Attachment A

San Diego Specific Analysis

CY 2000 Member Months and Medi-Cal Expenditures by Population Characteristic

San Diego Specific Analysis

Chart 1.1
CY 2000 Member Months by Setting

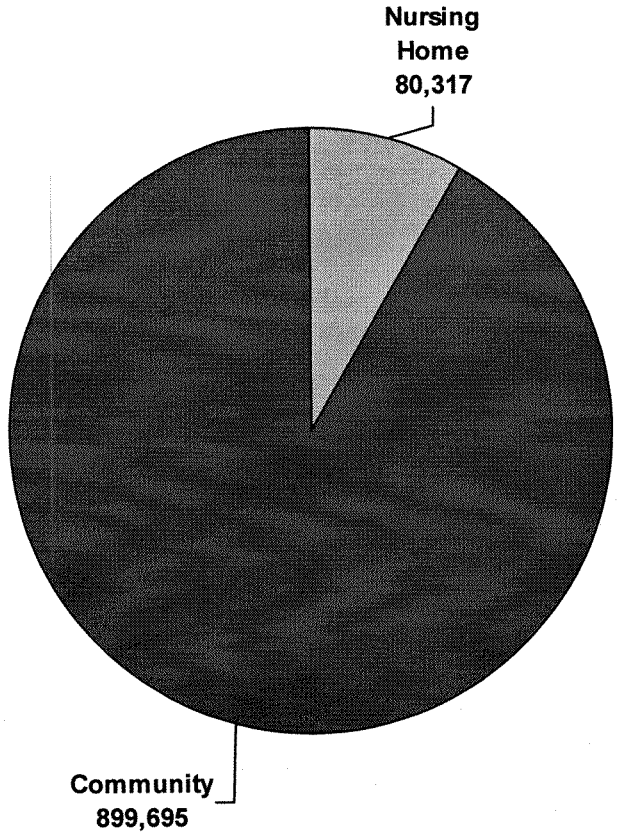
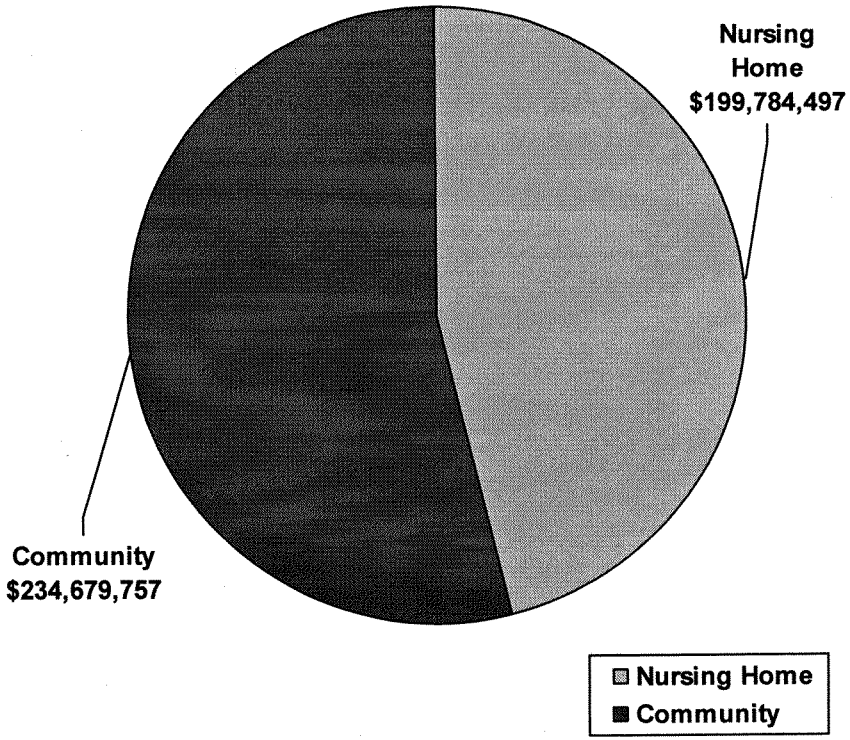


Chart 1.2
CY 2000 Medi-Cal Expenditures by Setting



San Diego Specific Analysis

Chart 2.1
CY 2000 Member Months by Frailty

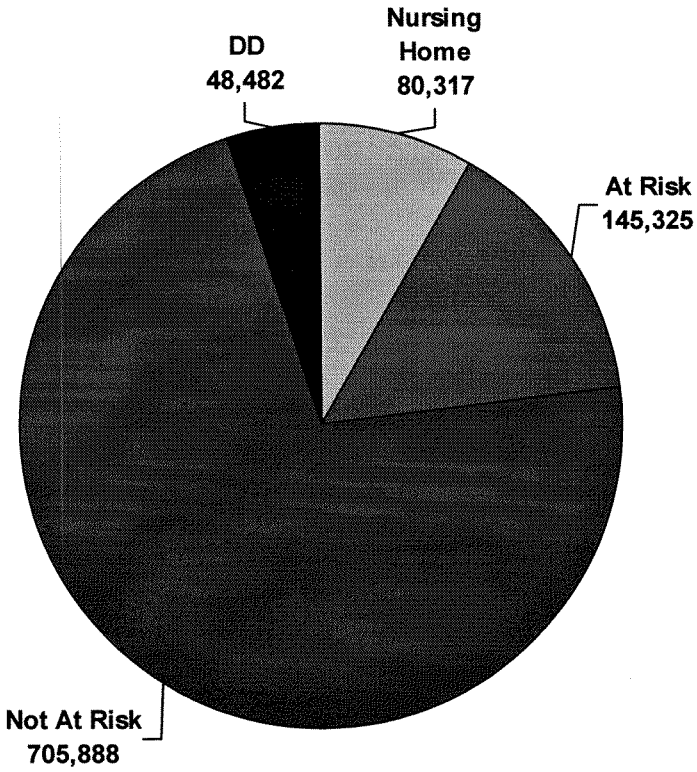
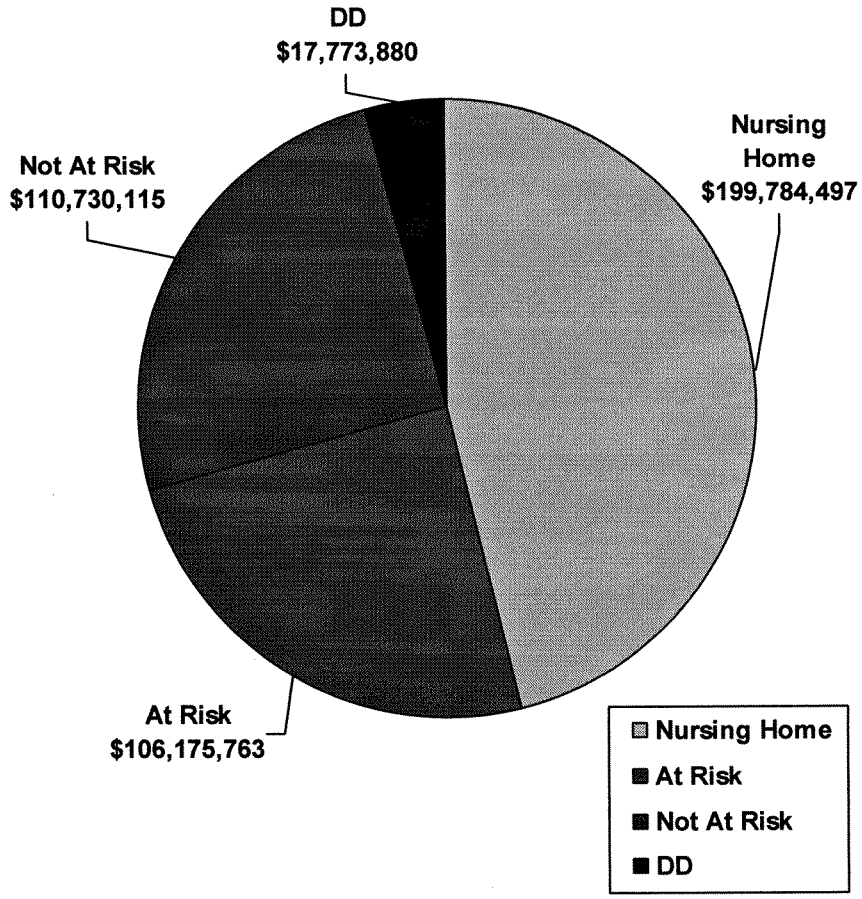


Chart 2.2
CY 2000 Medi-Cal Expenditures by Frailty



San Diego Specific Analysis

Chart 3.1
CY 2000 Member Months by Medicare Status

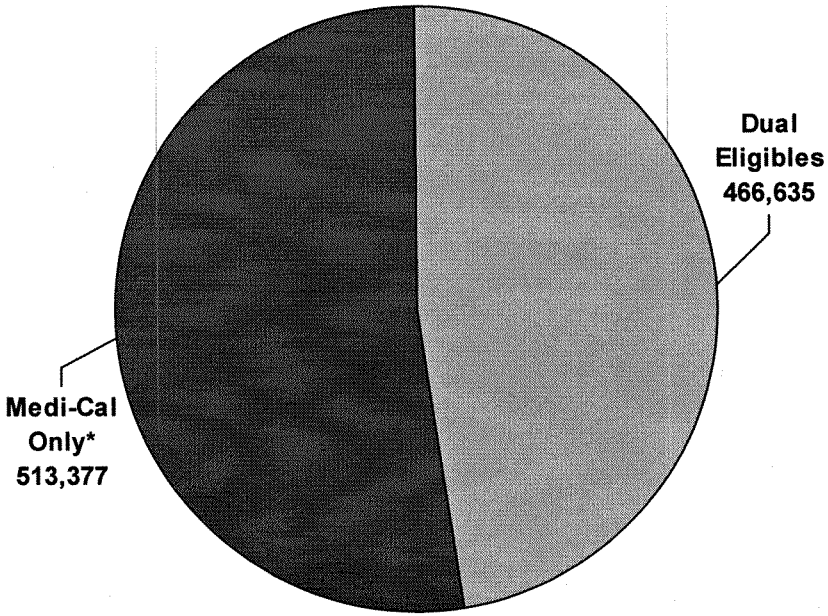
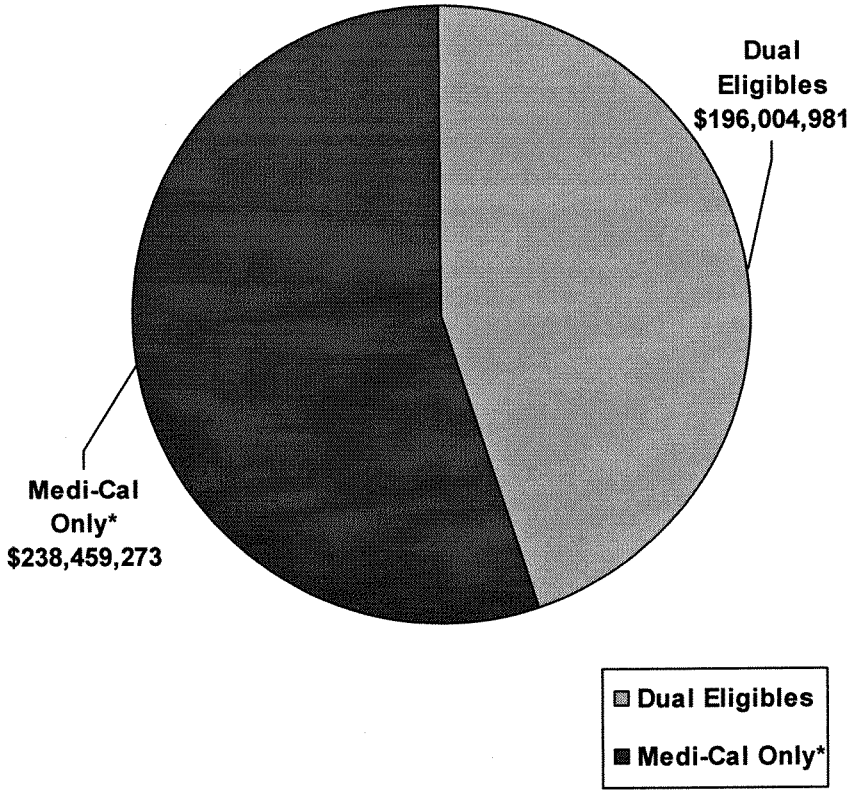


Chart 3.2
CY 2000 Medi-Cal Expenditures by Medicare Status



*Includes recipients with Part B only coverage

Mercer Government Human Services Consulting

San Diego Specific Analysis

Chart 4.1
CY 2000 Member Months by Category of Aid

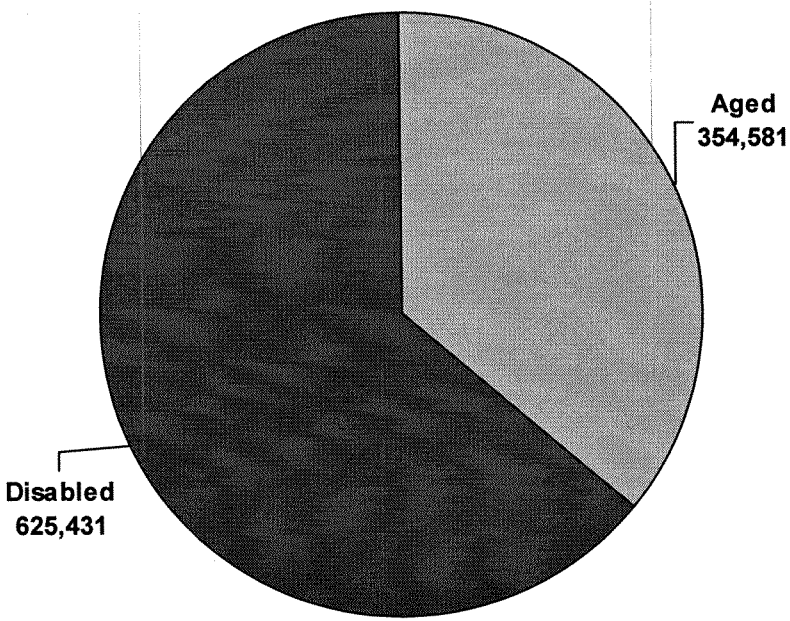
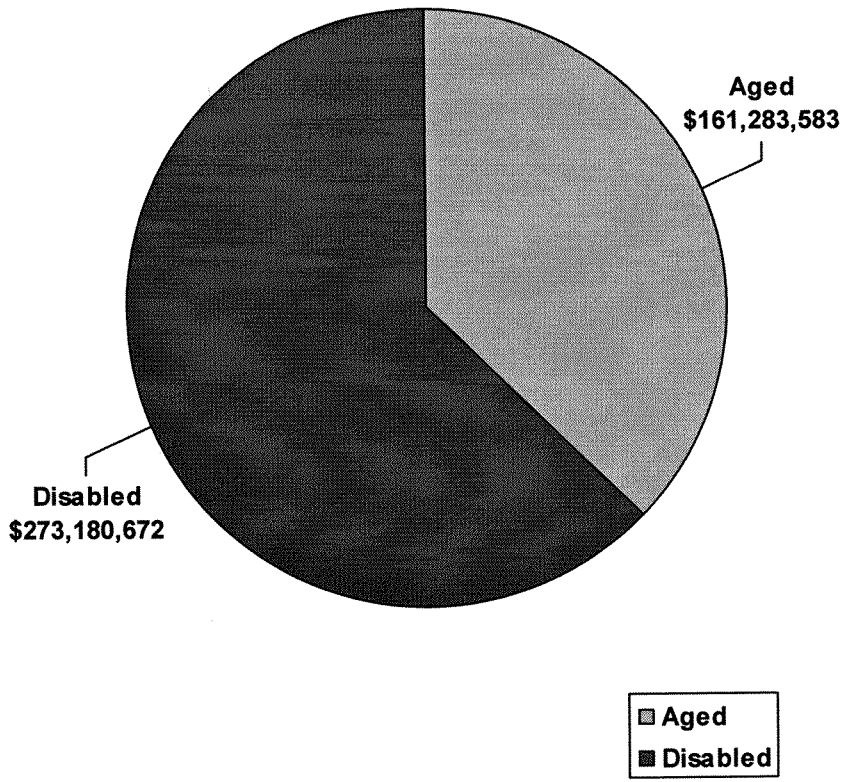


Chart 4.2
CY 2000 Medi-Cal Expenditures by Category of Aid



Attachment B

San Diego Specific Analysis

CY 2007 Medi-Cal Projections by Rate Cell and Service

Attachment B.1
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: All
Frailty: All
Medicare Status: All (1)
Category of Aid: All
Member Months: 980,012

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	867	$726.28	$52.50	2.4%	1.0%	1.5%	0.0%	1,039	$778.67	$67.43
ICF	Days	2,619	$140.15	$30.58	0.0%	4.8%	0.0%	0.0%	2,619	$194.59	$42.47
Clinic	Procedures	1,873	$55.34	$8.64	2.3%	2.3%	-4.0%	34.3%	2,109	$87.14	$15.31
Nursing Home (4)	Days	18,902	$99.82	$157.23	0.0%	4.8%	0.0%	1.8%	18,902	$141.06	$222.20
Adult Day Health	Services	458	$164.87	$6.30	0.0%	4.0%	0.0%	0.0%	458	$216.95	$8.29
Other Waiver	Services	98	$152.29	$1.24	0.0%	4.0%	0.0%	0.0%	98	$200.41	$1.63
IHSS	Hours	127,941	$6.15	$65.54	0.0%	4.3%	0.0%	23.2%	127,941	$10.17	$108.42
MSSP	Services	345	$46.89	$1.35	0.0%	4.3%	0.0%	0.0%	345	$62.96	$1.81
Home Care	Services	606	$164.14	$8.29	0.0%	4.0%	0.0%	0.0%	606	$216.00	$10.91
Physician	Procedures	5,488	$35.57	$16.27	3.0%	0.0%	-4.0%	-13.0%	6,482	$30.94	$16.71
Other Practitioner	Procedures	1,020	$19.83	$1.69	3.0%	0.0%	-4.0%	-13.0%	1,205	$17.25	$1.73
Pharmacy (5)	Prescriptions	37,392	$19.82	$61.77	5.0%	10.0%	-12.7%	0.0%	45,933	$38.63	$147.86
Laboratory/Testing	Tests	9,209	$10.46	$8.03	0.0%	0.0%	-4.0%	0.0%	8,843	$10.46	$7.71
Transportation	Trips	2,057	$29.79	$5.11	3.0%	3.0%	-4.0%	0.0%	2,429	$36.64	$7.42
Supply/DME	Supplies	2,373	$64.22	$12.70	1.0%	4.0%	-4.0%	0.0%	2,443	$84.51	$17.21
Hospice	Services	54	$1,353.86	$6.08	0.0%	2.0%	0.0%	0.0%	54	$1,555.16	$6.98
Other	Mixture	13	$33.78	$0.04	0.0%	0.0%	-4.0%	0.0%	13	$33.78	$0.04
TOTAL				**$443.33**							**$684.11**

Notes:

(1) Includes both Dual and Medi-Cal only recipients.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.2
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Nursing Home
Frailty: Nursing Home
Medicare Status: Dual (1)
Category of Aid: Aged and Disabled Combined
Member Months: 65,666

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	38	$756.00	$2.42	2.4%	1.0%	1.5%	0.0%	46	$810.53	$3.11
ICF	Days	19,015	$142.17	$225.27	0.0%	4.8%	0.0%	0.0%	19,015	$197.39	$312.78
Clinic	Procedures	142	$42.15	$0.50	2.3%	2.3%	-4.0%	34.3%	160	$66.37	$0.89
Nursing Home (4)	Days	229,879	$92.14	$1,765.09	0.0%	4.8%	0.0%	1.8%	229,879	$130.21	$2,494.45
Adult Day Health	Services	368	$294.17	$9.03	0.0%	4.0%	0.0%	0.0%	368	$387.11	$11.88
Other Waiver	Services	7	$132.54	$0.07	0.0%	4.0%	0.0%	0.0%	7	$174.41	$0.10
IHSS	Hours	14,820	$6.63	$8.19	0.0%	4.3%	0.0%	23.2%	14,820	$10.97	$13.55
MSSP	Services	59	$70.85	$0.35	0.0%	4.3%	0.0%	0.0%	59	$95.13	$0.47
Home Care	Services	187	$61.81	$0.96	0.0%	4.0%	0.0%	0.0%	187	$81.34	$1.27
Physician	Procedures	236	$39.70	$0.78	3.0%	0.0%	-4.0%	-13.0%	279	$34.54	$0.80
Other Practitioner	Procedures	371	$21.84	$0.68	3.0%	0.0%	-4.0%	-13.0%	438	$19.00	$0.69
Pharmacy (5)	Prescriptions	62,475	$2.63	$13.71	5.0%	10.0%	-12.7%	0.0%	76,744	$5.13	$32.81
Laboratory/Testing	Tests	421	$8.18	$0.29	0.0%	0.0%	-4.0%	0.0%	404	$8.18	$0.28
Transportation	Trips	3,169	$26.68	$7.05	3.0%	3.0%	-4.0%	0.0%	3,743	$32.81	$10.24
Supply/DME	Supplies	2,162	$96.40	$17.37	1.0%	4.0%	-4.0%	0.0%	2,226	$126.86	$23.53
Hospice	Services	340	$1,654.93	$46.85	0.0%	2.0%	0.0%	0.0%	340	$1,900.99	$53.82
Other	Mixture	0	$32.50	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$32.50	$0.00
TOTAL				**$2,098.60**							**$2,960.65**

Notes:

(1) Includes recipients with Part A only coverage, as well as recipients with both Part A and Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.3
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Nursing Home
Frailty: Nursing Home
Medicare Status: Medi-Cal Only (1)
Category of Aid: Aged and Disabled Combined
Member Months: 14,651

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	5,787	$749.29	$361.37	2.4%	1.0%	1.5%	0.0%	6,933	$803.34	$464.16
ICF	Days	89,470	$137.78	$1,027.30	0.0%	4.8%	0.0%	0.0%	89,470	$191.31	$1,426.35
Clinic	Procedures	3,032	$52.55	$13.28	2.3%	2.3%	-4.0%	34.3%	3,414	$82.74	$23.54
Nursing Home (4)	Days	215,247	$135.26	$2,426.15	0.0%	4.8%	0.0%	1.8%	215,247	$191.15	$3,428.68
Adult Day Health	Services	110	$249.78	$2.28	0.0%	4.0%	0.0%	0.0%	110	$328.70	$3.01
Other Waiver	Services	29	$131.49	$0.32	0.0%	4.0%	0.0%	0.0%	29	$173.03	$0.43
IHSS	Hours	19,771	$6.27	$10.33	0.0%	4.3%	0.0%	23.2%	19,771	$10.37	$17.09
MSSP	Services	61	$54.38	$0.27	0.0%	4.3%	0.0%	0.0%	61	$73.02	$0.37
Home Care	Services	749	$51.16	$3.19	0.0%	4.0%	0.0%	0.0%	749	$67.32	$4.20
Physician	Procedures	22,233	$34.46	$63.85	3.0%	0.0%	-4.0%	-13.0%	26,259	$29.98	$65.60
Other Practitioner	Procedures	8,335	$14.54	$10.10	3.0%	0.0%	-4.0%	-13.0%	9,844	$12.65	$10.37
Pharmacy (5)	Prescriptions	78,396	$28.74	$187.73	5.0%	10.0%	-12.7%	0.0%	96,302	$56.00	$449.39
Laboratory/Testing	Tests	35,347	$9.41	$27.71	0.0%	0.0%	-4.0%	0.0%	33,944	$9.41	$26.61
Transportation	Trips	6,652	$36.85	$20.43	3.0%	3.0%	-4.0%	0.0%	7,857	$45.32	$29.67
Supply/DME	Supplies	4,991	$110.17	$45.82	1.0%	4.0%	-4.0%	0.0%	5,139	$144.97	$62.08
Hospice	Services	310	$1,165.70	$30.15	0.0%	2.0%	0.0%	0.0%	310	$1,339.02	$34.64
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$4,230.30**							**$6,046.19**

Notes:

(1) Includes recipients without any Medicare coverage, as well as recipients with only Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.4
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: At Risk (MSSP and IHSS)
Medicare Status: Dual (1)
Category of Aid: Aged and Disabled Combined
Member Months: 85,756

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	20	$649.61	$1.07	2.4%	1.0%	1.5%	0.0%	24	$696.47	$1.37
ICF	Days	0	$0.00	$0.00	0.0%	4.8%	0.0%	0.0%	0	$0.00	$0.00
Clinic	Procedures	495	$46.64	$1.92	2.3%	2.3%	-4.0%	34.3%	557	$73.44	$3.41
Nursing Home (4)	Days	91	$108.36	$0.83	0.0%	4.8%	0.0%	1.8%	91	$153.13	$1.17
Adult Day Health	Services	2,582	$180.54	$38.84	0.0%	4.0%	0.0%	0.0%	2,582	$237.58	$51.12
Other Waiver	Services	616	$155.64	$7.99	0.0%	4.0%	0.0%	0.0%	616	$204.82	$10.51
IHSS	Hours	713,264	$6.37	$378.46	0.0%	4.3%	0.0%	23.2%	713,264	$10.53	$626.06
MSSP	Services	3,450	$46.67	$13.42	0.0%	4.3%	0.0%	0.0%	3,450	$62.67	$18.02
Home Care	Services	2,526	$184.29	$38.79	0.0%	4.0%	0.0%	0.0%	2,526	$242.51	$51.05
Physician	Procedures	148	$36.25	$0.45	3.0%	0.0%	-4.0%	-13.0%	175	$31.54	$0.46
Other Practitioner	Procedures	495	$31.80	$1.31	3.0%	0.0%	-4.0%	-13.0%	585	$27.67	$1.35
Pharmacy (5)	Prescriptions	59,742	$3.42	$17.02	5.0%	10.0%	-12.7%	0.0%	73,387	$6.66	$40.73
Laboratory/Testing	Tests	203	$12.20	$0.21	0.0%	0.0%	-4.0%	0.0%	195	$12.20	$0.20
Transportation	Trips	6,847	$26.18	$14.94	3.0%	3.0%	-4.0%	0.0%	8,087	$32.19	$21.70
Supply/DME	Supplies	4,971	$62.11	$25.73	1.0%	4.0%	-4.0%	0.0%	5,118	$81.73	$34.86
Hospice	Services	3	$711.85	$0.16	0.0%	2.0%	0.0%	0.0%	3	$817.69	$0.18
Other	Mixture	136	$34.40	$0.39	0.0%	0.0%	-4.0%	0.0%	131	$34.40	$0.38
TOTAL				**$541.51**							**$862.55**

Notes:

(1) Includes recipients with Part A only coverage, as well as recipients with both Part A and Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.5
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: At Risk (MSSP and IHSS)
Medicare Status: Medi-Cal Only (1)
Category of Aid: Aged and Disabled Combined
Member Months: 59,569

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	3,630	$677.29	$204.91	2.4%	1.0%	1.5%	0.0%	4,349	$726.15	$263.19
ICF	Days	0	$0.00	$0.01	0.0%	4.8%	0.0%	0.0%	0	$0.00	$0.00
Clinic	Procedures	4,755	$70.74	$28.03	2.3%	2.3%	-4.0%	34.3%	5,354	$111.39	$49.70
Nursing Home (4)	Days	434	$124.22	$4.49	0.0%	4.8%	0.0%	1.8%	434	$175.54	$6.35
Adult Day Health	Services	2,857	$119.75	$28.51	0.0%	4.0%	0.0%	0.0%	2,857	$157.58	$37.52
Other Waiver	Services	665	$149.08	$8.26	0.0%	4.0%	0.0%	0.0%	665	$196.18	$10.87
IHSS	Hours	731,438	$6.00	$365.60	0.0%	4.3%	0.0%	23.2%	731,438	$9.92	$604.79
MSSP	Services	618	$46.36	$2.39	0.0%	4.3%	0.0%	0.0%	618	$62.25	$3.21
Home Care	Services	3,976	$171.29	$56.76	0.0%	4.0%	0.0%	0.0%	3,976	$225.41	$74.69
Physician	Procedures	14,461	$34.97	$42.14	3.0%	0.0%	-4.0%	-13.0%	17,079	$30.42	$43.30
Other Practitioner	Procedures	2,147	$20.40	$3.65	3.0%	0.0%	-4.0%	-13.0%	2,536	$17.75	$3.75
Pharmacy (5)	Prescriptions	55,205	$35.91	$165.21	5.0%	10.0%	-12.7%	0.0%	67,814	$69.98	$395.48
Laboratory/Testing	Tests	26,290	$10.07	$22.05	0.0%	0.0%	-4.0%	0.0%	25,246	$10.07	$21.18
Transportation	Trips	4,632	$29.52	$11.40	3.0%	3.0%	-4.0%	0.0%	5,470	$36.31	$16.55
Supply/DME	Supplies	5,966	$90.68	$45.08	1.0%	4.0%	-4.0%	0.0%	6,142	$119.33	$61.08
Hospice	Services	141	$1,220.77	$14.30	0.0%	2.0%	0.0%	0.0%	141	$1,402.28	$16.43
Other	Mixture	21	$27.68	$0.05	0.0%	0.0%	-4.0%	0.0%	20	$27.68	$0.05
TOTAL				**$1,002.84**							**$1,608.13**

Notes:

(1) Includes recipients without any Medicare coverage, as well as recipients with only Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.6
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: Not at Risk
Medicare Status: Dual (1)
Category of Aid: Aged
Member Months: 136,585

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	25	$814.01	$1.73	2.4%	1.0%	1.5%	0.0%	31	$872.73	$2.22
ICF	Days	0	$0.00	$0.03	0.0%	4.8%	0.0%	0.0%	0	$0.00	$0.00
Clinic	Procedures	483	$39.33	$1.58	2.3%	2.3%	-4.0%	34.3%	544	$61.93	$2.81
Nursing Home (4)	Days	388	$92.12	$2.98	0.0%	4.8%	0.0%	1.8%	388	$130.19	$4.21
Adult Day Health	Services	31	$89.00	$0.23	0.0%	4.0%	0.0%	0.0%	31	$117.11	$0.30
Other Waiver	Services	0	$0.00	$0.00	0.0%	4.0%	0.0%	0.0%	0	$0.00	$0.00
IHSS	Hours	0	$0.00	$0.00	0.0%	4.3%	0.0%	23.2%	0	$0.00	$0.00
MSSP	Services	0	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	0	$0.00	$0.00
Home Care	Services	1	$65.73	$0.01	0.0%	4.0%	0.0%	0.0%	1	$86.50	$0.01
Physician	Procedures	202	$41.84	$0.70	3.0%	0.0%	-4.0%	-13.0%	238	$36.40	$0.72
Other Practitioner	Procedures	322	$27.89	$0.75	3.0%	0.0%	-4.0%	-13.0%	381	$24.26	$0.77
Pharmacy (5)	Prescriptions	28,748	$2.43	$5.81	5.0%	10.0%	-12.7%	0.0%	35,314	$4.73	$13.91
Laboratory/Testing	Tests	223	$12.43	$0.23	0.0%	0.0%	-4.0%	0.0%	214	$12.43	$0.22
Transportation	Trips	1,108	$29.79	$2.75	3.0%	3.0%	-4.0%	0.0%	1,309	$36.64	$4.00
Supply/DME	Supplies	1,595	$40.73	$5.41	1.0%	4.0%	-4.0%	0.0%	1,642	$53.60	$7.33
Hospice	Services	7	$1,353.01	$0.73	0.0%	2.0%	0.0%	0.0%	7	$1,554.19	$0.84
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$22.95**							**$37.34**

Notes:

(1) Includes recipients with Part A only coverage, as well as recipients with both Part A and Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.7
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: Not at Risk
Medicare Status: Dual (1)
Category of Aid: Disabled
Member Months: 161,299

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	22	$696.85	$1.30	2.4%	1.0%	1.5%	0.0%	27	$747.12	$1.66
ICF	Days	1	$395.35	$0.04	0.0%	4.8%	0.0%	0.0%	1	$548.92	$0.05
Clinic	Procedures	706	$41.29	$2.43	2.3%	2.3%	-4.0%	34.3%	795	$65.01	$4.31
Nursing Home (4)	Days	80	$104.66	$0.70	0.0%	4.8%	0.0%	1.8%	80	$147.90	$0.99
Adult Day Health	Services	12	$155.07	$0.16	0.0%	4.0%	0.0%	0.0%	12	$204.06	$0.21
Other Waiver	Services	4	$157.91	$0.05	0.0%	4.0%	0.0%	0.0%	4	$207.80	$0.07
IHSS	Hours	0	$0.00	$0.00	0.0%	4.3%	0.0%	23.2%	0	$0.00	$0.00
MSSP	Services	0	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	0	$0.00	$0.00
Home Care	Services	3	$69.45	$0.02	0.0%	4.0%	0.0%	0.0%	3	$91.40	$0.02
Physician	Procedures	228	$41.52	$0.79	3.0%	0.0%	-4.0%	-13.0%	269	$36.13	$0.81
Other Practitioner	Procedures	195	$25.53	$0.42	3.0%	0.0%	-4.0%	-13.0%	230	$22.21	$0.43
Pharmacy (5)	Prescriptions	38,531	$4.35	$13.97	5.0%	10.0%	-12.7%	0.0%	47,331	$8.48	$33.43
Laboratory/Testing	Tests	391	$10.80	$0.35	0.0%	0.0%	-4.0%	0.0%	375	$10.80	$0.34
Transportation	Trips	1,483	$24.58	$3.04	3.0%	3.0%	-4.0%	0.0%	1,752	$30.23	$4.41
Supply/DME	Supplies	1,262	$42.34	$4.45	1.0%	4.0%	-4.0%	0.0%	1,299	$55.72	$6.03
Hospice	Services	3	$1,104.12	$0.23	0.0%	2.0%	0.0%	0.0%	3	$1,268.29	$0.27
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$27.94**							**$53.03**

Notes:

(1) Includes recipients with Part A only coverage, as well as recipients with both Part A and Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.8
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: Not at Risk
Medicare Status: Medi-Cal Only (1)
Category of Aid: Aged
Member Months: 113,666

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	1,056	$587.68	$51.73	2.4%	1.0%	1.5%	0.0%	1,266	$630.07	$66.45
ICF	Days	0	$0.00	$0.03	0.0%	4.8%	0.0%	0.0%	0	$0.00	$0.00
Clinic	Procedures	786	$54.30	$3.56	2.3%	2.3%	-4.0%	34.3%	885	$85.50	$6.31
Nursing Home (4)	Days	674	$110.31	$6.20	0.0%	4.8%	0.0%	1.8%	674	$155.89	$8.76
Adult Day Health	Services	48	$90.96	$0.36	0.0%	4.0%	0.0%	0.0%	48	$119.70	$0.47
Other Waiver	Services	0	$0.00	$0.00	0.0%	4.0%	0.0%	0.0%	0	$0.00	$0.00
IHSS	Hours	0	$0.00	$0.00	0.0%	4.3%	0.0%	23.2%	0	$0.00	$0.00
MSSP	Services	2	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	2	$0.00	$0.00
Home Care	Services	57	$63.01	$0.30	0.0%	4.0%	0.0%	0.0%	57	$82.92	$0.40
Physician	Procedures	3,504	$41.46	$12.11	3.0%	0.0%	-4.0%	-13.0%	4,139	$36.07	$12.44
Other Practitioner	Procedures	518	$24.44	$1.05	3.0%	0.0%	-4.0%	-13.0%	611	$21.26	$1.08
Pharmacy (5)	Prescriptions	23,646	$13.81	$27.22	5.0%	10.0%	-12.7%	0.0%	29,047	$26.92	$65.16
Laboratory/Testing	Tests	4,763	$11.03	$4.38	0.0%	0.0%	-4.0%	0.0%	4,574	$11.03	$4.20
Transportation	Trips	862	$29.29	$2.10	3.0%	3.0%	-4.0%	0.0%	1,018	$36.02	$3.05
Supply/DME	Supplies	1,854	$39.35	$6.08	1.0%	4.0%	-4.0%	0.0%	1,909	$51.78	$8.24
Hospice	Services	33	$1,400.56	$3.84	0.0%	2.0%	0.0%	0.0%	33	$1,608.80	$4.42
Other	Mixture	0	$65.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$65.00	$0.00
TOTAL				**$118.96**							**$180.98**

Notes:

(1) Includes recipients without any Medicare coverage, as well as recipients with only Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.9
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: Not at Risk
Medicare Status: Medi-Cal Only (1)
Category of Aid: Disabled
Member Months: 294,338

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	1,359	$778.72	$88.19	2.4%	1.0%	1.5%	0.0%	1,628	$834.89	$113.27
ICF	Days	7	$379.68	$0.21	0.0%	4.8%	0.0%	0.0%	7	$527.16	$0.30
Clinic	Procedures	3,818	$54.99	$17.50	2.3%	2.3%	-4.0%	34.3%	4,299	$86.59	$31.02
Nursing Home (4)	Days	312	$127.52	$3.31	0.0%	4.8%	0.0%	1.8%	312	$180.21	$4.68
Adult Day Health	Services	16	$108.03	$0.14	0.0%	4.0%	0.0%	0.0%	16	$142.15	$0.19
Other Waiver	Services	4	$135.58	$0.04	0.0%	4.0%	0.0%	0.0%	4	$178.42	$0.06
IHSS	Hours	0	$0.00	$0.00	0.0%	4.3%	0.0%	23.2%	0	$0.00	$0.00
MSSP	Services	0	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	0	$0.00	$0.00
Home Care	Services	218	$76.47	$1.39	0.0%	4.0%	0.0%	0.0%	218	$100.63	$1.83
Physician	Procedures	11,833	$35.10	$34.61	3.0%	0.0%	-4.0%	-13.0%	13,975	$30.53	$35.56
Other Practitioner	Procedures	1,258	$20.01	$2.10	3.0%	0.0%	-4.0%	-13.0%	1,486	$17.41	$2.16
Pharmacy (5)	Prescriptions	30,442	$48.96	$124.19	5.0%	10.0%	-12.7%	0.0%	37,395	$95.40	$297.30
Laboratory/Testing	Tests	20,010	$10.58	$17.64	0.0%	0.0%	-4.0%	0.0%	19,216	$10.58	$16.94
Transportation	Trips	874	$47.48	$3.46	3.0%	3.0%	-4.0%	0.0%	1,033	$58.39	$5.03
Supply/DME	Supplies	1,650	$59.13	$8.13	1.0%	4.0%	-4.0%	0.0%	1,699	$77.82	$11.02
Hospice	Services	42	$973.76	$3.38	0.0%	2.0%	0.0%	0.0%	42	$1,118.55	$3.88
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$304.30**							**$523.23**

Notes:

(1) Includes recipients without any Medicare coverage, as well as recipients with only Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.10
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: DD
Medicare Status: Dual (1)
Category of Aid: Aged and Disabled Combined
Member Months: 17,329

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	2	$1,578.33	$0.27	2.4%	1.0%	1.5%	0.0%	2	$1,692.19	$0.35
ICF	Days	78	$137.99	$0.89	0.0%	4.8%	0.0%	0.0%	78	$191.60	$1.24
Clinic	Procedures	335	$56.41	$1.58	2.3%	2.3%	-4.0%	34.3%	377	$88.83	$2.79
Nursing Home (4)	Days	80	$113.16	$0.75	0.0%	4.8%	0.0%	1.8%	80	$159.93	$1.06
Adult Day Health	Services	674	$310.26	$17.44	0.0%	4.0%	0.0%	0.0%	674	$408.28	$22.95
Other Waiver	Services	0	$0.00	$0.00	0.0%	4.0%	0.0%	0.0%	0	$0.00	$0.00
IHSS	Hours	384,197	$5.80	$185.70	0.0%	4.3%	0.0%	23.2%	384,197	$9.59	$307.20
MSSP	Services	0	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	0	$0.00	$0.00
Home Care	Services	205	$156.91	$2.68	0.0%	4.0%	0.0%	0.0%	205	$206.49	$3.53
Physician	Procedures	250	$40.66	$0.85	3.0%	0.0%	-4.0%	-13.0%	295	$35.38	$0.87
Other Practitioner	Procedures	1,210	$22.28	$2.25	3.0%	0.0%	-4.0%	-13.0%	1,429	$19.39	$2.31
Pharmacy (5)	Prescriptions	29,601	$3.28	$8.10	5.0%	10.0%	-12.7%	0.0%	36,362	$6.40	$19.38
Laboratory/Testing	Tests	637	$10.76	$0.57	0.0%	0.0%	-4.0%	0.0%	612	$10.76	$0.55
Transportation	Trips	1,235	$28.20	$2.90	3.0%	3.0%	-4.0%	0.0%	1,459	$34.68	$4.22
Supply/DME	Supplies	3,595	$45.93	$13.76	1.0%	4.0%	-4.0%	0.0%	3,701	$60.44	$18.64
Hospice	Services	0	$0.00	$0.00	0.0%	2.0%	0.0%	0.0%	0	$0.00	$0.00
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$237.73**							**$385.08**

Notes:

(1) Includes recipients with Part A only coverage, as well as recipients with both Part A and Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment B.11
CY 2007 Medi-Cal Projections by Rate Cell and Service

County: San Diego
Setting: Community
Frailty: DD
Medicare Status: Medi-Cal Only (1)
Category of Aid: Aged and Disabled Combined
Member Months: 31,153

Category of Service	Unit Definition (2)	BASE DATA			PROJECTION DEVELOPMENT						
		CALENDAR YEAR 2000			ANNUALIZED TREND		PROGRAM CHANGES		CALENDAR YEAR 2007		
		Utilization per 1,000	Unit Cost	PMPM	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	Utilization per 1,000	Unit Cost	PMPM
Inpatient (3)	Days	564	$961.42	$45.21	2.4%	1.0%	1.5%	0.0%	676	$1,030.77	$58.07
ICF	Days	107	$130.00	$1.16	0.0%	4.8%	0.0%	0.0%	107	$180.50	$1.62
Clinic	Procedures	1,839	$44.64	$6.84	2.3%	2.3%	-4.0%	34.3%	2,071	$70.30	$12.13
Nursing Home (4)	Days	178	$176.74	$2.62	0.0%	4.8%	0.0%	1.8%	178	$249.77	$3.70
Adult Day Health	Services	117	$234.76	$2.30	0.0%	4.0%	0.0%	0.0%	117	$308.93	$3.02
Other Waiver	Services	17	$120.87	$0.17	0.0%	4.0%	0.0%	0.0%	17	$159.05	$0.22
IHSS	Hours	408,474	$5.75	$195.57	0.0%	4.3%	0.0%	23.2%	408,474	$9.50	$323.52
MSSP	Services	0	$0.00	$0.00	0.0%	4.3%	0.0%	0.0%	0	$0.00	$0.00
Home Care	Services	1,358	$230.43	$26.08	0.0%	4.0%	0.0%	0.0%	1,358	$303.22	$34.32
Physician	Procedures	6,857	$34.05	$19.46	3.0%	0.0%	-4.0%	-13.0%	8,098	$29.63	$19.99
Other Practitioner	Procedures	5,049	$14.07	$5.92	3.0%	0.0%	-4.0%	-13.0%	5,963	$12.24	$6.08
Pharmacy (5)	Prescriptions	21,820	$48.45	$88.10	5.0%	10.0%	-12.7%	0.0%	26,803	$94.42	$210.90
Laboratory/Testing	Tests	11,560	$10.86	$10.46	0.0%	0.0%	-4.0%	0.0%	11,101	$10.86	$10.05
Transportation	Trips	2,565	$16.49	$3.52	3.0%	3.0%	-4.0%	0.0%	3,030	$20.27	$5.12
Supply/DME	Supplies	4,775	$77.58	$30.87	1.0%	4.0%	-4.0%	0.0%	4,916	$102.09	$41.82
Hospice	Services	0	$531.69	$0.02	0.0%	2.0%	0.0%	0.0%	0	$610.74	$0.02
Other	Mixture	0	$0.00	$0.00	0.0%	0.0%	-4.0%	0.0%	0	$0.00	$0.00
TOTAL				**$438.29**							**$730.57**

Notes:

(1) Includes recipients without any Medicare coverage, as well as recipients with only Part B coverage.

(2) For services other than Inpatient, ICF, Nursing Home, and IHSS, the unit of measure was the count of detail lines. The unit definition reflects our understanding of what the detail count represents.

(3) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(4) Includes Nursing Home and Skilled Nursing Home Payments.

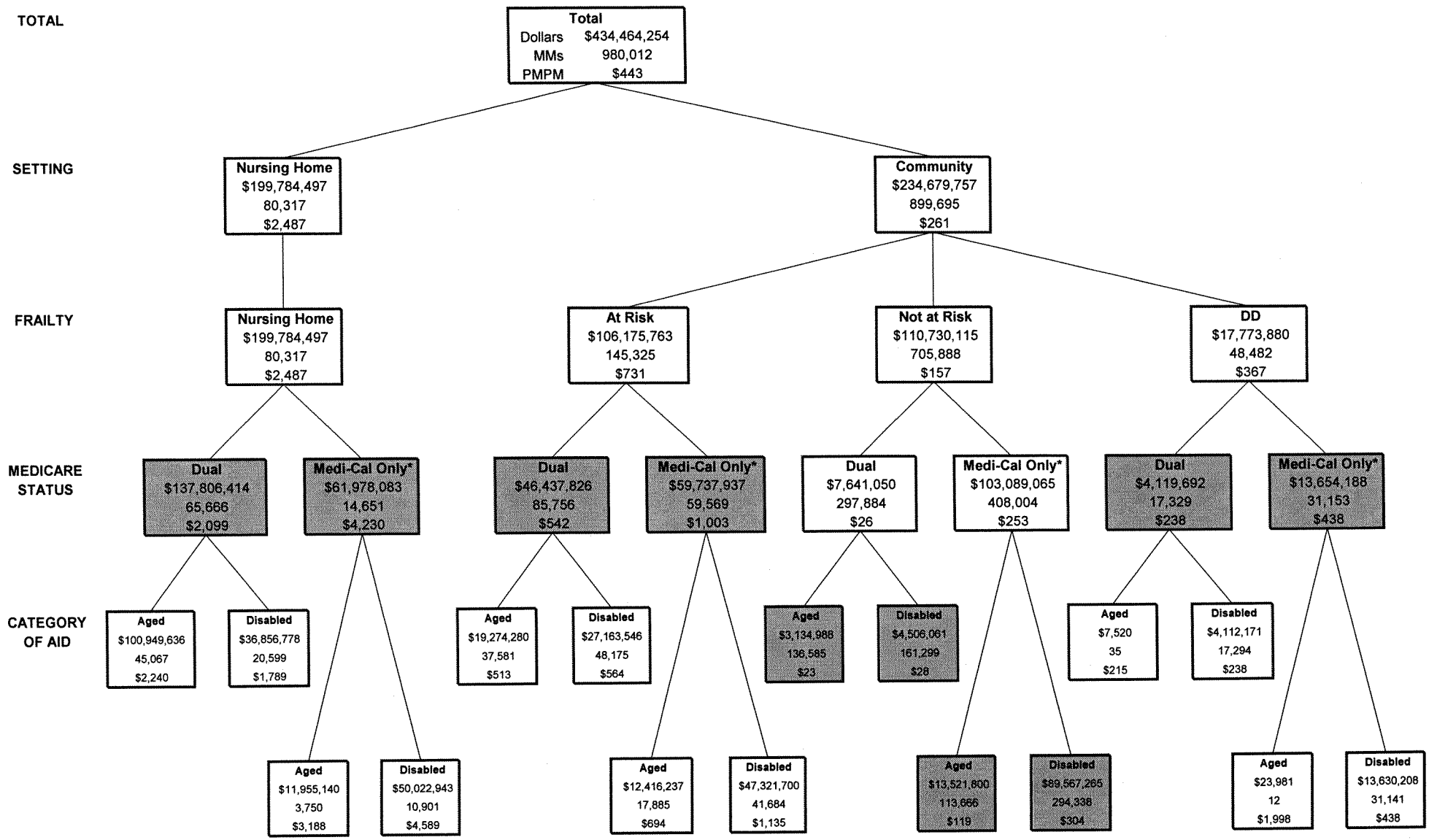
(5) Values are net of rebates and the state sidebar agreement. For recipients with any Medicare coverage, a 93% reduction was applied to simulate the Medi-Cal pharmacy levels after Medicare Part D implementation.

Attachment C

San Diego Specific Analysis

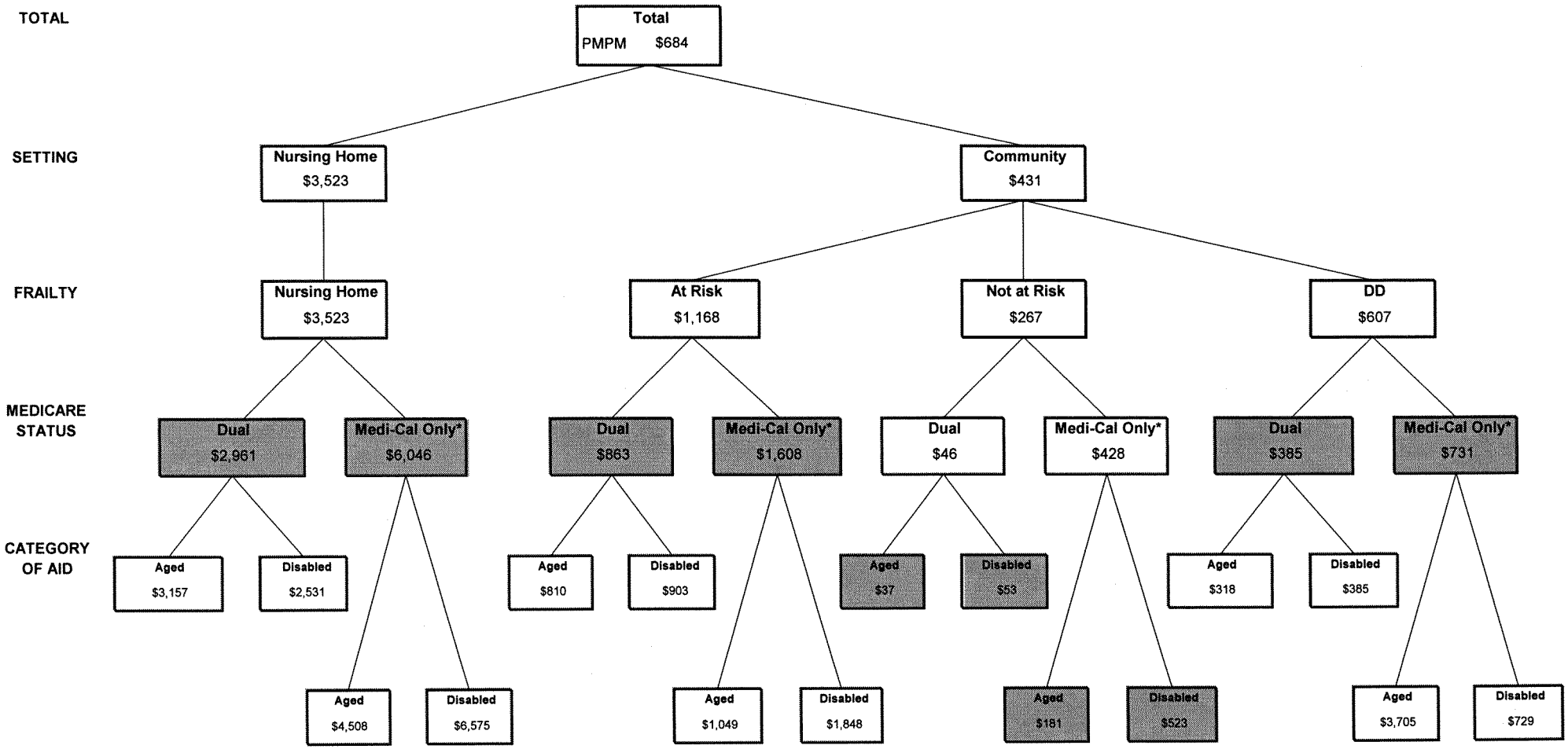
Medi-Cal Combined Influence of Setting, Frailty, Medicare Status, and Category of Aid

Attachment C.1
Medi-Cal Combined Influence of Setting, Frailty, Medicare Status, and Category of Aid
CY 2000



*Includes Part B only recipients.

Attachment C.2
Medi-Cal Combined Influence of Setting, Frailty, Medicare Status, and Category of Aid
CY 2007



*Includes Part B only recipients.

Attachment D

San Diego Specific Analysis

CY 2005 Medicare Payment and Cost Comparison

Attachment D.1
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**All**
Frailty:	**All**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**All**
Member Months:	**388,869**

Category of Service	PMPM
Inpatient (1)	$368.12
Clinic	$19.49
Nursing Home (2)	$58.24
Home Care	$28.06
Physician	$145.38
Other Practitioner	$7.47
Pharmacy	$18.30
Laboratory/Testing	$32.84
Transportation	$12.02
Supply/DME	$28.53
Mental Health	$6.94
Other	$0.00
Total Medicare Costs	**$725.39**
Medicare Capitation Rate:	**$730.22**
Rate Sufficiency (4):	**0.67%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment D.2
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**Nursing Home**
Frailty:	**Nursing Home**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**Aged and Disabled Combined**
Member Months:	**48,684**

Category of Service	PMPM
Inpatient (1)	$665.48
Clinic	$17.59
Nursing Home (2)	$285.97
Home Care	$11.50
Physician	$205.62
Other Practitioner	$14.67
Pharmacy	$8.70
Laboratory/Testing	$51.68
Transportation	$33.40
Supply/DME	$43.01
Mental Health	$27.90
Other	$0.00
Total Medicare Costs	**$1,365.50**
Medicare Capitation Rate:	**$986.00**
Rate Sufficiency (4):	**-27.79%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment D.3
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**Community**
Frailty:	**At Risk (MSSP and IHSS)**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**Aged and Disabled Combined**
Member Months:	**74,312**

Category of Service	PMPM
Inpatient (1)	$546.42
Clinic	$41.94
Nursing Home (2)	$54.47
Home Care	$112.22
Physician	$181.28
Other Practitioner	$11.64
Pharmacy	$34.66
Laboratory/Testing	$44.01
Transportation	$18.51
Supply/DME	$68.41
Mental Health	$1.57
Other	$0.00
Total Medicare Costs	**$1,115.13**
Medicare Capitation Rate:	**$913.68**
Rate Sufficiency (4):	**-18.07%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment D.4
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**Community**
Frailty:	**Not at Risk**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**Aged**
Member Months:	**117,804**

Category of Service	PMPM
Inpatient (1)	$237.15
Clinic	$14.98
Nursing Home (2)	$24.32
Home Care	$8.67
Physician	$95.88
Other Practitioner	$3.34
Pharmacy	$12.20
Laboratory/Testing	$23.96
Transportation	$4.82
Supply/DME	$11.92
Mental Health	$0.39
Other	$0.00
Total Medicare Costs	**$437.63**
Medicare Capitation Rate:	**$679.19**
Rate Sufficiency (4):	**55.20%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment D.5
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**Community**
Frailty:	**Not at Risk**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**Disabled**
Member Months:	**132,359**

Category of Service	PMPM
Inpatient (1)	$306.36
Clinic	$13.00
Nursing Home (2)	$12.36
Home Care	$6.15
Physician	$152.86
Other Practitioner	$6.64
Pharmacy	$19.72
Laboratory/Testing	$29.65
Transportation	$7.80
Supply/DME	$17.09
Mental Health	$8.25
Other	$0.00
Total Medicare Costs	**$579.88**
Medicare Capitation Rate:	**$606.46**
Rate Sufficiency (4):	**4.58%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment D.6
CY 2000 Medicare Payment and Cost Comparison

County:	**San Diego**
Setting:	**Community**
Frailty:	**DD**
Medicare Status:	**Recipients with Part A and Part B Coverage**
Category of Aid:	**Aged and Disabled Combined**
Member Months:	**15,710**

Category of Service	PMPM
Inpatient (1)	$105.69
Clinic	$7.62
Nursing Home (2)	$11.19
Home Care	$11.21
Physician	$97.12
Other Practitioner	$3.30
Pharmacy	$4.55
Laboratory/Testing	$15.25
Transportation	$4.61
Supply/DME	$15.84
Mental Health	$5.49
Other	$0.00
Total Medicare Costs	**$281.88**
Medicare Capitation Rate:	**$495.06**
Rate Sufficiency (4):	**75.63%**

Notes:

(1) Includes Acute Care and Non-Acute Care Inpatient Hospital Payments.

(2) Includes Nursing Home and Skilled Nursing Home Payments.

(3) Medicare capitation rate represents a 50% blend of the demographic rate and a 50% blend of the CMS-HCC rate.

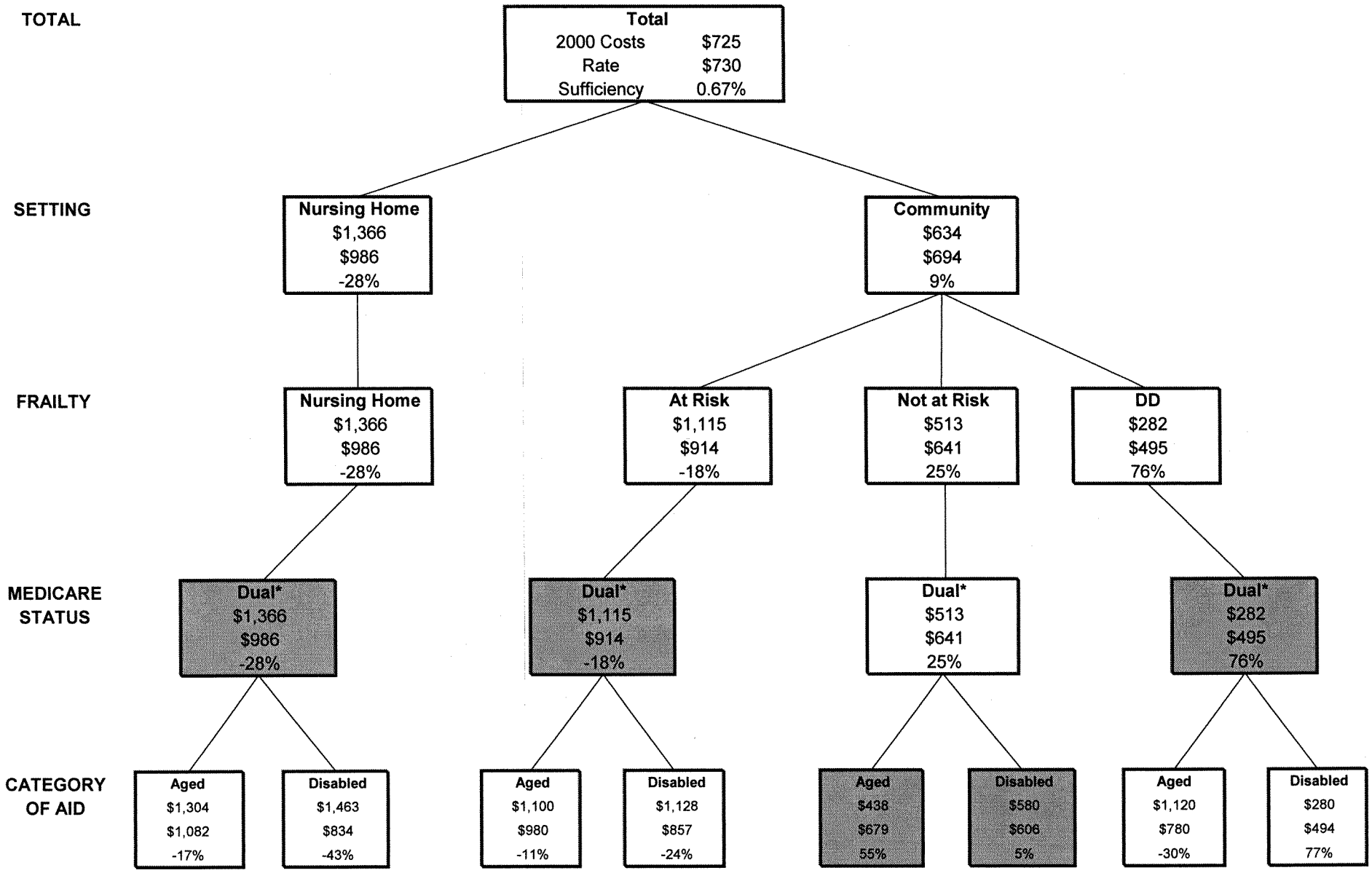
(4) Comparison of Medicare capitation rate to total Medicare costs.

Attachment E

San Diego Specific Analysis

Summary of Medicare Sufficiency Study Results

Attachment E.1
Summary of Medicare Sufficiency Study Results
CY 2000



*** Only includes recipients with both Part A and Part B coverage.**

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