearing age dropped only 1.5% between the two study periods.

Table 79: Pre-and Post-Natal Obstetric Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Eligibility Pathway

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	52.99	48.11	- 9.2%
Eligibility Pathway			
Adoption/Foster Care	22.37	26.45	18.3%
Disabled	18.18	12.40	-31.8%
Dual Eligible	7.95	7.94	-0.2%

	SFY 2015-16	SFY 2016-17	Percent Change
Other	61.06	45.25	-25.9%
Undocumented	52.85	51.53	-2.5%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Home Health

Services rendered by a Home Health provider refer to the medically related care and treatments provided to patients in a home setting rather than in a medical facility such as a hospital or a primary health care center. See Table 47 for definition.

Among individuals certified eligible for Medi-Cal who participated in the FFS delivery system for at least 11 months, Home Health units per 1,000 member months during SFY 2015-16 ranged from a high of 5.09 in October 2015 to a low of 4.43 in April 2016 (Table 80). The overall rate for services rendered by a Home Health provider for the entire study population was 4.72 units per 1,000 member months.

In SFY 2016-17, Home Health units per 1,000 member months ranged from a high of 6.16 in March 2017 to a low of 4.54 in December 2016, but generally trended higher throughout the study period (Table 81). The overall rate for the entire study population in SFY 2016-17 was 5.11 units per 1,000 member months. This represented a small increase in the overall utilization of services rendered by a Home Health provider from 4.72 units per 1,000 member months in SFY 2015-16.

Table 80: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	8,150	1,770,055	4.60
2015-08	8,845	1,828,196	4.84
2015-09	8,292	1,828,063	4.54
2015-10	9,302	1,828,497	5.09
2015-11	8,831	1,828,168	4.83
2015-12	8,348	1,827,933	4.57
2016-01	8,361	1,828,865	4.57
2016-02	8,534	1,829,143	4.67
2016-03	8,477	1,828,317	4.64
2016-04	8,103	1,827,571	4.43
2016-05	8,963	1,828,463	4.90
2016-06	8,735	1,740,289	5.02
Total	102,941	21,793,560	4.72

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Table 81: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	7,031	1,459,507	4.82
2016-08	7,399	1,499,168	4.94
2016-09	6,932	1,499,868	4.62
2016-10	7,616	1,500,043	5.08
2016-11	6,926	1,500,505	4.62
2016-12	6,804	1,500,046	4.54
2017-01	7,437	1,500,080	4.96
2017-02	7,133	1,500,727	4.75
2017-03	9,238	1,500,285	6.16
2017-04	8,115	1,500,365	5.41
2017-05	8,112	1,500,229	5.41
2017-06	8,735	1,457,869	5.99
Total	91,478	17,918,692	5.11

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Use of services rendered by a Home Health provider is dramatically higher for individuals between the ages of 0 and 20. In SFY 2015-16, Home Health units per 1,000 member months for younger beneficiaries ages 0-20 was 16.31 compared to non-elderly adults ages 21-64 (1.70) and seniors ages 65 and older (1.13) (Table 82).

The relatively higher rates for individuals ages 0 -20 reflects the fact that the Medi-Cal program provides care to the most medically compromised individuals in the state.⁵¹ Some of these individuals are made eligible for Medi-Cal through their participation in the California Children’s Services program (CCS). CCS is a program for children with certain diseases or health problems. Other individuals ages 0-20 receiving services rendered by a Home Health provider are developmentally disabled with chronic, complex medical conditions. Services rendered by a Home Health provider that these individuals may require include the following:⁵²

- Neonatal nursing and care for premature babies,
- Pediatric cardiovascular conditions,
- Complex intravenous therapy, and
- Palliative care.

As in SFY 2015-16, the utilization of services rendered by a Home Health provider was dramatically higher for individuals ages 0-20 during SFY 2016-17. They generated 24.18 Home Health units per 1,000 member months, compared to 1.55 for non-elderly adults ages 21-64, and 1.56 for seniors ages 65 and older (Table 82).

Table 82: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Age Group

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 0-20	75,624	4,636,802	16.31	68,045	2,813,984	24.18	48.3%
Ages 21-64	23,624	13,881,259	1.70	19,051	12,290,246	1.55	-8.9%

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 65 and Older	3,693	3,275,463	1.13	4,382	2,814,462	1.56	38.1%
Invalid Age	0	36	0	N/A	N/A	N/A	N/A
Total	102,941	21,793,560	4.72	91,478	17,918,692	5.11	8.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2015-16, males had higher Home Health units per 1,000 member months (6.03) than females (3.76). SFY 2016-17 also saw males with higher Home Health units per 1,000 member months (6.47) that compared to females (4.08) (Table 83).

Table 83: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	46,945	12,499,715	3.76	41,844	10,244,387	4.08	8.8%

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Male	55,996	9,293,845	6.03	49,634	7,674,305	6.47	7.3%
Total	102,941	21,793,560	4.72	91,478	17,918,692	5.11	8.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

As expected, during SFY 2015-16 individuals in the Disabled eligibility pathway had the highest Home Health units per 1,000 member months (87.16), followed by those in the Adoption/Foster Care (9.38) and Dual Eligible (2.44) eligibility pathways (Table 84).

The study population for SFY 2016-17 revealed the same pattern. The Disabled eligibility pathway had by far the highest Home Health units per 1,000 member months (142.80), followed by those in the Adoption/Foster Care (9.01) and Dual Eligible (3.16) eligibility pathways (Table 84). Although individuals in the Disabled eligibility pathway had the highest rate of Home Health units per 1,000 member months during SFY 2015-16, they still experienced a significant increase in rates during SFY 2016-17 (from 87.16 to 142.80). Individuals in the Disabled eligibility pathway saw a nearly 50% decrease from SFY 2015-16 to SFY 2016-17, indicating a significant shift of relatively healthier individuals into managed care.

Table 84: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	8,975	956,552	9.38	8,827	979,663	9.01	-4.0%
Disabled	77,391	887,900	87.16	66,204	463,620	142.80	63.8%
Dual Eligible	10,133	4,144,384	2.44	11,712	3,710,914	3.16	29.1%
Other	4,592	6,501,848	0.71	3,274	3,273,488	1.00	41.6%
Undocumented	1,850	9,302,876	0.20	1,461	9,491,007	0.15	-22.6%
Total	102,941	21,793,560	4.72	91,478	17,918,692	5.11	8.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16, those in the White racial/ethnic cohort generated the highest Home Health units per 1,000 member months (10.70). African-Americans generated the second-highest rate (7.97), followed by those of American Indian/Alaskan Native race/ethnicity (6.46) (Table 85).

The study population for SFY 2016-17 showed those in the White racial/ethnic cohort generated the highest Home Health units per 1,000 member months (12.68), followed by those in the African-American (9.10) and Asian (6.95) racial/ethnic cohorts. Those of Hispanic race/ethnicity generated the lowest utilization rate for services rendered by a Home Health provider at 2.73 units per 1,000 member months (Table 85).

Table 85: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African-American	10,017	1,256,837	7.97	8,520	936,535	9.10	14.1%
American Indian/ Alaskan Native	495	76,579	6.46	319	70,293	4.54	-29.8%
Asian	8,992	1,624,649	5.53	8,410	1,209,543	6.95	25.6%
Hispanic	36,433	13,488,982	2.70	30,729	11,242,481	2.73	1.2%
White	33,559	3,136,389	10.70	31,832	2,511,376	12.68	18.5%
Not Reported	13,445	2,210,124	6.08	11,668	1,948,464	5.99	-1.6%
Total	102,941	21,793,560	4.72	91,478	17,918,692	5.11	8.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

SFY 2015-16 saw wide geographic variation in the Home Health units per 1,000 member months, ranging from a low of 0.07 in the North Coast to a high of 9.54 in the Sierra Range/Foothills. Other relatively high rates were generated in the Southern California (6.23), Far North (6.15), and Los Angeles (6.14) geographic regions (Table 86).

Similarly, utilization of services rendered by a Home Health provider in SFY 2016-17 varied widely by geographic region. Those residing in the Sierra Range/Foothills geographic region generated the highest Home Health units per 1,000 member months (10.06), followed by those residing in the Los Angeles (7.46) and Far North (7.47) geographic regions. On the low end of the scale, those residing in the North Coast generated a utilization rate of only 0.71 (Table 86).

The largest differences from study year to study year were seen in the Bay Area (23.1%), Los Angeles (21.6%), and Far North (21.5%) geographic regions. (The North Coast experienced an increase of 881.9% between SFY 2015-16 and SFY 2016-17, but its very small population renders the data unstable.)

Table 86: Home Health Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	7,701	3,179,662	2.42	8,401	2,818,663	2.98	23.1%
Central Coast	1,143	895,439	1.28	1,107	839,341	1.32	3.3%
Central Valley	4,524	3,004,386	1.51	4,367	2,817,728	1.55	2.9%
Far North	134	21,784	6.15	125	16,724	7.47	21.5%
Los Angeles	50,348	8,205,489	6.14	45,805	6,138,744	7.46	21.6%
North Coast	4	55,047	0.07	35	49,056	0.71	881.9%

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Sacramento Valley	5,561	1,215,495	4.58	5,535	1,155,216	4.79	4.7%
Sierra Range/ Foothills	3,012	315,691	9.54	2,993	297,396	10.06	5.5%
Southern California	30,514	4,900,567	6.23	23,110	3,785,824	6.10	-2.0%
Total	102,941	21,793,560	4.72	91,478	17,918,692	5.11	8.1%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

In both study periods, roughly 75% of all units associated with services rendered by a Home Health provider were generated by individuals ages 0-20, 20% by non-elderly adults ages 21-64, and 5% by seniors ages 65 and older. Overall, Home Health units per 1,000 member months increased from SFYs 2015-16 to 2016-17. Utilization among individuals ages 0-20 increased by nearly 50%, and nearly 40% among seniors, but declined by 8.9% among non-elderly adults (Table 87).

Home Health units per 1,000 member months declined among Adoption/Foster Care beneficiaries and Undocumented immigrants. Utilization increased among members of the Disabled, Dual Eligible, and Other eligibility pathways, all of

which were groups whose enrollment numbers declined from SFYs 2015-16 to 2016-17. These changes not only reveal the overall decrease in study population size, but also a change in the case mix of the study population for SFY 2016-17.

Table 87: Home Health Units of Service by Sex, Age Group, and Eligibility Pathway and Percentage Change from SFY 2015-16 to SFY 2016-17

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	4.72	5.11	8.1%
Sex			
Female	3.76	4.08	8.8%
Male	6.03	6.47	7.3%
Age Group			
Age 0 - 20	16.31	24.18	48.3%
Age 21-64	1.70	1.55	-8.9%
Age 65 and Older	1.13	1.56	38.1%
Eligibility Pathway			
Adoption/Foster Care	9.38	9.01	-4.0%
Disabled	87.16	142.80	63.8%
Dual Eligible	2.44	3.16	29.1%
Other	0.71	1.00	41.6%
Undocumented	0.20	0.15	-22.6%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Pharmacy

Pharmacies are places where prescription drugs and medications are prepared and dispensed. In addition to dispensing drugs, pharmacists also monitor drug interactions, administer vaccines, and counsel patients regarding the effects and proper usage of drugs and dietary supplements. See Table 47 for definition.

During SFY 2015-16, the monthly Pharmacy units per 1,000 member months fluctuated within a narrow band ranging from a high of 341.93 in March 2016 to a low of 305.36 in November 2015 (Table 88). The overall rate for the entire study population was 319.95 units per 1,000 member months.

Table 88: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	560,789	1,770,055	316.82
2015-08	564,821	1,828,196	308.95
2015-09	576,881	1,828,063	315.57
2015-10	589,916	1,828,497	322.62
2015-11	558,253	1,828,168	305.36
2015-12	593,198	1,827,933	324.52
2016-01	590,873	1,828,865	323.08
2016-02	608,156	1,829,143	332.48
2016-03	625,152	1,828,317	341.93
2016-04	577,677	1,827,571	316.09
2016-05	576,570	1,828,463	315.33

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-06	550,608	1,740,289	316.39
Total	6,972,894	21,793,560	319.95

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Among individuals certified eligible for Medi-Cal who participated in the FFS delivery system for at least 11 months, Pharmacy utilization during SFY 2016-17 ranged from a high of 318.68 units per 1,000 member months in March 2017 to a low of 288.12 in July 2016. Rates trended sideways and slightly higher over the course of the study period.

The overall rate for the entire study population was 300.71 units per 1,000 member months (Table 89). This represented a decrease in Pharmacy units per 1,000 member months from 319.95 in SFY 2015-16.

Table 89: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	420,510	1,459,507	288.12
2016-08	459,433	1,499,168	306.46
2016-09	449,110	1,499,868	299.43
2016-10	448,670	1,500,043	299.10
2016-11	441,200	1,500,505	294.03
2016-12	455,882	1,500,046	303.91
2017-01	472,006	1,500,080	314.65

Evaluation Domain: Realized Access (Service Utilization)

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2017-02	433,268	1,500,727	288.71
2017-03	478,109	1,500,285	318.68
2017-04	434,912	1,500,365	289.87
2017-05	460,966	1,500,229	307.26
2017-06	434,293	1,457,869	297.90
Total	5,388,359	17,918,692	300.71

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Utilization of services rendered by a Pharmacy provider increased progressively with age. Individuals ages 65 and older generated a Pharmacy units per 1,000 member months of 419.90 in SFY 2015-16. Non-elderly adults ages 21 to 64 generated a rate of 307.64, and individuals ages 0-20 generated a rate of 286.20. The higher rate generated by seniors relative to younger age cohorts reflected their greater propensity to suffer from health conditions requiring medication.

In SFY 2016-17, seniors ages 65 and older again generated the highest pharmacy units per 1,000 member months (376.09). While non-elderly adults generated a higher utilization rate than individuals ages 0-20 in SFY 2015-16, in SFY 2016-17 individuals ages 0-20 generated a higher utilization rate than non-elderly adults. Individuals ages 0-20 generated 371.78 pharmacy units per 1,000 member months in SFY 2016-17, while those ages 21-64 generated a rate of 267.18 (Table 90).

Study year over study year, utilization rates decreased for non-elderly adults and seniors, but increased for individuals ages 0-20, rising to 371.78 in SFY 2016-17 from 286.20 the previous study year. These shifts in utilization by age group again reflect changes in the demographic composition and underlying health status of the members of the respective age cohorts.

Table 90: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Age Group

Age Group	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Ages 0-20	1,327,071	4,636,802	286.20	1,046,193	2,813,984	371.78	29.9%
Ages 21-64	4,270,429	13,881,259	307.64	3,283,687	12,290,246	267.18	-13.2%
Ages 65 and Older	1,375,377	3,275,463	419.90	1,058,479	2,814,462	376.09	-10.4%
Invalid Age	17	36	472.22	N/A	N/A	N/A	N/A
Total	6,972,894	21,793,560	319.95	5,388,359	17,918,692	300.71	- 6.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2015-16, females generated a Pharmacy units per 1,000 member months (335.47) that was 12% higher than that generated by males (299.08). In SFY 2016-17, females also generated a higher Pharmacy units per 1,000 member months (315.98) than males (280.32) (Table 91).

Table 91: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	4,193,256	12,499,715	335.47	3,237,070	10,244,387	315.98	-5.8%
Male	2,779,638	9,293,845	299.08	2,151,289	7,674,305	280.32	-6.3%
Total	6,972,894	21,793,560	319.95	5,388,359	17,918,692	300.71	- 6.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Consistent with their greater rates of chronic disease, FFS Medi-Cal beneficiaries in the Disabled eligibility pathway generated by far the highest Pharmacy units per 1,000 member months (2,200.84) during SFY 2015-16. This was nearly seven times greater than the overall rate (319.95). Individuals ages 0-20 in the Adoption/Foster Care eligibility pathway also generated a Pharmacy units per 1,000 member months (480.06) that was 50% greater than the overall rate. (Adoption/Foster Care beneficiaries – whose physical, developmental, and mental/social-emotional care may be inconsistent, or impacted by crisis or injury – are more likely to require medication management than other individuals ages 0-20.) Dual Eligibles generated a Pharmacy units per 1,000 member months slightly higher than the overall (349.47). Rates for Dual Eligibles reflect that although they are composed of individuals with greater medical needs, Medicare serves as the primary payer for most services rendered by a Pharmacy provider.

During SFY 2016-17, individuals in the Disabled eligibility pathway again generated a Pharmacy units per 1,000 member months (2,592.21) that was 8.6 times greater than the utilization rate for the overall study population (300.71). Individuals

ages 0-20 in the Adoption/Foster Care eligibility pathway generated 459.81 Pharmacy units per 1,000 member months, and Dual Eligible generated 327.60 (Table 92).

Pharmacy units per 1,000 member months decreased among the Adoption/Foster Care (4.2%) and Dual Eligible (6.3%) eligibility pathways when comparing SFY 2015-16 to SFY 2016-17. Individuals in the Disabled, Other, and Undocumented eligibility pathways saw increased utilization rates.

Table 92: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	459,205	956,552	480.06	450,458	979,663	459.81	-4.2%
Disabled	1,954,128	887,900	2,200.84	1,201,799	463,620	2,592.21	17.8%
Dual Eligible	1,448,344	4,144,384	349.47	1,215,686	3,710,914	327.60	-6.3%
Other	1,541,695	6,501,848	237.12	887,763	3,273,488	271.20	14.4%
Undocumented	1,569,522	9,302,876	168.71	1,632,653	9,491,007	172.02	2.0%
Total	6,972,894	21,793,560	319.95	5,388,359	17,918,692	300.71	- 6.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Of the 90% of FFS Medi-Cal beneficiaries who reported racial/ethnic data in SFY 2015-16, those in the White racial/ethnic cohort had the highest Pharmacy units per 1,000 member months (516.93), followed by those in the African-American (500.12) and American Indian/Alaskan Native (483.85) racial/ethnic cohorts (Table 93).

In SFY 2016-17, of the 87% of FFS Medi-Cal beneficiaries who reported racial/ethnic data, those in the White racial/ethnic cohort generated the highest Pharmacy units per 1,000 member months (488.83), followed by those in the African-American (469.88) and American Indian/Alaskan Native (435.48) racial/ethnic cohorts. Those of Hispanic race/ethnicity generated the lowest rate (236.65). All race/ethnicity groups saw decreases in Pharmacy utilization, ranging from 3.5% (Hispanic) to 10.0% (American Indian/Alaskan Native) (Table 93).

Table 93: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African- American	628,564	1,256,837	500.12	440,058	936,535	469.88	-6.0%
American Indian/ Alaskan Native	37,053	76,579	483.85	30,611	70,293	435.48	-10.0%
Asian	557,166	1,624,649	342.95	391,527	1,209,543	323.70	-5.6%
Hispanic	3,308,102	13,488,982	245.24	2,660,548	11,242,481	236.65	-3.5%
White	1,621,307	3,136,389	516.93	1,227,632	2,511,376	488.83	-5.4%

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Not Reported	820,702	2,210,124	371.34	637,983	1,948,464	327.43	-11.8%
Total	6,972,894	21,793,560	319.95	5,388,359	17,918,692	300.71	- 6.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

In SFY 2015-16 there was a wide range separating the geographic regions with the highest and lowest Pharmacy utilization rates. Those residing in the Southern California geographic region had the highest Pharmacy units per 1,000 member months (372.74), followed by those residing in the Sacramento Valley (364.05) and Central Valley (331.45) geographic regions (Table 94).

In SFY 2016-17 the Sacramento Valley geographic region generated the highest Pharmacy units per 1,000 member months (356.91), while beneficiaries residing in the Central Coast (193.26) and North Coast (192.90) geographic regions generated the lowest rates (Table 94).

Table 94: Pharmacy Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	892,901	3,179,662	280.82	805,474	2,818,663	285.76	1.8%
Central Coast	162,412	895,439	181.38	162,213	839,341	193.26	6.6%
Central Valley	995,798	3,004,386	331.45	962,308	2,817,728	341.52	3.0%
Far North	5,848	21,784	268.45	4,707	16,724	281.45	4.8%
Los Angeles	2,536,474	8,205,489	309.12	1,622,002	6,138,744	264.22	-14.5%
North Coast	9,194	55,047	167.02	9,463	49,056	192.90	15.5%
Sacramento Valley	442,506	1,215,495	364.05	412,303	1,155,216	356.91	-2.0%
Sierra Range/ Foothills	101,133	315,691	320.35	94,416	297,396	317.48	-0.9%
Southern California	1,826,628	4,900,567	372.74	1,315,473	3,785,824	347.47	-6.8%
Total	6,972,894	21,793,560	319.95	5,388,359	17,918,692	300.71	- 6.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

Due to their greater incidence of chronic disease, Disabled beneficiaries utilized services rendered by a Pharmacy provider at a much higher rate in both study periods compared to members of other eligibility pathways. Individuals in Adoption/Foster Care, who often require a greater level of medication management, generated the second-highest utilization levels in both study periods.

Overall, Pharmacy units per 1,000 member months decreased by 6.0% from SFYs 2015-16 to 2016-17. Among age cohorts, utilization decreased among non-elderly adults ages 21-64 and seniors ages 65 and older. As with the Primary Care, Specialist, Behavioral Health, and Home Health service categories, the Pharmacy units per 1,000 member months increased among individuals ages 0-20 (Table 95).

Pharmacy units per 1,000 member months decreased among individuals in Adoption/Foster Care and Dual Eligibles, but increased among members of the Disabled, Undocumented, and Other eligibility pathways. However, in SFY 2016-17 the Other eligibility group accounted for only 18.4% of the study population. In concert, with little change in participation between the two study periods, the Undocumented eligibility group increased to represent 52.9% of the study population for SFY 2016-17. Individuals in the Undocumented group have limited benefits that do not generally include services rendered by a Pharmacy provider. This group accounts for more than half of the denominator but had a limited impact on the numerator, driving overall utilization of services rendered by a Pharmacy provider down by 6.0% between SFYs 2015-16 and 2016-17.

Table 95: Pharmacy Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Select Demographic Characteristics

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	319.95	300.71	- 6.0%
Sex			
Female	335.47	315.98	-5.8%

	SFY 2015-16	SFY 2016-17	Percent Change
Male	299.08	280.32	-6.3%
Age Group			
Age 0 - 20	286.20	371.78	29.9%
Age 21-64	307.64	267.18	-13.2%
Age 65 and Older	419.90	376.09	-10.4%
Eligibility Pathway			
Adoption/Foster Care	480.06	459.81	-4.2%
Disabled	2200.84	2592.21	17.8%
Dual Eligible	349.47	327.60	-6.3%
Other	237.12	271.20	14.4%
Undocumented	168.71	172.02	2.0%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Private Duty Nursing Services

Private Duty Nursing is the care of patients by nurses, who may be either a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN). Private Duty Nursing providers typically provide care working one-on-one with individual patients. Private Duty Nursing care is provided in the client's home, or an institution such as a hospital, nursing home, or other such facility. See Table 47 for a more detailed definition.

For the evaluation of Private Duty Nursing services, the study populations are limited to individuals ages 0-20, certified eligible for Medi-Cal with at least 11 months of participation in the FFS delivery system.

During SFY 2015-16, monthly Private Duty Nursing Units per 1,000 member months fluctuated between a high of 871.50 and a low of 708.77, mostly trending sideways (Table 96).

Table 96: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFY 2015-16, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2015-07	309,698	375,660	824.41
2015-08	334,076	390,389	855.75
2015-09	276,712	390,411	708.77
2015-10	340,224	390,515	871.22
2015-11	339,948	390,416	870.73
2015-12	302,472	390,495	774.59
2016-01	318,780	390,618	816.09
2016-02	303,277	390,649	776.34
2016-03	305,223	390,468	781.69
2016-04	291,997	390,141	748.44
2016-05	324,858	390,482	831.94
2016-06	310,740	356,558	871.50
Total	3,758,005	4,636,802	810.47

Source: Created by DHCS using Medi-Cal eligibility and claims data.

During SFY 2016-17 monthly Private Duty Nursing Units per 1,000 member months fluctuated between a high of 1,238.56 and a low of 1,046.47, and trended in a sideways to slightly lower direction. The overall rate for the entire study population was 1,141.84 units per 1,000 member months (Table 97). This represented a significant increase in Private Duty Nursing units per 1,000 member months from 810.47 in SFY 2015-16.

Table 97: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFY 2016-17, by Month of Eligibility

Month of Eligibility	Number of Units	Member Months	Units per 1,000 Member Months
2016-07	276,203	227,516	1,213.99
2016-08	282,316	235,714	1,197.71
2016-09	259,374	235,826	1,099.85
2016-10	292,077	235,819	1,238.56
2016-11	260,472	235,911	1,104.11
2016-12	252,722	235,842	1,071.57
2017-01	287,022	235,900	1,216.71
2017-02	246,970	236,003	1,046.47
2017-03	261,018	235,906	1,106.45
2017-04	265,693	235,832	1,126.62
2017-05	275,983	235,828	1,170.27
2017-06	253,269	227,887	1,111.38
Total	3,213,119	2,813,984	1,141.84

Source: Created by DHCS using Medi-Cal eligibility and claims data.

The Private Duty Nursing units per 1,000 member months for males (928.52) was 35% higher than the rate for females (686.81) during SFY 2015-16. The Private Duty Nursing utilization rate for males (1,290.21) was 31% higher than the rate for females (984.64) during SFY 2016-17 (Table 98).

Table 98: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Sex

Sex	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Female	1,555,283	2,264,503	686.81	1,345,348	1,366,334	984.64	43.4%
Male	2,202,722	2,372,299	928.52	1,867,771	1,447,650	1,290.21	39.0%
Total	3,758,005	4,636,802	810.47	3,213,119	2,813,984	1,141.84	40.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

FFS Medi-Cal beneficiaries ages 0-20 in the Disabled eligibility pathway generated Private Duty Nursing units per 1,000 member months that were much higher than the rate for the overall population. Individuals with conditions severe enough to require care in the home setting for an extended period of time are more likely to be classified as Disabled.

During SFY 2015-16, individuals ages 0-20 in the Disabled eligibility pathway generated a units per 1,000 member months (11,969.53) that was 14 times greater than the average for the entire study population (810.47). Individuals in Adoption/Foster Care generated the second-highest rate for Private Duty Nursing (572.53). Individuals ages 0-20 in the

Disabled eligibility pathway generated Private Duty Nursing units per 1,000 member months (13,601.62) that was 12 times greater than the average for the entire study population (1,141.84) during SFY 2016-17. Beneficiaries in the Adoption/Foster Care eligibility group generated the second-highest rate (603.97) (Table 99).

Table 99: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Adoption/ Foster Care	514,558	898,738	572.53	542,158	897,656	603.97	5.5%
Disabled	3,151,522	262,843	11,969.53	2,577,290	189,484	13,601.62	13.6%
Dual Eligible	0	2,504	0	0	1,837	0	0.0%
Other	91,925	3,202,079	28.71	93,671	1,595,421	58.71	104.5%
Undocumented	0	270,638	0	0	129,586	0	0.0%
Total	3,758,005	4,636,802	810.47	3,213,119	2,813,984	1,141.84	40.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Among individuals ages 0-20 certified eligible for Medi-Cal with 11 or more months of participation in the FFS delivery system during SFY 2015-16, those in the Asian (1,473.43) and White (1,393.60) racial cohorts generated the highest

Private Duty Nursing units per 1,000 member months, while those of Hispanic (592.55) race/ethnicity generated the lowest rates (Table 100).

During SFY 2015-16, those in the Asian (2,645.44) and White (1,546.68) racial cohorts generated the highest Private Duty Nursing units per 1,000 member months, while those of American Indian/Alaskan Native (524.80) race/ethnicity generated the lowest rates (Table 100).

Table 100: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Race/Ethnicity

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
African- American	398,983	429,771	928.36	370,617	326,935	1,133.61	22.1%
American Indian/ Alaskan Native	24,245	24,902	973.62	12,325	23,485	524.80	-46.1%
Asian	280,661	190,481	1,473.43	242,865	91,805	2,645.44	79.5%
Hispanic	1,540,142	2,599,179	592.55	1,339,638	1,139,370	1,175.77	98.4%
White	918,432	659,036	1,393.60	801,956	518,503	1,546.68	11.0%

Race/ Ethnicity	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Not Reported	595,542	733,433	811.99	445,718	713,886	624.35	-23.1%
Total	3,758,005	4,636,802	810.47	3,213,119	2,813,984	1,141.84	40.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Private Duty Nursing units per 1,000 member months were highest in the Sierra Range/Foothills and Los Angeles geographic regions, and lowest in the Central Valley, Central Coast, and North Coast geographic regions.

Individuals ages 0-20 residing in the Sierra Range/Foothills geographic region generated a Private Duty Nursing units per 1,000 member months of 1,364.62, and those residing in the Los Angeles geographic region generated a rate of 1,166.47 during SFY 2015-16. At the low end, beneficiaries residing in the Central Valley geographic region generated a rate of 260.14, while those in the Central Coast generated a rate of only 53.19. Those residing in the North Coast geographic region generated no units of Private Duty Nursing services (Table 101).

Individuals ages 0-20 residing in Los Angeles geographic region generated a Private Duty Nursing units per 1,000 member months of 1,868.73, and those residing in the Sierra Range/Foothills geographic region generated a rate of 1,269.85 during SFY 2016-17. At the low end, beneficiaries residing in the Central Valley generated a rate of 342.46, while those in the Central Coast generated a rate of only 163.65. Those residing in the North Coast generated no units of Private Duty Nursing services (Table 101).

Table 101: Private Duty Nursing Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Geographic Region

Geographic Region	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Bay Area	162,658	487,191	333.87	145,522	252,819	575.60	72.4%
Central Coast	8,767	164,829	53.19	12,461	76,145	163.65	207.7%
Central Valley	133,200	512,024	260.14	124,159	362,547	342.46	31.6%
Far North	2,652	8,566	309.60	2,645	5,439	486.30	57.1%
Los Angeles	2,148,083	1,841,528	1,166.47	1,964,083	1,051,024	1,868.73	60.2%
North Coast	0	11,882	0	0	5,510	0	0.0%
Sacramento Valley	123,846	208,623	593.64	95,586	156,965	608.96	2.6%
Sierra Range/ Foothills	77,325	56,664	1,364.62	60,832	47,905	1,269.85	-6.9%
Southern California	1,101,474	1,345,495	818.64	807,831	855,630	944.14	15.3%
Total	3,758,005	4,636,802	810.47	3,213,119	2,813,984	1,141.84	40.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data.

Summary

Individuals ages 0-20 in the Disabled eligibility pathway and certified eligible for Medi-Cal with 11 or more months of participation in the FFS delivery system generated more than 80% of Private Duty Nursing units of service during both SFYs 2015-16 and 2016-17, while individuals in the Adoption/Foster Care eligibility pathway generated 14% to 17%. Overall, Private Duty Nursing units per 1,000 member months increased by 40.9% between SFYs 2015-16 and 2016-17, providing further evidence that at the same time the number of individuals ages 0-20 participating in the FFS delivery system declined, individuals ages 0-20 with greater medical needs continued their participation in the FFS delivery system (Table 102).

Table 102: Private Duty Nursing Units per 1,000 Member Months and Percentage Change from SFYs 2015-16 to 2016-17, by Select Demographic Characteristics

	SFY 2015-16	SFY 2016-17	Percent Change
Total Study Population	810.47	1,141.84	40.9%
Sex			
Female	686.81	984.64	43.4%
Male	928.52	1,290.21	39.0%
Eligibility Pathway			
Adoption/Foster Care	572.53	603.97	5.5%
Disabled	11,970.08	13,601.62	13.6%
Dual Eligible	N/A	N/A	N/A
Other	28.71	58.71	104.5%
Undocumented	20.00	N/A	N/A

Source: Created by DHCS.

Conclusions

An evaluation of health care service use within Medi-Cal's FFS delivery system reveals that between the study years of SFYs 2015-16 and 2016-17, changes in the use of services reflect a shift in the underlying composition of the FFS population.

Realized Access is defined as the utilization of health care services that actually occurred. Changes in the use of services, however, can only be properly evaluated in the context of a population's changing enrollment trends and shifting demographic composition. Medi-Cal's FFS population is no exception. It continues to change in both size and composition, driven by California's enrollment shift into the managed care delivery system, and away from FFS. As FFS beneficiary participation decreased, individuals in the SFY 2016-17 study year made up a different case mix than that of the SFY 2015-16 study year. In turn, these population changes resulted in different patterns of service use, reflecting the unique needs of the population that continues to participate in the FFS delivery system.

Overall Medi-Cal enrollment peaked in March 2016, and subsequently began a gradual decline. The study population of SFY 2016-17 decreased by 328,822 individuals, or 18.0%, compared to the SFY 2015-16 study population. The study populations for SFYs 2015-16 and 2016-17 showed similar distributions by sex, race/ethnicity, and geographic region, but revealed shifts in the distribution by age group and eligibility pathway. Individuals ages 0-20 decreased from 21.4% of the study population in SFY 2015-16 to 15.7% of the study population in SFY 2016-17. More importantly, the 18.0% decrease in overall participation between the two study periods also resulted in major shifts within the distribution of the FFS population itself.

During the SFY 2015-16 study period, nearly one-third (30.1%) of the study population was represented by the Other eligibility pathway, which dropped to account for only 18.4% of the study population in SFY 2016-17 as most of these individuals transitioned into managed care. In concert, with little change in the number of participants between the two study periods, the Undocumented eligibility group went from representing 42.6% of the study population in SFY 2015-16 to representing 52.9% of the study population in SFY 2016-17. However, individuals in the Undocumented eligibility group are not eligible for the full scope of services under California's Medicaid State Plan. Instead, Undocumented individuals are eligible for emergency and pregnancy-related services only. Although they represent the single largest group in FFS during SFY 2016-17, Undocumented individuals are generally not eligible for most Medi-Cal services.

Of the seven categories of service studied over the two study periods, utilization levels decreased in five categories and moved higher in two. In the two service categories where utilization increased, the users of services were either mostly, or entirely, individuals ages 0-20. In the five categories where utilization decreased, the low service use and relative size of the Undocumented eligibility group pushed the overall utilization down (Table 103).

Table 103: Service Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Service Category

Service Category	SFY 2015-16	SFY 2016-17	% Change
Primary Care	147.37	142.82	-3.1%
Physician Specialist	88.74	83.76	-5.6%
Behavioral Health	1.15	1.05	-8.5%
Home Health	4.72	5.11	8.1%
Pre- and Post-Natal Obstetric	52.99	48.11	-9.2%
Pharmacy	319.95	300.71	-6.0%
Private Duty Nursing	810.47	1,141.84	40.9%

Source: Created by DHCS.

If we examine service utilization without the influence of the Undocumented eligibility group, utilization levels for all service categories except services rendered by a Pre- and Post-Natal Obstetric provider show significant increases in the SFY 2016-17 study period (Table 104). Females in the Undocumented eligibility category accounted for nearly half of all births in the FFS delivery system, and comprised roughly 75% of all certified eligible female FFS Medi-Cal beneficiaries ages 15-44 enrolled for at least 11 months in SFY 2016-17.

Once they become pregnant, they are entitled to pregnancy-related services. As a result, it is most appropriate to include them when analyzing changes in the use of services rendered by a Pre- and Post-Natal Obstetric provider. The 9.2% overall decrease in Pre -and Post-Natal Obstetric service use reflects the change in case mix of women ages 15-44 in the Other eligibility category, who accounted for about 49% of FFS births. As many transitioned out of FFS and into managed care between the two study periods, women in the Other eligibility pathway dropped from representing 30.9% of the female population ages 15-44 during the SFY 2015-16 study period, down to 16.3% in the SFY 2016-17 study period.

Table 104: Service Units per 1,000 Member Months among Certified Eligible FFS Medi-Cal Beneficiaries Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Service Category (Excluding Undocumented)

Service Category	SFY 2015-16	SFY 2016-17	% Change
Primary Care	186.38	201.91	8.3%
Physician Specialist	113.28	117.57	3.8%
Behavioral Health	1.98	2.20	11.1%
Home Health	8.09	10.68	32.0%
Pharmacy	432.59	445.64	3.0%
Private Duty Nursing	859.47	1,196.96	39.3%

Source: Created by DHCS.

Finally, in addition to the change in distribution by eligibility pathway between study periods, there was also a significant decrease in the number of individuals ages 0-20 in the Other eligibility pathway, resulting in another distribution change in the SFY 2016-17 study period. In SFY 2015-16, individuals ages 0-20 in the Other eligibility pathway made up 69.3% of all individuals ages 0-20 in the study population. The second-largest group consisted of individuals in the Adoption/Foster Care eligibility group, representing 19.2% of the study population ages 0-20 for SFY 2015-16. By SFY 2016-17, the Other eligibility pathway dropped to represent 56.8% of the study population ages 0-20, while individuals in the Adoption/Foster

Care group accounted for 31.8% of the study population ages 0-20 in SFY 2016-17. As individuals ages 0-20 transitioned out of the Other eligibility group in FFS and into managed care, a larger proportion of higher-utilizing individuals ages 0-20, particularly those in the Adoption/Foster Care eligibility group, drove service use up in all categories (Table 105).

Table 105: Service Units per 1,000 Member Months among FFS Medi-Cal Beneficiaries Ages 0-20 Enrolled for at Least 11 Months in SFYs 2015-16 or 2016-17, by Service Category

Service Category	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Primary Care	616,025	4,636,802	132.86	470,106	2,813,984	167.06	25.7%
Physician Specialist	357,619	4,636,802	77.13	268,911	2,813,984	95.56	23.9%
Behavioral Health	3,935	4,636,802	0.85	3,490	2,813,984	1.24	46.1%
Pre- and Post-Natal Obstetric	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Home Health	75,624	4,636,802	16.31	68,045	2,813,984	24.18	48.3%
Pharmacy	1,327,071	4,636,802	286.20	1,046,193	2,813,984	371.78	29.9%

Evaluation Domain: Realized Access (Service Utilization)

Service Category	SFY 2015-16			SFY 2016-17			Percent Change in Units per 1,000 Member Months
	Number of Units	Member Months	Units per 1,000 Member Months	Number of Units	Member Months	Units per 1,000 Member Months	
Private Duty Nursing	3,758,005	4,636,802	810.47	3,213,119	2,813,984	1,141.84	40.9%

Source: Created by DHCS using Medi-Cal eligibility and claims data

Evaluation Domain: Birth Outcomes

Abstract

Medi-Cal finances approximately half of all hospital births to California residents. Additionally, among female beneficiaries under age 65, child-bearing is the primary reason for seeking health care in the Medicaid program.⁵³

As part of California FFS access monitoring analyses, DHCS compared Medi-Cal beneficiaries' prenatal care utilization and birth outcomes in calendar years (CYs) 2014 through 2016 to that of the statewide population, as well as national benchmarks. The primary source of data for this measure was the birth certificates registered in California and recorded in the Birth Statistical Master Files maintained by the California Department of Public Health's Center for Health Statistics.

In each evaluated CY, Medi-Cal funded about half of all births that occurred in California hospitals, with mothers participating in the FFS delivery system accounting for about half of total Medi-Cal births in each CY. Mothers ages 25-29 accounted for the largest proportion of FFS Medi-Cal births by age group, approximately 29% during each CY. Additionally, in each evaluated CY about three-quarters of FFS Medi-Cal mothers identified as Hispanic. Mothers enrolled through the Undocumented eligibility pathway, who are eligible for Medi-Cal-covered emergency and pregnancy-related services only, accounted for 43-49% of FFS Medi-Cal births during each CY.

DHCS found that FFS-financed births were within the Healthy People 2020 national objectives for early prenatal care initiation, low birthweight, and preterm births in each of the evaluated study periods.

Introduction

According to the American College of Obstetricians and Gynecologists (ACOG), a normal pregnancy generally lasts 40 weeks.⁵⁴ ACOG notes that prenatal care should begin in the first trimester of pregnancy, with a total of 14 prenatal care visits in a standard 40-week pregnancy.⁵⁵ Health professionals consider prenatal care an effective and efficient way to improve birth outcomes, prevent complications, and decrease the incidence of maternal and infant mortality.⁵⁶ Prenatal care is one of the most widely used preventive health services in the United States, yet prenatal care is often underutilized among low-income women.⁵⁷ Failure to receive early and adequate prenatal care is associated with poor birth outcomes such as low birthweight and preterm delivery.⁵⁸

Early births, or preterm births, denote babies born before 37 full weeks of gestation, while "very preterm" refers to deliveries before 32 weeks of gestation.⁵⁹ Preterm

deliveries can result in babies being born at low birthweight.⁶⁰ Low birthweight refers to a birthweight less than 2,500 grams, while very low birthweight is less than 1,500 grams.⁶¹ Low-birthweight and preterm deliveries are important public health indicators as they can reveal long-term maternal malnutrition, poor health, and poor pregnancy care.⁶²

In comparison to their normal-birthweight counterparts, low-birthweight infants are more likely to die in their first year of life, and are at greater risk for health problems such as long-term developmental problems and chronic health conditions that arise in childhood and continue into adulthood. Two-thirds of all infant deaths occur among preterm deliveries, and 8% of preterm deliveries result in at least one major birth defect.⁶³ The risk of adverse birth outcomes is particularly high for adolescent mothers, African-Americans, low-income mothers, and other subpopulations predominantly covered by Medicaid.⁶⁴

Medicaid has been one of the main tools for helping the U.S. improve access to care for low-income women, which in turn helps improve birth outcomes.⁶⁵ In the late 1980s and early 1990s, federal legislation expanded Medicaid insurance coverage to low-income pregnant women. The expansion provided states the opportunity to improve birth outcomes among vulnerable women and infants by improving access to early prenatal care. States across the nation invested in outreach activities, enrollment simplification, and enhanced prenatal benefits.

In California, the Medi-Cal program established several eligibility pathways to expand coverage for pregnant women. Currently, the Medi-Cal program finances half of all deliveries in the state, and two-thirds of Medi-Cal mothers receive services through the FFS delivery system. Because access to timely prenatal care services has the potential to positively influence birth outcomes, DHCS has focused on examining initiation of prenatal care, low-birthweight, and preterm deliveries as indicators of timely health care access.

In this analysis, DHCS evaluates timely prenatal care initiation and select birth outcomes for FFS Medi-Cal deliveries during CYs 2014-2016. These birth outcomes were compared to three Healthy People 2020 objectives for Maternal, Infant, and Child Health. The Healthy People 2020 objectives are produced by the U.S. Department of Health and Human Services with the goal of improving the health of all Americans. To this end, Healthy People established benchmarks and processes for monitoring the progress of the U.S. health care community in achieving these objectives. The Healthy People 2020 objectives, as of CY 2017, evaluated in this report are:

Prenatal Care- The Healthy People 2020 goal is to increase the proportion of pregnant women who receive prenatal care beginning in the first trimester to 77.9% nationwide.

Low Birthweight (<2,500 grams) – The Healthy People 2020 Goal is to reduce the proportion of low-birthweight deliveries to 7.8% nationwide.

Preterm Births (<37 weeks of gestation) – The Healthy People 2020 goal is to reduce the proportion of preterm births to 9.4% nationwide.

Background

Factors Influencing Timely Prenatal Care Initiation

National efforts to improve utilization rates for early prenatal care have largely focused on expanding public health coverage for low-income women. However, having health coverage and a regular source of care does not guarantee that pregnant women will receive early prenatal care. There are several health system factors, as well as individual-level factors, that can influence whether a woman accesses timely prenatal care.⁶⁶ These factors include:

Health System Factors

Among women covered by Medicaid, those who receive inadequate prenatal care are 4.5 times more likely than those not covered by Medicaid to have difficulty finding a physician who accepts Medicaid insurance, and 2.5 times more likely to have difficulty getting an appointment for prenatal care.⁶⁷ Additional health system factors that women might face include crowded clinics and long wait times, a lack of evening or weekend appointments, and interactions with insensitive health care professionals, which discourage women from further seeking necessary health care services.⁶⁸

Individual-Level Factors

Low-income women often face more barriers to accessing care, and are therefore less likely to receive timely prenatal care.⁶⁹ Factors such as a lack of social support, childcare, and transportation to appointments are barriers commonly cited in studies. In addition, women cite reasons such as a lack of trust in the health care system, negative feelings about the quality of medical care, and being in good health or experiencing few health problems during pregnancy as reasons for not accessing prenatal care. Coping with an unwanted or unplanned pregnancy is another reason why women do not access timely prenatal care.^{70,71,72}

Population Characteristics

Eligibility for Care – Women who receive Medi-Cal services because of a qualifying condition such as pregnancy may be restricted to only pregnancy-related and emergency health care services. However, all pregnant women covered by Medi-Cal are eligible for prenatal care regardless of the scope of benefits to which they are entitled.

Aid Code – A beneficiary's aid code indicates the basis for how they qualify for Medi-Cal services, such as income, disability status, age, or health conditions. Aid code groupings presented here can provide an indication of the beneficiary's health status. For example, those grouped in the Blind/Disabled eligibility pathway are generally in worse health than those covered under the Families or Undocumented eligibility pathways. Beneficiaries in the Families and Undocumented categories generally have less complex health care needs.

Metropolitan vs. Non-Metropolitan – Health care providers are particularly difficult to access in rural areas. Providers within the Medi-Cal program are no exception. Physician specialists such as obstetricians, gynecologists, and pediatricians enrolled in Medi-Cal's FFS delivery system are less likely to be in rural counties than in more populated geographic areas of the state.

Pre-existing Issues – Women who receive counseling during prenatal care visits for pregnancy-related health issues such as alcohol use, smoking, substance use, nutrition, vitamin supplements, and appropriate weight gain are less likely to have a low-birthweight delivery than women who do not receive this type of health education.⁷³ Unfortunately, many Medi-Cal mothers who are at risk for poor birth outcomes are less likely to receive early prenatal care.

Factors Contributing to Preterm Births and Low Birthweight

Aside from early prenatal care initiation, many factors may contribute to low-birthweight and preterm birth outcomes. Researchers have found that demographic factors such as race/ethnicity and maternal age account for approximately 13% of the risk for adverse birth outcomes. Adverse maternal health conditions prior to pregnancy contribute to 40% of the risk for poor birth outcomes. Maternal pre-pregnancy risk factors include being in poor general health, being underweight, having a history of chronic conditions such as hypertension, and engaging in poor health behaviors such as smoking. The remaining 47% of risk factors associated with poor birth outcomes are those that occur during pregnancy. Prenatal care visits can identify risk factors, including:

- Smoking during pregnancy;
- Drinking and substance use;

- Poor diet and inadequate weight gain;
- Medical conditions arising during pregnancy such as eclampsia, pre-eclampsia, or gestational diabetes; and
- Other pregnancy-related complications such as placental abruption, oligohydramnios, polyhydramnios, and placenta previa.^{74,75}

Eligibility Pathways for Pregnant Women

A woman may establish eligibility in a number of different aid codes throughout her pregnancy by initiating enrollment into Medi-Cal via the Presumptive Eligibility (PE) program, transitioning to Medi-Cal's 213% Federal Poverty Level (FPL) Pregnant Income Disregard Program, and finally enrolling into Medi-Cal under the 1931(b) program.

Medi-Cal's PE program enables providers to bestow immediate, temporary prenatal Medi-Cal coverage to a pregnant woman based on her responses to a few income and residency questions.⁷⁶ Medi-Cal provides this coverage under the assumption that the pregnant woman will be eligible for Medi-Cal once she applies. The PE program covers all ambulatory prenatal care services, but does not cover the costs of delivery, family planning, or induced abortion procedures. When Medi-Cal deems a pregnant woman with PE coverage eligible, she transfers into the Medi-Cal pathway that best reflects her eligibility status. Former PE eligibles may move into a specialized Medi-Cal pregnancy category of eligibility such as the 213% FPL Pregnant Income Disregard Program, which restricts women to pregnancy-related and postpartum services. Women in restricted-scope eligibility pathways such as the PE and 213% FPL Pregnant Income Disregard programs primarily receive care via Medi-Cal's FFS delivery system.

Women may transfer from a restricted-scope to a full-scope Medi-Cal program (such as 1931(b) Non-CalWORKs) in the third trimester of their pregnancy.⁷⁷ If a family meets the income and property-limit requirements, and can prove that the child is deprived (Medi-Cal determines deprivation based on the absence of one parent in the family, or the underemployment or unemployment of the principal wage earner), they may receive full-scope 1931(b) coverage with no time limit.⁷⁸ In a number of counties, when a woman enrolls in a full-scope aid code program such as 1931(b), she is mandatorily required to participate in a Medi-Cal managed care plan.

If a pregnant woman has established a relationship with a specific FFS provider who is not a participant of the Medi-Cal managed care plan's provider network, Medi-Cal provides for a medical exemption option.⁷⁹ The exemption allows the pregnant woman to maintain continuity of care; she can remain in Medi-Cal's FFS system and continue to receive health care services from her established Medi-Cal FFS provider.

Women enrolled in Medi-Cal via Undocumented eligibility pathways are entitled to only emergency and pregnancy-related services and are primarily restricted to the FFS delivery system.

Methodology

The primary source of data for this measure is the birth certificates registered in California and recorded on the Birth Statistical Master File (BSMF) maintained by the California Department of Public Health's (CDPH) Center for Health Statistics.

In this analysis, the Medi-Cal delivery system assigned to a mother is based on either her participation at the time of birth or which delivery system financed the birth. Medi-Cal inpatient hospital claims containing a delivery diagnosis code and dates of service were used to confirm birth certificate records for women giving birth financed by the Medi-Cal FFS system. Women with a delivery financed by Medi-Cal's managed care system were confirmed in the BSMF using Medi-Cal eligibility records from the MEDS.

Analyses in this measure cover both singleton and multiple-birth outcomes among FFS Medi-Cal Only mothers.

Data reflecting maternal age, education level, prevalence of smoking during pregnancy, and pre-pregnancy weight were also obtained from the California BSMF. Additional data from the Office of Statewide Health Planning and Development (OSHPD) hospital discharge file were used to identify comorbidities among women with deliveries in a hospital.

Self-reported prenatal care utilization data was collected from California birth certificates. Females were identified as having early initiation of prenatal care if their first visit occurred during the first trimester of their pregnancy. Early births, or preterm births, denote babies born before 37 full weeks of gestation. Low birthweight refers to a birthweight less than 2,500 grams.

Data Source

Birth Statistical Master File, Office of Statewide Health Planning and Development Patient Discharge Data, Medi-Cal paid claims data, and Medi-Cal eligibility data.

Results

Calendar Year 2014

Summary

In CY 2014, out of 490,724 births in California, 26.6% were to Medi-Cal mothers participating in FFS Medi-Cal, and Medi-Cal funded 49.7% of the total births. The following results are some key findings in regards to mothers participating in FFS Medi-Cal in CY 2014:

- Mothers ages 25-29 accounted for the largest portion of FFS Medi-Cal births at 29.2%.
- The Other^{xiv} (55.1%) and Undocumented (43.8%) eligibility pathways together accounted for 99% of births.
- The majority of mothers (74.1%) identified as Hispanic.
- FFS Medi-Cal mothers (78.8%) met the Healthy People 2020 goal of having at least 77.9% access early prenatal care.
- Two regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (83.8%) and Southern California (80.0%). Mothers living in the Los Angeles region had the highest percentage of early prenatal care initiation, while mothers living in the Sierra Range/Foothills region had the lowest (66.2%).
- American Indians/Alaskan Natives had the lowest percentage of early prenatal care initiation (65.8%), while Hispanics had the highest percentage (79.9%).
- The percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.4%, meeting the Healthy People 2020 Goal of 7.8% or less.
- Mothers in the Dual Eligible eligibility pathway had the highest percentage of low-birthweight deliveries (10.7%).
- All geographic regions evaluated met the low-birthweight Healthy People 2020 goal.

^{xiv} Individuals constituting the "Other" eligibility pathway in CY 2014 were primarily enrolled in the Medi-Cal aid codes: 44-200% FPL Pregnant Citizen; M3-Parent/Caretaker Relative, 0-109% FPL; M9-Pregnant Women, 60-213% FPL; 3N-AFDC-MN-1931(B) Non CalWORKS; 30-CalWORKS-All Families; 34-AFDC-MN; and M1-Adult, 19-<65, 0-138% FPL. These seven Medi-Cal aid codes accounted for 87.8% of the "Other" enrollment.

- Mothers ages 15 and younger (7.7%) had the highest percentage of low-birthweight deliveries, and ages 25 to 34 had the lowest percentage of low-birthweight deliveries (5.0%). All age groups met the Healthy People 2020 goal.
- African-American mothers had a higher percentage of low-birthweight births (10.5%) than mothers in other racial/ethnic cohorts, and was the only group not to meet the Healthy People 2020 goal.
- The percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.4%, meeting the Healthy People 2020 Goal of 9.4% or less.
- FFS Medi-Cal mothers who did not receive prenatal care (24.2%) were more than three times more likely to have a preterm delivery than mothers who received early prenatal care.
- Mothers in the Dual Eligible eligibility pathway had the highest percentage of preterm births (13.5%).

Characteristics of FFS Medi-Cal-Funded Births

In CY 2014, Medi-Cal-funded births accounted for 49.7% of all California births (Table 106). Medi-Cal-funded births were split between Medi-Cal’s FFS delivery system and managed care delivery system (53.5% and 46.5%, respectively) (Table 107).

Table 106: Distribution of California Resident Births in CY 2014, by Payer Type

Payer Type	California Resident Births (N = 490,724)
Medi-Cal Births	49.7%
Non-Medi-Cal Births	50.2%
Total	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

Table 107: Distribution of Medi-Cal Births in CY 2014, by Delivery System

Delivery System	Medi-Cal Births (N = 244,153)
Fee-for-Service	53.5%

Delivery System	Medi-Cal Births (N = 244,153)
Managed Care	46.5%
Total	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Roughly 77% of the births occurred to mothers between the ages of 20 and 34. Teen births accounted for only 6.6% of Medi-Cal FFS births, and mothers 35 and older accounted for 15.9% of births financed by Medi-Cal’s FFS delivery system (Table 108).

Table 108: Distribution of FFS Medi-Cal Births in CY 2014, by Age Group

Age Group	Number of Births	Percentage of Births
Ages 0-17	2,202	1.7%
Ages 18-19	6,367	4.9%
Ages 20-24	33,161	25.4%
Ages 25-29	38,173	29.2%
Ages 30-34	30,001	23.0%
Ages 35 and Older	20,791	15.9%
Total	130,695	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Two eligibility pathways, or aid code groupings – Undocumented and Other – accounted for 99% of all FFS Medi-Cal-funded births (Table 109). The Undocumented aid code group is eligible for emergency and pregnancy-related services only.

Table 109: Distribution of FFS Medi-Cal Births in CY 2014, by Eligibility Pathway

Eligibility Pathway	Number of Births	Percentage of Births
Adoption/Foster Care	483	0.4%
Disabled	380	0.3%

Eligibility Pathway	Number of Births	Percentage of Births
Dual Eligible	565	0.4%
Undocumented	57,296	43.8%
Other	71,971	55.1%
Total	130,695	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Roughly 74% of women who experienced FFS Medi-Cal-funded births in CY 2014 were Hispanic. The next most common race/ethnicity was White (12.3%), followed by Asian (6.7%), African-American (3.6%), Other (3.1%), and American Indian/Alaskan Native (0.3%) (Table 110).

Table 110: Distribution of FFS Medi-Cal Births in CY 2014, by Race/Ethnicity

Race/Ethnicity	Number of Births	Percentage of Births
African-American	4,746	3.6%
American Indian/Alaskan Native	327	0.3%
Asian	8,763	6.7%
Hispanic	96,855	74.1%
White	16,014	12.3%
Other/Unknown	3,990	3.1%
Total	130,695	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

The number of FFS Med-Cal births in CY 2014 varied by geographic region. The Los Angeles (29.9%) and Southern California (28.4%) regions had the largest percentages of FFS births in 2014. Combined, these two geographic regions accounted for more than half of the total FFS births at 58.3%, or 76,149 births. The North Coast (0.7%) and Far North (0.4%) regions had the smallest percentages of births financed by FFS (Table 111).

Table 111: Distribution of FFS Medi-Cal Births in CY 2014, by Geographic Region

Geographic Region	Number of Births	Percentage of Births
Bay Area	16,668	12.8%
Central Coast	9,604	7.3%
Central Valley	18,607	14.2%
Far North	508	0.4%
Los Angeles	39,080	29.9%
North Coast	852	0.7%
Sacramento Valley	6,681	5.1%
Sierra Range/Foothills	1,626	1.2%
Southern California	37,069	28.4%
Total	130,695	100.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Initiation of Prenatal Care

It is important to note that California designed several special Medi-Cal eligibility pathways (e.g., PE Program, 213% FPL Pregnant Income Disregard Program, etc.) for pregnant women to encourage early and appropriate prenatal care, and to ensure that pregnant women could easily gain Medi-Cal coverage. Many mothers who otherwise would not qualify for Medi-Cal may become eligible for restricted-scope benefits in the FFS delivery system via these eligibility pathways on the sole basis of being pregnant. Women can seek Medi-Cal enrollment via these eligibility pathways at any point during their pregnancy.

Among California resident mothers, the percentage of early prenatal care initiation varied by payer type. FFS Medi-Cal mothers (78.8%) and non-Medi-Cal mothers (89.9%) met the Healthy People 2020 goal of having at least 77.9% of mothers access early prenatal care (Table 112).

Table 112: Percentage of Early Prenatal Care Initiation among California Resident Mothers in CY 2014, by Payer Type

Payer Type	Percentage of Births	Healthy People 2020 Goal
FFS Medi-Cal Births	78.8%	77.9%
Non-Medi-Cal Births	89.9%	77.9%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

The percentage of early prenatal care initiation among FFS Medi-Cal mothers varied by scope of coverage. FFS Medi-Cal mothers not entitled to full-scope State Plan benefits were more likely to access timely prenatal care (81.1%) than mothers entitled to full-scope benefits (73.6%) (Table 113).

The population of FFS Medi-Cal mothers not entitled to full-scope State Plan benefits is primarily comprised of Undocumented immigrants lacking Satisfactory Immigration Status (SIS) and entitled to pregnancy and emergency services only; and individuals enrolled through an aid code that provides coverage exclusively for pregnancy-related services.

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2014, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{80,81}

Table 113: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2014, by Scope of Coverage

Scope of Coverage (N = 127,595)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Full-Scope (n = 38,313)	73.6%	26.4%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 89,282)	81.1%	18.9%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding prenatal care initiation.

FFS Medi-Cal mothers in the Undocumented (81.2%) and Dual Eligible (78.3%) eligibility pathways had the highest percentages of early prenatal care initiation, while those in the Disabled (69.0%) and Adoption/Foster Care (75.4%) eligibility pathways had the lowest percentages (Table 114).

Table 114: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2014, by Eligibility Pathway

Eligibility Pathway (N = 128,750)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Adoption/Foster Care (n = 471)	75.4%	24.6%
Disabled (n = 371)	69.0%	31.0%
Dual Eligible (n = 544)	78.3%	21.7%
Other (n = 70,825)	77.0%	23.0%
Undocumented (n = 56,539)	81.2%	18.8%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Two geographic regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (83.8%) and Southern California (80.0%). These two regions accounted for nearly 60% of all FFS-financed births during CY 2014. Mothers living in the Sierra Range/Foothills (66.2%) and Sacramento Valley (71.6%) regions were the least likely to have initiated early prenatal care (Table 115).

Table 115: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2014, by Geographic Region

Geographic Region	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Bay Area	75.9%	24.1%

Geographic Region	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Central Coast	72.5%	27.5%
Central Valley	76.2%	23.8%
Far North	74.6%	25.4%
Los Angeles	83.8%	16.2%
North Coast	72.3%	27.7%
Sacramento Valley	71.6%	28.4%
Sierra Range/Foothills	66.2%	33.8%
Southern California	80.0%	20.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of FFS Medi-Cal mothers who initiated early prenatal care varied by age group. FFS Medi-Cal mothers ages 35-44 (80.9%) and ages 25-34 (80.7%) were most likely to access early prenatal care. Mothers ages 15 and younger (53.3%) and mothers ages 16-17 (58.8%) were the least likely to access early prenatal care (Table 116).

Table 116: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2014, by Age Group

Age Group	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Ages 15 and Younger	53.3%	46.7%
Ages 16-17	58.8%	41.2%
Ages 18-19	69.2%	30.8%
Ages 20-24	76.4%	23.6%
Ages 25-34	80.7%	19.3%
Ages 35-44	80.9%	19.1%
Ages 45 and Older	75.5%	24.5%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

American Indian/Alaskan Native mothers had the lowest percentage of early prenatal care initiation (65.8%), while Hispanic mothers had the highest percentage (79.9%) (Table 117).

Table 117: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2014, by Race/Ethnicity

Race/Ethnicity	Early Prenatal Care Access	Did Not Access Early Prenatal Care
African-American	74.5%	25.5%
American Indian/ Alaskan Native	65.8%	34.2%
Asian	76.6%	23.4%
Hispanic	79.9%	20.1%
White	76.7%	23.3%
Other/Not Reported	73.6%	26.4%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Low Birthweight among Singleton Births

In CY 2014, the percentage of low-birthweight singleton births in California varied by payer source. The percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.4%, meeting the Healthy People 2020 goal of 7.8% or less (Table 118).

Table 118: Percentage of Low-Birthweight Singleton California Resident Births in CY 2014, by Payer Source

Payer Source	Percentage of Low-Birthweight Deliveries	Healthy People 2020 Goal
FFS Medi-Cal Births	5.4%	7.8%
Non-Medi-Cal Births	4.5%	7.8%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

The percentage of low-birthweight singleton births to FFS Medi-Cal mothers varied by timing of prenatal care initiation. FFS Medi-Cal mothers who received no prenatal care had a much larger percentage of low-birthweight deliveries (14.7%) than those who initiated prenatal care at any time during their pregnancy (Table 119).

Table 119: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Low-Birthweight Deliveries
No Prenatal Care	14.7%
Early Prenatal Care	5.4%
Late Prenatal Care	5.2%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of low-birthweight singleton births varied by scope of coverage. Among FFS Medi-Cal mothers in CY 2014, those entitled to full-scope benefits had a higher percentage of low-birthweight deliveries (6.8%) than individuals not entitled to full-scope State Plan benefits (4.8%) (Table 120).

Table 120: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Scope of Coverage

Scope of Coverage (N = 126,554)	Percentage of Low-Birthweight Deliveries
Full-Scope (n = 37,871)	6.8%
Individuals Not Entitled to Full Scope State Plan Benefits (n = 88,683)	4.8%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding birthweight.

FFS Medi-Cal mothers categorized as Dual Eligible for Medi-Cal and Medicare (10.7%) and those classified as Disabled (9.5%) had the highest percentage of low-birthweight deliveries, while mothers in the Undocumented (4.9%) and Other (5.8%) eligibility pathways had the lowest percentages (Table 121).

Table 121: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Eligibility Pathway

Eligibility Pathway (N = 127,694)	Percentage of Low-Birthweight Deliveries
Adoption/Foster Care (n = 475)	7.8%
Disabled (n = 370)	9.5%
Dual Eligible (n = 550)	10.7%
Other (n = 70,204)	5.8%
Undocumented (n = 56,095)	4.9%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Among FFS Medi-Cal mothers in CY 2014, the percentage of low-birthweight singleton births varied by geographic region. FFS Medi-Cal mothers residing in the Sierra Range/Foothills (5.8%), Central Valley (5.7%), and Los Angeles (5.6%) regions had the highest percentage of low-birthweight deliveries when compared to the other regions. However, all geographic regions met the Healthy People 2020 goal of less than or equal to 7.8% (Table 122).

Table 122: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Geographic Region

Geographic Region	Percentage of Low-Birthweight Deliveries
Bay Area	5.4%
Central Coast	5.0%
Central Valley	5.7%
Far North	2.8%
Los Angeles	5.6%
North Coast	4.8%
Sacramento Valley	5.0%
Sierra Range/Foothills	5.8%
Southern California	5.4%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

FFS Medi-Cal mothers ages 15 and younger (7.7%) had the highest percentage of low-birthweight singleton deliveries and ages 25-34 had the lowest percentage of low-birthweight deliveries (5.0%). All age groups met the Healthy People 2020 goal of 7.8% or less (Table 123).

Table 123: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Maternal Age Group

Age Group	Percentage of Low-Birthweight Deliveries
Ages 15 and Younger	7.7%
Ages 16-17	7.0%
Ages 18-19	6.1%
Ages 20-24	5.2%
Ages 25-34	5.0%
Ages 35-44	6.7%
Ages 45 and Older	7.6%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

In CY 2014, African-American mothers participating in FFS Medi-Cal had a higher percentage of low-birthweight singleton births (10.5%) than mothers in other racial/ethnic cohorts and was the only group not to meet the Healthy People 2020 goal of less than or equal to 7.8% (Table 124).

Table 124: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Race/Ethnicity

Race/Ethnicity	Percentage of Low-Birthweight Deliveries
African-American	10.5%
American Indian/Alaskan Native	6.2%
Asian	6.7%
Hispanic	5.1%
White	4.7%

Race/Ethnicity	Percentage of Low-Birthweight Deliveries
Other/Not Reported	6.8%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Pre-Term among Singleton Births

In CY 2014, the percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.4%, meeting the Healthy People 2020 Goal of 9.4% or less (Table 125).

Table 125: Percentage of Preterm Singleton California Resident Births in CY 2014, by Payer Source

Payer Source	Percentage of Preterm Births	Healthy People 2020 Goal
FFS Medi-Cal Births	7.4%	9.4%
Non-Medi-Cal Births	6.1%	9.4%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

FFS Medi-Cal mothers who did not receive prenatal care were more than three times more likely to experience a preterm delivery than mothers who received early prenatal care (Table 126).

Table 126: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Preterm Births
No Prenatal Care	24.2%
Early Prenatal Care	7.4%
Late Prenatal Care	6.8%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Preterm deliveries were more common among FFS Medi-Cal mothers with full-scope benefits (8.6%) than mothers not entitled to full-scope State Plan benefits (7.0%) (Table 127).

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2014, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{82,83}

Table 127: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Scope of Coverage

Scope of Coverage (N = 123,446)	Percentage of Preterm Births
Full-Scope (n = 36,823)	8.6%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 86,623)	7.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding the length of maternal gestation.

FFS Medi-Cal mothers enrolled in the Dual Eligible eligibility pathway (13.5%) had the highest percentage of preterm deliveries compared with mothers in any other eligibility pathway (Table 128).

Individuals gaining eligibility through the Dual Eligible eligibility pathway includes those gaining Medicare coverage through an eligibility pathway relating to disability. This group, though small in terms of their proportion of FFS Medi-Cal births in CY 2014, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.⁸⁴

Table 128: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Eligibility Pathway

Eligibility Pathway (N = 124,548)	Percentage of Preterm Births
Adoption/Foster Care (n = 458)	8.1%
Disabled (n = 363)	10.7%
Dual Eligible (n = 527)	13.5%
Other (n = 68,385)	7.3%
Undocumented (n = 54,815)	7.5%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

All geographic regions of the state met the Healthy People 2020 goal that no more than 9.4% of deliveries would be classified as preterm. The Los Angeles (8.0%), Central Valley (7.9%), and Bay Area (7.4%) regions had the highest percentage of preterm deliveries, while the Far North (5.5%) region had the lowest (Table 129).

Table 129: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Geographic Region

Geographic Region	Percentage of Preterm Births
Bay Area	7.4%
Central Coast	6.7%
Central Valley	7.9%
Far North	5.5%
Los Angeles	8.0%
North Coast	6.8%
Sacramento Valley	7.0%
Sierra Range/Foothills	6.6%
Southern California	7.0%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of preterm singleton births among FFS Medi-Cal mothers varied by maternal age. The highest percentage of preterm deliveries was seen among FFS Medi-Cal mothers ages 15 and younger (12.7%), followed by mothers ages 45 and older (11.4%) (Table 130).

Births to teen mothers and mothers in older age cohorts are more likely to be premature and result in low birthweight due to the mothers' increased vulnerability to age-related health complications during pregnancy, as well as socioeconomic factors often faced by teenage mothers which can contribute to a generally lower health status.^{85,86}

Table 130: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Maternal Age Group

Age Group	Percentage of Preterm Births
Ages 15 and Younger	12.7%
Ages 16-17	9.3%
Ages 18-19	7.6%
Ages 20-24	6.2%
Ages 25-34	7.1%
Ages 35-44	10.2%
Ages 45 and Older	11.4%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

African-American (11.3%) and American Indian/Alaskan Native (9.6%) mothers participating in FFS Medi-Cal had a higher percentage of preterm deliveries than mothers in other racial/ethnic cohorts (Table 131).

Table 131: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2014, by Race/Ethnicity

Race/Ethnicity	Percentage of Preterm Births
African-American	11.3%
American Indian/Alaskan Native	9.6%
Asian	7.9%

Race/Ethnicity	Percentage of Preterm Births
Hispanic	7.4%
White	6.3%
Other/Not Reported	7.4%

Source: 2014 California Birth Statistical Master File and Medi-Cal eligibility data.

Calendar Year 2015

Summary

In CY 2015, out of 480,841 births in California, 24.2% were to Medi-Cal mothers participating in FFS Medi-Cal, and Medi-Cal funded 50.7% of the total births. The following results are some key findings in regards to mothers participating in FFS Medi-Cal in CY 2015:

- Mothers ages 25-29 accounted for the largest portion of FFS Medi-Cal births at 29.3%.
- The Other^{xv} (52.7%) and Undocumented (46.2%) aid codes together accounted for 99% of births.
- Three-quarters of the mothers (75.9%) identified as Hispanic.
- FFS Medi-Cal mothers (78.6%) met the Healthy People 2020 goal of having at least 77.9% access early prenatal care.
- Two geographic regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (83.0%) and Southern California (79.5%). Mothers living in the Los Angeles region had the highest percentage of early prenatal care initiation, while mothers living in the Sierra Range/Foothills region had the lowest (64.9%).
- American Indians/Alaskan Natives had the lowest percentage of early prenatal care initiation (61.5%), while Hispanics had the highest percentage (79.6%).

^{xv} Individuals constituting the "Other" eligibility pathway in CY 2015 were primarily enrolled in the Medi-Cal aid codes: M3-Parent/Caretaker Relative, 0-109% FPL; M9-Pregnant Women, 60-213% FPL; M1-Adult, 19-<65, 0-138% FPL; 30-CalWORKs-All Families; M7-Pregnant Women, 0-60% FPL; 34-AFDC-MN; and 44-200% FPL Pregnant Citizen. These 7 Medi-Cal aid codes accounted for 88.9% of the "Other" enrollment.

- The percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.5%, meeting the Healthy People 2020 Goal of 7.8% or less.
- Mothers in the Disabled eligibility pathway had the highest percentage of low-birthweight deliveries (10.1%).
- All geographic regions evaluated met the low-birthweight Healthy People 2020 goal.
- Mothers ages 45 and older had the highest percentage of low-birthweight deliveries (12.6%), and ages 25 to 34 had the lowest percentage of low-birthweight deliveries (4.9%). Mothers ages 45 and older, and ages 15 and younger, did not meet the Healthy People 2020 goal.
- African-American mothers had a higher percentage of low-birthweight births (9.7%) than mothers in other racial/ethnic cohorts and was the only group not to meet the Healthy People 2020 goal.
- The percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.7%, meeting the Healthy People 2020 Goal of 9.4% or less.
- FFS Medi-Cal mothers who did not receive prenatal care (23.1%) were three times more likely to have a preterm delivery than mothers who received early prenatal care.
- Mothers in the Dual Eligible eligibility pathway had the highest percentage of preterm births (13.3%).

Characteristics of FFS Medi-Cal-Funded Births

In CY 2015, Medi-Cal-funded births accounted for 50.7% of all California births (Table 132). Medi-Cal-funded births were split between Medi-Cal’s FFS delivery system and managed care delivery system (47.8% and 52.2%, respectively) (Table 133).

Table 132: Distribution of California Resident Births in CY 2015, by Payer Type

Payer Type (N = 480,841)	Percentage of Births
Medi-Cal Births	50.7%
Non-Medi-Cal Births	49.3%
Total	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

Table 133: Distribution of Medi-Cal Births in CY 2015, by Delivery System

Delivery System (N = 243,560)	Percentage of Births
Fee-for-Service	47.8%
Managed Care	52.2%
Total	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Roughly 77.3% of the births occurred to mothers between the ages of 20 and 34. Teen births accounted for only 6.1% of FFS Medi-Cal births, and mothers 35 and older accounted for 16.7% of births financed by Medi-Cal's FFS delivery system (Table 134).

Table 134: Distribution of FFS Medi-Cal Births in CY 2015, by Age Group

Age Group	Number of Births	Percentage of Births
Ages 0-17	1,930	1.7%
Ages 18-19	5,145	4.4%
Age 20-24	27,937	24.0%
Ages 25-29	34,112	29.3%
Ages 30-34	27,891	24.0%
Ages 35 and Older	19,440	16.7%
Total	116,455	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Two eligibility pathways, Undocumented and Other, accounted for 99% of all FFS Medi-Cal-funded births (Table 135). Mothers in the Undocumented eligibility pathways are generally eligible for emergency and pregnancy-related services only.

Table 135: Distribution of FFS Medi-Cal Births in CY 2015, by Eligibility Pathway

Eligibility Pathway	Number of Births	Percentage of Births
Adoption/Foster Care	544	0.5%
Disabled	293	0.3%
Dual Eligible	402	0.3%
Undocumented	53,807	46.2%
Other	61,409	52.7%
Total	116,455	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Approximately 75.9% of women who experienced a FFS Medi-Cal-funded birth in CY 2015 were Hispanic. The next most common race/ethnicity was White (10.9%), followed by Asian (6.1%), African-American (3.9%), Other (3.0%), and American Indian/Alaskan Native (0.2%) (Table 136).

Table 136: Distribution of FFS Medi-Cal Births in CY 2015, by Race/Ethnicity

Race/Ethnicity	Number of Births	Percentage of Births
African-American	4,510	3.9%
American Indian/Alaskan Native	279	0.2%
Asian	7,067	6.1%
Hispanic	88,409	75.9%
White	12,650	10.9%
Other	3,540	3.0%
Total	116,455	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

In CY 2015, the number of FFS Medi-Cal births varied by geographic region. The Los Angeles (31.6%) and Southern California (29.5%) regions had the largest percentages of FFS births in CY 2015. Combined, these two geographic regions accounted for more than half of the total FFS births at 61.1%, or 71,168 births. The Far North (0.3%) and

North Coast (0.5%) regions had the smallest percentages of births financed by FFS (Table 137).

Table 137: Distribution of FFS Medi-Cal Births in CY 2015, by Geographic Region

Geographic Region	Number of Births	Percentage of Births
Bay Area	14,486	12.4%
Central Coast	8,381	7.2%
Central Valley	14,956	12.8%
Far North	336	0.3%
Los Angeles	36,805	31.6%
North Coast	596	0.5%
Sacramento Valley	5,304	4.6%
Sierra Range/Foothills	1,228	1.1%
Southern California	34,363	29.5%
Total	116,455	100.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Initiation of Prenatal Care

The percentage of early prenatal care initiation varied by payer type. FFS Medi-Cal mothers (78.6%) and non-Medi-Cal mothers (89.8%) met the Healthy People 2020 goal of having at least 77.9% of mothers access early prenatal care (Table 138).

Table 138: Percentage of Early Prenatal Care Initiation among California Resident Mothers in CY 2015, by Payer Type

Payer Type	Early Prenatal Care Access	Healthy People 2020 Goal
FFS Medi-Cal Births	78.6%	77.9%
Non-Medi-Cal Births	89.8%	77.9%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

Among FFS Medi-Cal mothers, the percentage of early prenatal care initiation varied by scope of coverage. Medi-Cal mothers not entitled to full-scope State Plan benefits were more likely to access timely prenatal care (80.4%) than mothers entitled to full-scope benefits (75.5%) (Table 139).

The population of FFS Medi-Cal mothers not entitled to full-scope State Plan benefits is primarily comprised of Undocumented immigrants lacking SIS and entitled to pregnancy and emergency services only; and individuals enrolled through an aid code that provides coverage exclusively for pregnancy-related services.

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2015, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{87,88}

Table 139: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2015, by Scope of Coverage

Scope of Coverage (N = 114,153)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Full-Scope (n = 42,904)	75.5%	24.5%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 71,249)	80.4%	19.6%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding prenatal care initiation.

FFS Medi-Cal mothers in the Undocumented (80.1%) and Dual Eligible (79.4%) eligibility pathways had the highest percentages of early prenatal care initiation, while those in the Disabled (73.5%) and Adoption/Foster Care (72.3%) eligibility pathways had the lowest percentages (Table 140).

Table 140: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2015, by Eligibility Pathway

Eligibility Pathway (N = 114,838)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Adoption/Foster Care (n = 530)	72.3%	27.7%
Disabled (n = 287)	73.5%	26.5%
Dual Eligible (n = 388)	79.4%	20.6%
Other (n = 60,470)	77.3%	22.7%
Undocumented (n = 53,163)	80.1%	19.9%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Two geographic regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (83.0%) and Southern California (79.5%). These two regions accounted for more than 60% of all FFS-financed births during CY 2015. Mothers living in the Sierra Range/Foothills (64.9%) and North Coast (69.8%) regions were the least likely to have initiated early prenatal care (Table 141).

Table 141: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2015, by Geographic Region

Geographic Region	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Bay Area	76.6%	23.4%
Central Coast	70.2%	29.8%
Central Valley	75.7%	24.3%
Far North	76.4%	23.6%
Los Angeles	83.0%	17.0%
North Coast	69.8%	30.2%
Sacramento Valley	73.6%	26.4%
Sierra Range/Foothills	64.9%	35.1%
Southern California	79.5%	20.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of early prenatal care initiation varied by age group. FFS Medi-Cal mothers ages 25-34 (80.7%) and mothers ages 35-44 (80.5%) were most likely to access early prenatal care. Mothers ages 15 and younger (51.7%) and mothers ages 16-17 (59.7%) were the least likely to access early prenatal care (Table 142).

Table 142: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2015, by Age Group

Age Group	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Ages 15 and Younger	51.7%	48.3%
Ages 16-17	59.7%	40.3%
Ages 18-19	67.9%	32.1%
Ages 20-24	76.1%	23.9%
Ages 25-34	80.7%	19.3%
Ages 35-44	80.5%	19.5%
Ages 45 and Older	70.4%	29.6%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

American Indian/Alaskan Native mothers had the lowest percentage of early prenatal care initiation (61.5%), while Hispanic mothers had the highest percentage (79.6%) (Table 143).

Table 143: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2015, by Race/Ethnicity

Race/Ethnicity	Early Prenatal Care Access	Did Not Access Early Prenatal Care
African-American	74.9%	25.1%
American Indian/Alaskan Native	61.5%	38.5%
Asian	76.1%	23.9%
Hispanic	79.6%	20.4%

Race/Ethnicity	Early Prenatal Care Access	Did Not Access Early Prenatal Care
White	75.9%	24.1%
Other/Not Reported	72.6%	27.4%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Low Birthweight among Singleton Births

In CY 2015, the percentage of low-birthweight singleton births varied by payer source. The percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.5%, meeting the Healthy People 2020 goal of 7.8% or less (Table 144).

Table 144: Percentage of Low-Birthweight Singleton California Resident Births in CY 2015, by Payer Source

Payer Source	Percentage of Low-Birthweight Deliveries	Healthy People 2020 Goal
FFS Medi-Cal Births	5.5%	7.8%
Non-Medi-Cal Births	4.7%	7.8%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

The percentage of low-birthweight singleton births among FFS Medi-Cal mothers varied by timing of prenatal care initiation. FFS Medi-Cal mothers who received no prenatal care had a much larger percentage of low-birthweight deliveries (14.0%) than those who initiated prenatal care at any time during their pregnancy (Table 145).

Table 145: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Low-Birthweight Deliveries
No Prenatal Care	14.0%
Early Prenatal Care	5.4%

Timing of Prenatal Care Initiation	Percentage of Low-Birthweight Deliveries
Late Prenatal Care	5.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of low-birthweight singleton births varied by scope of coverage. Among FFS Medi-Cal mothers in CY 2015, those entitled to full-scope benefits had a higher percentage of low-birthweight deliveries (6.4%) than individuals not entitled to full-scope State Plan benefits (4.9%) (Table 146).

Table 146: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Scope of Coverage

Scope of Coverage (N = 113,022)	Percentage of Low-Birthweight Deliveries
Full-Scope (n = 42,433)	6.4%
Individuals Not Entitled to Full Scope State Plan Benefits (n = 70,589)	4.9%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding birthweight.

FFS Medi-Cal mothers classified as Disabled (10.1%) and Dual Eligible mothers (8.8%) had the highest percentage of low-birthweight deliveries, while mothers in the Undocumented (4.9%) and Other (5.9%) eligibility pathways had the lowest percentages (Table 147).

Table 147: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Eligibility Pathway

Eligibility Pathway (N = 113,702)	Percentage of Low-Birthweight Deliveries
Adoption/Foster Care (n = 537)	6.5%
Disabled (n = 287)	10.1%
Dual Eligible (n = 385)	8.8%

Eligibility Pathway (N = 113,702)	Percentage of Low-Birthweight Deliveries
Undocumented (n = 52,624)	4.9%
Other (n = 59,869)	5.9%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

In CY 2015, the percentage of low-birthweight singleton births among FFS Medi-Cal mothers varied by geographic region. FFS Medi-Cal mothers residing in the Sierra Range/Foothills (6.3%) and Los Angeles (5.7%) regions had the highest percentage of low-birthweight deliveries when compared to the other regions. However, all regions met the Healthy People 2020 goal of less than or equal to 7.8% (Table 148).

Table 148: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Geographic Region

Geographic Region	Percentage of Low-Birthweight Deliveries
Bay Area	5.2%
Central Coast	5.0%
Central Valley	5.5%
Far North	4.4%
Los Angeles	5.7%
North Coast	3.3%
Sacramento Valley	5.3%
Sierra Range/Foothills	6.3%
Southern California	5.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

FFS Medi-Cal mothers ages 45 and older had the highest percentage of low-birthweight singleton deliveries (12.6%), and those ages 25-34 had the lowest percentage of low-birthweight deliveries (4.9%). Mothers age 45 and older, and ages 15 and younger, did not meet the Healthy People 2020 goal of 7.8% or less (Table 149).

Table 149: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Maternal Age Group

Age Group	Percentage of Low-Birthweight Deliveries
Ages 15 and Younger	8.2%
Ages 16-17	6.2%
Ages 18-19	6.4%
Ages 20-24	5.5%
Ages 25-34	4.9%
Ages 35-44	6.7%
Ages 45 and Older	12.6%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.]

African-American mothers participating in FFS Medi-Cal had a higher percentage of low-birthweight singleton births (9.7%) than mothers in other racial/ethnic cohorts, and were the only group that did not meet the Healthy People 2020 goal of less than or equal to 7.8% (Table 150).

Table 150: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Race/Ethnicity

Race/Ethnicity	Percentage of Low-Birthweight Deliveries
African-American	9.7%
American Indian/Alaskan Native	6.8%
Asian	5.9%
Hispanic	5.2%
White	5.0%
Other/Not Reported	6.6%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Pre-Term among Singleton Births

In CY 2015, the percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.7%, meeting the Healthy People 2020 goal of 9.4% or less (Table 151).

Table 151: Percentage of Preterm Singleton California Resident Births in CY 2015, by Payer Source

Payer Source	Percentage of Low-Birthweight Deliveries	Healthy People 2020 Goal
FFS Medi-Cal Births	7.7%	9.4%
Non-Medi-Cal Births	6.3%	9.4%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

FFS Medi-Cal mothers who did not receive prenatal care were three times more likely to experience a preterm delivery than mothers who received early prenatal care (Table 152).

Table 152: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Preterm Births
No Prenatal Care	23.1%
Early Prenatal Care	7.7%
Late Prenatal Care	6.8%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Preterm deliveries were more common among FFS Medi-Cal mothers with full-scope benefits (8.4%) than mothers not entitled to full-scope State Plan benefits (7.2%) (Table 153).

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes

teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2015, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{89,90}

Table 153: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Scope of Coverage

Scope of Coverage (N = 110,364)	Percentage of Preterm Births
Full-Scope (n = 41,348)	8.4%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 69,016)	7.2%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding the length of maternal gestation.

FFS Medi-Cal mothers enrolled in the Dual Eligible eligibility pathway had the highest percentage of preterm deliveries (13.3%) and Undocumented mothers had the lowest percentage (7.5%) (Table 154).

Individuals gaining eligibility through the Dual Eligible eligibility pathway includes those gaining Medicare coverage through an eligibility pathway relating to disability. This group, though small in terms of their proportion of FFS Medi-Cal births in CY 2015, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.⁹¹

Table 154: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Eligibility Pathway

Eligibility Pathway (N = 111,024)	Percentage of Preterm Births
Adoption/Foster Care (n = 517)	8.7%
Disabled (n = 279)	12.5%
Dual Eligible (n = 377)	13.3%
Other (n = 58,408)	7.7%

Eligibility Pathway (N = 111,024)	Percentage of Preterm Births
Undocumented (n = 51,443)	7.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

All geographic regions of the state met the Healthy People 2020 goal that no more than 9.4% of deliveries would be classified as preterm. The Los Angeles (8.1%), Sierra Range/Foothills (8.1%), and Central Valley (8.1%) regions had the highest percentages of preterm deliveries, while the North Coast (6.1%) had the lowest (Table 155).

Table 155: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Geographic Region

Geographic Region	Percentage of Preterm Births
Bay Area	7.2%
Central Coast	7.1%
Central Valley	8.1%
Far North	7.9%
Los Angeles	8.1%
North Coast	6.1%
Sacramento Valley	7.1%
Sierra Range/Foothills	8.1%
Southern California	7.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Among FFS Medi-Cal mothers, the percentage of preterm singleton births varied by maternal age group. The highest percentage of preterm deliveries was seen among FFS Medi-Cal mothers ages 45 and older (14.0%) and the lowest among mothers ages 20-24 (6.8%) (Table 156).

Births to teen mothers and mothers in older age cohorts are more likely to be premature and result in low birthweight due to the mothers' increased vulnerability to age-related

health complications during pregnancy, as well as socioeconomic factors often faced by teenage mothers which can contribute to a generally lower health status.^{92,93}

Table 156: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Maternal Age Group

Age Group	Percentage of Preterm Births
Ages 15 and Younger	12.4%
Ages 16-17	7.4%
Ages 18-19	7.4%
Ages 20-24	6.8%
Ages 25-34	7.3%
Ages 35-44	10.1%
Ages 45 and Older	14.0%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

African-American (10.0%) mothers participating in FFS Medi-Cal had a higher percentage of preterm deliveries than mothers in other racial/ethnic cohorts (Table 157).

Table 157: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2015, by Race/Ethnicity

Race/Ethnicity	Percentage of Preterm Births
African-American	10.0%
American Indian/Alaskan Native	8.6%
Asian	7.6%
Hispanic	7.6%
White	7.0%
Other/Not Reported	8.5%

Source: 2015 California Birth Statistical Master File and Medi-Cal eligibility data.

Calendar Year 2016

Summary

In CY 2016, out of 479,648 births in California, 20.5% were to Medi-Cal mothers participating in FFS Medi-Cal, and Medi-Cal funded 50.8% of the total births. The following results are some key findings in regards to mothers participating in FFS Medi-Cal in CY 2016:

- Mothers ages 25-29 accounted for the largest portion of FFS Medi-Cal births at 28.9%.
- The Other^{xvi} (49.0%) and Undocumented (49.8%) eligibility pathways together accounted for 99% of births.
- Three-quarters of the mothers (76.1%) identified as Hispanic.
- FFS Medi-Cal mothers (78.7%) met the Healthy People 2020 goal of having at least 77.9% access early prenatal care.
- Three geographic regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (82.9%), Southern California (79.4%), and the Bay Area (78.5%). Mothers residing in the Los Angeles region had the highest percentage of early prenatal care initiation, while mothers living in the Sierra Range/Foothills region had the lowest (65.0%).
- American Indians/Alaskan Natives (63.5%) had the lowest percentage of early prenatal care initiation, while Hispanics (79.7%) had the highest percentage.
- The percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.6%, meeting the Healthy People 2020 goal of 7.8% or less.
- Mothers in the Dual Eligible eligibility pathway had the highest percentage of low-birthweight deliveries (14.0%).
- All geographic regions evaluated met the low-birthweight Healthy People 2020 goal.
- Mothers ages 45 and older had the highest percentage of low-birthweight deliveries (10.1%), and those ages 25-34 had the lowest percentage of low-

^{xvi} Individuals constituting the "Other" eligibility pathway in CY 2016 were primarily enrolled in the Medi-Cal aid codes: M3-Parent/Caretaker Relative, 0-109% FPL; M9-Pregnant Women, 60-213% FPL; 30-CalWORKs-All Families; M7-Pregnant Women, 0-60% FPL; M1-Adult, 19-<65, 0-138% FPL; P5-ACA Child 6-<19, 0-133% FPL; and 34-AFDC-MN. These 7 Medi-Cal aid codes accounted for 91.6% of the "Other" enrollment.

birthweight deliveries (5.3%). The age group 45 and older did not meet the Healthy People 2020 goal.

- African-American mothers had a higher percentage of low-birthweight births (9.9%) than mothers in other racial/ethnic cohorts and were the only group not to meet the Healthy People 2020 goal.
- The percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.9%, meeting the Healthy People 2020 Goal of 9.4% or less.
- FFS Medi-Cal mothers who did not receive prenatal care (25.8%) were more than three times more likely to have a preterm delivery than mothers who received early prenatal care.
- Mothers in the Dual Eligible eligibility pathway had the highest percentage of preterm births (15.6%).

Characteristics of FFS Medi-Cal-Funded Births

In CY 2016, Medi-Cal-funded births accounted for 50.8% of all California births (Table 158). Medi-Cal-funded births were split between Medi-Cal’s FFS delivery system and managed care delivery system (40.4% and 59.6%, respectively) (Table 159).

Table 158: Distribution of California Resident Births in CY 2016, by Payer Type

Payer Type (N = 479,648)	Percentage of Births
Medi-Cal Births	50.8%
Non-Medi-Cal Births	49.2%
Total	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

Table 159: Distribution of Medi-Cal Births in CY 2016, by Delivery System

Delivery System (N = 243,602)	Percentage of Births
Fee-for-Service	40.4%

Delivery System (N = 243,602)	Percentage of Births
Managed Care	59.6%
Total	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Roughly 76% of the births occurred to mothers between the ages of 20 and 34. Teen births accounted for only 5.4% of Medi-Cal FFS births, and mothers 35 and older accounted for 18.7% of births financed by Medi-Cal's FFS delivery system (Table 160).

Table 160: Distribution of FFS Medi-Cal Births in CY 2016, by Maternal Age Group

Age Group	Number of Births	Percentage of Births
Ages 0-17	1,424	1.4%
Ages 18-19	3,964	4.0%
Ages 20-24	21,480	21.9%
Ages 25-29	28,406	28.9%
Ages 30-34	24,619	25.0%
Ages 35 and Older	18,402	18.7%
Total	98,295	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Two eligibility pathways, Undocumented and Other, together accounted for 99% of all FFS Medi-Cal-funded births (Table 161). Mothers in the Undocumented eligibility pathway are generally eligible for emergency and pregnancy-related services only.

Table 161: Distribution of FFS Medi-Cal Births in CY 2016, by Eligibility Pathway

Eligibility Pathway	Number of Births	Percentage of Births
Adoption/Foster Care	543	0.6%
Disabled	280	0.3%

Eligibility Pathway	Number of Births	Percentage of Births
Dual Eligible	370	0.4%
Undocumented	48,907	49.8%
Other	48,195	49.0%
Total	98,295	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Roughly 76% of women who experienced a FFS Medi-Cal-funded birth in CY 2016 were Hispanic. The next most common race/ethnicity was White (10.1%), followed by Asian (6.1%), African-American (4.0%), Other (3.4%), and American Indian/Alaskan Native (0.2%) (Table 162).

Table 162: Distribution of FFS Medi-Cal Births in CY 2016, by Race/Ethnicity

Race/Ethnicity	Number of Births	Percentage of Births
African-American	3,918	4.0%
American Indian/Alaskan Native	234	0.2%
Asian	6,006	6.1%
Hispanic	74,843	76.1%
White	9,970	10.1%
Other/Unknown	3,324	3.4%
Total	98,295	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

The number of FFS Medi-Cal births varied by geographic region. The Los Angeles (33.3%) and Southern California (27.9%) regions had the largest percentages of FFS births in CY 2016. Combined, these two geographic regions accounted for more than half of the total FFS births at 61.2%, or 60,154 births. The North Coast (0.5%) and Far North (0.3%) regions had the smallest percentages of births financed by FFS (Table 163).

Table 163: Distribution of FFS Medi-Cal Births in CY 2016, by Geographic Region

Geographic Region	Number of Births	Percentage of Births
Bay Area	12,475	12.7%
Central Coast	7,096	7.2%
Central Valley	12,349	12.6%
Far North	264	0.3%
Los Angeles	32,777	33.3%
North Coast	526	0.5%
Sacramento Valley	4,383	4.5%
Sierra Range/Foothills	1,048	1.1%
Southern California	27,377	27.9%
Total	98,295	100.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Initiation of Prenatal Care

Among California resident mothers in CY 2016, the percentage of early prenatal care initiation varied by payer type. FFS Medi-Cal mothers (78.7%) and non-Medi-Cal mothers (89.7%) met the Healthy People 2020 goal of having at least 77.9% of mothers access early prenatal care (Table 164).

Table 164: Percentage of Early Prenatal Care Initiation among California Resident Mothers in CY 2016, by Payer Type

Payer Type	Early Prenatal Care Access	Healthy People 2020 Goal
FFS Medi-Cal Births	78.7%	77.9%
Non-Medi-Cal Births	89.7%	77.9%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

The percentage of early prenatal care initiation among FFS Medi-Cal mothers varied by scope of coverage. Medi-Cal mothers not entitled to full-scope State Plan benefits were more likely to access timely prenatal care (80.4%) than mothers entitled to full-scope benefits (75.7%) (Table 165).

The population of FFS Medi-Cal mothers not entitled to full-scope State Plan benefits is primarily comprised of Undocumented immigrants lacking SIS and entitled to pregnancy and emergency services only; and individuals enrolled through an aid code that provides coverage exclusively for pregnancy-related services.

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2016, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{94,95}

Table 165: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2016, by Scope of Coverage

Scope of Coverage (N = 96,145)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Full-Scope (n = 35,653)	75.7%	24.3%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 60,492)	80.4%	19.6%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding prenatal care initiation.

FFS Medi-Cal mothers in the Undocumented (80.1%) and Other (77.6%) eligibility pathways had the highest percentages of early prenatal care initiation, while those in the Disabled (63.0%) and Adoption/Foster Care (70.9%) eligibility pathways had the lowest percentages (Table 166).

Table 166: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2016, by Eligibility Pathway

Eligibility Pathway (N = 96,672)	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Adoption/Foster Care (n = 526)	70.9%	29.1%
Disabled (n = 273)	63.0%	37.0%
Dual Eligible (n = 359)	74.1%	25.9%
Other (n = 47,311)	77.6%	22.4%
Undocumented (n = 48,203)	80.1%	19.9%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Three geographic regions met or exceeded the Healthy People 2020 goal of 77.9% of women accessing prenatal care in the first trimester: Los Angeles (82.9%), Southern California (79.4%), and the Bay Area (78.5%). These three regions together accounted for more than 70% of all FFS-financed births during CY 2016. Mothers residing in the Sierra Range/Foothills (65.0%) and Far North (70.7%) regions were the least likely to have initiated early prenatal care (Table 167).

Table 167: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2016, by Geographic Region

Geographic Region	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Bay Area	78.5%	21.5%
Central Coast	70.9%	29.1%
Central Valley	74.3%	25.7%
Far North	70.7%	29.3%
Los Angeles	82.9%	17.1%
North Coast	72.6%	27.4%
Sacramento Valley	73.1%	26.9%
Sierra Range/Foothills	65.0%	35.0%
Southern California	79.4%	20.6%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of early prenatal care initiation among FFS Medi-Cal mothers varied by age group. FFS Medi-Cal mothers ages 35-44 (81.3%) and mothers ages 25-34 (80.7%) were most likely to access early prenatal care. Mothers ages 15 and younger (53.2%) and mothers ages 16-17 (58.5%) were the least likely to access early prenatal care (Table 168).

Table 168: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2016, by Maternal Age Group

Age Group	Early Prenatal Care Access	Did Not Access Early Prenatal Care
Ages 15 and Younger	53.2%	46.8%
Ages 16-17	58.5%	41.5%
Ages 18-19	67.8%	32.2%
Ages 20-24	75.1%	24.9%
Ages 25-34	80.7%	19.3%
Ages 35-44	81.3%	18.7%
Ages 45 and Older	76.6%	23.4%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

American Indian/Alaskan Native mothers had the lowest percentage of early prenatal care initiation (63.5%), while Hispanic mothers had the highest percentage (79.7%) (Table 169).

Table 169: Percentage of Early Prenatal Care Initiation among FFS Medi-Cal Mothers in CY 2016, by Race/Ethnicity

Race/Ethnicity	Early Prenatal Care Access	Did Not Access Early Prenatal Care
African-American	72.7%	27.3%
American Indian/Alaskan Native	63.5%	36.5%
Asian	77.1%	22.9%
Hispanic	79.7%	20.3%

Race/Ethnicity	Early Prenatal Care Access	Did Not Access Early Prenatal Care
White	77.1%	22.9%
Other/Not Reported	73.8%	26.2%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Low Birthweight among Singleton Births

The number of low-birthweight singleton births varied by payer source. In CY 2016, the percentage of FFS Medi-Cal mothers with a low-birthweight singleton delivery was 5.6%, meeting the Healthy People 2020 goal of 7.8% or less (Table 170).

Table 170: Percentage of Low-Birthweight Singleton California Resident Births in CY 2016, by Payer Source

Payer Source	Percentage of Low-Birthweight Deliveries	Healthy People 2020 Goal
FFS Medi-Cal Births	5.6%	7.8%
Non-Medi-Cal Births	4.7%	7.8%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

Among FFS Medi-Cal mothers, the percentage of low-birthweight singleton births varied by timing of prenatal care initiation. FFS Medi-Cal mothers who received no prenatal care had a much larger percentage of low-birthweight deliveries (16.1%) than those who initiated prenatal care at any time during their pregnancy (Table 171).

Table 171: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Low-Birthweight Deliveries
No Prenatal Care	16.1%
Early Prenatal Care	5.5%
Late Prenatal Care	5.2%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

The percentage of low-birthweight singleton births varied by scope of coverage. Among FFS Medi-Cal mothers in CY 2016, those entitled to full-scope benefits had a higher percentage of low-birthweight deliveries (6.7%) than individuals not entitled to full-scope State Plan benefits (5.0%) (Table 172).

Table 172: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Scope of Coverage

Scope of Coverage (N = 95,218)	Percentage of Low-Birthweight Deliveries
Full-Scope (n = 35,210)	6.7%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 60,008)	5.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding birthweight.

FFS Medi-Cal mothers in the Dual Eligible (14.0%) and Disabled (10.2%) eligibility pathways had the highest percentages of low-birthweight deliveries, while mothers in the Undocumented (5.0%) and Adoption/Foster Care (5.0%) eligibility pathways had the lowest percentages (Table 173).

Table 173: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Eligibility Pathway

Eligibility Pathway (N = 95,737)	Percentage of Low-Birthweight Deliveries
Adoption/Foster Care (n = 537)	5.0%
Disabled (n = 266)	10.2%
Dual Eligible (n = 356)	14.0%
Other (n = 46,737)	6.1%
Undocumented (n = 47,841)	5.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Among FFS Medi-Cal mothers in CY 2016, the percentage of low-birthweight singleton births varied by geographic region. FFS Medi-Cal mothers residing in the Sierra Range/Foothills region had the highest percentage of low-birthweight deliveries (6.8%) when compared to the other regions. However, all regions met the Healthy People 2020 goal of less than or equal to 7.8% (Table 174).

Table 174: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Geographic Region

Geographic Region	Percentage of Low-Birthweight Deliveries
Bay Area	5.6%
Central Coast	4.8%
Central Valley	5.8%
Far North	5.8%
Los Angeles	5.7%
North Coast	5.2%
Sacramento Valley	5.3%
Sierra Range/Foothills	6.8%
Southern California	5.6%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

FFS Medi-Cal mothers ages 45 and older had the highest percentage of low-birthweight singleton deliveries (10.1%), and those ages 25-34 had the lowest percentage of low-birthweight deliveries (5.3%). Those ages 45 and older did not meet the Healthy People 2020 goal of 7.8% or less (Table 175).

Table 175: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Maternal Age Group

Age Group	Percentage of Low-Birthweight Deliveries
Ages 15 and Younger	5.9%
Ages 16-17	5.9%
Ages 18-19	6.4%

Age Group	Percentage of Low-Birthweight Deliveries
Ages 20-24	5.4%
Ages 25-34	5.3%
Ages 35-44	6.7%
Ages 45 and Older	10.1%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

African-American mothers participating in FFS Medi-Cal had a higher percentage of low-birthweight singleton births (9.9%) than mothers in other racial/ethnic cohorts, and were the only group that did not meet the Healthy People 2020 goal of less than or equal to 7.8% (Table 176).

Table 176: Percentage of Low-Birthweight Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Race/Ethnicity

Race/Ethnicity	Percentage of Low-Birthweight Deliveries
African-American	9.9%
American Indian/Alaskan Native	5.1%
Asian	6.8%
Hispanic	5.3%
White	5.4%
Other/Not Reported	7.2%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Pre-Term among Singleton Births

In CY 2016, the percentage of preterm singleton deliveries among FFS Medi-Cal mothers was 7.9%, meeting the Healthy People 2020 goal of 9.4% or less (Table 177).

Table 177: Percentage of Preterm Singleton California Resident Births in CY 2016, by Payer Source

Payer Source	Percentage of Preterm Births	Healthy People 2020 Goal
FFS Medi-Cal Births	7.9%	9.4%
Non-Medi-Cal Births	6.3%	9.4%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Non-Medi-Cal births include those financed by private FFS and managed care systems.

FFS Medi-Cal mothers who did not receive prenatal care were more than three times more likely to experience a preterm delivery than mothers who received early prenatal care (Table 178).

Table 178: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Timing of Prenatal Care Initiation

Timing of Prenatal Care Initiation	Percentage of Preterm Births
No Prenatal Care	25.8%
Early Prenatal Care	7.9%
Late Prenatal Care	6.8%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Preterm deliveries were more common among FFS Medi-Cal mothers with full-scope benefits (8.6%) than mothers not entitled to full-scope State Plan benefits (7.5%) (Table 179).

The population of FFS Medi-Cal mothers entitled to full-scope benefits includes disabled individuals and those dually eligible for Medi-Cal and Medicare, often through an eligibility pathway relating to disability. It also includes individuals gaining Medi-Cal coverage through the Adoption/Foster Care eligibility pathway, which includes teenagers whose social and health care needs are often complex. Both of these groups, though small in terms of their proportion of FFS Medi-Cal births in CY 2016, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.^{96,97}

Table 179: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Scope of Coverage

Scope of Coverage (N = 92,954)	Early Prenatal Care Access
Full-Scope (n = 34,257)	8.6%
Individuals Not Entitled to Full-Scope State Plan Benefits (n = 58,697)	7.5%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Note: Totals are not complete due to invalid/missing beneficiary data regarding the length of maternal gestation.

FFS Medi-Cal mothers enrolled in the Dual Eligible eligibility pathway had the highest percentage of preterm deliveries (15.6%), and Undocumented mothers had the lowest percentage (7.7%) (Table 180).

Individuals gaining eligibility through the Dual Eligible eligibility pathway includes those gaining Medicare coverage through an eligibility pathway relating to disability. This group, though small in terms of their proportion of FFS Medi-Cal births in CY 2016, are more prone to challenges during pregnancy compared to groups gaining coverage through other eligibility pathways.⁹⁸

Table 180: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Eligibility Pathway

Eligibility Pathway (N = 93,457)	Percentage of Preterm Births
Adoption/Foster Care (n = 515)	8.5%
Disabled (n = 258)	12.0%
Dual Eligible (n = 347)	15.6%
Other (n = 45,583)	8.0%
Undocumented (n = 46,754)	7.7%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

All geographic regions of the state met the Healthy People 2020 goal that no more than 9.4% of deliveries would be classified as preterm. The Central Valley (8.4%) and Los Angeles (8.3%) regions had the highest percentages of preterm deliveries, while the Far North (5.9%) had the lowest (Table 181).

Table 181: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Geographic Region

Geographic Region	Percentage of Preterm Births
Bay Area	7.2%
Central Coast	7.1%
Central Valley	8.4%
Far North	5.9%
Los Angeles	8.3%
North Coast	7.8%
Sacramento Valley	7.3%
Sierra Range/Foothills	7.5%
Southern California	7.8%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Among FFS Medi-Cal mothers, the percentage of preterm singleton births varied by maternal age group. The highest percentage of preterm deliveries was seen among FFS Medi-Cal mothers ages 45 and older (14.0%) and the lowest among mothers ages 20-24 (7.0%) (Table 182).

Births to teen mothers and mothers in older age cohorts are more likely to be premature and result in low birthweight due to the mothers' increased vulnerability to age-related health complications during pregnancy, as well as socioeconomic factors often faced by teenage mothers which can contribute to a generally lower health status.^{99,100}

Table 182: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Maternal Age Group

Age Group	Percentage of Preterm Births
Ages 15 and Younger	10.6%
Ages 16-17	7.8%
Ages 18-19	8.8%
Ages 20-24	7.0%
Ages 25-34	7.4%
Ages 35-44	10.3%
Ages 45 and Older	14.0%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

African-American mothers participating in FFS Medi-Cal had a higher percentage of preterm deliveries (10.0%) than mothers in other racial/ethnic cohorts (Table 183).

Table 183: Percentage of Preterm Singleton Births among FFS Medi-Cal Mothers in CY 2016, by Race/Ethnicity

Race/Ethnicity	Percentage of Preterm Births
African-American	10.0%
American Indian/Alaskan Native	7.5%
Asian	8.1%
Hispanic	7.9%
White	6.7%
Other/Not Reported	8.6%

Source: 2016 California Birth Statistical Master File and Medi-Cal eligibility data.

Conclusions

The number of FFS Medi-Cal births declined from CY 2014 through CY 2016. In contrast, births increased over the same timeframe in Medi-Cal managed care, which is likely attributable to the unprecedented growth in the Medi-Cal managed care delivery system.

In each evaluated CY, Medi-Cal funded about half of all births that occurred in California hospitals. In particular, FFS Medi-Cal mothers accounted for 20-25% of total California births in each CY. Mothers ages 25-29 accounted for the largest proportion of FFS Medi-Cal births by age group at about 29% during each CY. Additionally, in each evaluated CY, about three-quarters of FFS Medi-Cal mothers identified as Hispanic. Mothers in the Undocumented eligibility pathway, who are generally only eligible for Medi-Cal covered emergency and pregnancy-related services, accounted for 43-49% of FFS Medi-Cal births during each CY.

Overall, FFS Medi-Cal births outcomes met the U.S. Healthy People 2020 objectives for low-birthweight, very low-birthweight, preterm, and very preterm births in each of the evaluated study periods. In general, the subpopulations of Hispanic women and women in their mid- to late-20s showed the most positive birth outcomes, while African-American and American Indian/Alaskan Native mothers, younger mothers, and mothers in the Dual Eligible and Disabled eligibility pathways had the least favorable birth outcomes. However, these populations represent groups that often have more complex health care needs and greater difficulty accessing early prenatal care, and this may be reflected in their birth outcomes.

Evaluation Domain: Beneficiary Feedback

Abstract

Helplines provide needed assistance to FFS Medi-Cal beneficiaries experiencing difficulties navigating the health care system, and assist DHCS in ensuring health care access. For each of these calls to the Medi-Cal Managed Care Office of the Ombudsman call center, the call center recorded the date and time of the call, beneficiary eligibility pathway, county of residence (grouped into nine geographic regions), and reason for the call. Data for these calls were summarized by those variables.

The volume of calls from FFS Medi-Cal beneficiaries spiked during the third quarter of SFY 2015-16 and continued to increase through the first quarter of SFY 2016-17, followed by a steady decline. Overall, call volume increased 13.6% from SFYs 2015-16 to 2016-17.

Call volume was concentrated in the heavily populated Southern California and Los Angeles geographic regions, followed by the Central Valley, Bay Area, and Sacramento Valley geographic regions; the Other and Disabled eligibility pathways; and in the Enrollment/Disenrollment call category.

Introduction

Helplines provide needed assistance to FFS Medi-Cal beneficiaries and providers experiencing difficulties navigating the health care system, and assist DHCS in monitoring health care access.

Two helplines are available to FFS Medi-Cal beneficiaries and providers: DHCS' Medi-Cal Member and Provider Helpline, and the Medi-Cal Managed Care Office of the Ombudsman call center.

DHCS' Medi-Cal Member and Provider Helpline serves as a direct source of information for providers, beneficiaries, and prospective enrollees. DHCS is currently working to identify how data and information generated from this helpline can best be incorporated into this measure.

Although it is primarily focused on assisting Medi-Cal managed care beneficiaries, the Office of the Ombudsman call center provides FFS Medi-Cal beneficiaries with general program information.

This analysis evaluates beneficiaries' experiences in Medi-Cal's FFS delivery system based on data collected from the Medi-Cal Managed Care Operations Division's (MCO) Office of the Ombudsman call center. The study period is SFYs 2015-16 and 2016-17. In this analysis, several metrics will be presented and evaluated; including:

- Total calls received from FFS Medi-Cal beneficiaries during SFYs 2015-16 and 2016-17 by quarter,
- Total calls received from FFS Medi-Cal beneficiaries during SFYs 2015-16 and 2016-17 by month,
- Total calls received from FFS Medi-Cal beneficiaries residing in Los Angeles and Southern California geographic regions in SFYs 2015-16 and 2016-17 by quarter,
- Total calls received from FFS Medi-Cal beneficiaries residing in all other geographic regions in SFYs 2015-16 and 2016-17 by quarter,
- Total calls received from FFS Medi-Cal beneficiaries during SFYs 2015-16 and 2016-17 by geographic region and month,
- Total calls received from FFS Medi-Cal beneficiaries during SFYs 2015-16 and 2016-17 by eligibility pathway, and
- Total calls received from FFS Medi-Cal beneficiaries during SFYs 2015-16 and 2016-17 by call category.

Methodology

Upon receiving a call, the Office of the Ombudsman identifies whether a beneficiary is enrolled in FFS by their Medi-Cal identification number. For each of these calls, the call center recorded the date and time of their call, beneficiary eligibility pathway, county of residence, and reason for the call. The Office of the Ombudsman dataset will be evaluated and grouped by various dimensions, and trends in call volume will be explored and evaluated against any changes in Medi-Cal policies or environmental changes.

The contact information for the Office of the Ombudsman call center is listed on managed care informing materials (e.g., the notification to beneficiaries that they must enroll in managed care). As a result, calls received from FFS beneficiaries may be skewed in reflecting transition-related issues. For instance, these issues may include questions from beneficiaries regarding pending enrollment or whether their FFS provider will be available to them in managed care.

Data Source

These analyses utilize data from the Medi-Cal Managed Care Office of the Ombudsman call center for SFYs 2015-16 and 2016-17. In the future, information from DHCS’ Medi-Cal Member and Provider Helpline may be included.

Results

The total volume of calls from FFS Medi-Cal beneficiaries during the study period varied by quarter. During SFYs 2015-16 and 2016-17, the volume of calls from FFS Medi-Cal beneficiaries spiked during the third quarter of SFY 2015-16 and continued to increase through the first quarter of SFY 2016-17, followed by a steady decline (Table 184).

Table 184: Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Quarter

Quarter	Call Count	Percentage Change from Previous Quarter
2015-16 Q1	6,645	N/A
2015-16 Q2	6,610	-0.5%
2015-16 Q3	8,756	32.5%
2015-16 Q4	9,359	6.9%
2016-17 Q1	9,422	0.7%
2016-17 Q2	9,272	-1.6%
2016-17 Q3	8,812	-5.0%
2016-17 Q4	8,133	-7.7%

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

The total volume of calls from FFS Medi-Cal beneficiaries during the study period varied by month. During SFYs 2015-16 and 2016-17, the volume of calls from FFS Medi-Cal beneficiaries fluctuated greatly by month but saw the largest steady increases from December through March of SFY 2015-16 (Table 185).

Table 185: Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Month

State Fiscal Year	Month	Call Count	Percentage Change from Previous Month
2015-16	July	2,337	N/A
2015-16	August	2,104	-9.97%
2015-16	September	2,204	4.75%
2015-16	October	2,467	11.93%
2015-16	November	1,862	-24.52%
2015-16	December	2,281	22.50%
2015-16	January	2,563	12.36%
2015-16	February	2,945	14.90%
2015-16	March	3,248	10.29%
2015-16	April	3,050	-6.10%
2015-16	May	3,121	2.33%
2015-16	June	3,188	2.15%
2016-17	July	2,858	-10.35%
2016-17	August	3,334	16.66%

State Fiscal Year	Month	Call Count	Percentage Change from Previous Month
2016-17	September	3,230	-3.12%
2016-17	October	3,127	-3.19%
2016-17	November	2,994	-4.25%
2016-17	December	3,151	5.24%
2016-17	January	3,186	1.11%
2016-17	February	2,739	-14.03%
2016-17	March	2,887	5.40%
2016-17	April	2,714	-5.99%
2016-17	May	2,904	7.00%
2016-17	June	2,515	-13.40%
Total	N/A	67,009	N/A

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

The total volume of calls from FFS Medi-Cal beneficiaries during the study period varied by geographic region. During SFYs 2015-16 and 2016-17, the volume of calls from FFS Medi-Cal beneficiaries was concentrated in the heavily populated Southern California and Los Angeles geographic regions, followed by the Central Valley, Bay Area, and Sacramento Valley regions (Table 186 and Table 187).

In SFYs 2015-16 and 2016-17, calls from FFS Medi-Cal beneficiaries residing in the Southern California geographic region increased through the third quarter of SFY 2015-16, then decreased through the first quarter of SFY 2016-17, followed by a slight increase and leveling off during the end of the study period in the third and fourth quarters of SFY

2016-17. Calls from the Los Angeles geographic region were more level throughout the study period, increasing slightly during SFY 2016-17 and experiencing a small spike during the second quarter of SFY 2016-17 (Table 186).

During SFYs 2015-16 and 2016-17, calls from FFS Medi-Cal beneficiaries residing outside the Los Angeles and Southern California geographic regions were concentrated in the Central Valley, Bay Area, and Sacramento Valley regions. Call volume in these three geographic regions showed similar patterns, generally increasing from the first quarter of SFY 2015-16 through the second quarter of 2016-17 (Table 187).

Table 186: Distribution of Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Geographic Region (Southern Only)

Quarter	Los Angeles	Southern California
2015-16 Q1	1,100	2,514
2015-16 Q2	1,166	2,633
2015-16 Q3	1,248	3,380
2015-16 Q4	1,143	3,244
2016-17 Q1	1,321	2,451
2016-17 Q2	1,521	2,714
2016-17 Q3	1,462	2,922
2016-17 Q4	1,329	2,913

Source: Created by DHCS using data from the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

Table 187: Distribution of Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Geographic Region (Non-Southern)

Quarter	Bay Area	Central Coast	Central Valley	Far North	North Coast	Sacramento Valley	Sierra Range/Foothills	Unknown/ Not Reported
15-16 Q1	413	133	554	--	--	316	96	1,499
15-16 Q2	536	188	540	--	--	315	102	1,116
15-16 Q3	611	248	569	--	--	359	105	2,186
15-16 Q4	602	276	575	--	--	380	125	2,973
16-17 Q1	614	176	697	--	--	442	98	3,592
16-17 Q2	682	193	835	--	--	511	95	2,694
16-17 Q3	734	169	714	--	--	490	127	2,170
16-17 Q4	684	222	635	--	--	601	134	1,583

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

Note: Monthly data for the Far North and North Coast geographic regions were suppressed (“--”) due to small cell sizes.

Table 188: Distribution of Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Geographic Region and Month

SFY	Month	Bay Area	Central Coast	Central Valley	Far North	Los Angeles	North Coast	Sacramento Valley	Sierra Range/Foothills	Southern California	Unknown/ Not Reported
15-16	July	156	37	194	--	391	--	109	40	908	498

Evaluation Domain: Beneficiary Feedback

SFY	Month	Bay Area	Central Coast	Central Valley	Far North	Los Angeles	North Coast	Sacramento Valley	Sierra Range/Foothills	Southern California	Unknown/Not Reported
15-16	Aug.	128	39	170	--	333	--	96	32	794	505
15-16	Sept.	129	57	190	--	376	--	111	24	812	496
15-16	Oct.	189	63	224	--	399	--	106	26	886	570
15-16	Nov.	168	52	135	--	330	--	95	22	765	292
15-16	Dec.	179	73	181	--	437	--	114	54	982	254
15-16	Jan.	189	61	185	--	415	--	126	35	996	540
15-16	Feb.	223	82	223	--	400	--	126	44	1,099	735
15-16	March	199	105	161	--	433	--	107	26	1,285	911
15-16	April	182	78	208	--	385	--	101	38	1,084	967
15-16	May	199	107	181	--	347	--	122	42	1,039	1,067
15-16	June	221	91	186	--	411	--	157	45	1,121	939
16-17	July	181	43	190	--	400	--	129	33	788	1,085
16-17	Aug.	220	66	261	--	436	--	147	33	824	1,334
16-17	Sept.	213	67	246	--	485	--	166	32	839	1,173
16-17	Oct.	227	85	333	--	491	--	194	34	922	829
16-17	Nov.	217	53	260	--	494	--	180	37	860	883
16-17	Dec.	238	55	242	--	536	--	137	24	932	982

Evaluation Domain: Beneficiary Feedback

SFY	Month	Bay Area	Central Coast	Central Valley	Far North	Los Angeles	North Coast	Sacramento Valley	Sierra Range/Foothills	Southern California	Unknown/Not Reported
16-17	Jan.	223	38	243	--	503	--	155	35	907	1,074
16-17	Feb.	266	53	240	--	450	--	146	44	921	614
16-17	March	245	78	231	--	509	--	189	48	1,094	482
16-17	April	247	60	177	--	464	--	180	32	956	589
16-17	May	214	89	228	--	469	--	209	52	1,071	564
16-17	June	223	73	230	--	396	--	212	50	886	430
Total	N/A	4,876	1,605	5,119	153	10,290	86	3,414	882	22,771	17,813

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

Note: Monthly data for the Far North and North Coast geographic regions were suppressed (“--”) due to small cell sizes.

The total volume of calls from FFS Medi-Cal beneficiaries during the study period varied by eligibility category. During SFYs 2015-16 and 2016-17, calls from FFS Medi-Cal beneficiaries were concentrated in the Other and Disabled eligibility categories. The largest increases in call volume from SFYs 2015-16 to 2016-17 were seen in the Other (17.0%) and Disabled (11.8%) eligibility categories. The largest decrease in call volume was seen in the Adoption/Foster Care eligibility category (-65.7%). Overall, call volume increased 7.9% from SFYs 2015-16 to 2016-17 (Table 189).

The higher volume of calls from FFS Medi-Cal beneficiaries in the Adoption/Foster Care eligibility category in SFY 2015-16 corresponds with the continued expansion of coverage to individuals up to age 26 who had aged out of the foster care system, while the decrease in calls in SFY 2016-17 marks a return to the population’s previous call trends.^{xvii,xviii,xix}

Table 189: Distribution of Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Eligibility Pathway

Eligibility Pathway	SFY 2015-16	SFY 2016-17	Percentage Change
Adoption/Foster Care	2,110	724	-65.7%
Disabled	4,364	4,877	11.8%
Undocumented	595	537	-9.7%
Other	16,384	19,164	17.0%
Total	23,453	25,302	7.9%

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

Note: 7,917 calls were excluded from analysis during SFY 2015-16, and 10,337 calls were excluded from analysis during SFY 2016-17, because they included no aid code data.

The total volume of calls from FFS Medi-Cal beneficiaries during the study period varied by call category. During SFYs 2015-16 and 2016-17, calls from FFS Medi-Cal beneficiaries were heavily concentrated in the Enrollment/Disenrollment call category, followed by Other Issues. The largest increase in call volume from SFYs 2015-16 to 2016-17 was seen in

^{xvii} County Fiscal Letter (CFL) [11/12-32](#) (12/14/2011)

^{xviii} All County Welfare Directors Letter (ACWDL) [12-03](#) (1/10/2012)

^{xix} All County Letter (ACL) [12-32](#) (7/19/2012)

the Eligibility call category (65.7%), and the only decrease was seen in the Education/Outreach call category (-13.6%) (Table 190).

For a list of specific topics included in each call category, see Appendix F.

Table 190: Distribution of Calls Received from FFS Medi-Cal Beneficiaries in SFYs 2015-16 and 2016-17, by Call Category

Call Category	SFY 2015-16	SFY 2016-17	% Change
EDU – Education/Outreach	2,916	2,518	-13.6%
ELG - Eligibility	2,463	4,080	65.7%
HCO - Enrollment/Disenrollment	18,510	19,272	4.1%
OHC - Other Health Coverage	705	956	35.6%
OTHER - Other Issues	6,776	8,813	30.1%
Total	31,370	35,639	13.6%

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

Conclusions

The volume of calls from FFS Medi-Cal beneficiaries spiked during the third quarter of SFY 2015-16 and continued to increase through the first quarter of SFY 2016-17, followed by a steady decline. Overall, call volume increased 13.6% from SFYs 2015-16 to 2016-17.

Call volume was concentrated in: the heavily populated Southern California and Los Angeles geographic regions, followed by the Central Valley, Bay Area, and Sacramento Valley regions; the Other and Disabled eligibility categories; and in the Enrollment/Disenrollment call category.

Evaluation Domain: Dental Services

Abstract

Access to Medi-Cal-covered dental services is driven by a variety of factors related to the enrolled population. Data can be compared year-over-year to identify trends in Medi-Cal enrollment that help program administrators anticipate the need for dental program services, and the types and number of dental providers required to meet demand of the enrolled population.

This Dental Services evaluation domain analyzes the composition of Medi-Cal enrollment and trends over two study periods (SFYs 2015-16 and 2016-17) and focuses on individuals participating in Medi-Cal's FFS dental care delivery system for at least 3 continuous months during an SFY. Three areas were measured: (1) dental provider participation; (2) beneficiary utilization of dental services; and (3) Medi-Cal reimbursement rates for frequently utilized dental procedures compared to other state Medicaid programs.

Over the two study periods, there was a 4.8% decrease in the number of service office locations and a 12.7% increase in the number of safety-net clinics. The number of rendering dental providers in both settings decreased only 0.4% overall.

The percentage of individuals ages 0-20 receiving any dental service increased from 44% to 46% from SFY 2015-16 to SFY 2016-17, while the percentage of individuals ages 21 and older receiving any dental service remained stable at 21%. The percentage of individuals ages 0-20 receiving a preventive dental service increased from 39.5% to 41.6% from SFY 2015-16 to SFY 2016-17, while the percentage of individuals ages 21 and older receiving a preventive dental service rose slightly from 11.3% to 11.5%.

Statewide, the percentage of individuals ages 0-20 receiving any dental service ranged from 54% in the Central Coast geographic region to 31% in the Greater Sacramento and Inland Desert regions. The percentage of individuals ages 21 and older receiving any dental service ranged from 23% in Orange County to 17% in the Greater Sacramento and San Mateo regions.

Medi-Cal paid dental providers an average of 85.3% of New York, Illinois, Florida, and Texas Medicaid programs' dental provider rates.

Introduction

Medi-Cal provides dental care to individuals ages 21 and older as an optional benefit, and to individuals ages 20 and younger as a mandatory benefit as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

The benefits of seeing a dentist annually include an increased likelihood of receiving early diagnosis and treatment of dental disease and preventive dental services. For this reason, evaluation of dental care utilization has been recommended by the Agency for Healthcare Research and Quality (AHRQ) as one of many tools to monitor access in safety-net health care systems. Data can be utilized to identify trends in the Medi-Cal Dental program and to evaluate program effectiveness.

This evaluation domain evaluates access to dental care from three different vantage points for two different study periods, SFYs 2015-16 and 2016-17:

- The number of dental service locations, including both service office and clinic settings, as well as the number of rendering dental providers available to treat Medi-Cal beneficiaries overall and by geographic region. Eighteen different statewide regions are evaluated and compared.
- The percentage of Medi-Cal beneficiaries who utilized preventive dental services and any dental services during each of the two study periods. The percentage of beneficiaries utilizing services is reported by geographic region and age group.
- Medi-Cal reimbursement rates for the 25 most-utilized dental procedures in SFYs 2015-16 and 2016-17, and compares them in relation to the rates paid by comparable states' Medicaid programs.

Background

Individuals ages 20 and younger enrolled in Medi-Cal may receive dental services through various delivery systems, each having specific roles as they relate to coordinating and ensuring access to appropriate dental care. A beneficiary ages 0-20 may receive: a dental screening through the CHDP program; diagnosis and treatment from a dentist affiliated with Medi-Cal's traditional FFS dental care delivery system (i.e., the Medi-Cal Dental Program) or from one of Medi-Cal's contracting managed dental care plans, or evaluation, diagnosis, and treatment through a clinic such as a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Center (IHC).

Between CYs 2008 and 2017, policy-makers have had to make important decisions related to health and dental care. Assembly Bill X35 (Chapter 20, Statutes of 2009) added Section 14131.10 to the Welfare and Institutions Code to exclude several optional benefits from coverage under the Medi-Cal program, resulting in the elimination of most adult dental benefits. Assembly Bill 82 (Chapter 23, Statutes of 2013) modified Welfare and Institutions Code 14131.10 to partially restore adult dental benefits in May 2014.

Methodology

The presented dental measures were developed by DHCS' Medi-Cal Dental Services Division (MDSD).

MDSD evaluated dental services utilization in SFYs 2015-16 and 2016-17 among beneficiaries who were continuously eligible for at least 3 continuous months in the study period using data from the Department's MIS/DSS. As beneficiaries ages 21 and older became eligible to receive dental services in May 2014¹⁰¹, this analysis focuses on dental services utilization among beneficiaries of all ages. The unit of measure is the number of unique visits. Note that Medi-Cal beneficiaries in managed care dental plans are not included in these analyses.

Additionally, MDSD evaluated the total number of dental offices and clinics, as well as the total number of rendering dental providers who provided a service to FFS Medi-Cal beneficiaries during the study period, by geographic region. Providers who were enrolled in either SFYs 2015-16 or 2016-17 who either did not submit a claim or appear as a rendering provider on a claim were excluded from this analysis. Not all claims require rendering provider information to be provided in order to successfully process.

For the purposes of reimbursement rate comparison for dental services, MDSD compared Medi-Cal Dental Program rates with available information from other state Medicaid programs (e.g., Florida, Illinois, New York, and Texas) as it is the most appropriate given the lack of comparability with Medicare.

Data Source

The MIS/DSS.

Results

Dental Providers

This section presents the geographic distribution of total dental offices and clinics, as well as the total number of dental providers who provided a service to FFS Medi-Cal beneficiaries in SFYs 2015-16 and 2016-17. The number of enrolled dental providers varied by geographic region. Los Angeles had the largest number of enrolled providers in the state and Inland Desert had the lowest number of enrolled providers in the state. For a list of counties included in each geographic region, see Appendix G.

Collectively, the 18 geographic regions in the state experienced a 4.8% decrease in Service Office Locations (SOLs). San Mateo and Inland Desert experienced the largest decreases at 15.2% and 11.1%, respectively, and Los Angeles experienced an

approximately 8% decrease. Central Valley experienced the largest increase of SOLs at 2.7%.

Overall, the state experienced a 12.7% increase in Safety-Net Clinics (SNCs). The Central Valley experienced the largest increase at 29.4% and Inland Desert experienced the only decrease at 16.7%.

The state as a whole experienced a slight decrease in the number of Rendering Providers. The largest decreases were in Greater Sacramento at 12.8% and Alameda at 8.2%. However, Central Valley, Inland Desert, and San Mateo increased by 4.6%, 7.7%, and 16.2%, respectively (Table 191).

Table 191: Medi-Cal Dental Provider Enrollment in SFYs 2015-16 and 2016-17, by Geographic Region and Provider Type

Geographic Region	SFY 2015-16			SFY 2016-17		
	Service Office Locations	Safety-Net Clinics (SNCs)	Rendering Providers from Dental Offices and SNCs	Service Office Locations	SNCs	Rendering Providers from Dental Offices and SNCs
Alameda	151	24	598	145	24	549
Central Coast	55	14	229	53	14	219
Central Valley	188	34	723	193	44	756
Contra Costa	59	11	413	59	11	407
Greater Fresno	173	21	512	169	23	514
Greater Sacramento	143	20	774	146	23	675
Inland Desert	18	6	78	16	5	84
Inland Empire	761	30	2,129	743	37	2,062
Kern	94	20	354	93	20	350
Los Angeles	2,334	90	5,518	2,160	108	5,288
North Bay	81	22	393	77	27	395
Northern	84	67	482	76	74	487

Evaluation Domain: Dental Services

Geographic Region	SFY 2015-16			SFY 2016-17		
	Service Office Locations	Safety-Net Clinics (SNCs)	Rendering Providers from Dental Offices and SNCs	Service Office Locations	SNCs	Rendering Providers from Dental Offices and SNCs
Orange	765	17	1,828	736	17	1,757
San Diego	350	40	1,096	350	43	1,039
San Francisco	78	13	320	70	14	310
San Mateo	46	8	142	39	8	165
Santa Clara	252	18	677	234	18	642
South Coast	169	20	533	165	25	532
Unduplicated Total	5,700	473	13,131	5,427	533	13,078

Source: Prepared by DHCS' Medi-Cal Dental Services Division using data from the MIS/DSS and the Dental Fiscal Intermediary DXC Technology.

Beneficiary Participation and Utilization

The section presents analyses of dental services utilization among beneficiaries of all ages with at least 3 continuous months of eligibility during the study period.

Individuals ages 0-20 generally experienced little change in any dental services and a slight increase in preventive dental services, while individuals ages 21 and older dental utilization rates remained relatively stable (Tables 192 and 193).

Table 192: Percentage of FFS Medi-Cal Beneficiaries Who Received a Preventive Dental Service, Any Dental Service, or a Dental Visit at a SNC in SFY 2015-16, by Age Group and Geographic Region

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
Alameda	Age 0-3	32,701	7,095	21.7%	8,641	26.4%
	Age 4-5	16,908	7,949	47.0%	9,074	53.7%
	Age 6-8	27,022	13,085	48.4%	14,841	54.9%
	Age 9-11	25,567	11,615	45.4%	13,065	51.1%
	Age 12-14	23,663	9,250	39.1%	10,559	44.6%
	Age 15-18	30,574	9,407	30.8%	11,191	36.6%
	Age 19-20	13,620	2,597	19.1%	3,386	24.9%
	Age 0-20	170,055	60,998	35.9%	70,757	41.6%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	277,074	27,071	9.8%	52,962	19.1%
	Subtotal	447,129	88,069	19.7%	123,719	27.7%
Central Coast	Age 0-3	27,859	9,215	33.1%	10,060	36.1%
	Age 4-5	14,175	9,197	64.9%	9,839	69.4%
	Age 6-8	21,966	14,177	64.5%	15,204	69.2%
	Age 9-11	20,850	12,623	60.5%	13,522	64.9%
	Age 12-14	18,290	9,336	51.0%	10,189	55.7%
	Age 15-18	21,555	7,467	34.6%	8,931	41.4%
	Age 19-20	9,096	1,889	20.8%	2,394	26.3%
	Age 0-20	133,791	63,904	47.8%	70,139	52.4%
	Age 21+	124,121	14,302	11.5%	25,054	20.2%
	Subtotal	257,912	78,206	30.3%	95,193	36.9%
Central Valley	Age 0-3	89,452	13,230	14.8%	16,220	18.1%
	Age 4-5	46,561	21,833	46.9%	24,686	53.0%
	Age 6-8	72,444	36,327	50.1%	40,333	55.7%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	70,522	32,735	46.4%	36,655	52.0%
	Age 12-14	63,693	24,673	38.7%	29,072	45.6%
	Age 15-18	79,898	24,563	30.7%	31,314	39.2%
	Age 19-20	34,914	6,458	18.5%	9,219	26.4%
	Age 0-20	457,484	159,819	34.9%	187,499	41.0%
	Age 21+	480,908	47,058	9.8%	102,282	21.3%
	Subtotal	938,392	206,877	22.1%	289,781	30.9%
Contra Costa	Age 0-3	22,826	3,011	13.2%	3,917	17.2%
	Age 4-5	11,853	4,829	40.7%	5,657	47.7%
	Age 6-8	18,555	8,190	44.1%	9,351	50.4%
	Age 9-11	18,158	7,539	41.5%	8,513	46.9%
	Age 12-14	17,087	6,161	36.1%	7,079	41.4%
	Age 15-18	21,870	6,021	27.5%	7,378	33.7%
	Age 19-20	9,392	1,495	15.9%	2,029	21.6%
	Age 0-20	119,741	37,246	31.1%	43,924	36.7%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	160,516	13,168	8.2%	29,455	18.4%
	Subtotal	280,257	50,414	18.0%	73,379	26.2%
Greater Fresno	Age 0-3	61,613	10,521	17.1%	12,495	20.3%
	Age 4-5	31,751	15,910	50.1%	17,825	56.1%
	Age 6-8	48,420	25,952	53.6%	28,743	59.4%
	Age 9-11	45,908	23,039	50.2%	25,744	56.1%
	Age 12-14	40,968	17,346	42.3%	20,156	49.2%
	Age 15-18	51,739	17,069	33.0%	21,295	41.2%
	Age 19-20	23,100	4,722	20.4%	6,415	27.8%
	Age 0-20	303,499	114,559	37.7%	132,673	43.7%
	Age 21+	318,151	37,471	11.8%	73,747	23.2%
	Subtotal	621,650	152,030	24.5%	206,420	33.2%
Greater Sacramento	Age 0-3	29,824	2,885	9.7%	3,832	12.9%
	Age 4-5	11,420	3,814	33.4%	4,348	38.1%
	Age 6-8	17,312	6,539	37.8%	7,259	41.9%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	17,299	6,162	35.6%	6,828	39.5%
	Age 12-14	16,144	4,744	29.4%	5,430	33.6%
	Age 15-18	21,733	4,995	23.0%	6,063	27.9%
	Age 19-20	11,854	1,515	12.8%	2,127	17.9%
	Age 0-20	125,586	30,654	24.4%	35,887	28.6%
	Age 21+	228,196	19,309	8.5%	39,828	17.5%
	Subtotal	353,782	49,963	14.1%	75,715	21.4%
Inland Desert	Age 0-3	4,916	544	11.1%	659	13.4%
	Age 4-5	1,853	714	38.5%	860	46.4%
	Age 6-8	2,847	1,150	40.4%	1,313	46.1%
	Age 9-11	2,680	942	35.1%	1,102	41.1%
	Age 12-14	2,496	718	28.8%	871	34.9%
	Age 15-18	3,377	758	22.4%	950	28.1%
	Age 19-20	1,736	225	13.0%	310	17.9%
	Age 0-20	19,905	5,051	25.4%	6,065	30.5%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	36,935	4,093	11.1%	6,862	18.6%
	Subtotal	56,840	9,144	16.1%	12,927	22.7%
Inland Empire	Age 0-3	166,691	26,638	16.0%	30,665	18.4%
	Age 4-5	85,176	41,016	48.2%	43,849	51.5%
	Age 6-8	133,693	71,655	53.6%	75,935	56.8%
	Age 9-11	131,190	66,491	50.7%	70,557	53.8%
	Age 12-14	120,838	53,510	44.3%	57,699	47.8%
	Age 15-18	156,771	56,085	35.8%	64,353	41.1%
	Age 19-20	69,454	15,531	22.4%	19,642	28.3%
	Age 0-20	863,813	330,926	38.3%	362,700	42.0%
	Age 21+	902,951	99,269	11.0%	200,999	22.3%
	Subtotal	1,766,764	430,195	24.4%	563,699	31.9%
Kern	Age 0-3	42,086	9,536	22.7%	10,843	25.8%
	Age 4-5	21,250	11,954	56.3%	13,070	61.5%
	Age 6-8	33,064	19,434	58.8%	20,831	63.0%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	31,077	16,751	53.9%	18,023	58.0%
	Age 12-14	28,134	12,778	45.4%	14,177	50.4%
	Age 15-18	34,729	12,286	35.4%	14,689	42.3%
	Age 19-20	15,231	3,108	20.4%	4,322	28.4%
	Age 0-20	205,571	85,847	41.8%	95,955	46.7%
	Age 21+	200,016	21,362	10.7%	46,202	23.1%
	Subtotal	405,587	107,209	26.4%	142,157	35.1%
Los Angeles	Age 0-3	280,268	65,140	23.2%	74,588	26.6%
	Age 4-5	140,099	79,928	57.1%	85,147	60.8%
	Age 6-8	222,401	134,434	60.4%	141,170	63.5%
	Age 9-11	212,872	120,237	56.5%	126,056	59.2%
	Age 12-14	197,900	96,313	48.7%	102,634	51.9%
	Age 15-18	265,927	99,638	37.5%	112,110	42.2%
	Age 19-20	120,592	28,676	23.8%	35,385	29.3%
	Age 0-20	1,440,059	624,366	43.4%	677,090	47.0%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	1,957,810	223,841	11.4%	414,066	21.2%
	Subtotal	3,397,869	848,207	25.0%	1,091,156	32.1%
North Bay	Age 0-3	28,337	7,286	25.7%	8,531	30.1%
	Age 4-5	14,798	7,174	48.5%	8,253	55.8%
	Age 6-8	23,660	11,891	50.3%	13,564	57.3%
	Age 9-11	22,539	10,778	47.8%	12,229	54.3%
	Age 12-14	20,734	8,480	40.9%	9,715	46.9%
	Age 15-18	25,658	8,086	31.5%	9,862	38.4%
	Age 19-20	11,069	1,946	17.6%	2,677	24.2%
	Age 0-20	146,795	55,641	37.9%	64,831	44.1%
	Age 21+	184,895	18,264	9.9%	38,192	20.7%
	Subtotal	331,690	73,905	22.3%	103,023	31.1%
Northern	Age 0-3	43,080	6,629	15.4%	8,978	20.8%
	Age 4-5	21,291	8,768	41.2%	10,755	50.5%
	Age 6-8	32,721	14,134	43.2%	17,311	52.9%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	31,143	12,679	40.7%	15,682	50.4%
	Age 12-14	28,164	9,975	35.4%	12,634	44.9%
	Age 15-18	36,249	10,156	28.0%	13,983	38.6%
	Age 19-20	17,189	2,531	14.7%	4,190	24.4%
	Age 0-20	209,837	64,872	30.9%	83,533	39.8%
	Age 21+	315,034	33,412	10.6%	72,819	23.1%
	Subtotal	524,871	98,284	18.7%	156,352	29.8%
Orange	Age 0-3	73,673	16,541	22.5%	20,872	28.3%
	Age 4-5	38,895	21,945	56.4%	23,762	61.1%
	Age 6-8	63,782	38,888	61.0%	41,556	65.2%
	Age 9-11	63,054	36,415	57.8%	38,867	61.6%
	Age 12-14	59,150	29,069	49.1%	31,172	52.7%
	Age 15-18	78,691	30,497	38.8%	34,177	43.4%
	Age 19-20	33,985	8,909	26.2%	10,644	31.3%
	Age 0-20	411,230	182,264	44.3%	201,050	48.9%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	489,783	71,425	14.6%	114,498	23.4%
	Subtotal	901,013	253,689	28.2%	315,548	35.0%
San Diego	Age 0-3	76,171	18,040	23.7%	20,785	27.3%
	Age 4-5	37,311	19,194	51.4%	21,544	57.7%
	Age 6-8	57,260	30,519	53.3%	33,910	59.2%
	Age 9-11	55,781	27,530	49.4%	30,700	55.0%
	Age 12-14	50,990	21,531	42.2%	24,350	47.8%
	Age 15-18	67,967	21,906	32.2%	26,511	39.0%
	Age 19-20	30,836	5,782	18.8%	7,904	25.6%
	Age 0-20	376,316	144,502	38.4%	165,704	44.0%
	Age 21+	499,941	62,800	12.6%	112,069	22.4%
	Subtotal	876,257	207,302	23.7%	277,773	31.7%
San Francisco	Age 0-3	12,437	3,626	29.2%	4,124	33.2%
	Age 4-5	5,978	3,118	52.2%	3,546	59.3%
	Age 6-8	9,124	4,983	54.6%	5,625	61.7%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	8,763	4,576	52.2%	5,137	58.6%
	Age 12-14	8,116	3,659	45.1%	4,109	50.6%
	Age 15-18	11,425	4,217	36.9%	4,943	43.3%
	Age 19-20	5,602	1,364	24.3%	1,739	31.0%
	Age 0-20	61,445	25,543	41.6%	29,223	47.6%
	Age 21+	173,138	17,734	10.2%	33,879	19.6%
	Subtotal	234,583	43,277	18.5%	63,102	26.9%
San Mateo	Age 0-3	11,758	2,561	21.8%	2,939	25.0%
	Age 4-5	6,289	2,839	45.1%	3,222	51.2%
	Age 6-8	9,811	4,887	49.8%	5,338	54.4%
	Age 9-11	9,353	4,541	48.6%	4,907	52.5%
	Age 12-14	8,831	3,615	40.9%	3,963	44.9%
	Age 15-18	11,454	3,345	29.2%	3,795	33.1%
	Age 19-20	4,718	865	18.3%	1,037	22.0%
	Age 0-20	62,214	22,653	36.4%	25,201	40.5%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	83,879	7,788	9.3%	14,042	16.7%
	Subtotal	146,093	30,441	45.7%	39,243	26.9%
Santa Clara	Age 0-3	32,933	6,882	20.9%	7,708	23.4%
	Age 4-5	17,037	8,909	52.3%	9,735	57.1%
	Age 6-8	27,736	15,586	56.2%	16,881	60.9%
	Age 9-11	27,395	14,503	52.9%	15,503	56.6%
	Age 12-14	26,195	12,303	47.0%	13,303	50.8%
	Age 15-18	33,413	12,284	36.8%	13,819	41.4%
	Age 19-20	14,253	3,519	24.7%	4,149	29.1%
	Age 0-20	178,962	73,986	41.3%	81,098	45.3%
	Age 21+	257,400	36,199	14.1%	56,327	21.9%
	Subtotal	436,362	110,185	55.4%	137,425	31.5%
South Coast	Age 0-3	43,350	10,561	24.4%	11,662	26.9%
	Age 4-5	22,187	12,795	57.7%	13,728	61.9%
	Age 6-8	35,064	21,133	60.3%	22,459	64.1%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	34,053	19,145	56.2%	20,296	59.6%
	Age 12-14	29,534	13,469	45.6%	14,635	49.6%
	Age 15-18	37,070	12,860	34.7%	14,929	40.3%
	Age 19-20	15,284	3,147	20.6%	4,029	26.4%
	Age 0-20	216,542	93,110	43.0%	101,738	47.0%
	Age 21+	220,656	27,679	12.5%	45,569	20.7%
	Subtotal	437,198	120,789	27.6%	147,307	33.7%
All Geographic Regions	TOTAL	12,414,249	2,958,186	23.8%	3,913,919	31.5%

Source: Prepared by DHCS' Medi-Cal Dental Services Division using data from the MIS/DSS.

Table 193: Percentage of FFS Medi-Cal Beneficiaries Who Received a Preventive Dental Service, Any Dental Service, or a Dental Visit at an SNC in SFY 2016-17, by Age Group and Geographic Region

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
Alameda	Age 0-3	32,062	7,576	23.6%	9,088	28.4%
	Age 4-5	16,797	8,142	48.5%	9,001	53.6%
	Age 6-8	26,049	13,340	51.2%	14,464	55.5%
	Age 9-11	26,404	12,865	48.7%	13,859	52.5%
	Age 12-14	24,099	10,461	43.4%	11,398	47.3%
	Age 15-18	31,563	10,732	34.0%	12,338	39.1%
	Age 19-20	13,996	2,841	20.3%	3,590	25.7%
	Age 0-20	170,970	65,957	38.6%	73,738	43.1%
	Age 21+	282,364	28,839	10.2%	52,841	18.7%
	Subtotal	453,334	94,796	20.9%	126,579	27.9%
Central Coast	Age 0-3	27,162	9,552	35.2%	10,435	38.4%
	Age 4-5	13,950	9,261	66.4%	9,772	70.1%
	Age 6-8	21,256	14,210	66.9%	14,844	69.8%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	21,753	13,655	62.8%	14,342	65.9%
	Age 12-14	19,009	10,511	55.3%	11,215	59.0%
	Age 15-18	22,548	7,985	35.4%	9,340	41.4%
	Age 19-20	9,375	1,830	19.5%	2,346	25.0%
	Age 0-20	135,053	67,004	49.6%	72,294	53.5%
	Age 21+	130,690	14,919	11.4%	24,485	18.7%
	Subtotal	265,743	81,923	30.8%	96,779	36.4%
Central Valley	Age 0-3	88,565	15,235	17.2%	18,443	20.8%
	Age 4-5	46,498	22,777	49.0%	25,454	54.7%
	Age 6-8	71,742	37,541	52.3%	40,987	57.1%
	Age 9-11	73,046	35,925	49.2%	39,342	53.9%
	Age 12-14	66,036	27,746	42.0%	31,741	48.1%
	Age 15-18	82,260	27,648	33.6%	34,488	41.9%
	Age 19-20	35,507	6,993	19.7%	9,848	27.7%
	Age 0-20	463,654	173,865	37.5%	200,303	43.2%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	500,265	48,320	9.7%	104,605	20.9%
	Subtotal	963,919	222,185	23.1%	304,908	31.6%
Contra Costa	Age 0-3	22,656	3,417	15.1%	4,340	19.2%
	Age 4-5	11,820	4,836	40.9%	5,476	46.3%
	Age 6-8	18,299	8,175	44.7%	9,039	49.4%
	Age 9-11	18,822	8,194	43.5%	9,026	48.0%
	Age 12-14	17,420	6,840	39.3%	7,575	43.5%
	Age 15-18	22,232	6,867	30.9%	8,116	36.5%
	Age 19-20	9,562	1,623	17.0%	2,151	22.5%
	Age 0-20	120,811	39,952	33.1%	45,723	37.9%
	Age 21+	167,960	14,430	8.6%	30,581	18.2%
	Subtotal	288,771	54,382	18.8%	76,304	26.4%
Greater Fresno	Age 0-3	60,953	11,699	19.2%	13,693	22.5%
	Age 4-5	31,778	15,901	50.0%	17,708	55.7%
	Age 6-8	47,671	26,453	55.5%	28,869	60.6%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	47,673	24,824	52.1%	27,421	57.5%
	Age 12-14	42,537	19,262	45.3%	22,046	51.8%
	Age 15-18	52,474	18,826	35.9%	23,214	44.2%
	Age 19-20	23,488	4,730	20.1%	6,641	28.3%
	Age 0-20	306,574	121,695	39.7%	139,592	45.5%
	Age 21+	334,259	40,240	12.0%	76,467	22.9%
	Subtotal	640,833	161,935	25.3%	216,059	33.7%
Greater Sacramento	Age 0-3	28,514	3,264	11.4%	4,064	14.3%
	Age 4-5	11,042	4,092	37.1%	4,510	40.8%
	Age 6-8	16,439	6,619	40.3%	7,219	43.9%
	Age 9-11	17,054	6,577	38.6%	7,153	41.9%
	Age 12-14	15,603	5,349	34.3%	5,936	38.0%
	Age 15-18	20,894	5,796	27.7%	6,813	32.6%
	Age 19-20	10,318	1,500	14.5%	2,013	19.5%
	Age 0-20	119,864	33,197	27.7%	37,708	31.5%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	219,597	18,920	8.6%	37,919	17.3%
	Subtotal	339,461	52,117	15.4%	75,627	22.3%
Inland Desert	Age 0-3	4,625	551	11.9%	640	13.8%
	Age 4-5	1,757	689	39.2%	756	43.0%
	Age 6-8	2,664	1,164	43.7%	1,251	47.0%
	Age 9-11	2,594	995	38.4%	1,080	41.6%
	Age 12-14	2,504	787	31.4%	878	35.1%
	Age 15-18	3,285	793	24.1%	916	27.9%
	Age 19-20	1,592	244	15.3%	306	19.2%
	Age 0-20	19,021	5,223	27.5%	5,827	30.6%
	Age 21+	36,076	4,437	12.3%	6,435	17.8%
	Subtotal	55,097	9,660	17.5%	12,262	22.3%
Inland Empire	Age 0-3	163,668	28,621	17.5%	33,166	20.3%
	Age 4-5	84,775	41,087	48.5%	43,988	51.9%
	Age 6-8	130,606	71,547	54.8%	75,445	57.8%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	135,264	70,400	52.0%	74,224	54.9%
	Age 12-14	123,677	57,531	46.5%	61,619	49.8%
	Age 15-18	158,867	60,626	38.2%	68,934	43.4%
	Age 19-20	70,146	16,016	22.8%	20,395	29.1%
	Age 0-20	867,003	345,828	39.9%	377,771	43.6%
	Age 21+	943,263	100,666	10.7%	204,636	21.7%
	Subtotal	1,810,266	446,494	24.7%	582,407	32.2%
Kern	Age 0-3	41,836	10,103	24.1%	11,306	27.0%
	Age 4-5	21,668	12,648	58.4%	13,521	62.4%
	Age 6-8	32,768	19,970	60.9%	21,001	64.1%
	Age 9-11	32,665	18,645	57.1%	19,613	60.0%
	Age 12-14	29,112	14,056	48.3%	15,236	52.3%
	Age 15-18	35,869	13,999	39.0%	16,298	45.4%
	Age 19-20	15,449	3,441	22.3%	4,535	29.4%
	Age 0-20	209,367	92,862	44.4%	101,510	48.5%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	212,758	24,508	11.5%	47,610	22.4%
	Subtotal	422,125	117,370	27.8%	149,120	35.3%
Los Angeles	Age 0-3	279,511	67,135	24.0%	77,515	27.7%
	Age 4-5	142,716	80,539	56.4%	85,672	60.0%
	Age 6-8	219,850	132,836	60.4%	139,157	63.3%
	Age 9-11	223,671	129,110	57.7%	134,822	60.3%
	Age 12-14	205,734	104,594	50.8%	110,846	53.9%
	Age 15-18	273,061	110,887	40.6%	123,781	45.3%
	Age 19-20	125,017	29,480	23.6%	36,301	29.0%
	Age 0-20	1,469,560	654,581	44.5%	708,094	48.2%
	Age 21+	2,056,800	229,826	11.2%	413,796	20.1%
	Subtotal	3,526,360	884,407	25.1%	1,121,890	31.8%
North Bay	Age 0-3	27,758	7,546	27.2%	9,210	33.2%
	Age 4-5	14,520	7,187	49.5%	8,048	55.4%
	Age 6-8	23,152	12,066	52.1%	13,220	57.1%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	23,474	11,783	50.2%	12,927	55.1%
	Age 12-14	21,486	9,644	44.9%	10,675	49.7%
	Age 15-18	26,979	9,221	34.2%	10,897	40.4%
	Age 19-20	11,379	2,163	19.0%	2,863	25.2%
	Age 0-20	148,748	59,610	40.1%	67,840	45.6%
	Age 21+	192,271	18,489	9.6%	38,789	20.2%
	Subtotal	341,019	78,099	22.9%	106,629	31.3%
Northern	Age 0-3	42,788	7,998	18.7%	9,881	23.1%
	Age 4-5	21,307	9,730	45.7%	11,001	51.6%
	Age 6-8	32,088	15,665	48.8%	17,624	54.9%
	Age 9-11	32,290	14,971	46.4%	16,904	52.4%
	Age 12-14	28,612	11,897	41.6%	13,555	47.4%
	Age 15-18	36,104	12,155	33.7%	14,686	40.7%
	Age 19-20	17,157	2,997	17.5%	4,138	24.1%
	Age 0-20	210,346	75,413	35.9%	87,789	41.7%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	327,015	40,804	12.5%	73,572	22.5%
	Subtotal	537,361	116,217	21.6%	161,361	30.0%
Orange	Age 0-3	71,458	16,557	23.2%	21,626	30.3%
	Age 4-5	38,081	21,086	55.4%	22,867	60.1%
	Age 6-8	60,328	37,434	62.1%	39,896	66.1%
	Age 9-11	64,789	38,891	60.0%	41,123	63.5%
	Age 12-14	60,627	31,859	52.5%	33,981	56.1%
	Age 15-18	80,102	34,042	42.5%	37,905	47.3%
	Age 19-20	34,609	9,432	27.3%	11,207	32.4%
	Age 0-20	409,994	189,301	46.2%	208,605	50.9%
	Age 21+	514,175	76,213	14.8%	119,188	23.2%
	Subtotal	924,169	265,514	28.7%	327,793	35.5%
San Diego	Age 0-3	74,547	19,247	25.8%	22,092	29.6%
	Age 4-5	37,192	19,640	52.8%	21,631	58.2%
	Age 6-8	56,037	30,703	54.8%	33,513	59.8%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	57,169	29,654	51.9%	32,449	56.8%
	Age 12-14	52,430	23,474	44.8%	25,939	49.5%
	Age 15-18	68,533	24,156	35.2%	28,041	40.9%
	Age 19-20	30,574	6,327	20.7%	8,269	27.1%
	Age 0-20	376,482	153,201	40.7%	171,934	45.7%
	Age 21+	518,142	72,530	14.0%	116,031	22.4%
	Subtotal	894,624	225,731	25.2%	287,965	32.2%
San Francisco	Age 0-3	11,915	3,976	33.4%	4,388	36.8%
	Age 4-5	5,867	3,431	58.5%	3,682	62.8%
	Age 6-8	8,886	5,415	60.9%	5,812	65.4%
	Age 9-11	8,773	5,136	58.5%	5,497	62.7%
	Age 12-14	8,253	4,291	52.0%	4,660	56.5%
	Age 15-18	11,483	4,793	41.7%	5,375	46.8%
	Age 19-20	5,343	1,434	26.8%	1,669	31.2%
	Age 0-20	60,520	28,476	47.1%	31,083	51.4%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	171,935	19,561	11.4%	33,832	19.7%
	Subtotal	232,455	48,037	20.7%	64,915	27.9%
San Mateo	Age 0-3	11,234	2,639	23.5%	3,068	27.3%
	Age 4-5	6,138	3,063	49.9%	3,308	53.9%
	Age 6-8	9,243	4,973	53.8%	5,286	57.2%
	Age 9-11	9,580	5,020	52.4%	5,329	55.6%
	Age 12-14	8,843	4,112	46.5%	4,374	49.5%
	Age 15-18	11,827	4,384	37.1%	4,782	40.4%
	Age 19-20	4,757	1,039	21.8%	1,197	25.2%
	Age 0-20	61,622	25,230	40.9%	27,344	44.4%
	Age 21+	84,201	8,202	9.7%	13,939	16.6%
	Subtotal	145,823	33,432	22.9%	41,283	28.3%
Santa Clara	Age 0-3	30,979	6,704	21.6%	7,647	24.7%
	Age 4-5	17,018	8,716	51.2%	9,526	56.0%
	Age 6-8	26,263	14,451	55.0%	15,523	59.1%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 9-11	28,088	14,849	52.9%	15,760	56.1%
	Age 12-14	26,127	12,583	48.2%	13,493	51.6%
	Age 15-18	34,421	13,575	39.4%	15,117	43.9%
	Age 19-20	14,410	3,558	24.7%	4,206	29.2%
	Age 0-20	177,306	74,436	42.0%	81,272	45.8%
	Age 21+	261,665	36,916	14.1%	57,137	21.8%
	Subtotal	438,971	111,352	25.4%	138,409	31.5%
South Coast	Age 0-3	42,461	11,335	26.7%	12,791	30.1%
	Age 4-5	21,848	12,985	59.4%	13,749	62.9%
	Age 6-8	34,253	21,393	62.5%	22,272	65.0%
	Age 9-11	35,011	20,706	59.1%	21,609	61.7%
	Age 12-14	31,044	15,472	49.8%	16,399	52.8%
	Age 15-18	38,168	15,053	39.4%	16,775	44.0%
	Age 19-20	15,846	3,587	22.6%	4,382	27.7%
	Age 0-20	218,631	100,531	46.0%	107,977	49.4%

Geographic Region	Age Group	Total Beneficiaries with at Least 90 Days Eligibility	Total Beneficiaries with a Preventive Dental Service (Including Clinic)	% of Beneficiaries with a Preventive Dental Service (Including Clinic)	Total Beneficiaries with Any Dental Service (Including Clinic)	% of Beneficiaries with Any Dental Service (Including Clinic)
	Age 21+	232,100	30,701	13.2%	46,624	20.1%
	Subtotal	450,731	131,232	29.1%	154,601	34.3%
All Geographic Regions	TOTAL	12,731,062	3,134,883	24.6%	4,044,891	31.8%

Source: Prepared by DHCS' Medi-Cal Dental Services Division using data from the MIS/DSS.

Utilization of Preventive and Any Dental Services in SFY 2015-16 and SFY 2016-17

Individuals ages 0-20 were more likely to experience a dental visit than individuals ages 21 and older. In SFY 2015-16, approximately 21.4% of individuals ages 21 and older received at least one dental service, while 44.3% of individuals ages 0-20 received at least one dental service. SFY 2016-17 disclosed a similar relationship, with only 20.9% of individuals ages 21 and older receiving any dental services and 45.9% of individuals ages 0-20 receiving any dental service (Table 194).

Between SFYs 2015-16 and 2016-17, preventive dental service utilization increased from 39.5% to 41.6% among beneficiaries ages 0-20. Those ages 21 and older experienced only a slight increase, rising from 11.3% to 11.5% (Table 195).

Table 194: Percentage of FFS Medi-Cal Beneficiaries Receiving Any Dental Service in SFYs 2015-16 and 2016-17, by Age Group

State Fiscal Year	Ages 0-20	Ages 21 and Older
SFY 2015-16	44.3%	21.4%
SFY 2016-17	45.9%	20.9%

Source: Created by DHCS using data from the MIS/DSS.

Table 195: Percentage of FFS Medi-Cal Beneficiaries Receiving a Preventive Dental Service in SFYs 2015-16 and 2016-17, by Age Group

State Fiscal Year	Ages 0-20	Ages 21 and Older
SFY 2015-16	39.5%	11.3%
SFY 2016-17	41.6%	11.5%

Source: Created by DHCS using data from the MIS/DSS.

Regional Variation in Dental Service Utilization

DHCS categorized beneficiaries by geographic region to evaluate geographic variation throughout the state. Eighteen different regions were evaluated.

Ages 0-20

The percentage of individuals ages 0-20 who received any dental service increased in every geographic region from SFYs 2015-16 to 2016-17. The utilization percentage ranged from 54% in the Central Coast region to 31% in the Inland Desert and Greater Sacramento areas (Table 196).

The percentage of individuals ages 0-20 who received a preventive dental service also increased in every geographic region. The utilization percentage ranged from 50% in the Central Coast region to 28% and 27% in the Greater Sacramento and Inland Desert areas, respectively (Table 197).

Table 196: Percentage of FFS Medi-Cal Beneficiaries Ages 0-20 Receiving Any Dental Service in SFY 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16	SFY 2016-17	% Change
Central Coast	52%	54%	1.1%
San Francisco	48%	51%	3.8%
Orange	49%	51%	2.0%
South Coast	47%	49%	2.4%
Kern	47%	48%	1.8%
Los Angeles	47%	48%	1.2%
Santa Clara	45%	46%	0.5%
San Diego	44%	46%	1.6%
North Bay	44%	46%	1.4%
Greater Fresno	44%	46%	1.8%
San Mateo	41%	44%	3.9%
Inland Empire	42%	44%	1.6%
Central Valley	41%	43%	2.2%
Alameda	42%	43%	1.5%
Northern	40%	42%	1.9%
Contra Costa	37%	38%	1.2%

Geographic Region	SFY 2015-16	SFY 2016-17	% Change
Greater Sacramento	29%	31%	2.9%
Inland Desert	30%	31%	0.2%

Source: Created by DHCS using data from the MIS/DSS.

Table 197: Percentage of FFS Medi-Cal Beneficiaries Ages 0-20 Receiving a Preventive Dental Service in SFY 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16	SFY 2016-17	% Change
Central Coast	48%	50%	1.8%
San Francisco	42%	47%	5.5%
Orange	44%	46%	1.8%
South Coast	43%	46%	3.0%
Los Angeles	43%	45%	1.2%
Kern	42%	44%	2.6%
Santa Clara	41%	42%	0.6%
San Mateo	36%	41%	4.5%
San Diego	38%	41%	2.3%
North Bay	38%	40%	2.2%
Inland Empire	38%	40%	1.6%
Greater Fresno	38%	40%	1.9%
Alameda	36%	39%	2.7%
Central Valley	35%	37%	2.6%
Northern	31%	36%	4.9%
Contra Costa	31%	33%	2.0%
Greater Sacramento	24%	28%	3.3%
Inland Desert	25%	27%	2.1%

Source: Created by DHCS using data from the MIS/DSS.

Ages 21 and Older

The percentage of individuals ages 21 and older who received any dental service decreased slightly from SFYs 2015-16 to 2016-17 in 16 of the 18 geographic regions evaluated, and remained unchanged in the San Diego and Santa Clara regions. The utilization percentage ranged from 23% in Orange County to 17% in the San Mateo and Greater Sacramento regions (Table 198).

Table 198: Percentage of FFS Medi-Cal Beneficiaries Ages 21 and Older Who Received Any Dental Service in SFY 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16	SFY 2016-17	% Change
Orange	23%	23%	-0.2%
Greater Fresno	23%	23%	-0.3%
Northern	23%	22%	-0.6%
San Diego	22%	22%	0.0%
Kern	23%	22%	-0.7%
Santa Clara	22%	22%	0.0%
Inland Empire	22%	22%	-0.6%
Central Valley	21%	21%	-0.4%
North Bay	21%	20%	-0.5%
Los Angeles	21%	20%	-1.0%
South Coast	21%	20%	-0.6%
San Francisco	20%	20%	0.1%
Central Coast	20%	19%	-1.4%
Alameda	19%	19%	-0.4%
Contra Costa	18%	18%	-0.1%
Inland Desert	19%	18%	-0.7%
Greater Sacramento	17%	17%	-0.2%
San Mateo	17%	17%	-0.2%

Source: Created by DHCS using data from the MIS/DSS.

The percentage of individuals ages 21 and older who received a preventive dental service displayed only slight increases or decreases from SFYs 2015-16 to 2016-17. The utilization percentage ranged from 15% in Orange to 9% in the Contra Costa and Greater Sacramento regions (Table 199).

Table 199: Percentage of FFS Medi-Cal Beneficiaries Ages 21 and Older Who Received a Preventive Dental Service in SFY 2015-16 and 2016-17, by Geographic Region

Geographic Region	SFY 2015-16	SFY 2016-17	% Change
Orange	15%	15%	0.2%
Santa Clara	14%	14%	0.0%
San Diego	13%	14%	1.4%
South Coast	13%	13%	0.7%
Northern	11%	12%	1.9%
Inland Desert	11%	12%	1.2%
Greater Fresno	12%	12%	0.3%
Kern	11%	12%	0.8%
Central Coast	12%	11%	-0.1%
San Francisco	10%	11%	1.1%
Los Angeles	11%	11%	-0.3%
Inland Empire	11%	11%	-0.3%
Alameda	10%	10%	0.4%
San Mateo	9%	10%	0.5%
Central Valley	10%	10%	-0.1%
North Bay	10%	10%	-0.3%
Greater Sacramento	8%	9%	0.2%
Contra Costa	8%	9%	0.4%

Source: Created by DHCS using data from the MIS/DSS.

Reimbursement Rates Comparison

For the purposes of reimbursement rate comparison for dental services, DHCS utilized other available state Medicaid program information, as it is the most appropriate given the lack of comparability with Medicare. While the overall average of DHCS's rates for the 25 most-utilized FFS procedure codes may be lower, depending on the procedure, the applicable DHCS reimbursement rate was either higher or lower. In SFY 2015-16, Medi-Cal paid an overall average between 62.9% and 105.3% of New York, Illinois, Florida, and Texas Medicaid programs' dental fee schedule (Table 200). In SFY 2016-17, Medi-Cal paid an overall average between 64.3% and 109.0% of New York, Illinois, Florida, and Texas Medicaid programs' dental fee schedule (Table 201).

Table 200: The 25 Most-Utilized Medi-Cal Dental Procedures Reimbursement Rates in SFY 2015-16 in Relation to Other Comparable Medicaid Programs

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D0120 ⁷	\$15.00	\$25.00	60.0%	\$22.10 ⁷	67.9%	\$22.29	67.3%	\$28.85	52.0%
D0150 ⁸	\$25.00	\$30.00	83.3%	\$21.05	118.8%	\$19.89 ⁸	125.7%	\$35.32	70.8%
D0210 ⁹	\$40.00	\$50.00	80.0%	\$30.10	132.9%	\$39.78 ⁹	100.6%	\$70.64	56.6%
D0220 ¹⁰	\$10.00	\$8.00	125.0%	\$5.60	178.6%	\$4.98 ¹⁰	200.8%	\$12.56	79.6%
D0230 ¹¹	\$3.00	\$5.00	60.0%	\$3.80	78.9%	\$3.73 ¹¹	80.4%	\$11.51	26.1%
D0272	\$10.00	\$14.00	71.4%	\$9.40	106.4%	\$13.38	74.7%	\$23.38	42.8%
D0274	\$18.00	\$24.00	75.0%	\$16.90	106.5%	\$16.35	110.1%	\$34.61	52.0%
D0330 ¹²	\$25.00	\$35.00	71.4%	\$22.60	110.6%	\$37.30 ¹²	67.0%	\$63.78	39.2%
D0350	\$6.00	\$12.00	50.0%	N/A	N/A	\$10.40	57.7%	\$18.38	32.6%
D1110	\$40.00	\$45.00	88.9%	N/A	N/A	\$26.75	149.5%	\$54.88	72.9%
D1120 ¹³	\$30.00	\$43.00	69.8%	\$33.20 ¹³	90.4%	\$20.81	144.2%	\$36.75	81.6%
D1206 ¹⁴	\$10.67 ¹⁴	\$30.00	35.6%	\$20.43 ¹⁴	52.2%	\$16.35	65.3%	\$14.70	72.6%
D1208 ¹⁵	\$10.67 ¹⁵	\$14.00	76.2%	\$20.43 ¹⁵	52.2%	\$16.35	65.3%	\$14.70	72.6%
D1351	\$22.00	\$35.00	62.9%	\$36.00	61.1%	\$19.32	113.9%	\$28.24	77.9%
D2140	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$64.41	60.5%

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D2150	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$85.71	56.0%
D2160	\$57.00	\$82.00	69.5%	\$58.05	98.2%	\$75.80	75.2%	\$109.19	52.2%
D2330	\$55.00	\$50.00	110.0%	\$34.60	159.0%	\$50.53	108.8%	\$77.75	70.7%
D2391	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$82.40	47.3%
D2392	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$108.00	44.4%
D2930	\$75.00	\$116.00	64.7%	\$73.40	102.2%	\$101.07	74.2%	\$152.94	49.0%
D7140 ¹⁶	\$41.00	\$50.00	82.0%	\$39.12	104.8%	\$33.57 ¹⁶	122.1%	\$65.70	62.4%
D7210 ¹⁷	\$85.00	\$85.00	100.0%	\$57.40	148.1%	\$49.73 ¹⁷	170.9%	\$100.75	84.4%
D9230 ¹⁸	\$25.00	N/A	N/A	\$26.00	96.2%	\$34.81 ¹⁸	81.1%	\$27.81	89.9%
D9430	\$20.00	\$20.00	100.0%	N/A	N/A	N/A	N/A	\$14.70	136.1%
Average Percentages Medi-Cal Dental Pays Compared to Other States' Medicaid Rates		76.5%		105.3%		99.2%		62.9%	

Source: Prepared by DHCS' Medi-Cal Dental Services Division using data from the MIS/DSS and other states' (New York, Illinois, Florida, and Texas) Medicaid program dental fee schedule.

Notes: N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.

¹See Appendix H for description of procedure codes.

²California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5

<https://www.Medi-Cal Dental.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

³ New York State Medicaid Dental Fee Schedule effective 02/2016. <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

⁴ Illinois HFS Dental Program Fee Schedule effective 01/01/2016.
<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSDentalFeeSchedule2015.pdf>

⁵ Florida Dental General Fee Schedule effective 01/01/2015. http://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml

⁶ Texas Medicaid Fee Schedule – Dental Effective 07/13/2015. <http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

⁷ D0120 - SMA Average. Illinois SMA dependent on beneficiary age (\$28.00 – ages 0 through 18; \$16.20 – ages 19 through 20).

⁸ D0150 - SMA average. Florida SMA dependent on beneficiary age (\$23.78 – ages 0 through 20; \$16.00 – ages 21+).

⁹ D0210 - SMA average. Florida SMA dependent on beneficiary age (\$47.56 – ages 0 through 20; \$32.00 – ages 21+).

¹⁰ D0220 - SMA average. Florida SMA dependent on beneficiary age (\$5.95 – ages 0 through 20; \$4.00 – ages 21+).

¹¹ D0230 - SMA average. Florida SMA dependent on beneficiary age (\$4.46 – ages 0 through 20; \$3.00 – ages 21+).

¹² D0330 - SMA average. Florida SMA dependent on beneficiary age (\$44.59 – ages 0 through 20; \$30.00 – ages 21+).

¹³ D1120 - SMA average. Illinois SMA dependent on beneficiary age (\$41.00 – ages 0 through 18; \$25.40 – ages 19 through 20).

¹⁴ D1206 - SMA Average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 – ages 21+; \$8 - ages 6 through 20; \$18 - ages 0 through 5).
Illinois SMA dependent on beneficiary age (\$26 – ages 0 through 18; \$14.85 – ages 19 through 20).

¹⁵ D1208 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age ((\$6 – ages 21+; \$8 - ages 6 through 20; \$18 - ages 0 through 5).
Illinois SMA dependent on beneficiary age (\$26 – ages 0 through 18; \$14.85 – age 19 through 20).

¹⁶ D7140 - SMA average. Florida SMA dependent on beneficiary age (\$40.13 – ages 0 through 20; \$27.00 – ages 21+).

¹⁷ D7210 - SMA average. Florida SMA dependent on beneficiary age (\$59.45 – ages 0 through 20; \$40.00 – ages 21+).

¹⁸ D9230 - SMA average. Florida SMA dependent on beneficiary age (\$41.62 – ages 0 through 20; \$28.00 – ages 21+).

Table 201: The 25 Most-Utilized Medi-Cal Dental Procedures Reimbursement Rates in SFY 2016-17 in Relation to Other Comparable Medicaid Programs

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D0120 ⁷	\$15.00	\$25.00	60.0%	\$22.10 ⁷	67.9%	\$22.29	67.3%	\$28.85	52.0%
D0150 ⁸	\$25.00	\$30.00	83.3%	\$21.05	118.8%	\$19.89 ⁸	125.7% ⁸	\$35.32	70.8%
D0210 ⁹	\$40.00	\$50.00	80.0%	\$30.10	132.9%	\$39.78 ⁹	100.6% ⁹	\$70.64	56.6%
D0220 ¹⁰	\$10.00	\$8.00	125.0%	\$5.60	178.6%	\$4.98 ¹⁰	200.8% ¹⁰	\$12.56	79.6%
D0230 ¹¹	\$3.00	\$5.00	60.0%	\$3.80	78.9%	\$3.73 ¹¹	80.4% ¹¹	\$11.51	26.1%
D0272	\$10.00	\$14.00	71.4%	\$9.40	106.4%	\$13.38	74.7%	\$23.38	42.8%
D0274	\$18.00	\$24.00	75.0%	\$16.90	106.5%	\$16.35	110.1%	\$34.61	52.0%
D0350	\$6.00	\$12.00	50.0%	N/A	N/A	\$10.40	57.7%	\$18.38	32.6%
D1110	\$40.00	\$45.00	88.9%	N/A	N/A	\$26.75	149.5%	\$54.88	72.9%
D1120 ¹²	\$30.00	\$43.00	69.8%	\$33.20 ¹²	90.4%	\$20.81	144.2%	\$36.75	81.6%
D1206 ¹³	\$10.67 ¹³	\$30.00	35.6% ¹³	\$20.43 ¹³	52.2% ¹³	\$16.35	65.3% ¹³	\$14.70	72.6% ¹³
D1208 ¹⁴	\$10.67 ¹⁴	\$14.00	76.2%	\$20.43 ¹⁴	52.2%	\$16.35	65.3%	\$14.70 ¹⁴	72.6% ¹⁴
D1351	\$22.00	\$35.00	62.9%	\$36.00	61.1%	\$19.32	113.9%	\$28.24	77.9%
D2140	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$64.41	60.5%
D2150	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$85.71	56.0%

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D2160	\$57.00	\$82.00	69.5%	\$58.05	98.2%	\$75.80	75.2%	\$109.19	52.2%
D2330	\$55.00	\$50.00	110.0%	\$34.60	159.0%	\$50.53	108.8%	\$77.75	70.7%
D2391	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$82.40	47.3%
D2392	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$108.00	44.4%
D2930	\$75.00	\$116.00	64.7%	\$73.40	102.2%	\$101.07	74.2%	\$152.94	49.0%
D3220	\$71.00	\$87.00	81.6%	\$52.70	134.7%	\$74.32	95.5%	\$86.20	82.4%
D7140 ¹⁵	\$41.00	\$50.00	82.0%	\$39.12	104.8%	\$33.57 ¹⁵	122.1% ¹⁵	\$65.70	62.4%
D7210 ¹⁶	\$85.00	\$85.00	100.0%	\$57.40	148.1%	\$49.73 ¹⁶	170.9% ¹⁶	\$100.75	84.4%
D9230 ¹⁷	\$25.00	N/A	N/A	\$26.00	96.2%	\$34.81 ¹⁷	81.1% ¹⁷	\$27.81	89.9%
D9430	\$20.00	\$20.00	100.0%	N/A	N/A	N/A	N/A	\$14.70	136.1%
Average Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates		78.7%		109.0%		91.5%		64.3%	

Source: Prepared by DHCS' Medi-Cal Dental Services Division using data from the MIS/DSS and other states' (New York, Illinois, Florida, and Texas) Medicaid program dental fee schedule.

Notes: N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.

¹See Appendix H for description of procedure codes.

² California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5 <https://www.Medi-Cal.Dental.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

³ New York State Medicaid Dental Fee Schedule effective 01/2017. <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

⁴ Illinois HFS Dental Program Fee Schedule effective 07/01/2017. <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Dental.aspx>

⁵ Florida Dental General Fee Schedule effective 01/01/2017. http://ahca.myflorida.com/medicaid/review/Reimbursement2017_01_01_Dental_Fee_Schedule.pdf

⁶ Texas Medicaid Fee Schedule – Dental Effective 01/13/2017. <http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

⁷ D0120 - SMA average. Illinois SMA dependent on beneficiary age (\$28.00 – ages 0 through 18; \$16.20 – ages 19 through 20). D0120 SMA Average of Illinois in Rate Review July 2017 (\$28.00) was calculated without including age group 19 through 20. Percentage Medi-Cal Dental pays of Illinois average SMA for D0120 is updated.

⁸ D0150 - SMA average. Florida SMA dependent on beneficiary age (\$23.78 – ages 0 through 20; \$16.00 – ages 21+). D0150 SMA Average of Florida in Rate Review July 2017 (\$23.78) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D0150 is updated.

⁹ D0210 - SMA average. Florida SMA dependent on beneficiary age (\$47.56 – ages 0 through 20; \$32.00 – ages 21+). D0210 SMA Average of Florida in Rate Review July 2017 (\$47.56) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D0210 is updated.

¹⁰ D0220 - SMA average. Florida SMA dependent on beneficiary age (\$5.95 – ages 0 through 20; \$4.00 – ages 21+). D0220 SMA Average of Florida in Rate Review July 2017 (\$5.95) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D0220 is updated.

¹¹ D0230 - SMA average. Florida SMA dependent on beneficiary age (\$4.46 – ages 0 through 20; \$3.00 – ages 21+). D0230 SMA Average of Florida in Rate Review July 2017 (\$4.46) was calculated without considering age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D0230 is updated.

¹² D1120 - SMA average. Illinois SMA dependent on beneficiary age (\$41.00 – ages 0 through 18; \$25.40 – ages 19 through 20).

¹³ D1207 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 – ages 21+; \$8 - ages 6 through 20; \$18 - ages 0 through 5). Illinois SMA dependent on beneficiary age (\$26 – ages 0 through 18; \$14.85 – ages 19 through 20). D1206 SMA Average of Medi-Cal Dental in Rate Review July 2016 (\$11.00) was rounded differently with other SMAs. Percentages Medi-Cal Dental pays of other States' Medicaid rates for D1206 are updated.

Conclusions

The evaluation of the Dental Services domain for SFYs 2015-16 and 2016-17 involved a detailed analysis of dental providers, beneficiary participation, and provider reimbursement rates.

Dental Providers: The analysis of dental provider participation suggested a small shift from the office to the clinic setting. Over the two study periods, there was a 4.8% decrease in the number of service office locations, and a 12.7% increase in safety-net clinics. The combined number of rendering providers from both settings decreased only 0.4% overall; however, several geographic regions (including Alameda and Greater Sacramento) experienced larger decreases. San Mateo experienced a 15% decrease in the number of service office locations combined with a 16% increase in the number of rendering providers, suggesting a consolidation of services in that region.

Beneficiary Utilization: The percentage of individuals ages 0-20 receiving any dental service increased from 44.3% to 45.9% from SFYs 2015-16 to 2016-17, while the percentage of individuals ages 21 and older receiving any dental service dipped slightly from 21.4% to 20.9%.

The percentage of individuals ages 0-20 receiving a preventive dental service increased from 39.5% to 41.6%, while the percentage of individuals ages 21 and older receiving a preventive dental service rose slightly from SFYs 2015-16 to 2016-17, from 11.3% to 11.5%.

Statewide in SFY 2016-17, the percentage of individuals ages 0-20 receiving any dental service ranged from 54% in the Central Coast region to 31% in the Greater Sacramento and Inland Desert regions. The percentage of individuals ages 0-20 receiving a preventive dental service ranged from 50% in the Central Coast region to 27% in the Inland Desert region.

The percentage of individuals ages 21 and older receiving any dental service ranged from 23% in Orange County to 17% in the Greater Sacramento and San Mateo regions. The percentage of individuals ages 21 and older receiving a preventive dental service ranged from 15% in Orange County to 9% in the Greater Sacramento and Contra Costa regions.

Dental Reimbursement Rates: When comparing dental provider reimbursement rates for the 25 most frequently billed procedure codes to the rates paid in four other states (New York, Illinois, Florida, and Texas), Medi-Cal paid an overall average of 85.3% of other state Medicaid programs' dental provider rates. However, the reimbursement rates were higher or lower depending on the procedure code and state.

- Medi-Cal paid more than Texas for only one procedure code, and less for the other 24 procedures.

- Medi-Cal paid more than New York for two procedures, the same rate as New York for two, and less than New York for 21 procedures.
- Medi-Cal paid more than Florida for 10 procedures, and less than Florida for 14 procedures.
- Medi-Cal paid more than Illinois for 12 procedures, and less than Illinois for 10 procedures.

Evaluation Domain: Provider Reimbursement Rates

Abstract

The Provider Reimbursement Rates evaluation domain addresses CMS' requirement that states' access monitoring reviews must include a comparison of Medicaid payment rates to other public and private health insurer payment rates within geographic areas of the state. To meet that requirement, DHCS compared Medi-Cal reimbursement rates to rates paid by the Medicare program for similar procedures.

Overall, Medi-Cal payments for Primary Care services were 45.7% of the comparable Medicare reimbursement rate, and 56.6% with the supplemental payment. Medi-Cal payments for Mental Health Specialists were 65.1% of the comparable Medicare reimbursement rate, and 68.2% with the supplemental payment. Medi-Cal payments for Physician Specialist services were 62.4% of the comparable Medicare reimbursement rate. Medi-Cal payments for Pre- and Post-Natal Obstetric services were 59.7% of the comparable Medicare reimbursement rate.

Introduction

Provider reimbursement rate comparisons enable DHCS to ensure that payments for services are consistent with efficiency, economy, and quality of care. This section evaluates the aggregate average FFS Medi-Cal reimbursement rates as a percentage of Medicare reimbursement rates for the following FFS services:

Primary Care Services: DHCS is utilizing rates for the Primary Care Physician service codes that were previously identified within SPA 13-003 (the CYs 2013 and 2014 federally enhanced payments).

Physician Specialist Services: The Physician Specialist service rates identified in this report represent a comprehensive subset of disciplines from the complete array of Physician Specialist services provided to beneficiaries.

Behavioral Health Services: Behavioral Health service rate comparison only includes mental health services at this time. DHCS is unable to include a substance use disorder services rate comparison due to the absence of comparable Medicare rates. DHCS anticipates providing a useful rate comparison in future updates to this report.

Pre- and Post-Natal Obstetric Services: DHCS conducted a rate comparison between Medi-Cal rates and the equivalent Medicare rates for Pre- and Post-Natal Obstetric services.

Home Health Services: DHCS is unable to provide a reliable rate comparison between Medi-Cal and Medicare rates for Home Health services. Medicare reimburses Home

Health services through the Home Health Prospective Payment System, which adjusts payments based on beneficiary need and geographic location. Medi-Cal reimburses Home Health services per unit of utilization, as identified on the Medi-Cal fee schedule.

Methodology

The Provider Reimbursement Rates domain was developed by DHCS' Fee-for-Service Rates Development Division (FFSRD).

FFSRD utilized Medi-Cal and Medicare fee schedules to develop a side-by-side comparison of rates, in addition to aggregate total expenditure comparisons by percentage, for Primary Care, Physician Specialist, Pre- and Post-Natal Obstetric, and Behavioral (Mental) Health services.

Limitations

CMS issued *Access Rule Implementation Frequently Asked Questions (FAQs)* on March 16, 2016. This document includes several possible payment sources including Medicare payment rates or rates paid by the state employee health insurance, state-based exchanges, private pay information from third-party vendors, survey information, and all-payer databases. In meeting the new requirements set forth in 42 CFR 447.203, DHCS is choosing to compare Medi-Cal with Medicare rates only due to significant challenges in providing other comparisons, including comparisons to third-party payers, commercial and public capitation rate systems, and comparisons to other state Medicaid rates.

Comparing rates to third-party (i.e., non-government) payers on a routine basis would require multiple data reporting requirements between DHCS and the provider community. DHCS does not currently have access, or the resources, to provide reliable, consistent third-party payer comparisons. Comparing to commercial and public capitation rate systems would not be applicable, as capitation payments are in the aggregate and in most cases cannot be itemized to separately billable items. The state employee health insurance and the state-based exchange provide coverage through multiple commercial health plans and do not have an available rate schedule for comparison. California does not maintain an all-payer database.

For this report, DHCS did not have access to information on other state Medicaid rates. Other state Medicaid programs may be a more appropriate comparison for public payers than Medicare given the significant differences between the age, other demographics and health needs of the Medicare population and the providers who serve them.

In addition, Home Health services and Substance Use Disorder services are excluded from comparison due to lack of a comparable Medicare fee and/or equivalent Current Procedural Terminology (CPT) code.

The rate comparison will continue to be monitored and updated as additional sources of information become available.

Data Source

Medi-Cal and Medicare fee schedules.

Results

This section presents a comparison of FFS Medi-Cal and Medicare provider reimbursement rates. In particular, this section will evaluate the aggregate average FFS Medi-Cal reimbursement rates as a percentage of Medicare reimbursement rates by service type.

Table 202: Aggregate Average Medi-Cal Rates as Percentage of Medicare Rates

Service Type	Aggregate Average Medicare Rate	Aggregate Average Medi-Cal Rate	Aggregate Average Medi-Cal Rate with Prop. 56 Supplemental Payment^{xx}	Percent	Percent with Prop. 56
Primary Care services	\$121.30	\$55.46	\$68.64	45.72%	56.59%
Physician Specialist services	\$874.46	\$545.23	N/A	62.35%	N/A
Behavioral Health services	\$79.27	\$51.62	\$54.04	65.12%	68.17%

^{xx} <https://www.dhcs.ca.gov/provgovpart/Pages/Proposition-56.aspx>

Evaluation Domain: Provider Reimbursement Rates

Service Type	Aggregate Average Medicare Rate	Aggregate Average Medi-Cal Rate	Aggregate Average Medi-Cal Rate with Prop. 56 Supplemental Payment ^{xx}	Percent	Percent with Prop. 56
(includes Mental Health services only)					
Pre- and Post-Natal Obstetric services	\$267.92	\$159.91	N/A	59.69%	N/A
Home Health services	N/A	\$19.69	N/A	N/A	N/A

Source: Created by DHCS' FFSRD.

Note: See Appendix I for procedure code comparisons.

Table 203: Aggregate Average Medi-Cal Rates as Percentage of Medicare Rates

Services	Percentage	Percentage with Prop. 56
Physician Specialist Services	62.4%	N/A
Primary Care Services	45.7%	56.6%
Pre- and Post-Natal Obstetric Services	59.7%	N/A
Behavioral Health Services (includes Mental Health services only)	65.1%	68.2%

Source: Created by DHCS-FFSRD.

Appendix A: Aid and County Codes by Delivery System

Table 204: County Codes in 2017, by Delivery Type and Dual Status

COHS Counties	COHS [P] Counties	GMC/Regional/ Two-Plan/Imperial Counties	San Benito	CCI Counties
08, 12, 17, 18, 21, 23, 24, 25, 27, 30, 41, 40, 42, 44, 45, 47, 49, 53, 56	28, 48, 57	01, 02, 03, 04, 05, 06, 07, 09, 10, 11, 13, 14, 15, 16, 19, 20, 22, 26, 29, 31, 32, 33, 34, 36, 37, 38, 39, 43, 46, 50, 51, 52, 54, 55, 58	35	19, 30, 33, 36, 37, 41, 43

Source: Managed Care Mandatory or Voluntary Enrollment Chart, July 7, 2017 version.

Table 205: Mandatory Managed Care Aid Codes in 2017, by Delivery Type, County, and Dual Status

COHS (Excluding Napa, Solano, and Yolo Counties) – Duals and Non- Duals	COHS [P] (Napa, Solano, and Yolo Counties Only) – Duals and Non- Duals	GMC/Regional/ Two- Plan/Imperial – Duals and Non-Duals	GMC/Regional/ Two- Plan/Imperial – Non-Duals	CCI – Duals
0A, 0E, 0N, 0P, 0R, 0T, 0U, 0W, 01, 02, 03, 04, 06, 07, 08, 1E, 1H, 10, 13, 14, 16, 17, 2E, 2H, 2P, 2R, 2S, 2T, 2U, 20, 23, 24, 26, 27, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 36, 37, 38, 39, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T,	0A, 0M, 0N, 0P, 0R, 0T, 0U, 0W, 01, 02, 03, 04, 06, 07, 08, 1E, 1H, 10, 13, 14, 16, 17, 2E, 2H, 2P, 2R, 2S, 2T, 2U, 20, 23, 24, 26, 27, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 36, 37, 38, 39, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 40, 42, 43, 45,	0A, 0E, 01, 02, 08, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 38, 39, 47, 5C, 5D, 54, 59, 7A, 7J, 7S, 7U, 7W, 7X, 72, 8P, 8R, 82, E2, E5, E6, E7, H1, H2, H3, H4, H5, K1, L1, L6, M1, M3,	1E, 1H, 10, 14, 16, 2E, 2H, 20, 24, 26, 36, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 60, 64, 66	1E, 1H, 1X, 1Y, 10, 13, 14, 16, 17, 2E, 2H, 20, 23, 24, 26, 27, 37, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 6W, 6X,

COHS (Excluding Napa, Solano, and Yolo Counties) – Duals and Non-Duals	COHS [P] (Napa, Solano, and Yolo Counties Only) – Duals and Non-Duals	GMC/Regional/Two-Plan/Imperial – Duals and Non-Duals	GMC/Regional/Two-Plan/Imperial – Non-Duals	CCI – Duals
4U, 4W, 40, 42, 43, 45, 46, 47, 49, 5C, 5D, 5K, 53, 54, 59, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 60, 63, 64, 66, 67, 7A, 7J, 7S, 7U, 7W, 7X, 72, 8P, 8R, 81, 82, 83, 86, 87, E2, E5, E6, E7, H1, H2, H3, H4, H5, K1, L1, L6, M1, M3, M5, M7, P5, P7, P9, T1, T2, T3, T4, T5	46, 47, 49, 5C, 5D, 5F, 5K, 53, 54, 55, 58, 59, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 60, 63, 64, 66, 67, 7A, 7J, 7S, 7U, 7W, 7X, 72, 8P, 8R, 81, 82, 83, 86, 87, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E2, E5, E6, E7, H1, H2, H3, H4, H5, K1, L1, L6, M1, M3, M5, M7, P5, P7, P9, T1, T2, T3, T4, T5	M5, M7, P5, P7, P9, T1, T2, T3, T4, T5		6Y, 60, 63, 64, 66, 67

Source: Managed Care Mandatory or Voluntary Enrollment Chart, July 7, 2017 version.

Notes: Aid codes not included: 6S, 5H, 5M, G0, G5, J7, R1. No Mandatory aid codes in San Benito County.

“Mandatory Managed Care” denotes that an exemption is required for beneficiaries to remain in FFS.

Table 206: Voluntary Aid Codes in 2017, by Delivery Type, County, and Dual Status

GMC/Regional/Two-Plan/Imperial – Duals and Non-Duals	GMC/Regional/Two-Plan/Imperial – Voluntary for Duals (D)	San Benito – Duals and Non-Duals
0N, 0P, 0W, 03, 04, 06, 07, 2P, 2R, 2S, 2T, 2U, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 40, 42, 43, 45, 46, 49, 5K, 86	1E, 1H, 10, 14, 16, 2E, 2H, 20, 24, 26, 36, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 60, 64, 66	0A, 0E, 0N, 0P, 0W, 01, 02, 03, 04, 06, 07, 08, 1E, 1H, 10, 14, 16, 2E, 2H, 2P, 2R, 2S, 2T, 2U, 20, 24, 26, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 36, 38, 39, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 40, 42, 43, 45, 46, 47, 49, 5C, 5D, 5K, 54, 59, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 60, 64, 66, 7A, 7J, 7S, 7U, 7W, 7X, 72, 8P, 8R, 82, 86, E2, E5, E6, E7, H1, H2, H3, H4, H5, K1, L1, L6, M1, M3, M5, M7, P5, P7, P9, T1, T2, T3, T4, T5

Source: Managed Care Mandatory or Voluntary Enrollment Chart, July 7, 2017 version.

Notes: Aid Codes not included - 6S, 5H, 5M, G0, G5, J7, R1. No voluntary aid codes in COHS counties.

“Voluntary” denotes that beneficiaries may choose to remain in FFS.

Table 207: FFS Only Aid Codes in 2017, by Delivery Type, County, and Dual Status

COHS (Excluding Napa, Solano, and Yolo Counties) – Duals and Non-Duals	COHS (Napa, Solano, and Yolo Counties Only) [P] – Duals and Non-Duals	GMC/Regional/Two-Plan/Imperial – Duals and Non-Duals	San Benito – Duals and Non-Duals
<p>0C, 0D, 0L, 0M, 0V, 0X, 0Y, 1U, 1X, 1Y, 18, 2A, 2V, 28, 3D, 3T, 3V, 4C, 4E, 4V, 44, 48, 5E, 5F, 5G, 5J, 5N, 5R, 5T, 5V, 5W, 5X, 50, 55, 58, 6U, 65, 68, 69, 7C, 7F, 7G, 7H, 7K, 7M, 7N, 7P, 7R, 7T, 7V, 71, 73, 74, 76, 77, 8E, 8F, 8G, 8H, 8N, 8T, 8U, 8V, 8W, 8X, 8Y, 80, 84, 85, 88, 89, 9A, 9H, 9J, 9K, 9L, 9M, 9N, 9P, 9R, 9U, 9V, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1, E4, F1, F2, F3, F4, G1, G2, G3, G4, G9, H6, H7, H8, H9, H0, J1, J2, M2, M4, M6, M8, M9, M0, N5, N6, N7, N8, N9, N0, P1, P2, P3, P4, P6, P8, P0, T6, T7, T8, T9, T0</p>	<p>0C, 0D, 0L, 0M, 0V, 0X, 0Y, 1U, 1X, 1Y, 18, 2A, 2V, 28, 3D, 3T, 3V, 4C, 4E, 4V, 44, 48, 5E, 5G, 5J, 5N, 5R, 5T, 5V, 5W, 5X, 50, 6U, 65, 68, 69, 7C, 7F, 7G, 7H, 7K, 7M, 7N, 7P, 7R, 7T, 7V, 71, 73, 74, 76, 77, 8E, 8F, 8G, 8H, 8N, 8T, 8U, 8V, 8W, 8X, 8Y, 80, 84, 85, 88, 89, 9A, 9H, 9J, 9K, 9L, 9M, 9N, 9P, 9R, 9U, 9V, E1, E4, F1, F2, F3, F4, G1, G2, G3, G4, G9, H6, H7, H8, H9, H0, J1, J2, M2, M4, M6, M8, M9, M0, N5, N6, N7, N8, N9, N0, P1, P2, P3, P4, P6, P8, P0, T6, T7, T8, T9, T0</p>	<p>0C, 0D, 0L, 0M, 0R, 0T, 0U, 0V, 0X, 0Y, 1U, 1X, 1Y, 13, 17, 18, 2A, 2V, 23, 27, 28, 3D, 3T, 3V, 37, 4C, 4E, 4V, 44, 48, 5E, 5F, 5G, 5J, 5N, 5R, 5T, 5V, 5W, 5X, 50, 53, 55, 58, 6R, 6U, 6W, 6X, 6Y, 63, 65, 67, 68, 69, 7C, 7F, 7G, 7H, 7K, 7M, 7N, 7P, 7R, 7T, 7V, 71, 73, 74, 76, 77, 8E, 8F, 8G, 8H, 8N, 8T, 8U, 8V, 8W, 8X, 8Y, 80, 81, 83, 84, 85, 87, 88, 89, 9A, 9H, 9J, 9K, 9L, 9M, 9N, 9P, 9R, 9U, 9V, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1, E4, F1, F2, F3, F4, G1, G2, G3, G4, G9, H6, H7, H8, H9, H0, J1, J2, M2, M4, M6, M8, M9, M0, N5, N6, N7, N8, N9, N0, P1, P2, P3, P4, P6, P8,</p>	<p>0C, 0D, 0L, 0M, 0R, 0T, 0U, 0V, 0X, 0Y, 1U, 1X, 1Y, 13, 17, 18, 2A, 2V, 23, 27, 28, 3D, 3T, 3V, 37, 4C, 4E, 4V, 44, 48, 5E, 5F, 5G, 5J, 5N, 5R, 5T, 5V, 5W, 5X, 50, 53, 55, 58, 6R, 6U, 6W, 6X, 6Y, 63, 65, 67, 68, 69, 7C, 7F, 7G, 7H, 7K, 7M, 7N, 7P, 7R, 7T, 7V, 71, 73, 74, 76, 77, 8E, 8F, 8G, 8H, 8N, 8T, 8U, 8V, 8W, 8X, 8Y, 80, 81, 83, 84, 85, 87, 88, 89, 9A, 9H, 9J, 9K, 9L, 9M, 9N, 9P, 9R, 9U, 9V, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1, E4, F1, F2, F3, F4, G1, G2, G3, G4, G9, H6, H7, H8, H9, H0, J1, J2,</p>

COHS (Excluding Napa, Solano, and Yolo Counties) – Duals and Non-Duals	COHS (Napa, Solano, and Yolo Counties Only) [P] – Duals and Non-Duals	GMC/Regional/Two-Plan/Imperial – Duals and Non-Duals	San Benito – Duals and Non-Duals
		P0, T6, T7, T8, T9, T0	M2, M4, M6, M8, M9, M0, N5, N6, N7, N8, N9, N0, P1, P2, P3, P4, P6, P8, P0, T6, T7, T8, T9, T0

Source: Managed Care Mandatory or Voluntary Enrollment Chart, July 7, 2017 version.

Notes: Aid codes not included: 6S, 5H, 5M, G0, G5, J7, R1.

“FFS Only” denotes that beneficiaries are not able to enroll in managed care plans.

Appendix B: FFS Medi-Cal Data Sources

Medi-Cal Claims

The Medi-Cal paid claims data are detailed records reflecting payments for services and products rendered/delivered to Medi-Cal beneficiaries. Medi-Cal paid claims data reflect payments to providers for services and/or products rendered/delivered. Because of lags in data reporting and claims processing, paid claims data may be incomplete and require a waiting period between the date-of-service and date-of-payment. This lag between the date-of-service and date-of-payment generally requires about 12-months to accumulate a complete set of paid claims for any given month-of-service.

Medi-Cal Provider Tables

The MIS/DSS contains records for providers who bill services through the fiscal intermediary. The MIS/DSS contains information including service addresses, provider type and the categories of service billed by that provider. Providers may have more than one record if they have multiple Medi-Cal provider IDs. Information in the MIS/DSS is updated frequently as the providers must report changes within 35 days. Providers billing for services authorized through other departments may be included on this file, but may be reported with a program-specific provider number. These files are downloaded monthly and are used to supplement information obtained from the claims data files.

MIS/DSS Eligibility Tables

The MIS/DSS contains observations reflecting the benefit history for anyone who received Medi-Cal or other state program benefits in the current and previous twelve months. Since Medi-Cal eligibility can be reported retroactively, final beneficiary counts are not considered “complete” until the end of a 12-month period. Data contained in the MIS/DSS eligibility tables are used to supplement information obtained from the claims data files and is used in many cases to create denominators and describe the populations of interest.

Appendix C: Aid Code Categories

Table 208: Aid Code Grouping Schema for Eligibility Pathways

Eligibility Pathway	Aid Codes
Dual Eligible	This group consists of those also enrolled in Medicare, therefore, can be any aid code.
Adoption/Foster Care	03, 04, 06, 07, 2P, 2S, 2T, 40, 42, 43, 45, 46, 4M, 4N, 4S, 4T, 4W, 49, 4A, 4E, 5K, 4F, 4G, 4H, 4L, 2R,2U
Other	01, 02, 08, 0A, 0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y, 2A, 2V, 44, 4K, 4V, 5V, 65, 71, 73, 76, 77, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 81, 82, 83, 86, 87, 8E, 8L, 8W, 90, F1, F2, F3, F4, F5, F6, F7, F8, G0, G1, G2, G3, G4, G5, G6, G7, G8, G9, J1, J2, J3, J4, J5, J6, J7, J8, K6, K7, K8, K9, M9, N0, N5, N6, N7, N8, N9, R1,L6, 7U, L1, M1, P3, 3N, 30, 32, 33, 34, 35, 37, 38, 39, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 47, 5C, 5D, 5E, 5X, 54, 59, 6R, 7A, 7J, 7S, 7T, 7W, 7X, 72, 8P, 8R, 8U, 8V, 8X, E2, E6, E7, H0, H1, H2, H3, H4, H5, H6, H7, H8, H9, K1, L2, L4, M3, M5, P1, P2, P4, P5, P7, P9, T1, T2, T3, T4, T5, M7, 0E, 0G
Disabled	10, 13, 14, 16, 17, 18, 1E, 1H, 1X, 1Y, 20, 23, 24, 26, 27, 28, 2E, 2H, 36, 53, 60, 63, 64, 66, 67, 68, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6S, 6V, 6W, 6X, 6Y, 8G, 8C
Undocumented	1U, 3T, 3V, 48, 55, 58, 5F, 5H, 5J, 5M, 5N, 5R, 5T, 5W, 5Y, 69, 6U, 70, 74, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, L3, L5, M0, M2, M4, M6, M8, P0, P6, P8, T0, T6,T7, T8, T9, 5G, L7

Appendix D: Geographic Region Categories

Table 209: Geographic Region Grouping Schema

Geographic Region	Counties
Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Central Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Far North	Modoc, Shasta, Siskiyou, Trinity
Los Angeles	Los Angeles
North Coast	Del Norte, Humboldt, Lake, Mendocino
Sacramento Valley	Butte, Colusa, Glenn, Sacramento, Sutter, Tehama, Yolo, Yuba
Sierra Range/Foothills	Alpine, Amador, Calaveras, El Dorado, Inyo, Lassen, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Tuolumne
Southern California	Imperial, Orange, Riverside, San Bernardino, San Diego

Appendix E: Provider Types by Service Category

Table 210: Description of Provider Types Used in Provider Participation and Realized Access (Service Utilization) Evaluation Domains

Primary Care Providers – Physicians, Physician Groups, and Clinics	
Physicians and Physicians Groups	General Practice
	Family Practice
	Gynecology (D.O. Only)
	Obstetrics (D.O. only), Endodontist (Dentists Only)
	Obstetrics-Gynecology (M.D. Only) Neonatal
	Preventive (M.D. Only)
	Pediatrics, Periodontist (Dentists Only)
	Internal Medicine
Clinics	Rural Health Clinics/Federally Qualified Health Center
	Free Clinic
	Community Clinic
	Multispecialty Clinic
	Clinic Exempt from Licensure
	County Clinics Not Associated with Hospital
	Otherwise Undesignated Clinic
	Tribal Health
Specialist Providers – Physicians and Physician Groups	
Physicians and Physicians Groups	General Surgery
	Allergy
	Otology, Laryngology, Rhinology
	Cardiovascular Disease (internal medicine)
	Dermatology

Gynecology (Osteopaths Only)
Gastroenterology (Internal Medicine)
Neurology
Neurological Surgery
Obstetrics (D. O. Only)
OB-Gynecology (M. E. Only)
Ophthalmology, Otolaryngology
Ophthalmology
Orthopedic Surgery
Peripheral Vascular Disease or Surgery (D. O. Only)
Plastic Surgery
Physical Medicine and Rehabilitation
Psychiatry Neurology
Proctology (Colon and Rectal Surgery)
Pulmonary Diseases
Radiology
Roentgenology
Radiation Therapy (D.O. Only)
Thoracic Surgery
Urology and Urological Surgery
Pediatric Cardiology (Internal Medicine)
Pediatrics
Nuclear Medicine
Pediatric Allergy
Nephrology
Hand Surgery
Endocrinology
Hematology

	Infectious Disease
	Neoplastic Diseases
	Neurology-Child
	Rheumatology
	Surgery Head and Neck
	Surgery Pediatric
	Surgery Traumatic
Behavioral Health Providers – Physicians, Physician Groups, and Other Non-Physician Providers	
Physicians and Physician Groups	Psychiatry (Child)
	Psychiatry Neurology (D.O. Only)
	Psychiatry
Other Non-Physician Providers	Psychologists
	Outpatient Heroin Detox Center
	Licensed Clinical Social Worker Individual
	Licensed Clinical Social Worker Group
	Mental Health Inpatient Services
	Drug Medi-Cal
	Marriage and Family Therapist Individual
	Marriage and Family Therapist Group
Pre- and Post-Natal Obstetric Providers – Physicians, Physicians Groups and Other Non-Physician Providers	
Physicians and Physician Groups	Gynecology (D.O. Only)
	Obstetrics (D.O. Only), Endodontist (Dentists Only)
	Obstetrics-Gynecology (M.D. Only) Neonatal
Other Non-Physician Providers	Certified Nurse Midwife
	Birthing Center Services
	Alternative Birth Centers - Specialty Clinic

Home Health	
Other Non-Physician Providers	Home Health Agencies
Pharmacies	
Other Non-Physician Providers	Pharmacy Providers
Private Duty Nursing	
Other Non-Physician Providers	Providers identified using the following procedure codes: 'Z5836', 'Z5832', 'Z5833', 'Z5834', 'Z5835', 'Z5840', 'Z5804', 'Z5805', 'Z5806', 'Z5807', 'G0162', 'G0299', 'T1002', 'T1003', 'G0300', 'T1016', 'S9123', 'T1030', 'S9124', 'T1031'

Appendix F: Modified Call Categories

Table 211: Modified Call Categories Used in Beneficiary Feedback Evaluation Domain

Call Category	Reason for Call
EDU (Education and Outreach)	COC1 Provider Not a Plan Partner
	COC2 Pregnant
	COC6 SPD LTC Issue
	EDU - Education & Outreach
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU2 Mandatory Enrollment Issue/ Enrolled into COHS
	EDU2 Mandatory Enrollment Issue/ Enrolled into COHS Plan
	EDU3 Notice of Action
	EDU4 SPD Education
	EDU5 ADHC Education
	EDU6 CBAS Education
	EDU7 Healthy Families Education
	EDU8 Duals/CCI Education
	ELG1 Inaccurate Aid Code
	ELG2 Inaccurate County Code
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG6 Foster Care/Adoption Category
	ELG7 Restricted Aid Code
HCO1 Hold on Plan	
HCO15 SPD MER/EDER Denial	
HCO16 MER/EDER Status Check	
HCO2 Requesting new enrollment into Plan	

Call Category	Reason for Call
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO9 Foster Care / Adoption (DER Request)
	HCP1 Not Assigned Requested PCP/IPA
	HCP12 Mental Health Access Issues
	HCP2 Wants to Change Provider
	HCP5 Health Card Not Issued
	HCP6 Communications/Behavior/Attitude of Staff
	HCP7 Transportation
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	PRV1 Provider Not Being Paid
	PRV2 Billing Discrepancy
	PRV3 Beneficiary Being Billed
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC4 Denial of Durable Medical Equipment (DME)
	QOC5 Delay/ Denial of Referrals or Appointments
	QOC6 Prior Authorization Denial/Delay
	QOC7 Treatment/Diagnosis/Inappropriate Care
ELG (Eligibility)	COC2 Pregnant
	COC6 SPD LTC Issue
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU3 Notice of Action

Call Category	Reason for Call
	EDU4 SPD Education
	EDU8 Duals/CCI Education
	ELG - Eligibility
	ELG1 Inaccurate Aid Code
	ELG2 Inaccurate County Code
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG6 Foster Care/Adoption Category
	ELG7 Restricted Aid Code
	HCO1 Hold on Plan
	HCO10 Dental HP Enrollment
	HCO11 Dental HP Disenrollment
	HCO15 SPD MER/EDER Denial
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO3 Wants to Change Plans
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO5 Disenrollment to Medi-Medi
	HCO6 MER/EDER Denial
	HCO8 Long Term Care Issue (DER Request)
	HCO9 Foster Care / Adoption (DER Request)
	HCP1 Not Assigned Requested PCP/IPA
	HCP5 Health Card Not Issued
	MISC1 Systems Conflict
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved

Call Category	Reason for Call
	MISC6 HF BiC Card Erroneous Mailing
	OHC1 Conflicting information about OHC Status
	PRV2 Billing Discrepancy
	PRV3 Beneficiary Being Billed
	QOC2 Refusal of Medications
	QOC5 Delay/ Denial of Referrals or Appointments
	QOC6 Prior Authorization Denial/Delay
HCO (Enrollment/Disenrollment)	COC1 Provider Not a Plan Partner
	COC2 Pregnant
	COC6 SPD LTC Issue
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU2 Mandatory Enrollment Issue/ Enrolled into COHS
	EDU2 Mandatory Enrollment Issue/ Enrolled into COHS Plan
	EDU3 Notice of Action
	EDU4 SPD Education
	EDU6 CBAS Education
	EDU7 Healthy Families Education
	EDU8 Duals/CCI Education
	ELG1 Inaccurate Aid Code
	ELG2 Inaccurate County Code
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG6 Foster Care/Adoption Category
	ELG7 Restricted Aid Code
	ELG8 Carved Out Zip Code
	HCO - Enrollment/Disenrollment

Call Category	Reason for Call
	HCO1 Hold on Plan
	HCO10 Dental HP Enrollment
	HCO11 Dental HP Disenrollment
	HCO12 Member Defaulted into a Plan without knowledge
	HCO13 Member's Plan changed without knowledge
	HCO15 SPD MER/EDER Denial
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO3 Wants to Change Plans
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO5 Disenrollment to Medi-Medi
	HCO6 MER/EDER Denial
	HCO7 Special Program Issue (DER Request)
	HCO8 Long Term Care Issue (DER Request)
	HCO9 Foster Care / Adoption (DER Request)
	HCP1 Not Assigned Requested PCP/IPA
	HCP12 Mental Health Access Issues
	HCP2 Wants to Change Provider
	HCP5 Health Card Not Issued
	HCP6 Communications/Behavior/Attitude of Staff
	MISC1 Systems Conflict
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	OHC2 Healthy Families

Call Category	Reason for Call
	PRV2 Billing Discrepancy
	PRV3 Beneficiary Being Billed
	QOC1 Refusal of Care
	QOC10 CBAS Evaluation Access Issue
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC6 Prior Authorization Denial/Delay
OHC (Other Health Coverage)	COC1 Provider Not a Plan Partner
	COC2 Pregnant
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU3 Notice of Action
	EDU6 CBAS Education
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG7 Restricted Aid Code
	HCO2 Requesting new enrollment into Plan
	HCO2 Requesting new enrollment into Plan
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO5 Disenrollment to Medi-Medi
	HCO5 Disenrollment to Medi-Medi
	HCP2 Wants to Change Provider
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC - Other Health Coverage

Call Category	Reason for Call
	OHC1 Conflicting information about OHC Status
	OHC2 Healthy Families
	PRV3 Beneficiary Being Billed
<p style="text-align: center;">OTHER (Continuity of Care / Health Care Plan Issues / Healthy Families Transition / Plan Subcontractor and Provider Issues / Quality of Care / Miscellaneous Issues)</p>	COC2 Pregnant
	COC3 PCP/Specialist Not in Same Plan
	COC5 Other Qualifying Condition
	COC6 SPD LTC Issue
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU8 Duals/CCI Education
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO3 Wants to Change Plans
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO6 MER/EDER Denial
	HCO8 Long Term Care Issue (DER Request)
	HCP7 Transportation
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	PRV2 Billing Discrepancy
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC6 Prior Authorization Denial/Delay
	QOC8 Communication/ Behavior/ Attitude of Staff
	COC6 SPD LTC Issue

Call Category	Reason for Call
	EDU4 SPD Education
	EDU6 CBAS Education
	ELG2 Inaccurate County Code
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG7 Restricted Aid Code
	HCO1 Hold on Plan
	HCO15 SPD MER/EDER Denial
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO3 Wants to Change Plans
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO6 MER/EDER Denial
	HCO8 Long Term Care Issue (DER Request)
	HCP - Health Care Plan Issues
	HCP1 Not Assigned Requested PCP/IPA
	HCP12 Mental Health Access Issues
	HCP2 Wants to Change Provider
	HCP3 Assigned PCP Outside 10Mi/30Min Radius
	HCP5 Health Card Not Issued
	HCP6 Communications/Behavior/Attitude of Staff
	HCP7 Transportation
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	PRV1 Provider Not Being Paid

Call Category	Reason for Call
	PRV2 Billing Discrepancy
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC5 Delay/ Denial of Referrals or Appointments
	QOC6 Prior Authorization Denial/Delay
	QOC7 Treatment/Diagnosis/Inappropriate Care
	ELG4 Medi-Cal Eligibility Terminated
	HCO2 Requesting new enrollment into Plan
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	OHC2 Healthy Families
	PRV2 Billing Discrepancy
	COC2 Pregnant
	COC5 Other Qualifying Condition
	EDU1 Mandatory Enrollment Issue/ Wants to become FFS
	EDU3 Notice of Action
	EDU4 SPD Education
	EDU6 CBAS Education
	EDU8 Duals/CCI Education
	ELG1 Inaccurate Aid Code
	ELG2 Inaccurate County Code
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG6 Foster Care/Adoption Category
	ELG7 Restricted Aid Code

Call Category	Reason for Call
	HCO1 Hold on Plan
	HCO11 Dental HP Disenrollment
	HCO14 CSRs Rude/Not Helpful/Incorrect Information
	HCO15 SPD MER/EDER Denial
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO3 Wants to Change Plans
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO6 MER/EDER Denial
	HCO8 Long Term Care Issue (DER Request)
	HCP2 Wants to Change Provider
	HCP5 Health Card Not Issued
	HCP7 Transportation
	MISC - Miscellaneous Issues
	MISC1 Systems Conflict
	MISC2 Beneficiary Identification Card (BIC) Order
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	PRV1 Provider Not Being Paid
	PRV2 Billing Discrepancy
	PRV3 Beneficiary Being Billed
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC4 Denial of Durable Medical Equipment (DME)

Call Category	Reason for Call
	QOC5 Delay/ Denial of Referrals or Appointments
	QOC6 Prior Authorization Denial/Delay
	QOC7 Treatment/Diagnosis/Inappropriate Care
	QOC9 Disability / Physical Access Issue
	ELG4 Medi-Cal Eligibility Terminated
	HCO4 Wants to Disenroll from Plan to become FFS
	HCP6 Communications/Behavior/Attitude of Staff
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	OHC1 Conflicting information about OHC Status
	PRV - Plan Subcontractor/Prov
	PRV1 Provider Not Being Paid
	PRV2 Billing Discrepancy
	PRV3 Beneficiary Being Billed
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	EDU3 Notice of Action
	ELG3 Address Correction/ Beneficiary Moved
	ELG4 Medi-Cal Eligibility Terminated
	ELG5 Share of Cost
	ELG6 Foster Care/Adoption Category
	ELG7 Restricted Aid Code
	HCO16 MER/EDER Status Check
	HCO2 Requesting new enrollment into Plan
	HCO4 Wants to Disenroll from Plan to become FFS
	HCO6 MER/EDER Denial
	HCO8 Long Term Care Issue (DER Request)

Call Category	Reason for Call
	HCO9 Foster Care / Adoption (DER Request)
	HCP2 Wants to Change Provider
	MISC3 Other (Please specify in notes)
	MISC4 Voice Mail Call - No Answer
	MISC5 Voice Mail Call – Issue Resolved
	PRV2 Billing Discrepancy
	QOC - Quality of Care
	QOC1 Refusal of Care
	QOC2 Refusal of Medications
	QOC3 Denial of Medical Supplies
	QOC4 Denial of Durable Medical Equipment (DME)
	QOC5 Delay/ Denial of Referrals or Appointments
	QOC6 Prior Authorization Denial/Delay
	QOC7 Treatment/Diagnosis/Inappropriate Care
	QOC8 Communication/ Behavior/ Attitude of Staff
QOC9 Disability / Physical Access Issue	

Source: Created by DHCS using data from the Medi-Cal Managed Care Division’s Office of the Ombudsman call center.

Note: The modified call categories in the first column were developed based on the reasons for call in the second column, which represent the call codes used by the Medi-Cal Managed Care Division’s Office of the Ombudsman.

Appendix G: Dental Services’ Geographic Region Categories

Table 212: Dental Services’ Geographic Region Grouping Schema

Geographic Region	Counties
Alameda	Alameda
Central Coast	Monterey, San Benito, Santa Cruz
Central Valley	Mariposa, Merced, San Joaquin, Stanislaus, Tulare
Contra Costa	Contra Costa
Greater Fresno	Fresno, Kings, Madera
Greater Sacramento	El Dorado, Placer, Sacramento, Yolo
Inland Desert	Imperial, Inyo, Mono
Inland Empire	Riverside, San Bernardino
Kern	Kern
Los Angeles	Los Angeles
North Bay	Marin, Napa, Solano, Sonoma
Northern	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange	Orange
San Diego	San Diego
San Francisco	San Francisco
San Mateo	San Mateo
Santa Clara	Santa Clara

Geographic Region	Counties
South Coast	San Luis Obispo, Santa Barbara, Ventura

Appendix H: Dental Procedure Codes

Table 213: Dental Procedure Codes and Descriptions

Procedure Code	Description
D0120	Periodic oral evaluation – established patient
D0150	Comprehensive oral evaluation – new or established patient
D0210	Intraoral – complete series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0272	Bitewings – two radiographic images
D0274	Bitewings – four radiographic images
D0330	Panoramic radiographic image
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D1110	Prophylaxis – adult
D1120	Prophylaxis – child
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride – excluding varnish
D1351	Sealant – per tooth
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2330	Resin-based composite – one surface, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2930	Prefabricated stainless steel crown – primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Procedure Code	Description
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed

Source: American Dental Association; Cdt-2017; Code On Dental Procedures And Nomenclature; Effective January 1, 2017.

Appendix I: Comparison of Medicare to Medi-Cal FFS Rates by Procedure Code

Table 214: Comparison of Medicare to Medi-Cal FFS Rates for Physician Specialist Services, by Procedure Code

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
20100	\$643.01	\$349.59
20101	\$509.46	\$112.06
20102	\$548.67	\$135.52
20103	\$648.95	\$182.05
20150	\$1,087.76	\$735.66
20200	\$233.86	\$54.36
20205	\$324.53	\$109.08
20206	\$272.57	\$65.90
20220	\$191.39	\$85.26
20225	\$599.10	\$148.92
20240	\$161.33	\$126.58
20245	\$376.27	\$210.72
20250	\$426.67	\$289.65
20251	\$460.41	\$361.13
20500	\$120.43	\$106.11
20501	\$145.71	\$223.38
20520	\$230.70	\$112.43
20525	\$538.91	\$290.02
20526	\$84.31	\$52.49
20527	\$91.56	\$49.32

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
20550	\$57.83	\$45.79
20551	\$58.85	\$52.49
20552	\$61.07	\$52.49
20553	\$70.47	\$56.22
20555	\$354.98	\$246.09
20600	\$53.00	\$32.39
20604	\$81.54	\$39.46
20605	\$55.40	\$37.97
20606	\$89.83	\$45.05
20610	\$65.38	\$45.79
20611	\$100.86	\$52.87
20612	\$66.33	\$54.36
20615	\$272.77	\$168.65
20650	\$236.08	\$104.24
20660	\$253.01	\$126.58
20661	\$546.04	\$197.69
20662	\$560.54	\$193.97
20663	\$515.70	\$168.65
20664	\$928.29	\$357.04
20665	\$122.35	\$61.06

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
20670	\$430.07	\$115.79
20680	\$687.15	\$151.90
20690	\$644.59	\$168.65
20692	\$1,217.18	\$265.82
20693	\$484.91	\$281.46
20694	\$473.86	\$200.67
20696	\$1,296.22	\$739.02
20697	\$2,443.45	\$1,065.15
20802	\$2,961.14	\$2,305.65
20805	\$3,519.98	\$3,176.46
20808	\$4,250.53	\$3,521.96
20822	\$1,911.98	\$1,908.78
20824	\$2,221.97	\$2,345.12
20827	\$1,956.58	\$2,048.39
20838	\$3,000.59	\$2,554.72
20900	\$464.02	\$192.85
20902	\$304.54	\$273.27
20910	\$513.80	\$211.84
20912	\$518.41	\$446.76
20920	\$435.33	\$181.68
20922	\$649.15	\$281.46
20924	\$552.96	\$435.22
20926	\$458.39	\$367.46
20931	\$116.16	\$83.77
20937	\$176.64	\$129.56

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
20938	\$193.38	\$139.61
20955	\$2,682.92	\$2,319.06
20956	\$2,835.08	\$1,992.55
20957	\$2,962.84	\$1,954.20
20962	\$2,879.14	\$2,276.99
20969	\$2,961.15	\$2,396.50
20970	\$3,065.90	\$2,465.37
20972	\$3,069.04	\$2,223.00
20973	\$3,239.77	\$2,549.88
20974	\$87.47	\$41.70
20979	\$57.72	\$10.80
20982	\$4,524.07	\$3,678.13
20983	\$6,751.90	\$342.89
20985	\$156.15	\$110.95
21010	\$832.71	\$421.82
21011	\$397.30	\$269.92
21012	\$368.98	\$281.09
21013	\$582.89	\$414.37
21014	\$568.07	\$432.61
21015	\$768.27	\$493.67
21016	\$1,093.63	\$860.01
21025	\$958.26	\$295.98
21029	\$856.22	\$446.76
21030	\$571.10	\$201.41
21031	\$445.01	\$208.12

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21032	\$447.75	\$207.37
21034	\$1,431.95	\$444.90
21040	\$575.47	\$186.15
21044	\$950.43	\$339.91
21045	\$1,326.07	\$845.49
21046	\$1,204.93	\$413.55
21047	\$1,418.73	\$598.23
21048	\$1,222.26	\$428.51
21049	\$1,305.64	\$563.21
21050	\$988.33	\$701.04
21060	\$896.41	\$670.14
21070	\$697.94	\$421.82
21073	\$431.98	\$276.25
21100	\$790.24	\$153.02
21110	\$925.79	\$330.97
21116	\$204.71	\$137.01
21120	\$763.69	\$744.60
21121	\$811.51	\$670.14
21122	\$864.24	\$744.60
21123	\$999.90	\$744.60
21127	\$4,562.67	\$953.09
21137	\$821.21	\$670.14
21138	\$1,000.43	\$819.06
21139	\$1,222.56	\$819.06
21141	\$1,492.06	\$1,039.46

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21142	\$1,532.45	\$1,077.81
21143	\$1,599.99	\$1,120.62
21145	\$1,741.27	\$927.77
21146	\$1,813.02	\$1,016.75
21147	\$1,913.20	\$1,116.90
21150	\$1,799.39	\$1,230.82
21151	\$1,977.45	\$1,011.91
21154	\$2,126.68	\$1,096.42
21155	\$2,356.11	\$1,096.42
21159	\$2,818.06	\$1,349.22
21160	\$3,054.08	\$1,349.22
21172	\$2,174.83	\$1,349.22
21175	\$2,399.56	\$1,475.80
21179	\$1,645.58	\$1,257.26
21180	\$1,845.91	\$1,265.08
21181	\$807.36	\$744.60
21182	\$2,294.97	\$1,475.80
21183	\$2,504.97	\$1,475.80
21184	\$2,695.50	\$1,475.80
21188	\$1,826.62	\$1,218.17
21193	\$1,388.09	\$893.52
21194	\$1,597.22	\$1,116.90
21195	\$1,559.39	\$927.77
21196	\$1,599.56	\$1,042.44
21198	\$1,259.30	\$443.04

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21199	\$1,161.33	\$893.89
21206	\$1,301.82	\$1,116.90
21208	\$1,986.68	\$619.51
21209	\$1,010.99	\$477.29
21210	\$2,415.18	\$744.60
21215	\$4,668.63	\$744.60
21230	\$807.19	\$670.14
21235	\$809.21	\$505.96
21240	\$1,214.97	\$883.84
21242	\$1,135.12	\$832.46
21243	\$1,848.28	\$1,180.19
21244	\$1,148.10	\$786.67
21245	\$1,350.36	\$794.49
21246	\$959.79	\$713.70
21247	\$1,776.99	\$1,238.64
21248	\$1,196.52	\$637.75
21249	\$1,723.72	\$1,013.40
21255	\$1,551.09	\$1,116.90
21256	\$1,354.22	\$1,116.90
21260	\$1,535.00	\$790.39
21261	\$2,701.46	\$1,661.20
21263	\$2,501.31	\$1,555.84
21267	\$1,794.25	\$1,434.10
21268	\$2,243.78	\$1,590.09
21270	\$1,127.10	\$589.35

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21275	\$916.15	\$892.03
21280	\$637.81	\$391.66
21282	\$429.58	\$385.70
21295	\$209.76	\$231.20
21296	\$452.46	\$322.41
21310	\$152.06	\$51.38
21315	\$312.51	\$79.30
21320	\$287.00	\$126.58
21325	\$525.76	\$168.65
21330	\$629.84	\$353.69
21335	\$789.35	\$632.91
21336	\$715.40	\$237.53
21337	\$458.09	\$130.68
21338	\$735.91	\$482.13
21339	\$829.66	\$554.73
21340	\$806.25	\$741.25
21343	\$1,180.38	\$813.10
21344	\$1,497.84	\$713.33
21345	\$860.93	\$295.23
21346	\$1,024.82	\$505.96
21347	\$1,111.68	\$973.94
21348	\$1,167.51	\$465.75
21355	\$475.07	\$128.82
21356	\$558.93	\$276.25
21360	\$556.46	\$295.23

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21365	\$1,204.60	\$548.03
21366	\$1,383.58	\$555.10
21385	\$828.11	\$505.96
21386	\$758.44	\$505.96
21387	\$862.93	\$505.96
21390	\$878.22	\$590.47
21395	\$1,097.46	\$709.98
21400	\$226.91	\$203.28
21401	\$584.80	\$261.73
21406	\$631.52	\$522.34
21407	\$707.74	\$521.22
21408	\$982.10	\$470.59
21421	\$798.94	\$295.23
21422	\$723.87	\$488.46
21423	\$843.81	\$527.55
21431	\$796.24	\$295.23
21432	\$790.10	\$505.96
21433	\$1,886.73	\$1,334.70
21435	\$1,526.11	\$959.20
21436	\$2,216.98	\$1,074.46
21440	\$693.78	\$132.91
21445	\$877.44	\$210.72
21451	\$860.53	\$379.00
21452	\$777.47	\$332.84
21453	\$1,097.47	\$337.30

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21454	\$596.51	\$369.69
21461	\$2,398.62	\$595.68
21462	\$2,548.87	\$604.24
21465	\$977.00	\$505.96
21470	\$1,304.81	\$950.00
21480	\$123.11	\$70.74
21485	\$951.86	\$244.97
21490	\$964.64	\$680.56
21497	\$779.60	\$266.57
21501	\$515.33	\$255.40
21502	\$537.45	\$258.38
21510	\$475.74	\$436.71
21550	\$294.82	\$74.46
21552	\$478.96	\$370.07
21554	\$782.86	\$605.36
21555	\$468.97	\$330.97
21556	\$570.84	\$399.11
21557	\$1,023.12	\$669.02
21558	\$1,433.97	\$1,132.16
21600	\$597.71	\$272.15
21610	\$1,254.00	\$446.39
21615	\$640.29	\$637.01
21616	\$743.87	\$687.27
21620	\$541.67	\$559.94
21627	\$581.83	\$732.31

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
21630	\$1,316.33	\$1,211.46
21632	\$1,276.31	\$1,114.67
21685	\$1,065.54	\$423.54
21700	\$371.97	\$421.82
21705	\$554.33	\$505.96
21720	\$550.68	\$337.30
21725	\$588.35	\$379.37
21740	\$1,082.33	\$1,078.18
21750	\$720.10	\$811.24
21811	\$622.12	\$514.89
21812	\$764.54	\$616.90
21813	\$1,028.38	\$840.28
21820	\$159.03	\$115.79
21825	\$580.79	\$630.30
21920	\$287.99	\$76.69
21925	\$505.46	\$269.17
21930	\$533.51	\$371.18
21931	\$504.07	\$386.08
21932	\$708.37	\$554.35
21933	\$789.28	\$609.08
21935	\$1,097.88	\$835.44
21936	\$1,509.00	\$1,174.98
22010	\$1,026.45	\$663.81
22015	\$1,015.94	\$658.23
22100	\$924.52	\$480.27

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
22101	\$920.46	\$497.02
22102	\$879.95	\$382.72
22103	\$147.88	\$118.76
22110	\$1,113.52	\$620.25
22112	\$1,172.03	\$625.09
22114	\$1,180.61	\$540.58
22116	\$147.62	\$116.90
22206	\$2,592.69	\$1,723.38
22207	\$2,549.80	\$1,702.16
22208	\$618.60	\$430.01
22210	\$1,902.80	\$1,048.02
22212	\$1,596.46	\$1,033.88
22214	\$1,601.66	\$970.96
22216	\$383.21	\$306.78
22220	\$1,724.18	\$1,065.15
22222	\$1,815.07	\$954.95
22224	\$1,700.63	\$1,013.40
22226	\$381.96	\$304.54
22310	\$334.24	\$137.01
22315	\$963.09	\$397.99
22318	\$1,717.85	\$976.54
22319	\$1,897.00	\$1,104.24
22325	\$1,540.99	\$725.61
22326	\$1,581.53	\$1,011.91
22327	\$1,605.26	\$1,011.91

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
22328	\$294.84	\$234.92
22505	\$142.19	\$104.24
22510	\$2,016.42	\$393.89
22511	\$1,999.17	\$370.07
22512	\$1,034.77	\$181.68
22513	\$8,045.98	\$466.86
22514	\$8,024.88	\$435.62
22515	\$4,662.23	\$195.09
22532	\$1,904.87	\$823.71
22533	\$1,776.63	\$780.26
22534	\$379.44	\$207.00
22548	\$2,044.45	\$1,368.20
22551	\$1,801.67	\$1,422.88
22552	\$416.03	\$328.77
22554	\$1,332.46	\$1,083.39
22556	\$1,771.73	\$1,284.44
22558	\$1,630.80	\$1,209.60
22585	\$344.04	\$282.95
22586	\$2,115.47	\$1,224.12
22590	\$1,667.71	\$1,193.97
22595	\$1,593.71	\$1,125.09
22600	\$1,371.24	\$956.07
22610	\$1,350.67	\$943.78
22612	\$1,689.69	\$1,192.48
22614	\$410.11	\$327.62

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
22630	\$1,663.94	\$1,124.72
22632	\$334.95	\$266.19
22633	\$1,961.54	\$1,514.84
22634	\$519.86	\$402.53
22800	\$1,452.30	\$1,034.62
22802	\$2,244.74	\$1,689.87
22804	\$2,588.87	\$1,835.44
22808	\$1,962.10	\$1,258.37
22810	\$2,191.95	\$1,366.34
22812	\$2,363.43	\$1,653.01
22818	\$2,322.15	\$1,720.03
22819	\$2,663.04	\$1,928.89
22830	\$873.10	\$668.65
22840	\$797.98	\$367.83
22842	\$801.43	\$409.90
22843	\$857.66	\$511.54
22844	\$1,042.28	\$625.09
22845	\$763.28	\$357.78
22846	\$792.89	\$472.45
22847	\$860.86	\$524.57
22848	\$379.98	\$342.14
22849	\$1,382.57	\$718.54
22850	\$778.41	\$530.90
22852	\$748.74	\$534.25
22853	\$271.12	\$219.66

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
22854	\$350.94	\$284.06
22855	\$1,177.35	\$481.01
22856	\$1,731.93	\$1,231.20
22857	\$1,901.57	\$927.39
22858	\$535.22	\$422.80
22859	\$350.94	\$284.06
22861	\$2,353.49	\$1,492.55
22862	\$2,059.32	\$1,143.15
22864	\$2,147.67	\$1,366.34
22865	\$2,070.05	\$1,111.28
22867	\$1,037.85	\$839.54
22868	\$253.38	\$205.88
22869	\$501.89	\$468.35
22870	\$135.17	\$120.25
22900	\$603.72	\$403.95
22901	\$710.25	\$543.19
22902	\$495.36	\$357.41
22903	\$471.31	\$362.25
22904	\$1,124.68	\$844.00
22905	\$1,417.25	\$1,094.93
23000	\$632.62	\$253.16
23020	\$749.82	\$463.89
23030	\$488.63	\$280.71
23031	\$454.04	\$138.50
23035	\$736.06	\$762.47

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
23040	\$779.44	\$463.89
23044	\$615.06	\$463.89
23065	\$246.61	\$84.14
23066	\$636.14	\$186.52
23071	\$451.72	\$344.38
23073	\$747.35	\$568.50
23075	\$541.92	\$121.00
23076	\$585.75	\$488.83
23077	\$1,212.48	\$936.71
23078	\$1,534.08	\$1,138.87
23100	\$548.12	\$446.39
23101	\$498.97	\$431.87
23105	\$694.86	\$618.02
23106	\$544.69	\$618.02
23107	\$718.53	\$463.89
23120	\$638.73	\$358.52
23125	\$767.78	\$618.76
23130	\$668.47	\$358.52
23140	\$602.30	\$253.91
23145	\$749.87	\$379.37
23146	\$671.52	\$379.37
23150	\$716.63	\$400.59
23155	\$858.23	\$527.18
23156	\$735.63	\$527.18
23170	\$612.33	\$280.34

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
23172	\$616.39	\$267.31
23174	\$825.83	\$607.22
23180	\$714.48	\$388.31
23182	\$718.46	\$412.88
23184	\$797.52	\$405.43
23190	\$622.67	\$295.23
23195	\$809.24	\$640.73
23200	\$1,629.27	\$833.21
23210	\$1,910.27	\$827.25
23220	\$2,095.88	\$948.62
23330	\$317.11	\$111.69
23333	\$504.59	\$393.89
23334	\$1,157.60	\$922.19
23335	\$1,377.56	\$1,096.80
23350	\$158.86	\$172.37
23395	\$1,388.68	\$944.53
23397	\$1,224.57	\$957.93
23400	\$1,040.28	\$900.22
23405	\$671.75	\$320.55
23406	\$836.87	\$374.16
23410	\$890.77	\$590.47
23412	\$923.74	\$590.47
23415	\$759.96	\$336.56
23420	\$1,052.89	\$759.12
23430	\$808.89	\$505.96

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
23440	\$816.86	\$505.96
23450	\$1,020.36	\$716.68
23455	\$1,076.69	\$801.19
23460	\$1,173.61	\$843.26
23462	\$1,137.68	\$843.26
23465	\$1,205.48	\$716.68
23466	\$1,208.37	\$870.07
23470	\$1,294.54	\$843.26
23473	\$1,745.51	\$1,356.29
23474	\$1,883.68	\$1,463.51
23480	\$889.92	\$421.82
23485	\$1,031.27	\$548.03
23490	\$929.39	\$774.76
23491	\$1,097.43	\$916.23
23500	\$242.44	\$92.93
23505	\$391.61	\$151.15
23515	\$782.56	\$379.37
23520	\$260.47	\$178.70
23525	\$430.84	\$142.59
23530	\$621.91	\$421.82
23532	\$675.91	\$489.57
23540	\$253.89	\$192.11
23545	\$386.15	\$131.79
23550	\$619.64	\$478.03
23552	\$711.38	\$536.11

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
23570	\$256.62	\$95.79
23575	\$445.50	\$162.32
23585	\$1,058.44	\$505.96
23600	\$365.95	\$137.73
23605	\$513.83	\$215.93
23615	\$959.05	\$505.96
23616	\$1,337.54	\$1,173.49
23620	\$297.99	\$229.34
23625	\$421.47	\$210.72
23630	\$848.89	\$484.73
23650	\$352.78	\$140.27
23655	\$442.82	\$146.69
23660	\$634.78	\$478.03
23665	\$472.22	\$194.71
23670	\$948.96	\$505.96
23675	\$605.42	\$237.90
23680	\$1,005.57	\$590.47
23700	\$213.55	\$96.43
23800	\$1,107.39	\$843.26
23802	\$1,382.89	\$843.26
23900	\$1,493.32	\$1,011.91
23920	\$1,216.88	\$759.12
23921	\$512.66	\$337.30
23930	\$397.98	\$162.32
23931	\$326.01	\$113.92

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
23935	\$556.09	\$542.07
24000	\$521.34	\$372.30
24006	\$777.14	\$404.32
24065	\$291.86	\$121.74
24066	\$704.58	\$220.03
24071	\$437.56	\$334.70
24073	\$745.86	\$572.23
24075	\$564.81	\$337.30
24076	\$590.02	\$337.30
24079	\$1,416.16	\$1,051.38
24100	\$456.79	\$372.30
24101	\$547.46	\$400.97
24102	\$671.81	\$521.22
24105	\$389.79	\$202.53
24110	\$639.28	\$400.59
24115	\$795.47	\$527.18
24116	\$931.57	\$527.18
24120	\$579.87	\$337.30
24125	\$676.60	\$421.82
24126	\$702.53	\$421.82
24130	\$558.22	\$337.30
24134	\$810.25	\$778.48
24136	\$686.82	\$481.38
24138	\$740.09	\$526.80
24140	\$764.37	\$411.02

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
24145	\$645.10	\$304.17
24147	\$682.24	\$297.84
24149	\$1,279.65	\$813.85
24150	\$1,672.07	\$911.02
24152	\$1,442.15	\$630.68
24155	\$920.60	\$675.35
24160	\$1,365.98	\$278.48
24164	\$788.79	\$214.07
24200	\$237.09	\$110.57
24201	\$617.82	\$383.47
24220	\$187.71	\$204.39
24300	\$469.82	\$301.94
24301	\$814.80	\$613.18
24305	\$631.22	\$278.48
24310	\$511.71	\$226.36
24320	\$841.83	\$669.77
24330	\$778.28	\$337.30
24331	\$842.87	\$337.30
24332	\$668.78	\$411.02
24340	\$667.16	\$521.22
24341	\$814.61	\$449.74
24342	\$842.12	\$627.70
24343	\$775.62	\$544.67
24344	\$1,187.69	\$818.69
24345	\$769.18	\$544.67

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
24346	\$1,190.40	\$818.69
24357	\$458.57	\$316.08
24358	\$573.01	\$371.93
24359	\$719.25	\$472.82
24360	\$974.73	\$707.37
24361	\$1,088.80	\$855.92
24365	\$694.41	\$537.60
24366	\$740.62	\$463.89
24370	\$1,671.62	\$1,285.55
24371	\$1,918.13	\$1,478.78
24400	\$894.34	\$505.96
24410	\$1,144.47	\$590.47
24420	\$1,080.34	\$733.80
24430	\$1,141.43	\$716.68
24435	\$1,168.60	\$843.26
24470	\$730.63	\$295.23
24495	\$815.33	\$580.42
24498	\$938.00	\$766.19
24500	\$397.76	\$176.90
24505	\$550.31	\$269.17
24515	\$952.69	\$463.89
24516	\$931.07	\$562.92
24530	\$421.80	\$198.98
24535	\$678.13	\$300.82
24538	\$813.50	\$421.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
24545	\$1,007.23	\$421.82
24546	\$1,124.93	\$661.58
24560	\$363.49	\$165.99
24565	\$590.16	\$259.87
24566	\$784.47	\$319.06
24575	\$798.00	\$379.37
24576	\$383.74	\$303.05
24577	\$607.55	\$269.17
24579	\$908.19	\$379.37
24582	\$886.16	\$348.85
24586	\$1,171.75	\$835.07
24587	\$1,174.55	\$879.74
24600	\$407.00	\$221.73
24605	\$519.14	\$173.12
24615	\$774.94	\$505.96
24620	\$604.18	\$228.96
24635	\$735.36	\$575.95
24640	\$111.99	\$113.55
24650	\$291.84	\$149.31
24655	\$490.56	\$231.20
24665	\$714.38	\$337.30
24666	\$798.05	\$463.89
24670	\$323.36	\$154.54
24675	\$506.32	\$239.76
24685	\$714.61	\$337.30

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
24800	\$898.08	\$649.29
24802	\$1,084.44	\$674.61
24900	\$798.60	\$421.82
24920	\$795.76	\$379.37
24925	\$617.80	\$261.35
24930	\$837.15	\$421.82
24931	\$1,008.79	\$560.68
24935	\$1,262.15	\$950.48
25000	\$375.06	\$185.41
25001	\$380.76	\$251.30
25020	\$634.85	\$498.14
25023	\$1,212.20	\$485.48
25024	\$846.19	\$578.18
25025	\$1,303.66	\$931.87
25028	\$584.82	\$455.70
25031	\$382.85	\$409.90
25035	\$638.09	\$362.25
25040	\$612.46	\$263.96
25065	\$289.50	\$77.44
25066	\$394.09	\$189.87
25071	\$458.89	\$351.08
25073	\$580.42	\$439.31
25075	\$552.77	\$328.37
25076	\$565.85	\$171.76
25077	\$949.98	\$744.97

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25078	\$1,253.13	\$919.58
25085	\$492.07	\$337.30
25100	\$380.78	\$210.72
25101	\$444.39	\$286.67
25105	\$530.81	\$337.30
25107	\$675.78	\$316.08
25109	\$588.68	\$422.29
25110	\$375.89	\$190.25
25111	\$354.62	\$210.72
25112	\$425.33	\$210.72
25115	\$827.73	\$421.82
25116	\$659.04	\$421.82
25118	\$419.66	\$372.30
25119	\$542.92	\$421.82
25120	\$546.02	\$317.94
25125	\$643.79	\$421.82
25126	\$649.19	\$421.82
25130	\$491.78	\$210.72
25135	\$607.95	\$295.23
25136	\$536.79	\$295.23
25145	\$564.20	\$603.13
25150	\$618.20	\$300.45
25151	\$635.18	\$353.31
25170	\$1,588.87	\$897.24
25210	\$535.96	\$295.23

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25215	\$675.30	\$421.82
25230	\$475.28	\$210.72
25240	\$470.89	\$253.16
25246	\$193.80	\$182.05
25248	\$450.52	\$465.75
25250	\$577.83	\$295.23
25251	\$780.03	\$388.68
25259	\$467.94	\$298.21
25260	\$689.62	\$373.79
25263	\$684.35	\$395.01
25265	\$814.78	\$560.68
25270	\$536.86	\$325.39
25272	\$605.88	\$352.94
25274	\$726.61	\$400.22
25275	\$731.43	\$525.32
25280	\$616.54	\$348.85
25290	\$478.75	\$340.28
25295	\$575.25	\$333.95
25300	\$744.65	\$337.30
25301	\$701.41	\$337.30
25310	\$677.37	\$400.59
25312	\$781.69	\$429.63
25315	\$833.56	\$505.96
25316	\$990.73	\$1,147.43
25320	\$1,078.20	\$691.73

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25332	\$915.35	\$777.36
25335	\$1,021.63	\$825.39
25337	\$972.47	\$396.87
25350	\$735.15	\$421.82
25355	\$824.77	\$505.96
25360	\$713.95	\$421.82
25365	\$987.98	\$590.47
25370	\$1,092.56	\$505.96
25375	\$1,032.01	\$759.12
25390	\$836.96	\$463.89
25391	\$1,076.86	\$581.90
25392	\$1,079.35	\$649.29
25393	\$1,212.52	\$733.80
25394	\$847.80	\$612.43
25400	\$872.18	\$590.47
25405	\$1,124.79	\$716.68
25415	\$1,044.58	\$843.26
25420	\$1,258.26	\$969.84
25425	\$1,039.49	\$618.02
25426	\$1,213.62	\$733.80
25430	\$795.27	\$543.93
25431	\$853.50	\$534.25
25440	\$837.65	\$590.47
25441	\$1,012.98	\$844.38
25442	\$879.93	\$385.70

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25443	\$843.79	\$404.69
25444	\$895.02	\$404.69
25445	\$785.69	\$404.69
25446	\$1,270.88	\$999.25
25447	\$904.16	\$667.91
25449	\$1,119.58	\$993.67
25450	\$671.32	\$344.01
25455	\$790.30	\$359.64
25490	\$780.65	\$822.41
25491	\$802.73	\$829.11
25492	\$980.65	\$984.36
25500	\$307.69	\$148.06
25505	\$552.85	\$251.67
25515	\$729.74	\$337.30
25520	\$625.27	\$323.90
25525	\$858.30	\$629.93
25526	\$1,034.88	\$669.77
25530	\$292.54	\$142.50
25535	\$540.67	\$247.21
25545	\$681.17	\$337.30
25560	\$314.37	\$148.97
25565	\$567.30	\$265.82
25574	\$734.77	\$480.64
25575	\$980.03	\$505.96
25600	\$369.26	\$157.38

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25605	\$594.39	\$271.41
25606	\$724.86	\$519.98
25607	\$802.52	\$579.28
25608	\$897.74	\$659.88
25609	\$1,140.94	\$841.01
25622	\$340.37	\$156.37
25624	\$533.88	\$236.04
25628	\$785.79	\$554.35
25630	\$338.20	\$163.65
25635	\$507.74	\$230.45
25645	\$619.11	\$265.08
25650	\$358.35	\$310.87
25651	\$533.89	\$320.18
25652	\$679.90	\$474.68
25660	\$454.27	\$167.91
25670	\$659.79	\$337.30
25671	\$579.22	\$392.78
25675	\$485.02	\$229.71
25676	\$686.02	\$337.30
25680	\$570.95	\$253.16
25685	\$797.51	\$505.96
25690	\$529.84	\$231.94
25695	\$687.56	\$349.96
25800	\$795.85	\$505.96
25805	\$915.87	\$720.77

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
25810	\$945.20	\$673.12
25820	\$681.17	\$505.96
25825	\$836.90	\$607.59
25830	\$1,041.04	\$418.09
25900	\$773.69	\$379.37
25905	\$758.64	\$393.15
25907	\$663.94	\$367.09
25909	\$742.14	\$385.33
25915	\$1,261.80	\$1,179.82
25920	\$765.10	\$337.30
25922	\$674.33	\$274.01
25924	\$740.70	\$337.30
25927	\$888.82	\$421.82
25929	\$650.04	\$266.94
25931	\$820.11	\$421.82
26010	\$310.32	\$104.62
26011	\$459.92	\$141.85
26020	\$478.49	\$256.14
26025	\$463.14	\$260.24
26030	\$536.03	\$541.70
26034	\$596.78	\$317.57
26035	\$934.12	\$818.32
26037	\$617.57	\$310.50
26040	\$345.70	\$226.73
26045	\$514.81	\$289.28

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26055	\$647.23	\$210.72
26060	\$284.30	\$157.86
26070	\$353.03	\$224.50
26075	\$368.05	\$234.92
26080	\$432.68	\$252.42
26100	\$369.44	\$210.72
26105	\$371.33	\$241.62
26110	\$355.98	\$228.22
26111	\$455.39	\$343.26
26113	\$598.94	\$451.97
26115	\$585.66	\$177.96
26116	\$576.20	\$287.04
26117	\$808.39	\$686.89
26118	\$1,140.76	\$878.26
26121	\$653.69	\$351.08
26123	\$912.46	\$421.82
26125	\$292.37	\$210.72
26130	\$504.89	\$421.82
26135	\$603.25	\$359.64
26140	\$554.08	\$329.86
26145	\$562.04	\$421.82
26160	\$663.90	\$164.18
26170	\$447.53	\$209.23
26180	\$490.42	\$221.15
26185	\$604.35	\$283.32

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26200	\$493.05	\$288.90
26205	\$656.25	\$346.98
26210	\$487.69	\$285.93
26215	\$615.21	\$332.84
26230	\$545.84	\$297.84
26235	\$539.36	\$285.18
26236	\$483.85	\$265.82
26250	\$1,156.95	\$505.96
26260	\$867.65	\$421.82
26262	\$687.36	\$421.82
26320	\$382.87	\$295.23
26340	\$380.18	\$229.34
26341	\$113.28	\$63.49
26350	\$784.21	\$376.40
26352	\$892.05	\$581.90
26356	\$873.74	\$433.36
26357	\$970.50	\$441.55
26358	\$1,070.55	\$598.66
26370	\$828.37	\$405.81
26372	\$962.52	\$581.90
26373	\$925.43	\$422.93
26390	\$906.00	\$396.87
26392	\$1,056.65	\$539.84
26410	\$621.75	\$298.58
26412	\$744.29	\$351.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26415	\$885.93	\$708.49
26416	\$962.41	\$562.55
26418	\$640.10	\$293.00
26420	\$773.70	\$399.11
26426	\$548.99	\$338.05
26428	\$825.59	\$463.89
26432	\$548.59	\$250.56
26433	\$581.55	\$507.07
26434	\$707.17	\$303.80
26437	\$683.01	\$554.35
26440	\$683.27	\$340.28
26442	\$1,053.86	\$423.68
26445	\$636.23	\$323.90
26449	\$762.98	\$716.31
26450	\$447.28	\$182.05
26455	\$443.06	\$210.72
26460	\$434.23	\$172.00
26471	\$675.83	\$295.23
26474	\$659.74	\$286.67
26476	\$651.60	\$337.30
26477	\$638.47	\$337.30
26478	\$678.62	\$337.30
26479	\$684.63	\$337.30
26480	\$826.23	\$383.47
26483	\$920.38	\$463.89

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26485	\$882.25	\$430.01
26489	\$1,015.89	\$463.89
26490	\$864.80	\$400.59
26492	\$958.61	\$463.89
26494	\$866.97	\$505.96
26496	\$932.95	\$783.69
26497	\$937.75	\$421.82
26498	\$1,232.72	\$632.54
26499	\$899.72	\$421.82
26500	\$678.26	\$309.01
26502	\$773.27	\$337.30
26508	\$692.12	\$349.96
26510	\$653.31	\$593.82
26516	\$765.49	\$332.46
26517	\$892.93	\$442.66
26518	\$905.75	\$527.18
26520	\$713.82	\$345.12
26525	\$717.44	\$347.73
26530	\$588.09	\$405.06
26531	\$684.22	\$424.42
26535	\$472.11	\$337.30
26536	\$784.45	\$404.69
26540	\$718.57	\$421.82
26541	\$869.60	\$497.39
26542	\$741.91	\$421.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26545	\$770.03	\$337.30
26546	\$1,085.17	\$521.96
26548	\$827.17	\$370.44
26550	\$1,766.54	\$1,230.45
26551	\$3,533.24	\$2,463.88
26553	\$3,509.54	\$2,437.45
26554	\$4,090.15	\$2,846.61
26555	\$1,478.16	\$1,214.07
26556	\$3,649.74	\$2,579.67
26560	\$643.10	\$400.59
26561	\$1,020.73	\$505.96
26562	\$1,448.99	\$757.63
26565	\$738.32	\$337.30
26567	\$744.04	\$323.16
26568	\$978.96	\$842.89
26580	\$1,627.88	\$1,061.80
26590	\$1,511.49	\$1,102.38
26593	\$660.38	\$558.45
26600	\$329.07	\$138.83
26605	\$360.63	\$183.17
26607	\$514.37	\$406.55
26608	\$526.65	\$233.43
26615	\$630.95	\$295.23
26641	\$416.81	\$207.00
26645	\$473.84	\$230.08

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26650	\$528.49	\$253.16
26665	\$685.24	\$421.82
26670	\$382.11	\$201.41
26675	\$504.87	\$221.52
26676	\$555.57	\$231.20
26685	\$630.10	\$255.03
26686	\$677.43	\$521.96
26700	\$362.39	\$139.24
26705	\$464.11	\$203.65
26706	\$485.04	\$178.33
26715	\$628.58	\$253.16
26720	\$220.70	\$73.68
26725	\$375.24	\$135.52
26727	\$519.08	\$218.17
26735	\$652.61	\$229.34
26740	\$256.68	\$88.61
26742	\$410.84	\$215.19
26746	\$810.42	\$225.61
26750	\$205.19	\$81.85
26755	\$349.83	\$128.07
26756	\$462.52	\$365.23
26765	\$551.79	\$180.57
26770	\$308.16	\$124.72
26775	\$427.14	\$192.85
26776	\$489.18	\$207.00

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
26785	\$601.02	\$181.68
26820	\$853.67	\$421.82
26841	\$794.11	\$338.42
26842	\$852.11	\$421.82
26843	\$802.57	\$360.39
26844	\$888.44	\$421.82
26850	\$755.24	\$329.11
26852	\$865.12	\$377.51
26860	\$622.77	\$265.45
26861	\$110.29	\$93.08
26862	\$792.62	\$352.94
26863	\$243.56	\$126.58
26910	\$787.52	\$339.91
26951	\$717.09	\$261.35
26952	\$704.76	\$310.87
26990	\$695.83	\$675.35
26991	\$784.10	\$299.70
26992	\$1,051.96	\$970.59
27000	\$445.92	\$213.33
27001	\$585.31	\$249.81
27003	\$647.66	\$337.30
27005	\$785.16	\$330.23
27006	\$785.87	\$337.68
27025	\$992.84	\$421.82
27027	\$958.03	\$649.66

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27030	\$1,012.42	\$590.47
27033	\$1,050.88	\$590.47
27035	\$1,274.08	\$716.68
27036	\$1,095.29	\$736.78
27040	\$387.11	\$136.63
27041	\$755.11	\$303.80
27043	\$503.04	\$385.70
27045	\$796.52	\$611.69
27047	\$524.24	\$513.77
27048	\$657.20	\$438.57
27049	\$1,427.70	\$837.30
27050	\$442.15	\$253.16
27052	\$629.90	\$521.22
27054	\$746.26	\$744.60
27057	\$1,091.33	\$720.03
27059	\$1,948.68	\$1,488.08
27060	\$507.73	\$210.72
27062	\$497.61	\$205.51
27065	\$567.72	\$236.41
27066	\$872.34	\$400.59
27067	\$1,120.24	\$938.20
27070	\$932.83	\$466.86
27071	\$1,008.30	\$505.96
27075	\$2,251.03	\$1,090.09
27076	\$2,720.11	\$1,320.18

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27077	\$3,038.78	\$1,408.04
27078	\$2,219.76	\$915.49
27080	\$552.76	\$253.16
27086	\$341.94	\$107.97
27087	\$664.52	\$539.46
27090	\$900.44	\$590.47
27091	\$1,718.71	\$675.72
27093	\$229.26	\$201.41
27095	\$305.90	\$206.63
27096	\$180.79	\$293.74
27097	\$740.47	\$597.54
27098	\$755.06	\$603.87
27100	\$892.77	\$632.54
27105	\$938.47	\$674.61
27110	\$1,045.87	\$759.12
27111	\$976.31	\$699.92
27120	\$1,397.99	\$1,011.91
27122	\$1,189.55	\$843.26
27125	\$1,224.38	\$1,042.44
27130	\$1,458.57	\$1,489.20
27134	\$2,054.77	\$1,600.15
27137	\$1,583.14	\$1,237.90
27140	\$966.64	\$505.96
27146	\$1,377.84	\$1,011.91
27147	\$1,572.95	\$1,186.89

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27151	\$1,712.19	\$1,058.82
27156	\$1,830.68	\$1,265.08
27161	\$1,310.97	\$843.26
27165	\$1,477.79	\$1,011.91
27170	\$1,263.35	\$949.74
27175	\$721.85	\$526.06
27176	\$993.38	\$819.06
27177	\$1,182.31	\$837.30
27178	\$996.46	\$819.06
27179	\$1,050.08	\$674.61
27181	\$1,195.50	\$893.52
27185	\$780.04	\$297.84
27187	\$1,074.94	\$846.98
27197	\$136.01	\$102.75
27198	\$324.90	\$256.14
27200	\$203.56	\$145.20
27202	\$572.53	\$983.99
27215	\$676.81	\$635.52
27216	\$1,002.59	\$465.00
27217	\$941.47	\$728.59
27218	\$1,295.49	\$818.32
27220	\$581.54	\$424.05
27222	\$1,051.69	\$388.31
27226	\$1,140.69	\$811.99
27227	\$1,786.53	\$977.29

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27228	\$2,022.43	\$1,033.88
27232	\$799.14	\$400.59
27235	\$983.47	\$819.06
27236	\$1,290.95	\$902.46
27238	\$505.22	\$244.91
27240	\$1,035.44	\$400.59
27244	\$1,328.41	\$843.26
27245	\$1,327.77	\$934.10
27246	\$423.29	\$370.07
27248	\$804.94	\$344.75
27250	\$187.59	\$220.95
27252	\$817.66	\$315.71
27253	\$1,019.54	\$716.68
27254	\$1,363.35	\$1,011.91
27256	\$330.79	\$149.77
27257	\$390.93	\$166.05
27258	\$1,198.97	\$716.68
27259	\$1,671.69	\$1,229.33
27265	\$440.54	\$348.10
27266	\$632.73	\$461.28
27267	\$473.95	\$307.89
27268	\$586.24	\$378.63
27269	\$1,337.64	\$897.62
27275	\$200.78	\$92.33
27279	\$743.33	\$486.66

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27280	\$1,440.60	\$590.47
27282	\$929.80	\$760.61
27284	\$1,718.94	\$966.12
27286	\$1,777.66	\$1,037.60
27290	\$1,749.62	\$1,223.01
27295	\$1,349.64	\$1,011.91
27301	\$748.61	\$352.20
27303	\$696.03	\$690.99
27305	\$524.72	\$253.16
27306	\$379.64	\$196.57
27307	\$524.02	\$223.75
27310	\$793.87	\$505.96
27323	\$310.65	\$125.84
27324	\$438.03	\$193.22
27325	\$607.88	\$438.77
27326	\$562.14	\$391.45
27327	\$528.35	\$384.59
27328	\$673.18	\$386.45
27329	\$1,112.03	\$892.40
27330	\$456.04	\$446.76
27331	\$518.93	\$446.76
27332	\$699.33	\$523.83
27333	\$639.45	\$521.22
27334	\$744.90	\$632.91
27335	\$828.23	\$645.94

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27337	\$450.47	\$345.12
27339	\$809.29	\$618.76
27340	\$408.48	\$210.72
27345	\$525.48	\$337.30
27347	\$576.97	\$274.76
27350	\$708.30	\$505.96
27355	\$658.60	\$463.89
27356	\$801.39	\$463.89
27357	\$883.61	\$590.47
27358	\$295.92	\$168.65
27360	\$936.98	\$464.63
27364	\$1,675.09	\$1,284.81
27365	\$2,217.02	\$1,027.55
27369	\$163.53	\$130.82
27372	\$667.20	\$238.64
27380	\$654.06	\$463.89
27381	\$870.57	\$695.83
27385	\$634.67	\$514.52
27386	\$907.72	\$675.72
27390	\$490.08	\$253.16
27391	\$626.24	\$337.30
27392	\$771.78	\$505.96
27393	\$556.39	\$253.16
27394	\$703.15	\$337.30
27395	\$951.20	\$505.96

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27396	\$668.33	\$595.68
27397	\$991.73	\$674.61
27400	\$751.25	\$606.10
27403	\$696.88	\$540.21
27405	\$735.34	\$576.32
27407	\$855.46	\$650.78
27409	\$1,041.72	\$759.12
27412	\$1,768.30	\$834.48
27415	\$1,461.60	\$686.26
27416	\$1,053.33	\$704.39
27418	\$898.04	\$674.61
27420	\$806.52	\$610.94
27422	\$806.73	\$618.39
27424	\$811.00	\$632.91
27425	\$492.97	\$337.30
27428	\$1,207.66	\$851.08
27429	\$1,357.37	\$959.79
27430	\$803.56	\$605.36
27435	\$879.45	\$590.47
27437	\$717.33	\$558.45
27438	\$909.75	\$753.16
27440	\$863.30	\$632.54
27441	\$892.75	\$744.60
27442	\$940.93	\$893.52
27443	\$881.32	\$776.99

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27447	\$1,457.74	\$1,489.20
27448	\$842.30	\$711.47
27450	\$1,099.58	\$801.19
27454	\$1,398.41	\$843.26
27455	\$1,017.81	\$505.96
27457	\$1,037.49	\$590.47
27465	\$1,350.54	\$843.26
27466	\$1,276.16	\$1,028.66
27468	\$1,448.85	\$1,489.20
27470	\$1,272.20	\$843.26
27472	\$1,362.59	\$969.84
27475	\$719.85	\$552.12
27477	\$796.13	\$628.07
27479	\$995.75	\$754.65
27485	\$729.04	\$463.89
27487	\$1,891.03	\$1,428.52
27488	\$1,297.61	\$843.26
27496	\$595.29	\$256.14
27497	\$631.83	\$312.73
27498	\$712.53	\$356.66
27499	\$759.71	\$411.02
27500	\$569.86	\$345.13
27501	\$550.46	\$358.52
27502	\$818.98	\$357.78
27503	\$866.57	\$466.86

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27506	\$1,445.14	\$801.19
27507	\$1,048.23	\$809.01
27508	\$574.98	\$257.26
27509	\$709.86	\$293.00
27510	\$739.12	\$337.30
27511	\$1,073.80	\$800.82
27513	\$1,332.79	\$902.46
27514	\$1,042.79	\$843.26
27516	\$562.70	\$494.04
27517	\$743.15	\$328.74
27519	\$961.51	\$699.92
27520	\$358.95	\$176.52
27524	\$816.30	\$505.96
27530	\$337.65	\$201.34
27532	\$674.25	\$250.19
27535	\$968.54	\$593.82
27536	\$1,284.14	\$590.47
27538	\$527.45	\$453.83
27540	\$883.04	\$590.47
27550	\$571.90	\$257.37
27552	\$684.25	\$262.84
27556	\$945.01	\$632.54
27557	\$1,124.17	\$632.54
27558	\$1,278.86	\$859.64
27560	\$406.06	\$201.79

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27562	\$529.22	\$190.62
27566	\$964.95	\$505.96
27570	\$165.53	\$77.81
27580	\$1,558.17	\$843.26
27590	\$837.88	\$611.32
27591	\$1,043.03	\$843.26
27592	\$722.83	\$590.47
27594	\$545.39	\$263.96
27596	\$764.81	\$706.63
27598	\$757.33	\$590.47
27600	\$435.78	\$231.20
27601	\$483.57	\$433.73
27602	\$513.51	\$295.23
27603	\$592.01	\$599.40
27604	\$534.09	\$234.18
27605	\$391.91	\$176.47
27606	\$302.57	\$218.54
27607	\$663.27	\$409.16
27610	\$708.60	\$379.37
27612	\$621.20	\$421.82
27613	\$283.37	\$133.28
27614	\$644.56	\$262.47
27615	\$1,101.77	\$864.85
27616	\$1,362.68	\$1,051.38
27618	\$518.29	\$497.02

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27619	\$504.34	\$368.95
27620	\$495.70	\$379.37
27625	\$622.96	\$505.96
27626	\$663.96	\$548.03
27630	\$627.49	\$259.12
27632	\$446.61	\$341.40
27634	\$732.50	\$554.73
27635	\$633.36	\$421.82
27637	\$812.37	\$548.03
27638	\$831.32	\$463.89
27640	\$901.77	\$505.96
27641	\$720.81	\$505.96
27645	\$1,912.03	\$1,011.91
27646	\$1,657.68	\$931.49
27647	\$1,107.80	\$730.08
27648	\$210.10	\$160.09
27650	\$719.59	\$463.89
27652	\$734.05	\$590.47
27654	\$775.29	\$590.47
27656	\$718.31	\$286.67
27658	\$408.75	\$288.53
27659	\$517.27	\$337.30
27664	\$398.31	\$243.48
27665	\$455.79	\$316.08
27675	\$536.85	\$278.48

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27676	\$654.90	\$291.14
27680	\$464.19	\$220.40
27681	\$597.80	\$253.16
27685	\$745.62	\$295.23
27686	\$595.14	\$295.23
27687	\$498.12	\$328.74
27690	\$700.33	\$337.30
27691	\$813.94	\$421.82
27692	\$111.42	\$84.51
27695	\$520.00	\$421.82
27696	\$605.21	\$557.33
27698	\$694.34	\$584.51
27700	\$666.53	\$555.10
27702	\$1,041.41	\$927.77
27703	\$1,200.08	\$915.11
27704	\$626.16	\$516.75
27705	\$824.40	\$505.96
27707	\$440.84	\$295.23
27709	\$1,259.36	\$590.47
27712	\$1,189.34	\$759.12
27715	\$1,157.01	\$901.34
27720	\$948.39	\$759.12
27722	\$964.69	\$766.19
27724	\$1,361.14	\$927.77
27726	\$1,037.45	\$669.77

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27727	\$1,103.96	\$868.20
27730	\$639.50	\$505.96
27732	\$491.88	\$326.13
27734	\$714.01	\$545.42
27740	\$769.94	\$759.12
27742	\$845.07	\$830.23
27745	\$819.33	\$704.39
27750	\$383.82	\$184.99
27752	\$588.24	\$272.52
27756	\$630.99	\$505.96
27758	\$968.11	\$548.03
27759	\$1,080.32	\$722.26
27760	\$370.87	\$176.93
27762	\$525.38	\$252.05
27766	\$662.49	\$379.37
27767	\$315.65	\$190.99
27768	\$484.76	\$291.88
27769	\$791.67	\$501.86
27780	\$340.43	\$130.37
27781	\$475.16	\$419.58
27784	\$778.50	\$337.30
27786	\$350.05	\$173.92
27788	\$467.44	\$220.77
27792	\$707.69	\$379.37
27808	\$372.66	\$351.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27810	\$516.04	\$250.56
27814	\$836.00	\$505.96
27816	\$362.10	\$182.97
27818	\$535.32	\$260.61
27822	\$938.45	\$785.55
27823	\$1,059.80	\$840.28
27824	\$349.38	\$189.87
27825	\$599.66	\$330.23
27826	\$921.13	\$743.11
27827	\$1,200.26	\$903.94
27828	\$1,426.07	\$965.37
27829	\$762.22	\$546.54
27830	\$423.85	\$370.81
27831	\$442.19	\$315.34
27832	\$820.75	\$337.30
27840	\$410.81	\$170.32
27842	\$534.73	\$191.36
27846	\$782.35	\$505.96
27848	\$865.96	\$677.59
27860	\$187.14	\$93.82
27870	\$1,111.00	\$716.68
27871	\$748.57	\$621.37
27880	\$961.70	\$505.96
27881	\$921.31	\$560.68
27882	\$630.73	\$442.66

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
27884	\$607.83	\$583.77
27886	\$699.51	\$621.00
27888	\$710.00	\$505.96
27889	\$682.40	\$505.96
27892	\$594.71	\$259.12
27893	\$665.04	\$253.16
27894	\$907.36	\$337.30
28001	\$317.30	\$123.23
28002	\$498.86	\$206.25
28003	\$782.16	\$557.33
28005	\$634.39	\$570.36
28008	\$492.64	\$183.92
28010	\$260.74	\$148.18
28011	\$354.30	\$193.22
28020	\$612.87	\$253.16
28022	\$553.88	\$190.25
28024	\$518.67	\$186.89
28035	\$601.46	\$371.18
28039	\$563.16	\$405.91
28041	\$498.33	\$371.56
28043	\$453.48	\$301.94
28046	\$787.87	\$659.72
28047	\$1,132.29	\$774.76
28050	\$484.43	\$253.16
28052	\$505.47	\$168.28

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28054	\$430.25	\$160.09
28055	\$420.34	\$335.18
28060	\$590.96	\$253.16
28062	\$661.83	\$483.25
28070	\$608.69	\$253.16
28072	\$557.37	\$200.67
28080	\$601.55	\$164.18
28086	\$619.23	\$295.23
28088	\$515.37	\$231.94
28090	\$536.64	\$183.92
28092	\$488.46	\$182.43
28100	\$694.85	\$253.54
28102	\$660.76	\$295.23
28103	\$430.72	\$351.45
28104	\$606.32	\$205.88
28106	\$472.19	\$237.16
28107	\$586.11	\$395.38
28108	\$503.76	\$170.14
28110	\$532.76	\$187.64
28111	\$555.25	\$328.74
28112	\$557.30	\$198.81
28113	\$670.42	\$203.28
28114	\$1,196.26	\$505.96
28116	\$858.37	\$295.23
28118	\$677.42	\$295.23

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28119	\$595.23	\$295.23
28120	\$763.90	\$276.99
28122	\$675.80	\$276.62
28124	\$545.53	\$208.86
28126	\$453.08	\$168.28
28130	\$698.15	\$421.82
28140	\$663.69	\$253.16
28150	\$483.33	\$187.27
28153	\$474.02	\$320.55
28160	\$477.43	\$175.35
28171	\$1,202.99	\$562.55
28173	\$807.36	\$572.23
28175	\$523.60	\$431.12
28190	\$293.20	\$123.98
28192	\$533.40	\$366.72
28193	\$604.02	\$218.54
28200	\$563.10	\$253.16
28202	\$685.08	\$337.30
28208	\$549.10	\$183.17
28210	\$667.24	\$251.30
28220	\$516.18	\$210.72
28222	\$587.14	\$253.16
28225	\$481.43	\$164.18
28226	\$696.10	\$183.17
28230	\$497.10	\$180.19

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28232	\$444.04	\$167.91
28234	\$469.67	\$170.14
28238	\$754.24	\$328.74
28240	\$520.74	\$179.82
28250	\$653.62	\$253.16
28260	\$771.90	\$371.18
28261	\$1,146.23	\$421.82
28262	\$1,548.13	\$649.29
28264	\$1,122.44	\$505.96
28270	\$562.71	\$197.32
28272	\$449.18	\$165.67
28280	\$584.99	\$205.88
28285	\$609.95	\$202.53
28286	\$512.47	\$192.85
28288	\$693.29	\$201.04
28289	\$830.90	\$319.43
28291	\$826.44	\$661.20
28292	\$842.31	\$295.23
28295	\$1,094.22	\$856.66
28296	\$1,044.57	\$400.59
28297	\$1,197.37	\$400.59
28298	\$969.99	\$295.23
28299	\$1,155.10	\$552.49
28300	\$708.25	\$400.59
28302	\$776.19	\$378.63

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28304	\$920.41	\$337.30
28305	\$721.13	\$426.66
28306	\$694.55	\$295.23
28307	\$730.45	\$464.63
28308	\$648.34	\$236.04
28309	\$964.19	\$736.04
28310	\$619.91	\$215.19
28312	\$575.08	\$195.83
28313	\$591.22	\$398.73
28315	\$548.51	\$190.62
28320	\$665.49	\$591.21
28322	\$882.10	\$271.78
28340	\$653.43	\$476.17
28341	\$755.23	\$536.11
28344	\$488.12	\$320.18
28345	\$592.55	\$414.00
28360	\$1,182.95	\$892.40
28400	\$277.88	\$161.90
28405	\$433.87	\$418.47
28406	\$579.15	\$454.58
28415	\$1,215.87	\$919.95
28420	\$1,383.78	\$934.47
28430	\$267.02	\$287.04
28435	\$404.41	\$180.94
28436	\$499.41	\$395.01

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28445	\$1,140.19	\$421.82
28446	\$1,320.56	\$867.46
28450	\$239.10	\$144.42
28455	\$323.06	\$145.57
28456	\$360.76	\$134.40
28465	\$693.32	\$491.06
28470	\$245.95	\$138.66
28475	\$285.81	\$154.88
28476	\$393.81	\$157.11
28485	\$601.56	\$469.47
28490	\$163.22	\$57.06
28495	\$202.45	\$65.90
28496	\$531.98	\$158.97
28505	\$747.14	\$385.33
28510	\$138.30	\$52.47
28515	\$184.25	\$61.80
28525	\$647.02	\$350.33
28530	\$131.89	\$165.30
28531	\$394.63	\$276.99
28540	\$218.80	\$110.20
28545	\$335.39	\$106.85
28546	\$665.01	\$141.47
28555	\$965.53	\$285.55
28570	\$257.11	\$118.39
28575	\$411.03	\$124.35

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28576	\$430.42	\$175.35
28585	\$971.15	\$421.82
28600	\$246.38	\$131.05
28605	\$371.20	\$154.50
28606	\$429.57	\$325.76
28615	\$888.42	\$567.01
28630	\$175.03	\$61.06
28635	\$198.65	\$84.51
28636	\$363.86	\$148.55
28645	\$741.02	\$211.09
28660	\$131.88	\$89.72
28665	\$172.67	\$89.72
28666	\$173.56	\$196.57
28675	\$646.82	\$250.93
28705	\$1,334.13	\$769.54
28715	\$1,025.86	\$597.91
28725	\$850.89	\$421.82
28730	\$802.76	\$463.89
28735	\$849.28	\$590.47
28737	\$759.82	\$379.37
28740	\$947.03	\$379.37
28750	\$902.75	\$299.33
28755	\$581.44	\$205.51
28760	\$892.36	\$261.35
28800	\$581.34	\$421.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
28805	\$783.29	\$421.82
28810	\$464.81	\$253.16
28820	\$633.25	\$228.22
28825	\$608.02	\$202.53
28890	\$367.30	\$296.72
29000	\$383.40	\$216.68
29010	\$304.09	\$213.33
29015	\$325.77	\$201.41
29035	\$285.92	\$244.97
29040	\$326.08	\$192.11
29044	\$319.83	\$304.91
29046	\$350.25	\$310.13
29049	\$109.85	\$121.00
29055	\$246.64	\$201.79
29058	\$135.59	\$138.12
29065	\$106.37	\$92.70
29075	\$96.38	\$82.65
29085	\$105.73	\$83.40
29086	\$89.03	\$46.54
29105	\$91.25	\$66.27
29125	\$72.51	\$52.87
29126	\$86.10	\$64.41
29130	\$45.13	\$22.34
29131	\$56.96	\$33.51
29200	\$35.77	\$35.00

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
29240	\$34.11	\$35.74
29260	\$33.09	\$28.29
29280	\$33.92	\$52.12
29305	\$274.75	\$247.58
29325	\$302.88	\$205.14
29345	\$149.13	\$121.37
29355	\$155.68	\$128.07
29358	\$177.24	\$137.75
29365	\$135.68	\$103.13
29405	\$89.81	\$85.26
29425	\$86.05	\$83.77
29435	\$130.07	\$130.68
29440	\$48.34	\$50.63
29445	\$143.58	\$136.63
29450	\$159.78	\$68.50
29505	\$96.24	\$68.88
29515	\$79.48	\$56.59
29520	\$38.26	\$30.16
29530	\$33.70	\$29.78
29540	\$31.84	\$17.50
29550	\$21.41	\$16.75
29580	\$70.23	\$27.18
29581	\$99.63	\$77.81
29584	\$93.38	\$12.83
29700	\$71.62	\$22.71

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
29705	\$71.31	\$29.04
29710	\$134.88	\$49.52
29720	\$94.48	\$90.10
29730	\$69.05	\$28.29
29740	\$108.13	\$72.97
29750	\$117.15	\$62.17
29800	\$575.99	\$383.10
29804	\$699.14	\$460.91
29805	\$514.57	\$301.19
29806	\$1,146.96	\$846.24
29807	\$1,122.03	\$823.16
29819	\$638.08	\$295.23
29820	\$583.01	\$383.10
29821	\$640.69	\$418.84
29822	\$622.71	\$407.30
29823	\$676.79	\$444.15
29824	\$729.98	\$517.50
29825	\$631.72	\$414.74
29826	\$186.79	\$421.82
29827	\$1,146.57	\$493.96
29828	\$987.87	\$666.79
29830	\$498.17	\$386.82
29834	\$532.69	\$411.02
29835	\$550.69	\$357.04
29836	\$626.57	\$410.65

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
29837	\$573.43	\$374.91
29838	\$642.12	\$419.95
29840	\$493.76	\$267.31
29843	\$528.16	\$363.74
29844	\$544.99	\$374.91
29845	\$633.11	\$455.70
29846	\$569.73	\$537.60
29847	\$586.24	\$431.50
29848	\$560.78	\$250.56
29850	\$678.32	\$482.50
29851	\$1,006.39	\$638.12
29855	\$850.88	\$638.12
29856	\$1,073.76	\$683.54
29860	\$721.19	\$390.92
29861	\$781.30	\$568.87
29862	\$879.16	\$606.48
29863	\$880.04	\$586.00
29866	\$1,139.72	\$493.43
29867	\$1,379.75	\$600.48
29868	\$1,805.30	\$845.74
29870	\$640.54	\$278.48
29871	\$561.40	\$337.30
29873	\$578.26	\$197.24
29874	\$584.10	\$456.07
29875	\$540.51	\$446.76

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
29876	\$713.41	\$521.22
29877	\$676.73	\$477.29
29879	\$719.92	\$511.54
29880	\$612.57	\$551.00
29881	\$590.73	\$551.00
29882	\$757.07	\$558.45
29883	\$916.78	\$583.39
29884	\$670.36	\$577.07
29885	\$812.84	\$618.02
29886	\$693.53	\$500.74
29887	\$813.47	\$618.02
29888	\$1,063.58	\$674.61
29889	\$1,324.10	\$674.61
29891	\$733.41	\$542.81
29892	\$715.72	\$566.64
29893	\$707.60	\$315.34
29894	\$539.05	\$421.82
29895	\$512.00	\$357.04
29897	\$548.81	\$375.28
29898	\$613.20	\$415.86
29899	\$1,119.00	\$738.27
29900	\$546.49	\$331.35
29901	\$583.67	\$406.55
29902	\$621.44	\$435.96
29904	\$688.89	\$450.11

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
29905	\$569.41	\$485.11
29906	\$738.99	\$511.17
29907	\$949.56	\$623.60
29914	\$1,067.23	\$868.08
29915	\$1,101.41	\$884.40
29916	\$1,098.46	\$884.40
33010	\$112.52	\$54.73
33011	\$112.77	\$55.10
33015	\$544.65	\$744.60
33020	\$925.64	\$773.64
33025	\$838.29	\$774.76
33030	\$2,091.68	\$1,173.49
33031	\$2,583.99	\$1,350.33
33050	\$1,056.80	\$699.92
33120	\$2,188.93	\$1,861.50
33130	\$1,439.14	\$877.14
33202	\$814.17	\$669.98
33203	\$851.30	\$688.59
33206	\$484.44	\$744.60
33207	\$512.45	\$744.60
33208	\$555.35	\$744.60
33210	\$172.36	\$260.61
33211	\$179.09	\$175.35
33212	\$343.37	\$295.23
33213	\$358.75	\$355.92

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33214	\$511.77	\$396.87
33215	\$331.91	\$151.18
33216	\$398.31	\$446.76
33217	\$392.18	\$314.22
33218	\$416.85	\$210.72
33220	\$419.84	\$295.23
33221	\$385.71	\$291.26
33222	\$365.35	\$307.52
33223	\$438.47	\$369.32
33224	\$545.49	\$279.60
33225	\$495.70	\$258.35
33226	\$524.29	\$268.82
33227	\$362.19	\$278.10
33228	\$378.37	\$289.79
33229	\$401.21	\$301.48
33230	\$408.41	\$312.84
33231	\$428.98	\$324.53
33233	\$250.08	\$155.62
33234	\$519.19	\$266.19
33235	\$683.09	\$323.53
33236	\$824.15	\$451.97
33237	\$886.45	\$676.84
33238	\$995.52	\$755.02
33240	\$390.38	\$383.84
33241	\$232.63	\$150.04

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33243	\$1,443.59	\$896.13
33244	\$922.25	\$546.16
33249	\$977.91	\$895.01
33250	\$1,521.78	\$1,531.27
33251	\$1,700.48	\$1,645.19
33254	\$1,423.32	\$1,165.85
33255	\$1,713.64	\$1,403.67
33256	\$2,033.34	\$1,674.29
33257	\$615.59	\$460.91
33258	\$689.78	\$519.73
33259	\$892.60	\$679.08
33261	\$1,693.62	\$1,237.90
33262	\$399.05	\$301.74
33263	\$415.45	\$313.43
33264	\$433.31	\$325.13
33265	\$1,428.98	\$1,165.85
33266	\$1,936.28	\$1,592.63
33270	\$605.21	\$508.93
33271	\$484.78	\$428.89
33272	\$371.31	\$316.08
33273	\$428.21	\$344.75
33274	\$522.41	\$417.92
33275	\$551.82	\$441.45
33285	\$6,046.35	\$4,837.08
33286	\$144.70	\$115.76

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33289	\$345.10	\$276.08
33300	\$2,561.49	\$1,011.91
33305	\$4,277.91	\$1,223.01
33310	\$1,233.16	\$1,011.91
33315	\$1,998.70	\$1,489.20
33320	\$1,109.66	\$699.92
33321	\$1,241.13	\$1,236.41
33322	\$1,455.17	\$1,223.01
33330	\$1,499.17	\$1,223.01
33335	\$1,974.95	\$1,724.87
33361	\$1,421.50	\$1,078.93
33362	\$1,550.81	\$1,180.19
33363	\$1,605.44	\$1,222.26
33364	\$1,653.75	\$1,302.31
33365	\$1,863.82	\$1,418.46
33366	\$2,014.52	\$1,607.22
33367	\$655.73	\$496.28
33368	\$776.09	\$601.64
33369	\$1,024.56	\$794.49
33390	\$2,022.02	\$1,614.29
33391	\$2,390.91	\$1,912.88
33404	\$1,843.74	\$1,915.48
33405	\$2,374.17	\$1,935.96
33406	\$3,004.34	\$1,841.02
33410	\$2,660.82	\$1,481.38

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33412	\$3,286.16	\$2,204.76
33413	\$3,356.79	\$1,822.41
33414	\$2,238.64	\$1,561.80
33415	\$2,128.97	\$1,399.85
33416	\$2,119.34	\$1,399.85
33417	\$1,746.91	\$1,399.85
33418	\$1,899.96	\$1,594.56
33419	\$446.52	\$372.67
33420	\$1,530.92	\$1,191.36
33422	\$1,743.71	\$1,539.09
33425	\$2,854.35	\$1,935.96
33426	\$2,494.06	\$1,935.96
33427	\$2,556.83	\$1,905.80
33430	\$2,929.52	\$1,935.96
33460	\$2,508.42	\$1,861.50
33463	\$3,229.64	\$1,287.41
33464	\$2,555.71	\$1,379.00
33465	\$2,881.69	\$1,935.96
33468	\$2,532.66	\$1,889.05
33470	\$1,301.66	\$1,191.36
33471	\$1,392.73	\$1,125.46
33474	\$2,282.05	\$1,861.50
33475	\$2,442.76	\$1,458.67
33476	\$1,579.71	\$1,376.39
33478	\$1,647.21	\$1,653.01

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33496	\$1,749.17	\$1,692.85
33500	\$1,636.08	\$1,488.46
33501	\$1,174.82	\$1,090.84
33502	\$1,337.37	\$1,349.22
33503	\$1,398.78	\$1,223.01
33504	\$1,529.41	\$1,861.50
33505	\$2,120.44	\$1,351.45
33506	\$2,105.24	\$1,351.45
33507	\$1,795.75	\$1,441.55
33508	\$16.87	\$12.51
33510	\$2,024.42	\$1,811.98
33511	\$2,222.84	\$1,993.67
33512	\$2,528.60	\$2,171.63
33513	\$2,601.44	\$2,349.21
33514	\$2,736.31	\$2,525.68
33516	\$2,825.60	\$2,703.27
33517	\$194.12	\$177.21
33518	\$427.68	\$354.80
33519	\$565.65	\$532.02
33521	\$678.41	\$709.23
33522	\$761.73	\$886.82
33523	\$860.27	\$1,064.41
33530	\$546.50	\$577.44
33533	\$1,957.73	\$1,871.92
33534	\$2,300.21	\$2,104.98

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33535	\$2,564.04	\$2,337.67
33536	\$2,752.88	\$2,571.10
33542	\$2,747.60	\$1,961.28
33545	\$3,217.22	\$2,337.30
33548	\$3,100.44	\$1,900.96
33572	\$239.10	\$274.01
33600	\$1,793.01	\$1,510.42
33602	\$1,740.46	\$1,458.67
33606	\$1,866.03	\$1,561.80
33608	\$1,890.23	\$1,599.03
33610	\$1,864.24	\$1,561.80
33611	\$2,042.63	\$1,663.44
33612	\$2,096.93	\$1,709.60
33615	\$2,093.28	\$1,626.21
33617	\$2,230.95	\$1,715.19
33619	\$2,867.10	\$1,886.44
33620	\$1,722.39	\$1,396.60
33621	\$979.25	\$753.64
33622	\$3,587.90	\$2,949.86
33641	\$1,712.75	\$1,712.58
33645	\$1,804.80	\$1,399.85
33660	\$1,830.09	\$1,861.50
33665	\$2,003.67	\$1,740.87
33670	\$2,061.87	\$1,854.05
33675	\$2,043.07	\$1,899.46

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33676	\$2,118.94	\$1,919.95
33677	\$2,199.97	\$1,995.53
33681	\$1,925.55	\$1,399.85
33684	\$1,977.68	\$1,730.82
33688	\$1,970.45	\$1,563.66
33690	\$1,265.85	\$1,011.91
33692	\$2,045.84	\$1,861.50
33694	\$2,042.63	\$1,861.50
33697	\$2,150.60	\$1,715.19
33702	\$1,609.89	\$1,861.50
33710	\$2,147.76	\$1,861.50
33720	\$1,620.51	\$1,616.90
33722	\$1,705.34	\$1,458.67
33724	\$1,602.84	\$1,327.25
33726	\$2,128.25	\$1,750.18
33730	\$2,068.66	\$1,861.50
33732	\$1,679.00	\$1,443.41
33735	\$1,365.52	\$1,265.08
33736	\$1,454.57	\$1,061.43
33737	\$1,365.95	\$1,414.74
33750	\$1,326.24	\$1,145.19
33755	\$1,387.24	\$1,120.62
33762	\$1,347.00	\$1,155.62
33764	\$1,387.24	\$1,186.89
33766	\$1,399.54	\$1,265.08

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33767	\$1,493.41	\$1,247.58
33768	\$432.69	\$354.80
33770	\$2,213.60	\$1,706.25
33771	\$2,275.12	\$1,662.69
33774	\$1,890.37	\$1,750.93
33775	\$1,945.79	\$1,854.05
33776	\$2,014.88	\$1,939.68
33777	\$1,982.37	\$1,939.68
33778	\$2,460.44	\$1,985.85
33779	\$2,430.42	\$1,976.91
33780	\$2,421.89	\$2,099.77
33781	\$2,414.93	\$2,099.77
33782	\$3,374.50	\$2,671.62
33783	\$3,646.68	\$2,886.81
33786	\$2,381.42	\$1,854.05
33788	\$1,607.96	\$1,223.01
33800	\$1,030.69	\$916.97
33802	\$1,144.60	\$843.26
33803	\$1,209.00	\$1,048.02
33813	\$1,267.13	\$1,011.91
33814	\$1,602.05	\$1,861.50
33820	\$1,013.23	\$699.92
33822	\$1,074.68	\$946.01
33824	\$1,242.91	\$1,340.28
33840	\$1,305.11	\$1,489.20

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33845	\$1,388.14	\$1,399.85
33851	\$1,339.59	\$1,475.05
33852	\$1,427.23	\$1,399.85
33853	\$1,894.64	\$1,614.29
33860	\$3,358.40	\$1,921.81
33863	\$3,288.97	\$2,027.55
33864	\$3,368.81	\$2,453.83
33870	\$2,648.30	\$2,472.07
33875	\$2,868.16	\$1,749.81
33877	\$3,762.10	\$2,317.94
33880	\$1,864.94	\$1,494.41
33881	\$1,601.23	\$1,285.18
33883	\$1,163.94	\$949.74
33884	\$403.45	\$349.96
33886	\$997.58	\$821.29
33889	\$812.44	\$697.69
33891	\$981.63	\$891.29
33910	\$2,753.47	\$1,433.73
33915	\$1,441.03	\$1,105.73
33916	\$4,432.33	\$1,433.73
33917	\$1,529.47	\$1,247.58
33920	\$1,896.95	\$1,638.49
33922	\$1,452.40	\$1,198.43
33924	\$294.78	\$258.38
33925	\$1,798.03	\$1,473.56

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
33926	\$2,526.17	\$1,984.36
33935	\$5,157.76	\$3,418.83
33967	\$272.44	\$216.68
33968	\$35.51	\$26.81
33970	\$369.54	\$465.38
33971	\$748.54	\$657.48
33973	\$539.31	\$459.79
33974	\$941.37	\$535.37
33975	\$1,361.09	\$1,039.46
33976	\$1,655.50	\$1,404.69
33977	\$1,177.40	\$908.78
33978	\$1,396.99	\$1,039.46
33979	\$2,029.79	\$1,039.46
33980	\$1,861.08	\$1,039.46
33990	\$446.91	\$351.08
33991	\$655.72	\$511.54
33992	\$208.94	\$166.05
33993	\$184.22	\$145.94
34001	\$1,003.93	\$590.47
34051	\$1,044.59	\$590.47
34101	\$625.01	\$521.22
34111	\$628.70	\$521.22
34151	\$1,452.24	\$821.67
34201	\$1,068.26	\$521.22
34203	\$989.51	\$590.47

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
34401	\$1,540.27	\$505.96
34421	\$770.33	\$505.96
34451	\$1,466.86	\$744.60
34471	\$1,109.57	\$618.02
34490	\$675.56	\$618.02
34501	\$918.51	\$651.15
34502	\$1,621.71	\$1,309.01
34510	\$1,050.86	\$801.56
34520	\$1,013.73	\$744.60
34530	\$944.77	\$632.54
34701	\$1,288.00	\$1,030.41
34702	\$1,923.40	\$1,538.70
34703	\$1,443.37	\$1,155.23
34704	\$2,403.63	\$1,921.42
34705	\$1,592.22	\$1,276.95
34706	\$2,395.08	\$1,919.44
34707	\$1,202.63	\$959.85
34708	\$1,930.09	\$1,542.71
34709	\$334.35	\$268.12
34710	\$839.38	\$672.50
34711	\$308.67	\$247.44
34712	\$727.16	\$582.53
34713	\$134.60	\$107.89
34714	\$283.36	\$227.08
34715	\$317.76	\$253.74

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
34716	\$393.94	\$315.78
34808	\$216.79	\$194.71
34812	\$213.55	\$318.69
34813	\$243.19	\$226.36
34820	\$359.24	\$460.16
34830	\$1,807.03	\$1,599.03
34831	\$2,000.79	\$1,728.22
34832	\$1,927.49	\$1,728.22
34833	\$416.67	\$376.12
34834	\$133.07	\$171.99
35001	\$1,159.52	\$1,042.44
35002	\$1,164.18	\$1,097.17
35005	\$1,023.98	\$930.38
35021	\$1,322.78	\$1,116.90
35022	\$1,489.77	\$1,257.26
35081	\$1,797.11	\$1,489.20
35082	\$2,268.74	\$1,610.94
35091	\$1,846.52	\$1,501.11
35092	\$2,694.30	\$2,004.84
35102	\$1,948.23	\$1,489.20
35103	\$2,321.33	\$1,675.35
35111	\$1,359.97	\$893.52
35112	\$1,678.28	\$999.63
35121	\$1,735.02	\$1,255.02
35122	\$1,940.65	\$1,715.56

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35131	\$1,442.73	\$1,191.36
35132	\$1,674.10	\$1,189.50
35141	\$1,147.43	\$1,042.44
35142	\$1,382.50	\$1,769.91
35151	\$1,286.28	\$1,042.44
35152	\$1,427.14	\$930.75
35180	\$923.59	\$1,042.44
35182	\$1,877.18	\$909.16
35188	\$1,331.74	\$785.55
35189	\$1,542.44	\$988.08
35190	\$798.75	\$637.75
35201	\$988.98	\$1,042.44
35206	\$824.17	\$513.03
35207	\$820.66	\$609.83
35211	\$1,452.04	\$1,358.52
35216	\$2,167.32	\$1,095.31
35221	\$1,533.44	\$1,265.82
35226	\$871.24	\$532.02
35231	\$1,320.78	\$1,042.44
35236	\$1,052.62	\$1,042.44
35241	\$1,509.78	\$1,769.91
35246	\$1,639.67	\$1,422.93
35251	\$1,818.40	\$841.77
35256	\$1,069.35	\$1,191.36
35261	\$1,008.97	\$1,191.36

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35266	\$907.61	\$555.10
35271	\$1,451.60	\$1,358.15
35276	\$1,533.51	\$1,346.61
35281	\$1,685.06	\$1,265.82
35286	\$972.16	\$1,042.44
35301	\$1,178.09	\$1,116.90
35302	\$1,165.67	\$986.66
35303	\$1,289.68	\$1,084.02
35304	\$1,326.09	\$1,127.65
35305	\$1,277.13	\$1,084.02
35306	\$454.62	\$404.77
35311	\$1,629.55	\$1,223.75
35321	\$931.07	\$1,116.90
35331	\$1,518.88	\$1,489.20
35341	\$1,431.89	\$1,489.20
35351	\$1,328.56	\$1,191.36
35355	\$1,069.88	\$1,191.36
35361	\$1,560.18	\$1,191.36
35363	\$1,666.17	\$1,193.59
35371	\$852.14	\$1,042.44
35372	\$1,018.50	\$1,042.44
35390	\$164.20	\$146.69
35400	\$153.53	\$140.73
35501	\$1,551.83	\$1,116.90
35506	\$1,305.79	\$1,116.90

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35508	\$1,353.82	\$1,191.36
35509	\$1,448.58	\$1,191.36
35510	\$1,259.95	\$735.09
35511	\$1,137.20	\$833.95
35512	\$1,239.47	\$720.13
35515	\$1,321.04	\$909.16
35516	\$1,253.81	\$1,116.90
35518	\$1,168.16	\$1,116.90
35521	\$1,260.02	\$1,116.90
35522	\$1,253.78	\$698.27
35523	\$1,335.47	\$1,007.44
35525	\$1,187.76	\$664.56
35526	\$1,821.48	\$1,191.36
35531	\$1,996.78	\$1,230.82
35533	\$1,543.96	\$1,122.48
35535	\$1,953.63	\$1,488.46
35536	\$1,735.71	\$1,191.36
35537	\$2,129.02	\$1,905.66
35538	\$2,385.86	\$2,128.57
35539	\$2,239.67	\$2,000.44
35540	\$2,507.58	\$2,229.40
35556	\$1,452.77	\$1,059.94
35558	\$1,280.46	\$1,042.44
35560	\$1,735.59	\$1,191.36
35563	\$1,360.46	\$1,191.36

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35565	\$1,365.64	\$1,116.90
35566	\$1,729.83	\$1,121.74
35570	\$1,565.62	\$1,151.90
35571	\$1,373.03	\$1,191.36
35572	\$358.74	\$219.37
35583	\$1,498.97	\$1,121.74
35585	\$1,734.59	\$1,433.73
35587	\$1,416.19	\$1,191.36
35600	\$266.25	\$238.27
35601	\$1,448.75	\$937.82
35606	\$1,219.11	\$914.74
35612	\$1,071.37	\$779.60
35616	\$1,129.08	\$1,116.90
35621	\$1,137.62	\$1,116.90
35623	\$1,348.66	\$715.56
35626	\$1,657.91	\$1,191.36
35631	\$1,919.25	\$1,191.36
35632	\$1,844.45	\$1,413.62
35633	\$2,062.13	\$1,526.06
35634	\$1,810.87	\$1,383.47
35636	\$1,637.82	\$1,191.36
35637	\$1,700.72	\$1,518.26
35638	\$1,824.31	\$1,542.28
35642	\$1,017.84	\$863.74
35645	\$974.75	\$863.74

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35646	\$1,781.39	\$1,252.42
35647	\$1,613.29	\$1,298.21
35650	\$1,129.91	\$1,116.90
35654	\$1,421.18	\$1,489.20
35656	\$1,125.43	\$805.28
35661	\$1,130.43	\$711.09
35663	\$1,250.63	\$893.52
35666	\$1,318.06	\$877.14
35671	\$1,162.64	\$967.98
35681	\$83.53	\$190.62
35682	\$363.07	\$376.02
35683	\$418.35	\$432.61
35685	\$204.35	\$179.82
35686	\$164.25	\$148.55
35691	\$973.37	\$1,026.06
35693	\$852.70	\$719.66
35694	\$1,015.43	\$829.48
35695	\$1,048.48	\$829.48
35697	\$152.70	\$99.11
35700	\$157.16	\$143.34
35701	\$611.68	\$372.30
35721	\$481.78	\$337.30
35741	\$549.60	\$325.39
35761	\$423.35	\$266.94
35800	\$768.62	\$396.87

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
35820	\$2,105.21	\$609.46
35840	\$1,260.79	\$502.98
35860	\$875.59	\$310.87
35870	\$1,277.61	\$1,089.72
35875	\$623.36	\$290.39
35876	\$986.09	\$646.31
35879	\$964.45	\$648.17
35881	\$1,058.29	\$709.23
35883	\$1,246.75	\$1,111.69
35884	\$1,272.59	\$1,180.34
35901	\$490.91	\$459.05
35903	\$595.70	\$496.28
35905	\$1,720.01	\$714.44
35907	\$1,972.60	\$735.29
36000	\$30.82	\$26.06
36002	\$172.81	\$156.37
36005	\$356.60	\$287.42
36010	\$576.29	\$84.51
36011	\$974.68	\$80.79
36012	\$991.72	\$113.55
36013	\$889.89	\$80.79
36014	\$936.12	\$97.17
36015	\$1,014.16	\$113.55
36100	\$588.42	\$186.15
36140	\$513.90	\$84.51

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
36160	\$589.76	\$111.69
36200	\$650.49	\$148.92
36215	\$1,191.13	\$180.19
36216	\$1,273.63	\$218.91
36217	\$2,154.41	\$262.84
36218	\$278.20	\$43.19
36221	\$1,184.33	\$173.86
36222	\$1,395.83	\$237.90
36223	\$1,773.67	\$256.89
36224	\$2,301.18	\$280.71
36225	\$1,706.29	\$255.77
36226	\$2,174.35	\$281.46
36227	\$281.08	\$88.61
36228	\$1,521.92	\$181.31
36245	\$1,518.78	\$202.90
36246	\$947.95	\$243.48
36247	\$1,722.52	\$289.65
36248	\$164.24	\$46.17
36251	\$1,588.87	\$227.71
36252	\$1,704.04	\$296.54
36253	\$2,551.74	\$316.27
36254	\$2,458.31	\$341.19
36260	\$692.72	\$595.68
36261	\$433.61	\$269.92
36262	\$332.96	\$223.38

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
36400	\$29.17	\$16.75
36405	\$25.73	\$17.87
36406	\$18.57	\$23.45
36410	\$19.20	\$10.80
36420	\$48.77	\$42.07
36425	\$43.07	\$59.94
36440	\$55.00	\$35.37
36450	\$186.17	\$130.68
36455	\$131.64	\$115.79
36460	\$366.55	\$309.75
36470	\$119.50	\$67.39
36471	\$215.73	\$83.40
36475	\$1,641.60	\$1,989.03
36476	\$333.16	\$381.54
36478	\$1,290.54	\$1,829.93
36479	\$353.86	\$385.33
36481	\$2,259.38	\$291.14
36500	\$193.86	\$113.92
36510	\$91.26	\$25.69
36511	\$117.71	\$977.29
36512	\$118.13	\$977.29
36513	\$118.06	\$299.70
36514	\$839.73	\$977.29
36516	\$2,322.69	\$2,959.79
36522	\$2,530.19	\$2,959.79

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
36555	\$210.31	\$86.50
36556	\$237.45	\$74.21
36557	\$1,162.98	\$138.41
36558	\$869.99	\$135.63
36560	\$1,488.05	\$262.29
36561	\$1,227.90	\$260.00
36563	\$1,379.61	\$318.69
36565	\$983.10	\$208.43
36566	\$5,582.69	\$217.74
36568	\$97.82	\$68.56
36569	\$101.77	\$57.52
36570	\$1,650.87	\$338.42
36571	\$1,448.99	\$303.70
36575	\$185.93	\$45.64
36576	\$363.30	\$114.88
36578	\$517.84	\$147.24
36580	\$246.03	\$71.87
36581	\$870.11	\$174.93
36582	\$1,139.94	\$330.28
36583	\$1,445.15	\$204.77
36584	\$398.68	\$63.30
36585	\$1,231.37	\$417.87
36589	\$179.85	\$135.89
36590	\$240.04	\$160.09
36593	\$36.53	\$33.51

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
36595	\$695.43	\$728.03
36596	\$143.09	\$167.29
36597	\$145.61	\$44.68
36598	\$132.52	\$110.57
36600	\$34.20	\$12.66
36620	\$47.46	\$42.07
36625	\$111.49	\$59.20
36640	\$125.41	\$84.51
36660	\$74.67	\$31.65
36680	\$61.71	\$52.12
36800	\$130.29	\$126.58
36810	\$224.11	\$335.07
36815	\$139.82	\$223.38
36818	\$727.59	\$407.16
36819	\$765.02	\$543.93
36820	\$769.58	\$668.65
36821	\$696.25	\$434.47
36825	\$834.11	\$618.02
36830	\$698.87	\$581.90
36831	\$645.94	\$352.94
36832	\$793.03	\$618.02
36833	\$851.73	\$545.42
36835	\$509.24	\$618.02
36838	\$1,189.50	\$685.72
36901	\$737.54	\$518.24

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
36902	\$1,464.41	\$1,112.06
36903	\$6,269.33	\$5,174.97
36904	\$2,152.37	\$1,618.76
36905	\$2,710.66	\$2,072.22
36906	\$7,669.13	\$6,259.85
36907	\$827.10	\$665.67
36908	\$2,792.15	\$2,482.12
36909	\$2,252.11	\$1,806.03
37140	\$2,443.28	\$1,191.36
37145	\$2,266.67	\$1,191.36
37160	\$2,328.88	\$1,191.36
37180	\$2,239.10	\$1,191.36
37181	\$2,443.28	\$1,234.55
37182	\$889.23	\$544.88
37183	\$7,022.63	\$249.86
37184	\$2,431.00	\$2,026.80
37185	\$743.71	\$857.41
37186	\$1,515.42	\$1,782.57
37187	\$2,250.72	\$2,565.52
37188	\$1,900.70	\$2,222.26
37191	\$2,871.94	\$196.27
37192	\$1,494.33	\$303.47
37193	\$1,780.13	\$303.15
37197	\$1,757.66	\$253.54
37200	\$234.99	\$137.75

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
37211	\$407.51	\$328.37
37212	\$358.33	\$288.90
37213	\$247.61	\$201.41
37214	\$130.34	\$119.51
37215	\$1,056.34	\$612.43
37217	\$1,129.43	\$948.62
37218	\$861.54	\$708.86
37220	\$3,409.37	\$353.38
37221	\$4,850.74	\$431.69
37222	\$908.40	\$160.31
37223	\$2,562.26	\$182.32
37224	\$4,105.28	\$389.49
37225	\$14,226.46	\$524.00
37226	\$12,339.07	\$441.08
37227	\$18,338.57	\$632.81
37228	\$5,966.33	\$475.25
37229	\$14,219.18	\$613.25
37230	\$12,089.40	\$594.57
37231	\$17,410.68	\$646.18
37232	\$1,259.50	\$171.77
37233	\$1,521.07	\$283.11
37234	\$4,507.28	\$235.68
37235	\$4,875.95	\$334.50
37236	\$4,145.45	\$392.40
37237	\$2,468.48	\$182.80

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
37238	\$4,213.82	\$275.13
37239	\$2,007.68	\$127.33
37241	\$5,633.11	\$4,381.60
37242	\$8,707.83	\$428.15
37243	\$11,282.74	\$510.05
37244	\$8,036.58	\$595.31
37500	\$658.75	\$338.93
37565	\$766.71	\$264.33
37600	\$781.32	\$372.30
37605	\$759.30	\$372.30
37606	\$751.02	\$372.30
37607	\$396.11	\$272.52
37609	\$343.64	\$151.15
37617	\$1,411.71	\$772.89
37619	\$1,813.82	\$1,327.61
37650	\$476.01	\$521.22
37660	\$1,385.35	\$595.68
37700	\$260.76	\$202.53
37718	\$455.44	\$338.79
37722	\$498.86	\$398.36
37735	\$601.30	\$447.13
37760	\$658.13	\$421.82
37761	\$572.43	\$478.78
37765	\$706.25	\$230.41
37766	\$835.89	\$288.49

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
37780	\$246.26	\$122.49
37785	\$384.37	\$188.38
56405	\$125.04	\$90.70
56420	\$150.75	\$62.83
56440	\$194.84	\$202.68
56441	\$166.51	\$75.50
56442	\$51.26	\$87.11
56501	\$159.74	\$80.06
56515	\$258.03	\$122.62
56605	\$93.59	\$58.78
56606	\$41.42	\$34.96
56620	\$585.40	\$608.04
56625	\$693.68	\$760.05
56630	\$1,010.08	\$1,013.40
56631	\$1,273.39	\$1,479.06
56632	\$1,507.22	\$1,447.14
56633	\$1,307.54	\$1,166.93
56634	\$1,395.40	\$1,525.67
56637	\$1,617.20	\$1,555.57
56640	\$1,614.30	\$1,317.42
56700	\$205.17	\$137.82
56740	\$325.71	\$243.22
56800	\$261.69	\$243.22
56805	\$1,221.93	\$884.70
56810	\$282.89	\$248.28

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
56820	\$125.27	\$125.61
56821	\$166.66	\$162.50
57000	\$206.53	\$202.68
57010	\$472.35	\$229.54
57020	\$105.28	\$51.18
57061	\$137.41	\$58.78
57065	\$225.28	\$93.23
57100	\$100.92	\$41.04
57105	\$161.65	\$97.79
57106	\$548.62	\$295.41
57107	\$1,552.34	\$1,021.51
57109	\$1,865.90	\$1,250.54
57110	\$954.67	\$709.38
57111	\$1,867.89	\$1,253.07
57112	\$2,001.55	\$1,334.65
57120	\$552.99	\$608.04
57130	\$205.20	\$162.14
57135	\$222.58	\$137.82
57150	\$54.04	\$25.34
57155	\$413.27	\$321.75
57156	\$230.72	\$86.82
57160	\$68.68	\$37.50
57170	\$70.89	\$38.00
57180	\$170.93	\$64.35
57200	\$337.27	\$183.93

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
57210	\$403.65	\$147.28
57220	\$352.62	\$354.69
57230	\$430.51	\$354.69
57240	\$641.12	\$430.70
57250	\$642.58	\$354.69
57260	\$818.44	\$608.04
57265	\$917.58	\$709.38
57267	\$269.94	\$168.73
57268	\$528.70	\$456.03
57270	\$862.98	\$709.38
57280	\$1,023.32	\$715.97
57282	\$553.38	\$350.13
57283	\$739.66	\$364.43
57284	\$877.05	\$813.25
57285	\$726.38	\$499.10
57287	\$757.38	\$596.89
57288	\$779.45	\$775.25
57289	\$822.28	\$597.91
57291	\$571.65	\$378.00
57292	\$870.57	\$639.96
57295	\$521.60	\$390.16
57296	\$1,009.79	\$791.04
57300	\$620.85	\$734.72
57305	\$1,014.86	\$912.06
57307	\$1,120.76	\$1,013.40

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
57308	\$715.53	\$644.52
57310	\$515.95	\$734.72
57311	\$584.85	\$431.71
57320	\$587.56	\$734.72
57330	\$815.33	\$648.07
57335	\$1,233.83	\$887.74
57400	\$142.56	\$60.30
57410	\$114.52	\$74.99
57415	\$178.78	\$94.25
57420	\$131.53	\$136.26
57421	\$176.25	\$136.30
57423	\$980.19	\$688.10
57425	\$1,039.06	\$510.57
57426	\$912.31	\$713.94
57452	\$124.61	\$51.68
57454	\$169.84	\$86.14
57455	\$161.24	\$79.55
57456	\$151.83	\$74.99
57460	\$325.95	\$186.97
57461	\$365.29	\$282.23
57500	\$149.82	\$40.54
57505	\$124.36	\$50.67
57510	\$149.56	\$84.62
57511	\$171.34	\$71.95
57513	\$177.25	\$219.91

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
57520	\$351.54	\$257.91
57522	\$299.23	\$224.47
57530	\$381.78	\$263.48
57531	\$1,795.28	\$1,517.06
57540	\$829.55	\$608.04
57545	\$877.11	\$666.82
57550	\$444.23	\$608.04
57555	\$646.64	\$734.72
57556	\$612.60	\$734.72
57558	\$146.73	\$202.68
57700	\$351.26	\$304.02
57720	\$339.66	\$304.02
57800	\$71.66	\$34.46
58100	\$101.66	\$41.04
58110	\$54.65	\$43.07
58120	\$293.58	\$222.95
58140	\$980.33	\$709.38
58145	\$594.50	\$372.93
58146	\$1,221.35	\$604.02
58150	\$1,082.80	\$810.72
58152	\$1,329.96	\$967.80
58180	\$1,024.11	\$810.72
58200	\$1,463.48	\$1,037.21
58210	\$1,965.10	\$1,520.10
58240	\$3,127.87	\$1,822.60

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
58260	\$883.39	\$810.72
58262	\$980.69	\$807.68
58263	\$1,053.23	\$862.40
58267	\$1,121.90	\$1,053.94
58270	\$941.57	\$881.66
58275	\$1,048.43	\$912.06
58280	\$1,117.05	\$912.06
58285	\$1,530.68	\$1,216.08
58290	\$1,221.32	\$598.46
58291	\$1,330.73	\$656.64
58292	\$1,387.85	\$698.39
58293	\$1,444.24	\$726.76
58294	\$1,289.21	\$640.16
58300	\$87.74	\$168.22
58301	\$103.90	\$48.64
58340	\$179.90	\$185.45
58346	\$508.72	\$343.04
58350	\$120.69	\$57.26
58353	\$1,141.18	\$1,067.62
58356	\$2,122.42	\$2,334.87
58520	\$839.93	\$608.04
58541	\$766.98	\$710.90
58542	\$875.28	\$698.81
58543	\$884.41	\$800.08
58544	\$957.65	\$865.95

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
58545	\$957.30	\$472.04
58546	\$1,185.57	\$380.03
58548	\$2,027.66	\$1,513.51
58550	\$936.92	\$584.73
58552	\$1,049.44	\$616.65
58553	\$1,192.16	\$710.39
58554	\$1,403.01	\$776.26
58555	\$331.23	\$161.13
58558	\$1,585.13	\$175.32
58559	\$306.29	\$262.98
58560	\$334.55	\$274.63
58561	\$383.31	\$380.53
58562	\$405.55	\$182.41
58563	\$2,054.56	\$1,699.98
58565	\$2,103.86	\$737.76
58570	\$840.31	\$682.52
58571	\$960.27	\$748.40
58572	\$1,096.09	\$846.70
58573	\$1,297.77	\$956.65
58600	\$390.98	\$757.51
58605	\$354.45	\$442.02
58611	\$80.79	\$49.61
58615	\$263.47	\$557.40
58660	\$717.68	\$280.71
58661	\$691.47	\$488.97

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
58662	\$756.32	\$305.66
58670	\$391.17	\$421.39
58671	\$391.39	\$445.92
58700	\$835.42	\$608.04
58720	\$794.31	\$608.04
58740	\$951.77	\$709.38
58800	\$358.48	\$229.54
58805	\$440.83	\$608.04
58820	\$344.49	\$229.54
58822	\$747.90	\$608.04
58900	\$449.46	\$608.04
58920	\$748.24	\$608.04
58925	\$802.13	\$608.04
58940	\$573.34	\$608.04
58943	\$1,260.78	\$894.83
58950	\$1,219.15	\$755.49
58951	\$1,552.37	\$1,047.86
58952	\$1,761.19	\$1,190.75
58953	\$2,165.90	\$1,540.37
58954	\$2,349.35	\$1,674.14
58956	\$1,474.93	\$748.90
58957	\$1,704.04	\$1,222.52
58958	\$1,883.90	\$1,352.81
58960	\$1,043.83	\$725.09
59000	\$134.51	\$57.26

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
59001	\$186.40	\$139.85
59012	\$210.26	\$149.98
59015	\$165.55	\$110.97
59020	\$76.74	\$50.67
59025	\$52.14	\$22.80
59030	\$116.77	\$57.26
59050	\$52.46	\$81.07
59051	\$43.48	\$74.48
59070	\$430.83	\$331.38
59072	\$543.07	\$284.26
59074	\$413.41	\$314.15
59076	\$543.07	\$284.26
59100	\$881.74	\$709.38
59120	\$840.40	\$709.38
59121	\$840.97	\$709.38
59130	\$978.40	\$693.17
59135	\$966.14	\$841.12
59136	\$926.97	\$841.12
59140	\$429.44	\$297.94
59150	\$814.64	\$385.09
59151	\$791.63	\$397.25
59160	\$232.72	\$202.68
59300	\$217.45	\$22.71
59320	\$158.89	\$106.91
59325	\$251.90	\$219.91

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
59350	\$290.49	\$699.25
59400	\$2,226.26	\$1,390.14
59409	\$844.62	\$544.28
59414	\$95.18	\$88.91
59510	\$2,456.75	\$1,390.97
59514	\$948.74	\$544.72
59525	\$501.65	\$239.09
59610	\$2,327.71	\$1,390.14
59612	\$946.39	\$544.28
59618	\$2,486.66	\$1,390.97
59620	\$975.11	\$544.72
59812	\$348.58	\$168.65
59820	\$422.57	\$168.65
59821	\$420.60	\$168.65
59830	\$469.53	\$316.46
59840	\$242.37	\$250.85
59841	\$414.98	\$354.43
59850	\$390.47	\$328.06
59851	\$423.16	\$328.06
59852	\$578.44	\$729.71
59855	\$439.43	\$283.61
59856	\$514.18	\$409.04
59857	\$573.63	\$825.02
59870	\$523.32	\$304.02
59871	\$139.45	\$134.78

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61000	\$115.95	\$84.51
61001	\$113.13	\$59.20
61020	\$106.08	\$84.51
61026	\$113.40	\$130.31
61050	\$92.75	\$75.95
61055	\$133.03	\$141.47
61070	\$61.48	\$130.68
61105	\$494.19	\$295.23
61107	\$323.50	\$312.73
61108	\$948.38	\$505.96
61120	\$788.53	\$421.82
61140	\$1,328.10	\$805.28
61150	\$1,420.84	\$955.69
61151	\$1,046.57	\$379.75
61154	\$1,337.83	\$967.98
61156	\$1,304.13	\$967.98
61210	\$380.56	\$280.34
61215	\$546.08	\$210.72
61250	\$911.40	\$548.03
61253	\$1,039.97	\$730.82
61304	\$1,720.19	\$1,265.82
61305	\$2,093.36	\$1,489.20
61312	\$2,166.77	\$1,180.56
61313	\$2,073.58	\$1,180.56
61314	\$1,906.46	\$1,180.56

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61315	\$2,155.07	\$1,180.56
61316	\$91.08	\$62.00
61320	\$1,981.62	\$1,180.56
61321	\$2,206.30	\$1,180.56
61322	\$2,482.56	\$916.97
61323	\$2,480.81	\$1,048.40
61330	\$1,869.90	\$1,096.42
61333	\$2,117.03	\$1,485.85
61340	\$1,493.43	\$674.61
61343	\$2,283.80	\$871.55
61345	\$2,126.98	\$807.89
61450	\$1,997.41	\$1,180.56
61458	\$2,099.14	\$1,433.73
61460	\$2,196.82	\$1,433.73
61500	\$1,391.33	\$676.57
61501	\$1,215.42	\$953.09
61510	\$2,291.56	\$1,433.73
61512	\$2,660.46	\$1,433.73
61514	\$1,996.45	\$1,369.69
61516	\$1,947.40	\$1,347.35
61517	\$90.71	\$43.24
61518	\$2,883.95	\$1,686.52
61519	\$3,075.18	\$1,686.52
61520	\$3,926.74	\$1,686.52
61521	\$3,317.08	\$1,686.52

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61522	\$2,255.60	\$1,607.59
61524	\$2,169.61	\$1,520.47
61526	\$3,538.22	\$1,686.52
61530	\$3,215.34	\$1,686.52
61531	\$1,275.22	\$939.69
61533	\$1,589.10	\$1,161.20
61534	\$1,706.98	\$1,193.97
61535	\$1,052.95	\$698.06
61536	\$2,675.91	\$2,030.52
61537	\$2,566.96	\$900.05
61538	\$2,773.78	\$1,474.68
61539	\$2,469.35	\$1,602.38
61540	\$2,256.15	\$1,084.59
61541	\$2,235.62	\$1,642.22
61543	\$2,222.85	\$1,577.44
61544	\$1,989.40	\$1,265.08
61545	\$3,308.63	\$1,274.38
61546	\$2,400.63	\$1,433.73
61548	\$1,649.29	\$1,469.84
61550	\$1,195.45	\$893.52
61552	\$1,556.96	\$1,116.90
61556	\$1,787.58	\$1,016.38
61557	\$1,766.47	\$1,011.91
61558	\$1,970.05	\$1,265.08
61559	\$2,420.85	\$1,770.29

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61563	\$2,055.48	\$811.99
61564	\$2,518.11	\$1,260.61
61566	\$2,320.43	\$1,078.45
61567	\$2,622.42	\$1,212.55
61570	\$1,947.64	\$1,302.31
61571	\$2,056.03	\$1,414.74
61575	\$2,612.29	\$1,860.76
61576	\$4,391.43	\$2,953.46
61580	\$2,641.74	\$1,496.65
61581	\$2,890.31	\$1,698.43
61582	\$3,254.69	\$1,540.95
61583	\$3,051.76	\$1,758.00
61584	\$3,032.67	\$1,701.78
61585	\$3,424.56	\$1,906.18
61586	\$2,608.87	\$1,351.82
61590	\$3,280.11	\$2,072.59
61591	\$3,300.37	\$2,173.86
61592	\$3,345.49	\$1,969.09
61595	\$2,530.89	\$1,455.32
61596	\$2,636.71	\$1,770.29
61597	\$3,081.76	\$1,870.81
61598	\$3,003.43	\$1,645.19
61600	\$2,302.22	\$1,262.10
61601	\$2,554.04	\$1,354.43
61605	\$2,342.69	\$1,431.49

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61606	\$3,101.54	\$1,918.09
61607	\$2,855.42	\$1,790.39
61608	\$3,433.77	\$2,081.53
61611	\$485.76	\$303.42
61613	\$3,466.93	\$2,040.58
61615	\$2,968.41	\$1,573.71
61616	\$3,519.79	\$2,138.12
61618	\$1,360.91	\$804.91
61619	\$1,512.53	\$1,009.31
61623	\$595.27	\$300.07
61624	\$1,206.86	\$834.70
61626	\$934.00	\$678.33
61680	\$2,356.63	\$1,675.72
61682	\$4,344.83	\$3,268.05
61684	\$2,954.38	\$2,179.07
61686	\$4,763.81	\$3,445.64
61690	\$2,271.67	\$1,679.45
61692	\$3,830.24	\$2,739.76
61697	\$4,417.24	\$2,790.02
61698	\$4,894.67	\$2,685.40
61700	\$3,564.48	\$1,686.52
61702	\$4,183.55	\$1,686.52
61703	\$1,407.39	\$1,007.82
61705	\$2,649.40	\$1,896.50
61708	\$2,662.32	\$1,733.80

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
61710	\$2,247.40	\$1,382.72
61711	\$2,695.75	\$1,610.94
61720	\$1,334.31	\$1,414.74
61735	\$1,669.29	\$1,414.74
61750	\$1,477.82	\$1,042.44
61751	\$1,451.64	\$1,209.98
61760	\$1,641.91	\$991.43
61781	\$243.77	\$194.40
61782	\$186.12	\$161.44
61783	\$241.47	\$194.40
61790	\$929.60	\$554.73
61791	\$1,183.06	\$893.52
61796	\$1,066.25	\$531.27
61797	\$227.15	\$143.34
61798	\$1,446.35	\$531.27
61799	\$314.53	\$198.06
61800	\$160.41	\$101.64
61867	\$2,378.46	\$798.58
61868	\$516.25	\$264.71
61880	\$609.44	\$389.43
61885	\$552.31	\$388.31
61886	\$910.68	\$378.63
61888	\$418.50	\$304.54
62000	\$1,085.85	\$670.14
62005	\$1,319.50	\$893.52

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
62010	\$1,601.39	\$1,079.67
62100	\$1,670.92	\$1,219.28
62115	\$1,762.50	\$843.26
62117	\$2,053.70	\$1,472.82
62120	\$2,270.13	\$1,117.27
62121	\$1,691.68	\$1,185.40
62140	\$1,083.93	\$757.63
62141	\$1,199.28	\$839.16
62142	\$934.95	\$617.65
62143	\$1,094.83	\$744.60
62145	\$1,471.88	\$1,265.82
62146	\$1,244.21	\$895.38
62147	\$1,509.29	\$1,049.14
62148	\$130.60	\$70.36
62160	\$196.33	\$102.38
62161	\$1,580.66	\$688.01
62162	\$1,974.46	\$895.38
62163	\$1,257.00	\$553.24
62164	\$2,182.90	\$962.77
62165	\$1,620.05	\$746.09
62180	\$1,677.61	\$1,191.36
62190	\$977.43	\$967.98
62192	\$1,031.63	\$967.98
62194	\$519.25	\$372.30
62200	\$1,440.16	\$1,191.36

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
62201	\$1,273.33	\$1,191.36
62220	\$1,054.07	\$967.98
62223	\$1,100.25	\$967.98
62225	\$563.29	\$372.30
62230	\$886.09	\$744.60
62252	\$88.60	\$72.60
62256	\$640.05	\$405.43
62258	\$1,171.00	\$497.39
62263	\$682.02	\$284.44
62264	\$481.70	\$190.99
62267	\$286.99	\$116.53
62268	\$278.33	\$320.18
62269	\$288.95	\$372.30
62270	\$165.97	\$81.91
62272	\$219.71	\$82.28
62273	\$192.04	\$75.95
62280	\$372.14	\$123.60
62281	\$272.37	\$107.22
62282	\$344.02	\$134.40
62284	\$222.35	\$88.61
62287	\$634.20	\$744.60
62290	\$381.77	\$127.70
62291	\$368.23	\$128.44
62292	\$631.11	\$462.02
62294	\$998.99	\$616.90

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
62302	\$282.54	\$108.34
62303	\$289.18	\$109.83
62320	\$183.69	\$147.80
62321	\$287.20	\$223.38
62322	\$171.82	\$138.50
62323	\$284.49	\$220.03
62324	\$160.28	\$127.33
62325	\$264.22	\$195.46
62326	\$167.37	\$135.14
62327	\$266.66	\$201.04
62350	\$429.98	\$260.98
62351	\$919.51	\$385.70
62355	\$291.58	\$217.42
62360	\$341.80	\$83.40
62361	\$456.75	\$200.30
62362	\$411.96	\$262.10
62365	\$319.49	\$216.31
62367	\$44.36	\$21.97
62368	\$61.03	\$34.25
62369	\$134.46	\$29.52
62370	\$138.72	\$39.44
63001	\$1,302.75	\$1,191.36
63003	\$1,303.83	\$1,191.36
63005	\$1,253.81	\$967.98
63011	\$1,166.85	\$819.06

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
63012	\$1,261.95	\$1,042.44
63015	\$1,558.60	\$1,191.36
63016	\$1,602.96	\$1,168.65
63017	\$1,329.62	\$1,028.29
63020	\$1,231.18	\$967.98
63030	\$1,036.21	\$893.52
63035	\$200.51	\$197.32
63040	\$1,473.68	\$1,072.60
63045	\$1,358.24	\$959.42
63046	\$1,300.97	\$994.79
63047	\$1,172.56	\$912.88
63048	\$221.54	\$205.51
63050	\$1,587.16	\$764.67
63051	\$1,810.43	\$874.12
63055	\$1,710.16	\$1,319.80
63056	\$1,573.61	\$1,136.26
63057	\$334.43	\$303.05
63064	\$1,871.70	\$1,349.22
63066	\$211.91	\$195.46
63075	\$1,432.84	\$978.40
63076	\$258.05	\$209.60
63077	\$1,607.88	\$1,202.16
63078	\$213.08	\$195.09
63081	\$1,857.22	\$1,348.47
63082	\$278.63	\$271.03

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
63085	\$2,028.50	\$1,506.70
63086	\$200.15	\$202.16
63087	\$2,541.57	\$1,915.48
63088	\$270.98	\$266.19
63090	\$2,086.21	\$1,527.92
63091	\$187.91	\$180.19
63101	\$2,446.01	\$1,089.29
63102	\$2,403.03	\$1,089.29
63103	\$307.68	\$134.51
63170	\$1,663.28	\$1,133.65
63172	\$1,457.37	\$1,038.34
63173	\$1,795.30	\$1,255.40
63180	\$1,517.43	\$1,414.74
63182	\$1,625.32	\$1,144.45
63185	\$1,221.65	\$1,042.44
63190	\$1,342.50	\$1,041.32
63191	\$1,450.43	\$1,020.85
63194	\$1,678.48	\$1,191.36
63195	\$1,609.78	\$1,191.36
63196	\$1,866.56	\$1,191.36
63197	\$1,702.70	\$1,191.36
63198	\$2,189.67	\$1,489.20
63199	\$2,293.01	\$1,489.20
63200	\$1,606.56	\$1,245.34
63250	\$3,054.05	\$2,092.70

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
63251	\$3,165.45	\$2,188.75
63252	\$3,154.07	\$2,319.43
63265	\$1,749.39	\$1,356.66
63266	\$1,807.05	\$1,327.62
63267	\$1,446.92	\$1,126.58
63268	\$1,490.90	\$1,182.05
63270	\$2,157.57	\$1,460.53
63271	\$2,158.06	\$1,581.16
63272	\$1,982.48	\$1,373.79
63273	\$1,945.54	\$1,327.99
63275	\$1,887.81	\$1,458.30
63276	\$1,875.96	\$1,275.50
63277	\$1,640.76	\$1,137.00
63278	\$1,659.79	\$1,121.37
63280	\$2,211.03	\$1,539.46
63281	\$2,187.45	\$1,519.36
63282	\$2,065.47	\$1,439.31
63283	\$1,980.64	\$699.92
63285	\$2,727.86	\$1,937.45
63286	\$2,690.84	\$2,043.93
63287	\$2,850.07	\$1,981.38
63290	\$2,894.52	\$2,002.23
63295	\$342.36	\$189.88
63300	\$1,928.99	\$1,389.42
63301	\$2,291.86	\$1,469.10

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
63302	\$2,262.97	\$1,482.50
63303	\$2,276.64	\$1,715.19
63304	\$2,421.14	\$1,698.06
63305	\$2,617.37	\$1,804.54
63306	\$2,522.39	\$1,772.89
63307	\$2,517.34	\$1,720.03
63308	\$336.00	\$293.74
63600	\$1,146.56	\$893.52
63610	\$605.55	\$231.94
63620	\$1,176.48	\$531.27
63621	\$261.84	\$164.93
63650	\$1,865.03	\$436.34
63655	\$884.11	\$776.62
63661	\$689.49	\$479.89
63662	\$894.86	\$581.53
63663	\$922.07	\$698.43
63664	\$926.16	\$605.36
63685	\$389.61	\$378.26
63688	\$400.90	\$302.68
63700	\$1,367.34	\$843.26
63702	\$1,499.27	\$843.26
63704	\$1,698.71	\$1,011.91
63706	\$1,881.37	\$1,011.91
63707	\$988.34	\$1,116.90
63709	\$1,173.77	\$1,116.90

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
63710	\$1,157.48	\$841.40
63740	\$1,027.83	\$967.98
63741	\$719.44	\$774.38
63744	\$709.98	\$421.82
63746	\$636.35	\$372.30
64400	\$151.56	\$56.59
64402	\$165.85	\$91.21
64405	\$90.59	\$62.92
64408	\$131.08	\$66.27
64410	\$171.32	\$66.64
64413	\$139.35	\$68.13
64415	\$131.84	\$72.23
64416	\$84.47	\$106.85
64417	\$147.77	\$65.15
64418	\$105.60	\$60.68
64420	\$123.72	\$59.57
64421	\$175.44	\$84.51
64425	\$152.58	\$68.88
64430	\$163.06	\$69.99
64435	\$156.71	\$72.97
64445	\$152.41	\$78.56
64446	\$84.47	\$99.40
64447	\$135.08	\$49.14
64448	\$75.86	\$91.73
64449	\$90.33	\$91.62

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64450	\$86.43	\$49.14
64455	\$52.19	\$28.29
64479	\$275.08	\$154.50
64480	\$134.64	\$140.36
64483	\$256.48	\$143.34
64484	\$110.10	\$133.28
64490	\$213.06	\$160.83
64491	\$104.50	\$79.67
64492	\$105.33	\$80.79
64493	\$194.95	\$144.45
64494	\$97.46	\$72.97
64495	\$97.46	\$74.09
64505	\$128.97	\$60.68
64510	\$149.88	\$60.68
64517	\$212.97	\$158.18
64520	\$230.49	\$83.77
64530	\$228.73	\$140.36
64553	\$1,984.84	\$142.22
64566	\$146.56	\$117.65
64568	\$676.21	\$549.90
64569	\$805.13	\$505.46
64570	\$775.74	\$439.94
64575	\$359.37	\$272.90
64585	\$277.77	\$123.60
64590	\$299.05	\$135.14

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64595	\$274.08	\$108.34
64600	\$483.68	\$113.55
64605	\$657.36	\$158.97
64610	\$839.48	\$205.14
64611	\$131.13	\$85.92
64612	\$147.29	\$83.40
64615	\$157.71	\$103.87
64616	\$141.27	\$90.47
64617	\$178.45	\$98.29
64620	\$228.51	\$99.40
64630	\$260.42	\$98.29
64632	\$95.06	\$51.01
64633	\$471.54	\$199.38
64634	\$214.00	\$58.95
64635	\$466.59	\$195.34
64636	\$194.71	\$51.31
64640	\$153.16	\$125.47
64642	\$158.02	\$91.21
64643	\$100.28	\$60.68
64644	\$184.54	\$60.68
64645	\$126.24	\$69.25
64646	\$164.74	\$98.66
64647	\$191.71	\$113.92
64650	\$87.95	\$51.01
64653	\$106.62	\$58.45

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64680	\$360.69	\$118.02
64681	\$644.34	\$395.66
64702	\$553.70	\$202.53
64704	\$354.02	\$297.84
64708	\$548.68	\$446.76
64712	\$633.01	\$443.78
64713	\$837.93	\$631.76
64714	\$783.03	\$504.84
64716	\$570.76	\$398.73
64718	\$649.80	\$446.76
64719	\$440.77	\$296.35
64721	\$476.72	\$316.83
64726	\$299.14	\$202.53
64727	\$195.17	\$176.10
64732	\$475.23	\$263.59
64734	\$536.97	\$276.62
64736	\$407.42	\$260.61
64738	\$507.66	\$372.30
64740	\$535.17	\$372.30
64742	\$547.85	\$379.75
64744	\$526.03	\$295.23
64746	\$458.27	\$210.72
64755	\$966.15	\$590.47
64760	\$548.86	\$521.22
64763	\$545.81	\$253.16

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64766	\$664.53	\$421.82
64771	\$646.30	\$295.23
64772	\$612.33	\$405.43
64774	\$443.61	\$152.64
64776	\$425.36	\$153.02
64778	\$194.90	\$80.42
64782	\$502.12	\$253.16
64783	\$232.65	\$208.86
64784	\$787.90	\$421.82
64786	\$1,060.33	\$900.22
64787	\$258.17	\$230.45
64788	\$436.92	\$253.16
64790	\$896.86	\$603.87
64792	\$1,159.17	\$782.57
64795	\$205.72	\$159.34
64802	\$883.84	\$539.84
64804	\$1,235.18	\$744.60
64809	\$1,124.96	\$744.60
64818	\$844.20	\$558.45
64820	\$777.39	\$397.24
64821	\$755.02	\$515.64
64822	\$755.02	\$515.64
64823	\$855.91	\$594.56
64831	\$751.65	\$282.58
64832	\$360.91	\$153.02

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64834	\$806.03	\$337.30
64835	\$880.58	\$421.82
64836	\$881.02	\$505.96
64837	\$391.57	\$350.33
64840	\$1,040.59	\$708.11
64856	\$1,096.16	\$505.96
64857	\$1,141.54	\$781.46
64858	\$1,269.36	\$958.67
64861	\$1,592.55	\$1,096.80
64862	\$1,471.45	\$1,102.01
64864	\$937.75	\$677.96
64865	\$1,193.71	\$832.46
64866	\$1,401.43	\$967.98
64868	\$1,094.34	\$967.98
64872	\$124.53	\$113.55
64874	\$186.26	\$166.42
64876	\$211.34	\$174.24
64885	\$1,209.09	\$696.57
64886	\$1,398.27	\$830.60
64890	\$1,164.57	\$647.80
64891	\$1,236.32	\$616.90
64892	\$1,128.23	\$599.03
64893	\$1,209.73	\$694.34
64895	\$1,426.51	\$768.80
64896	\$1,542.89	\$875.28

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
64897	\$1,361.83	\$731.94
64898	\$1,477.84	\$791.88
64901	\$639.71	\$479.52
64902	\$740.58	\$557.71
64905	\$1,104.98	\$526.06
64907	\$1,403.00	\$689.87
64910	\$871.98	\$574.84
64911	\$1,113.78	\$699.20
70010	\$64.96	\$173.47
70015	\$174.04	\$89.01
70030	\$33.35	\$24.68
70100	\$39.12	\$25.10
70110	\$45.47	\$34.04
70120	\$39.12	\$25.98
70130	\$64.82	\$45.84
70134	\$60.86	\$45.84
70140	\$34.51	\$25.98
70150	\$49.58	\$37.28
70160	\$39.16	\$24.79
70190	\$41.48	\$25.98
70200	\$49.91	\$37.89
70210	\$35.84	\$21.62
70220	\$44.22	\$33.35
70240	\$35.76	\$21.62
70250	\$43.02	\$25.98

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
70260	\$53.62	\$40.34
70300	\$15.80	\$8.63
70310	\$42.93	\$17.30
70320	\$61.99	\$34.61
70328	\$35.80	\$24.45
70330	\$56.29	\$38.09
70332	\$86.21	\$68.00
70350	\$20.71	\$17.30
70355	\$21.83	\$17.88
70360	\$34.18	\$17.30
70370	\$92.47	\$38.09
70380	\$38.33	\$27.70
70390	\$118.17	\$41.33
70450	\$130.60	\$104.17
70460	\$185.07	\$145.73
70470	\$216.86	\$172.70
70480	\$264.94	\$211.02
70481	\$314.53	\$230.16
70482	\$342.68	\$230.16
70486	\$157.98	\$126.33
70487	\$189.42	\$151.65
70488	\$231.38	\$184.96
70490	\$185.29	\$173.66
70491	\$229.49	\$212.93
70492	\$276.85	\$230.16

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
70496	\$335.26	\$266.83
70498	\$334.43	\$265.18
70540	\$303.04	\$326.38
70542	\$360.04	\$366.83
70543	\$451.88	\$447.59
70544	\$318.59	\$358.93
70545	\$316.10	\$353.08
70546	\$468.89	\$548.97
70547	\$319.83	\$360.38
70548	\$350.99	\$378.41
70549	\$488.76	\$551.26
70551	\$256.88	\$207.31
70552	\$357.95	\$289.56
70553	\$421.25	\$340.94
70554	\$502.87	\$409.57
71045	\$27.91	\$17.67
71046	\$35.63	\$27.48
71047	\$44.97	\$35.27
71048	\$48.54	\$37.87
71100	\$38.95	\$27.16
71101	\$44.36	\$32.32
71110	\$46.55	\$33.31
71111	\$55.36	\$42.40
71120	\$35.30	\$25.98
71130	\$42.27	\$25.98

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
71250	\$179.14	\$162.69
71260	\$222.79	\$207.50
71270	\$264.75	\$249.29
71275	\$342.85	\$270.91
71550	\$465.43	\$378.14
71551	\$514.55	\$417.18
71552	\$649.34	\$528.54
71555	\$448.04	\$361.83
72020	\$25.96	\$17.30
72040	\$41.44	\$25.98
72050	\$57.06	\$40.00
72052	\$68.06	\$50.31
72070	\$38.54	\$28.04
72072	\$41.03	\$30.83
72074	\$45.18	\$35.11
72080	\$38.12	\$29.91
72100	\$41.44	\$30.29
72110	\$57.89	\$43.85
72114	\$66.14	\$56.38
72120	\$48.91	\$34.61
72125	\$209.16	\$166.51
72126	\$258.96	\$207.46
72127	\$307.71	\$245.44
72128	\$205.30	\$162.77
72129	\$260.62	\$207.58

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
72130	\$308.13	\$245.78
72131	\$204.47	\$161.78
72132	\$259.38	\$206.81
72133	\$306.69	\$245.66
72141	\$250.05	\$201.05
72142	\$364.81	\$292.96
72146	\$250.46	\$201.05
72147	\$362.93	\$290.97
72148	\$250.46	\$200.05
72149	\$360.24	\$289.33
72156	\$424.15	\$342.92
72157	\$425.39	\$343.69
72158	\$423.32	\$341.70
72159	\$464.48	\$379.82
72170	\$37.50	\$21.62
72190	\$45.22	\$31.55
72191	\$357.22	\$274.89
72192	\$164.27	\$131.41
72193	\$267.09	\$204.45
72194	\$303.77	\$236.34
72195	\$308.40	\$342.46
72196	\$359.81	\$374.32
72197	\$454.38	\$460.12
72198	\$450.38	\$365.50
72200	\$35.01	\$21.62

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
72202	\$39.49	\$29.57
72220	\$34.59	\$25.02
72240	\$117.08	\$87.55
72255	\$118.57	\$87.02
72265	\$109.53	\$81.98
72270	\$151.29	\$112.92
72275	\$140.29	\$79.72
72285	\$131.63	\$101.54
72295	\$115.55	\$87.71
73000	\$32.97	\$20.78
73010	\$36.25	\$24.79
73020	\$26.79	\$17.30
73030	\$34.14	\$25.86
73040	\$126.45	\$50.69
73050	\$42.35	\$30.29
73060	\$34.22	\$20.78
73070	\$30.53	\$20.78
73080	\$33.76	\$25.98
73085	\$120.86	\$71.82
73090	\$31.73	\$20.78
73092	\$32.56	\$20.78
73100	\$36.29	\$17.30
73110	\$41.65	\$25.14
73115	\$134.97	\$41.14
73120	\$32.97	\$17.30

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
73130	\$37.91	\$25.14
73140	\$38.49	\$15.59
73200	\$204.05	\$161.78
73201	\$254.23	\$201.51
73202	\$317.87	\$252.54
73206	\$373.59	\$295.40
73218	\$412.36	\$332.00
73219	\$452.14	\$367.60
73220	\$558.91	\$390.48
73221	\$265.10	\$213.00
73222	\$425.59	\$344.49
73223	\$527.38	\$426.31
73225	\$444.86	\$367.25
73525	\$128.55	\$75.29
73560	\$36.71	\$19.02
73562	\$42.43	\$23.38
73564	\$47.25	\$27.70
73565	\$42.52	\$19.02
73580	\$145.56	\$69.22
73590	\$33.39	\$20.78
73592	\$32.56	\$20.78
73600	\$35.05	\$19.02
73610	\$37.91	\$25.14
73615	\$135.19	\$75.29
73620	\$30.49	\$17.30

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
73630	\$35.42	\$24.22
73650	\$30.49	\$19.02
73660	\$32.68	\$15.59
73700	\$204.47	\$161.78
73701	\$257.55	\$204.45
73702	\$312.89	\$248.34
73706	\$404.78	\$318.05
73718	\$299.31	\$332.68
73719	\$353.82	\$368.52
73720	\$453.54	\$390.48
73721	\$265.10	\$212.66
73722	\$427.66	\$347.35
73723	\$526.14	\$428.30
73725	\$450.71	\$366.45
74018	\$32.06	\$24.63
74019	\$39.33	\$30.10
74021	\$45.19	\$35.12
74022	\$52.45	\$39.42
74150	\$168.65	\$134.27
74160	\$272.03	\$208.76
74170	\$308.64	\$237.64
74174	\$451.07	\$351.77
74175	\$358.20	\$277.18
74176	\$225.14	\$179.04
74177	\$363.38	\$281.80

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
74178	\$410.33	\$319.24
74181	\$277.70	\$302.58
74182	\$410.01	\$414.66
74183	\$454.80	\$461.11
74185	\$452.04	\$366.49
74210	\$100.11	\$38.09
74220	\$109.54	\$38.09
74230	\$145.99	\$51.91
74240	\$139.33	\$102.03
74241	\$145.14	\$106.65
74245	\$212.50	\$155.67
74246	\$155.51	\$115.25
74247	\$175.42	\$128.77
74249	\$228.26	\$82.21
74250	\$129.22	\$94.62
74251	\$500.66	\$387.46
74260	\$408.70	\$53.21
74270	\$184.55	\$51.91
74280	\$260.51	\$62.84
74290	\$87.30	\$38.43
74400	\$136.61	\$65.74
74410	\$138.68	\$86.52
74415	\$166.06	\$99.32
74430	\$44.16	\$33.16
74440	\$99.28	\$38.09

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
74455	\$103.85	\$60.59
74485	\$121.12	\$83.01
74710	\$42.83	\$33.92
74740	\$94.11	\$46.72
75600	\$230.19	\$182.98
75605	\$150.02	\$124.49
75625	\$147.16	\$124.04
75630	\$183.14	\$152.07
75635	\$503.38	\$342.54
75705	\$279.29	\$211.36
75710	\$184.60	\$145.12
75716	\$196.95	\$167.47
75726	\$162.85	\$134.88
75731	\$189.82	\$154.40
75733	\$204.25	\$164.99
75736	\$174.71	\$145.85
75741	\$164.04	\$136.22
75743	\$183.18	\$151.73
75746	\$166.36	\$138.32
75756	\$190.75	\$151.77
75774	\$94.41	\$79.95
75809	\$108.90	\$24.83
75820	\$126.46	\$61.12
75822	\$146.39	\$93.82
75825	\$145.28	\$122.28

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
75827	\$150.90	\$123.50
75842	\$197.12	\$162.31
75870	\$210.35	\$133.66
75885	\$170.34	\$141.30
75901	\$230.36	\$99.36
75902	\$89.72	\$64.75
75984	\$115.98	\$67.73
75989	\$135.27	\$107.84
76000	\$53.17	\$27.96
76010	\$30.82	\$23.34
76080	\$63.81	\$41.79
76098	\$18.46	\$14.48
76100	\$107.23	\$57.11
76101	\$105.03	\$87.86
76102	\$198.13	\$110.78
76120	\$116.93	\$52.72
76380	\$163.48	\$132.10
76506	\$131.50	\$62.23
76510	\$127.43	\$149.44
76511	\$77.06	\$54.82
76512	\$69.09	\$66.43
76513	\$112.24	\$66.43
76514	\$13.97	\$10.12
76516	\$61.45	\$54.82
76519	\$74.98	\$54.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
76529	\$93.94	\$58.75
76536	\$131.76	\$59.74
76604	\$101.10	\$69.14
76641	\$121.33	\$97.68
76642	\$98.72	\$80.07
76700	\$138.01	\$83.20
76705	\$103.01	\$60.74
76770	\$127.93	\$80.72
76775	\$65.30	\$51.38
76776	\$177.63	\$110.40
76800	\$159.87	\$80.98
76801	\$138.13	\$78.42
76802	\$70.53	\$57.95
76805	\$159.09	\$94.32
76810	\$103.55	\$84.69
76811	\$201.14	\$162.43
76812	\$226.72	\$119.18
76813	\$136.16	\$108.95
76814	\$88.18	\$71.93
76815	\$95.11	\$62.95
76816	\$128.97	\$51.84
76817	\$109.02	\$82.17
76820	\$52.99	\$38.73
76821	\$104.05	\$83.93
76825	\$314.01	\$81.48

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
76826	\$187.30	\$59.55
76827	\$84.39	\$57.57
76828	\$59.38	\$34.00
76830	\$138.92	\$67.65
76831	\$134.87	\$75.52
76856	\$124.40	\$67.65
76857	\$54.43	\$42.17
76870	\$119.62	\$59.78
76872	\$146.77	\$67.65
76873	\$196.00	\$107.95
76881	\$100.78	\$105.10
76882	\$64.43	\$26.25
76885	\$164.02	\$76.09
76886	\$119.70	\$67.81
76937	\$38.21	\$28.15
76942	\$63.28	\$53.52
76946	\$35.84	\$29.07
76965	\$102.05	\$79.07
76970	\$102.96	\$43.43
77001	\$103.46	\$63.56
77002	\$115.66	\$66.51
77003	\$111.49	\$56.88
77011	\$261.71	\$199.48
77012	\$169.07	\$111.24
77014	\$137.02	\$105.16

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
77021	\$549.68	\$375.93
77046	\$283.55	\$2,216.84
77047	\$290.63	\$232.50
77048	\$451.25	\$361.00
77049	\$460.20	\$368.16
77053	\$65.15	\$52.41
77054	\$85.33	\$68.87
77063	\$61.27	\$49.32
77065	\$151.92	\$122.05
77066	\$192.44	\$154.75
77067	\$155.22	\$125.30
77071	\$56.29	\$24.56
77072	\$27.04	\$19.67
77073	\$42.29	\$32.39
77074	\$76.62	\$56.42
77075	\$104.88	\$78.50
77076	\$114.40	\$63.60
77077	\$43.37	\$33.50
77080	\$45.67	\$37.47
77081	\$37.79	\$25.21
77085	\$62.08	\$50.80
77086	\$39.99	\$32.13
77261	\$77.16	\$134.85
77262	\$116.05	\$145.92
77263	\$181.00	\$210.10

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
77280	\$321.60	\$80.14
77285	\$532.79	\$127.02
77290	\$590.69	\$155.89
77293	\$531.48	\$414.46
77295	\$556.31	\$435.75
77300	\$75.10	\$56.12
77301	\$2,239.81	\$1,237.18
77306	\$169.04	\$128.69
77307	\$326.25	\$251.14
77316	\$232.31	\$166.29
77317	\$304.23	\$217.44
77318	\$436.01	\$313.40
77321	\$105.50	\$81.71
77331	\$71.81	\$53.40
77332	\$59.39	\$53.63
77333	\$124.76	\$45.73
77334	\$145.14	\$129.80
77336	\$92.59	\$55.08
77338	\$565.24	\$427.61
77370	\$143.69	\$95.19
77372	\$1,251.37	\$806.21
77373	\$1,514.84	\$1,247.04
77401	\$28.84	\$19.06
77417	\$13.08	\$9.82
77427	\$204.35	\$114.37

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
77431	\$112.88	\$79.34
77432	\$456.47	\$284.32
77435	\$688.98	\$536.14
77469	\$341.72	\$248.27
77470	\$145.34	\$136.18
77600	\$522.05	\$169.38
77610	\$805.80	\$169.38
77615	\$1,237.25	\$227.48
77750	\$422.34	\$135.04
77761	\$450.22	\$322.48
77762	\$592.72	\$427.42
77763	\$840.84	\$603.48
77778	\$953.16	\$734.59
77789	\$138.96	\$106.73
77790	\$17.64	\$79.38
78013	\$227.34	\$180.63
78014	\$285.11	\$220.11
78015	\$264.31	\$80.91
78016	\$332.53	\$109.48
78018	\$369.54	\$129.80
78020	\$96.75	\$29.22
78070	\$352.55	\$96.11
78071	\$419.20	\$326.76
78072	\$456.17	\$386.74
78075	\$534.52	\$217.82

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
78102	\$199.45	\$93.25
78110	\$81.00	\$34.61
78111	\$85.85	\$52.41
78120	\$82.91	\$51.91
78121	\$90.43	\$70.52
78122	\$110.44	\$90.15
78130	\$144.22	\$86.52
78135	\$329.12	\$129.80
78140	\$126.99	\$86.52
78185	\$199.62	\$86.52
78191	\$144.22	\$149.17
78195	\$419.00	\$189.55
78201	\$224.98	\$77.89
78202	\$238.38	\$120.14
78205	\$248.16	\$198.72
78206	\$400.05	\$247.15
78215	\$229.56	\$86.52
78216	\$149.17	\$113.80
78226	\$390.35	\$298.01
78227	\$528.28	\$408.54
78230	\$205.66	\$60.59
78231	\$120.72	\$70.17
78232	\$118.44	\$86.52
78258	\$257.38	\$129.35
78261	\$238.26	\$108.14

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
78262	\$284.37	\$108.14
78264	\$395.54	\$321.07
78265	\$469.05	\$378.83
78266	\$556.81	\$449.88
78278	\$411.54	\$129.80
78290	\$391.01	\$108.14
78291	\$301.61	\$141.11
78300	\$271.34	\$80.91
78305	\$330.25	\$112.92
78306	\$356.46	\$141.03
78315	\$408.10	\$131.10
78320	\$267.58	\$214.30
78445	\$219.82	\$120.83
78451	\$397.72	\$201.93
78452	\$555.24	\$348.12
78453	\$358.40	\$176.60
78454	\$513.24	\$168.31
78456	\$364.82	\$148.64
78457	\$223.90	\$69.22
78458	\$240.36	\$94.32
78466	\$231.23	\$87.52
78468	\$239.30	\$115.98
78472	\$267.82	\$167.77
78473	\$337.40	\$250.82
78481	\$204.55	\$160.75

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
78483	\$275.78	\$222.32
78494	\$263.65	\$209.99
78496	\$49.23	\$40.38
78579	\$219.58	\$157.94
78580	\$280.61	\$112.50
78582	\$393.59	\$290.92
78597	\$236.16	\$177.59
78598	\$360.04	\$273.78
78600	\$217.73	\$117.35
78601	\$256.03	\$137.79
78605	\$234.79	\$134.12
78606	\$390.13	\$159.18
78610	\$206.88	\$40.22
78630	\$399.72	\$169.19
78635	\$401.25	\$149.36
78645	\$385.02	\$149.36
78650	\$323.85	\$147.95
78660	\$215.07	\$86.52
78700	\$201.29	\$77.89
78701	\$256.52	\$119.83
78707	\$272.05	\$192.95
78708	\$204.27	\$155.59
78709	\$431.84	\$182.63
78725	\$126.49	\$77.01
78730	\$91.09	\$65.86

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
78740	\$257.64	\$67.50
78761	\$247.96	\$86.52
78800	\$227.67	\$89.12
78801	\$302.84	\$132.40
78802	\$380.32	\$154.90
78804	\$672.81	\$189.70
78805	\$215.52	\$107.30
78806	\$392.77	\$173.05
78808	\$45.34	\$40.19
79005	\$152.91	\$119.11
79101	\$163.46	\$126.14
79200	\$149.79	\$103.83
79403	\$213.96	\$168.04
92002	\$94.14	\$37.15
92004	\$167.93	\$49.78
92012	\$98.76	\$37.15
92014	\$141.14	\$38.43
92015	\$21.29	\$8.01
92018	\$158.99	\$47.88
92019	\$78.72	\$43.10
92020	\$30.65	\$19.21
92025	\$42.57	\$26.82
92060	\$72.30	\$33.78
92071	\$41.51	\$32.04
92072	\$144.92	\$101.93

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
92081	\$38.21	\$32.95
92082	\$53.98	\$34.07
92083	\$72.66	\$30.51
92100	\$93.37	\$28.93
92132	\$35.31	\$26.44
92133	\$41.54	\$32.25
92134	\$45.90	\$32.25
92136	\$79.55	\$67.14
92225	\$30.61	\$46.44
92226	\$28.33	\$39.86
92227	\$16.40	\$10.72
92228	\$38.34	\$26.66
92230	\$72.88	\$46.44
92235	\$103.99	\$81.73
92240	\$237.42	\$73.99
92250	\$57.30	\$42.13
92260	\$21.81	\$32.80
92265	\$99.19	\$42.24
92270	\$107.92	\$33.29
92273	\$153.61	\$122.88
92274	\$103.32	\$82.66
92283	\$61.97	\$16.79
92284	\$70.81	\$20.39
92502	\$104.95	\$61.76
92504	\$33.50	\$16.65

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
92507	\$86.23	\$29.72
92508	\$26.25	\$20.64
92511	\$127.41	\$41.79
92512	\$66.67	\$24.58
92516	\$78.14	\$19.65
92520	\$88.67	\$30.13
92521	\$124.86	\$74.98
92522	\$100.18	\$64.11
92523	\$215.44	\$130.58
92524	\$96.64	\$62.08
92526	\$94.78	\$33.82
92540	\$115.09	\$82.13
92541	\$27.43	\$14.57
92542	\$31.47	\$13.93
92544	\$18.84	\$13.93
92545	\$17.67	\$13.93
92546	\$120.61	\$13.93
92547	\$8.71	\$13.93
92550	\$23.90	\$17.67
92551	\$13.49	\$10.20
92552	\$36.73	\$15.30
92553	\$44.61	\$20.40
92555	\$28.01	\$11.20
92556	\$44.19	\$27.00
92557	\$41.77	\$40.86

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
92561	\$45.24	\$17.44
92562	\$52.91	\$7.70
92563	\$35.90	\$7.16
92564	\$29.26	\$9.07
92565	\$17.64	\$9.29
92568	\$17.10	\$9.28
92570	\$35.34	\$26.84
92571	\$31.33	\$9.53
92572	\$49.81	\$2.08
92575	\$73.87	\$7.44
92576	\$42.53	\$12.07
92577	\$15.98	\$13.61
92579	\$50.90	\$25.43
92582	\$85.07	\$38.06
92585	\$155.24	\$123.15
92586	\$107.88	\$66.49
92587	\$23.90	\$41.00
92588	\$36.36	\$51.26
92597	\$79.15	\$81.89
92601	\$183.20	\$114.93
92602	\$115.05	\$80.56
92603	\$170.35	\$77.32
92604	\$101.79	\$52.68
92605	\$100.85	\$34.76
92606	\$90.22	\$34.76

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
92607	\$144.17	\$95.97
92608	\$57.74	\$18.80
92609	\$120.68	\$51.95
92610	\$95.16	\$48.78
92611	\$98.76	\$39.95
92612	\$218.30	\$114.92
92613	\$40.71	\$33.73
92614	\$160.44	\$85.70
92615	\$35.65	\$28.26
92616	\$232.87	\$118.42
92617	\$44.75	\$37.47
92618	\$36.39	\$27.54
92620	\$103.47	\$40.75
92621	\$24.93	\$10.11
92625	\$76.89	\$40.07
92626	\$99.10	\$20.05
92627	\$25.01	\$20.05
92920	\$558.57	\$435.12
92924	\$665.74	\$517.26
92928	\$621.38	\$483.05
92933	\$696.83	\$540.15
92937	\$620.81	\$482.46
92941	\$698.63	\$541.18
92943	\$698.41	\$541.18
92950	\$346.71	\$115.00

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
92953	\$1.01	\$20.40
92960	\$176.21	\$122.46
92961	\$263.13	\$172.78
92970	\$198.70	\$188.49
92971	\$105.90	\$79.24
92973	\$185.65	\$146.71
92974	\$169.93	\$159.17
92975	\$396.20	\$336.79
92977	\$62.77	\$249.43
92986	\$1,398.46	\$965.88
92987	\$1,443.91	\$1,043.85
92990	\$1,153.23	\$819.02
92997	\$687.73	\$544.81
92998	\$339.90	\$283.71
93000	\$18.83	\$28.70
93005	\$9.76	\$16.40
93010	\$9.07	\$12.30
93015	\$79.54	\$95.91
93016	\$23.91	\$24.57
93017	\$39.63	\$52.50
93018	\$16.00	\$18.84
93024	\$123.49	\$104.53
93025	\$171.64	\$233.28
93040	\$13.93	\$13.07
93041	\$6.44	\$5.13

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
93042	\$7.49	\$8.53
93224	\$101.22	\$110.84
93225	\$30.09	\$29.82
93226	\$42.53	\$55.94
93227	\$28.60	\$25.08
93228	\$27.99	\$21.55
93229	\$826.44	\$674.96
93260	\$75.82	\$59.05
93261	\$69.63	\$54.13
93268	\$233.56	\$141.44
93270	\$10.59	\$29.82
93271	\$195.61	\$79.80
93272	\$27.36	\$21.75
93278	\$34.68	\$26.91
93279	\$61.48	\$48.79
93280	\$72.00	\$57.91
93281	\$77.48	\$67.69
93282	\$74.57	\$62.35
93283	\$93.48	\$75.90
93284	\$101.18	\$88.93
93285	\$54.13	\$42.23
93286	\$39.46	\$23.84
93287	\$48.19	\$31.19
93288	\$49.52	\$38.02
93289	\$66.68	\$58.20

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
93290	\$47.03	\$27.40
93291	\$42.49	\$36.33
93292	\$44.95	\$36.62
93293	\$59.74	\$52.81
93294	\$32.86	\$31.34
93295	\$48.28	\$56.76
93296	\$29.67	\$33.96
93297	\$28.41	\$21.55
93298	\$28.41	\$25.27
93303	\$269.20	\$152.65
93304	\$184.08	\$83.48
93306	\$234.78	\$239.76
93307	\$160.16	\$150.10
93308	\$112.58	\$75.05
93312	\$277.62	\$155.74
93320	\$60.90	\$76.57
93321	\$30.72	\$38.94
93325	\$29.17	\$77.88
93350	\$213.16	\$96.12
93351	\$263.85	\$247.29
93352	\$38.25	\$34.77
93355	\$247.50	\$193.26
93451	\$898.84	\$698.63
93452	\$985.01	\$762.86
93453	\$1,275.58	\$998.44

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
93454	\$994.24	\$787.65
93455	\$1,145.29	\$919.49
93456	\$1,258.06	\$985.01
93457	\$1,405.83	\$1,116.74
93458	\$1,178.34	\$950.01
93459	\$1,292.66	\$1,048.57
93460	\$1,410.91	\$1,120.29
93461	\$1,598.88	\$1,285.59
93462	\$221.69	\$165.14
93463	\$106.29	\$87.95
93464	\$283.15	\$224.81
93503	\$94.31	\$126.98
93505	\$794.83	\$237.76
93563	\$61.68	\$46.90
93564	\$64.39	\$47.63
93565	\$47.91	\$36.03
93566	\$174.49	\$154.69
93567	\$145.66	\$93.20
93568	\$157.40	\$93.20
93580	\$1,029.57	\$603.92
93581	\$1,397.01	\$760.72
93582	\$698.51	\$565.26
93583	\$780.45	\$503.21
93613	\$313.10	\$312.54
93642	\$368.12	\$524.85

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
93644	\$219.65	\$260.64
93650	\$625.58	\$715.71
93653	\$883.56	\$659.46
93654	\$1,182.58	\$880.22
93655	\$449.91	\$329.80
93656	\$1,186.26	\$880.47
93657	\$449.08	\$329.97
93702	\$147.71	\$105.13
93724	\$303.70	\$274.98
93750	\$60.23	\$44.29
95812	\$375.28	\$81.82
95813	\$464.76	\$111.34
95816	\$419.88	\$75.58
95819	\$494.78	\$65.01
95822	\$446.02	\$65.01
95827	\$705.81	\$115.16
95829	\$2,188.28	\$222.48
95830	\$445.42	\$79.34
95831	\$36.44	\$14.86
95832	\$35.79	\$14.86
95833	\$47.47	\$52.48
95834	\$61.90	\$52.48
95851	\$23.63	\$14.86
95852	\$21.34	\$8.18
95857	\$60.94	\$29.72

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
95860	\$137.40	\$65.60
95861	\$195.04	\$98.40
95863	\$245.55	\$111.45
95864	\$282.84	\$164.00
95865	\$168.15	\$99.84
95866	\$154.94	\$66.47
95867	\$120.06	\$48.23
95868	\$156.86	\$81.41
95869	\$108.67	\$26.24
95870	\$104.94	\$20.25
95872	\$218.13	\$73.25
95873	\$86.66	\$24.49
95874	\$88.54	\$24.83
95875	\$149.71	\$51.18
95885	\$69.95	\$49.84
95886	\$106.89	\$76.84
95887	\$92.98	\$68.83
95905	\$74.08	\$70.80
95907	\$107.59	\$82.81
95908	\$139.56	\$102.19
95909	\$166.56	\$122.34
95910	\$218.28	\$160.95
95911	\$261.89	\$194.55
95912	\$293.29	\$227.53
95913	\$338.32	\$263.45

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
95924	\$166.72	\$128.82
95925	\$151.56	\$84.75
95926	\$146.58	\$123.15
95927	\$151.78	\$123.15
95928	\$249.52	\$153.15
95929	\$255.75	\$159.69
95930	\$78.66	\$34.44
95937	\$99.45	\$22.29
95938	\$401.06	\$267.67
95939	\$591.30	\$415.54
95940	\$35.35	\$27.05
95950	\$334.77	\$178.09
95953	\$504.58	\$250.77

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
95955	\$241.35	\$111.16
95956	\$1,686.44	\$490.44
95957	\$305.50	\$116.35
95958	\$652.76	\$247.26
95970	\$20.39	\$19.79
95971	\$55.19	\$33.72
95972	\$62.38	\$64.73
95976	\$43.78	\$35.02
95977	\$58.17	\$46.54
95983	\$54.91	\$43.92
95984	\$47.86	\$38.29
95990	\$108.10	\$49.52
95991	\$132.39	\$72.81

Table 215: Comparison of Medicare to Medi-Cal FFS Rates for Primary Care Services, by Procedure Code

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99201	\$50.58	\$22.90	\$40.90
99202	\$83.84	\$34.30	\$69.30
99203	\$118.01	\$57.20	\$100.20
99204	\$178.07	\$68.90	\$151.90

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99205	\$223.24	\$82.70	\$189.70
99211	\$25.62	\$12.00	\$22.00
99212	\$49.95	\$18.10	\$41.10
99213	\$81.38	\$24.00	\$68.00

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99214	\$118.87	\$37.50	\$99.50
99215	\$158.55	\$57.20	\$133.20
99221	\$107.11	\$34.30	\$34.30
99222	\$145.39	\$73.20	\$73.20
99223	\$215.26	\$80.10	\$80.10
99231	\$41.78	\$27.50	\$27.50
99232	\$77.42	\$37.80	\$37.80
99233	\$110.66	\$45.80	\$45.80
99238	\$78.48	\$37.60	\$37.60
99239	\$115.19	\$53.40	\$53.40
99241	\$52.20	\$30.60	\$30.60
99242	\$97.51	\$47.20	\$47.20
99243	\$133.31	\$59.50	\$59.50
99244	\$198.23	\$81.40	\$81.40
99245	\$241.27	\$102.20	\$102.20
99251	\$52.00	\$27.86	\$27.86
99252	\$79.66	\$32.46	\$32.46
99253	\$122.83	\$46.44	\$46.44
99254	\$178.49	\$65.01	\$65.01
99255	\$214.64	\$86.25	\$86.25
99281	\$22.28	\$15.18	\$15.18
99282	\$43.39	\$24.38	\$24.38
99283	\$64.79	\$44.60	\$44.60
99284	\$122.80	\$68.35	\$68.35

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99285	\$180.54	\$108.08	\$108.08
99291	\$298.45	\$121.60	\$121.60
99292	\$130.46	\$58.90	\$58.90
99304	\$96.34	\$37.80	\$37.80
99305	\$139.54	\$46.90	\$46.90
99306	\$178.79	\$72.10	\$72.10
99307	\$47.37	\$13.70	\$13.70
99308	\$74.19	\$27.50	\$27.50
99309	\$98.56	\$40.00	\$40.00
99310	\$145.76	\$52.00	\$52.00
99315	\$78.90	\$38.40	\$38.40
99316	\$113.34	\$46.60	\$46.60
99324	\$59.23	\$37.40	\$37.40
99325	\$85.60	\$51.50	\$51.50
99326	\$148.58	\$68.80	\$68.80
99327	\$199.61	\$80.00	\$80.00
99328	\$234.84	\$80.00	\$80.00
99334	\$64.79	\$19.50	\$19.50
99335	\$102.02	\$35.50	\$35.50
99336	\$145.12	\$42.30	\$42.30
99337	\$207.64	\$42.30	\$42.30
99341	\$59.23	\$41.20	\$41.20
99342	\$85.00	\$49.20	\$49.20
99343	\$138.42	\$62.90	\$62.90

Appendices

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99344	\$194.96	\$77.00	\$77.00
99345	\$237.13	\$94.30	\$94.30
99347	\$59.27	\$25.20	\$25.20
99348	\$89.81	\$34.30	\$34.30
99349	\$138.38	\$51.60	\$51.60
99350	\$191.63	\$80.10	\$80.10
99354	\$139.62	\$52.30	\$52.30
99355	\$106.60	\$49.90	\$49.90
99356	\$98.74	\$42.20	\$42.20
99357	\$99.15	\$39.40	\$39.40
99360	\$65.51	\$25.50	\$25.50
99366	\$45.88	\$30.54	\$30.54
99368	\$39.43	\$28.32	\$28.32
99381	\$121.97	\$45.33	\$122.33
99382	\$127.59	\$47.13	\$127.13
99383	\$132.58	\$54.83	\$131.83
99384	\$149.22	\$65.78	\$148.78

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate	January 2019 Medi-Cal Rate with Prop. 56 Payment
99385	\$144.34	\$114.10	\$144.10
99391	\$109.84	\$34.69	\$109.69
99392	\$116.99	\$37.39	\$116.39
99393	\$116.58	\$43.85	\$115.85
99394	\$127.60	\$54.83	\$126.83
99395	\$130.30	\$102.90	\$129.90
99401	\$43.09	\$7.16	\$7.16
99460	\$102.25	\$47.20	\$47.20
99461	\$100.33	\$72.80	\$72.80
99462	\$44.77	\$25.20	\$25.20
99464	\$79.88	\$59.20	\$59.20
99465	\$155.67	\$122.00	\$122.00
99466	\$254.44	\$193.96	\$193.96
99467	\$127.09	\$96.79	\$96.79
99477	\$371.49	\$265.48	\$265.48
90471	\$18.61	\$4.46	\$4.46

Table 216: Comparison of Medicare to Medi-Cal FFS Rates for Behavioral Health Services, by Procedure Code

Proc. Code	2019 Medicare Rate	Jan. 2019 Medi-Cal Rate	Jan. 2019 Medi-Cal with Prop. 56 Rate
90785	\$15.88	\$3.88	\$3.88
90791	\$146.99	\$128.08	\$163.08
90792	\$164.91	\$103.25	\$138.25
90832	\$71.73	\$52.87	\$52.87
90833	\$74.24	\$34.49	\$39.49
90834	\$95.43	\$67.16	\$67.16
90836	\$93.99	\$56.02	\$56.02
90837	\$143.26	\$98.02	\$98.02
90838	\$124.14	\$90.57	\$90.57
90846	\$115.40	\$51.00	\$51.00
90847	\$119.97	\$51.00	\$51.00
90853	\$28.73	\$3.47	\$3.47
90870	\$193.61	\$75.77	\$75.77
90880	\$113.13	\$52.11	\$52.11
96116	\$102.67	\$56.20	\$56.20
96121	\$87.71	\$70.17	\$70.17

Proc. Code	2019 Medicare Rate	Jan. 2019 Medi-Cal Rate	Jan. 2019 Medi-Cal with Prop. 56 Rate
96127	\$6.03	\$4.81	\$4.81
96130	\$124.51	\$99.60	\$99.60
96131	\$94.77	\$75.81	\$75.81
96132	\$141.71	\$113.37	\$113.37
96133	\$108.04	\$86.43	\$86.43
96136	\$52.35	\$41.88	\$41.88
96137	\$48.76	\$39.01	\$39.01
96138	\$44.61	\$35.69	\$35.69
96139	\$44.61	\$35.69	\$35.69
96146	\$2.29	\$1.84	\$1.84
96150	\$24.54	\$18.03	\$18.03
96151	\$24.01	\$17.44	\$17.44
96152	\$22.21	\$16.51	\$16.51
96153	\$5.20	\$3.83	\$3.83
96154	\$21.84	\$16.21	\$16.21

Table 217: Comparison of Medicare to Medi-Cal FFS Rates for Pre- and Post- Natal Obstetric Services, by Procedure Code

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rates
36460	\$366.55	\$309.75
59000	\$134.51	\$57.26
59001	\$186.40	\$139.85
59012	\$210.26	\$149.98
59020	\$76.74	\$50.67
59025	\$52.14	\$22.80
59409	\$844.62	\$544.28
59514	\$948.74	\$544.72
59525	\$501.65	\$239.09
59612	\$946.39	\$544.28
59620	\$975.11	\$544.72
76801	\$138.13	\$78.42
76802	\$70.53	\$57.95
76805	\$159.09	\$94.32

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rates
76810	\$103.55	\$84.69
76811	\$201.14	\$162.43
76812	\$226.72	\$119.18
76813	\$136.16	\$108.95
76814	\$88.18	\$71.93
76815	\$95.11	\$62.95
76816	\$128.97	\$51.84
76817	\$109.02	\$82.17
76820	\$52.99	\$38.73
76821	\$104.05	\$83.93
76825	\$314.01	\$81.48
76826	\$187.30	\$59.55
76827	\$84.39	\$57.57
76828	\$59.38	\$34.00

Table 218: Comparison of Medicare to Medi-Cal FFS Rates for Home Health Services, by Procedure Code

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
G0156	N/A	\$7.09
G0162	N/A	\$17.04
G0299	N/A	\$15.21

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
G0300	N/A	\$11.03
S9123	N/A	\$47.91
S9124	N/A	\$36.63

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
T1002	N/A	\$16.74
T1003	N/A	\$12.13

Procedure Code	2019 Medicare Rate	January 2019 Medi-Cal Rate
T1016	N/A	\$13.41

End Notes

¹ “Medicaid Program; Methods for Assuring Access to Covered Medicaid Services; Final Rule,” 80 Fed Reg. 67576, November 2, 2015. 42 Code of Federal Regulations (C.F.R.) § 447.203(b)

² 42 CFR § 447.203(b)

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⁵ DHCS. (September 2016.)

⁶ Title 42: Public Health, PART 447—PAYMENTS FOR SERVICES, 447.203 Documentation of access to care and service payment rates.

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- ¹⁵ http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Penetration_Brief_ADA.PDF
- ¹⁶ <http://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>
- ¹⁷ <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/PUB68.pdf>
- ¹⁸ http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx
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