

Medi-Cal Managed Care Expansion—Aged, Blind, Disabled, and Long-Term Care Populations

January 2005

Introduction

This report represents the first in a series designed to describe the aged, blind, disabled, and long-term care (LTC) populations that will be mandatorily enrolled into Medi-Cal managed care health plans. This report and the reports and data sets developed in the coming weeks will address the following topics:

- Descriptive statistics for the aged, blind, disabled, and long-term care populations. This report will present the specific aged, blind, disabled, and long-term aid codes identified for mandatory enrollment and the number of potential eligibles by expansion county. In addition, demographic information such as age and gender as well as statewide expenditure data related to the aid codes in question will be presented.
- The most common disease episodes for the aged, blind, disabled and LTC populations. This report will present summary statistics related to disease episode prevalence. To evaluate the disease prevalence associated with each population, the Department will compile episode summaries for the expansion aid code categories. An episode is a summary record representing the inpatient, outpatient, and prescription drug treatment related to a given spell of illness, with links to all of the underlying detail. Episodes complete the picture of cost and treatment.
- The development of an aged, blind, disabled, and LTC population analytic pivot table. Modeling of the aged, blind, disabled and LTC population will allow users to assess such issues as: 1) the impact of retroactive eligibility and plan selection period on total eventual managed care enrollment, 2) the period of time that selected non-dually eligible populations spend as Medi-Cal eligible only, 2) the total Medi-Cal expenditures associated with each expansion aid code category (i.e., aged, blind, disabled, LTC) by county, etc.

Aid codes representing the aged, blind, disabled, and LTC populations have been categorized into four groups for purposes of analysis: 1) aged, 2) blind, 3) disabled, and 4) long-term care. This report will provide descriptive statistics for each population.

Specific aid codes have been identified for each Medi-Cal managed care expansion plan model type. Two primary expansion models (see page 5 for a description of the plan model types) were utilized to categorize the aid code sets:

- ❑ Two-plan and Geographic Managed Care (GMC), and
- ❑ County Organized Health Systems (COHS)

The Two-Plan and GMC expansion models utilize the same set of aid codes, while the COHS includes a slightly different set of aid codes. The analysis that follows will adhere to the aid codes identified for each expansion model. Aid codes denoted as “COHS only” will not be mandatorily enrolled into Two-Plan or GMC expansion counties; therefore, total eligible counts presented will exclude eligibles within such aid codes. The aid codes constituting the four categories are displayed in Table 1 (see Appendix I for a more complete description of the aid codes).

In some cases, the inclusion of a population within an aid code is contingent upon whether the eligibles are dually eligible. Specifically, the Two-Plan and GMC model types will exclude beneficiaries that are eligible for Medicare from mandatory managed care enrollment, while the COHS model type will include Medicare eligible beneficiaries.

Table 1. Medi-Cal Managed Care Expansion Aid Codes

<u>Disabled</u>	<u>Blind</u>	<u>Aged</u>
36-Disabled-COBRA-Widow/ers	20-SSI/SSP Aid to the Blind	10-SSI/SSP Aid to the Aged
60-SSI/SSP Aid to the Disabled	24-Aid to the Blind-MN	14-Aid to the Aged-MN
64-Aid to the Disabled-Medically Needy	26-Aid to the Blind-Pickle Eligibles	16-Aid to the Aged-Pickle Eligibles
65-Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS	27-Aid to the Blind-MN (COHS Only)	17-Aid to the Aged-MN (COHS only)
66-Aid to the Disabled Pickle Eligibles	28-Aid to the Blind-IHSS	18-Aid to Aged-IHSS
67-Aid to the Disabled-Medically Needy (COHS Only)	2E-Graig v Bonta	1E-Graig v Bonta-Continued Eligibility
68-Aid to the Disabled IHSS	6A-Disabled Adult-Blindness	1H-Federal Poverty Level-Age
6C-Disabled Adult Child		
6E-Craig v Bonta		
6H-Federal Poverty Level-Disabled		
6J-SB 87 Pending Disability Program		
6N-Personal Responsibility and Work Opportunity Reconciliation Act		
6P-Personal Responsibility and Work Opportunity Reconciliation Act		
6R-SB87 Pending Disability Program		
6V-Aid to the Disability-DDS Waiver		
6W-Aid to the Disabled-DDS Waiver (COHS only)		
6X-Medi-Cal In-Home Operations Waiver (COHS only)		
6Y-Medi-Cal In-Home Operations Waiver (COHS only)		
		LTC
		13-Aged-LTC (ALTCI/COHS)
		23-Blind-LTC (ALTCI/COHS)
		53-MI-LTC (ALTCI/COHS)
		63-Disabled-LTC (ALTCI/COHS)

Data Sources and Methodology

Population demographic data are based on a July 2004 eligibility file that was created four months after the month of eligibility. Using a four-month lag captures 99.5% of the beneficiaries that will eventually be eligible. Expenditure data were derived from a 10 percent sample of Medi-Cal fee-for-service (FFS) eligibility and claims data. They include all Medi-Cal FFS expenditures for services incurred during calendar year 2003. The data do not include services paid for by Delta Dental, DDS waiver and DSS Personal Care Services Programs, EPSDT (CHDP), or Short-Doyle/Medi-Cal.

Cost and utilization data represent total payments made by the Medi-Cal program on behalf of eligible recipients. The cost data do not represent proposed or estimated capitation rates, but are provided to supplement descriptive statistical information. Questions or information concerning capitation rates should be directed to the Medi-Cal Managed Care Division.

The following criteria were utilized to determine the potential eligibles that would be enrolled into Two-Plan, GMC, or COHS expansion counties.

- If a beneficiary resides in a Two-Plan or GMC expansion county,

Then,

- Count all FFS eligible beneficiaries within the mandatory aid codes identified for enrollment (see Table 1) that are not dually eligible (i.e., Medi-Cal Eligible only)
- Exclude all others

- If a beneficiary resides in a COHS expansion county,

Then,

- Count all FFS eligible beneficiaries within the mandatory aid codes identified for enrollment (see Table 1) that are both Medi-Cal and Medicare eligible
- Exclude all others

- If a beneficiary resides in a ALTCI expansion county,

Then,

- Count all FFS eligible beneficiaries within the mandatory aid codes identified for enrollment (see Table I) that are both Medi-Cal and Medicare eligible
- Exclude all others

1 How Many Aged, Blind, Disabled, and LTC Eligibles Are There in the Medi-Cal Aid Codes Identified for Mandatory Medi-Cal Managed Care Enrollment Statewide? How Many May Potentially Enroll Into Managed Care Plans?

- ✓ The 36 Medi-Cal aid codes have a combined statewide eligible population of 1.6 million.
- ✓ Of this total, roughly 18% or 290,079 are presently enrolled in some form of Medi-Cal managed care.
- ✓ Roughly 59% of the total eligibles are eligible for Medi-Cal and Medicare (i.e., dually eligible).
- ✓ Based on the present Medi-Cal managed care expansion plan, roughly 504,000 FFS beneficiaries will be eligible for managed care enrollment.

Figure 1. Total Aged, Blind, Disabled, LTC Eligibles – Managed Care vs. FFS

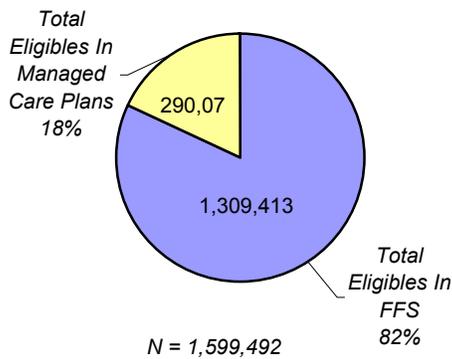


Figure 2. Total Aged, Blind, Disabled, LTC Eligible – Dually Eligible.

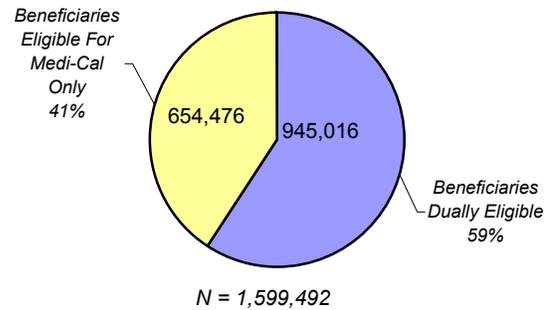
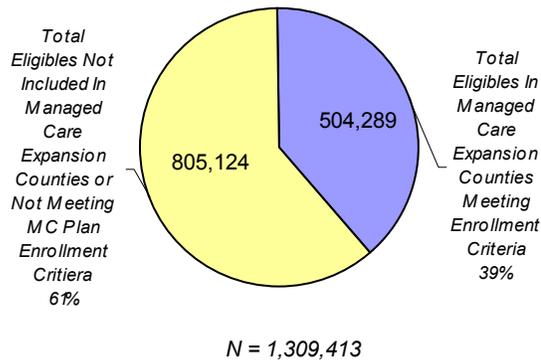


Figure 3. % of Total Aged, Blind, Disabled, and LTC FFS Eligibles That may Enroll In Managed Care Expansion Counties.



2 How Many Aged, Blind, Disabled, and LTC Expansion Counties are Included and What Plan Type will be Utilized in Each County?

- ✓ There are 27 counties slated for aged, blind, disabled, and LTC Medi-Cal managed care expansion.
- ✓ The expansion plan includes four managed care model types: 1) Two-plan, 2) Geographic Managed Care, 3) County Organized Health Systems, and 4) Acute and Long-term Care Integration.
- ✓ Three counties are scheduled for ALTCI development: Contra Costa, Orange, and San Diego.

Table 2. Medi-Cal Expansion Counties By Plan Model Type

<i>Expansion County</i>	<i>Plan Type</i>	<i>Expansion County</i>	<i>Plan Type</i>
<i>Alameda</i>	<i>Two-Plan</i>	<i>Riverside</i>	<i>Two-Plan</i>
<i>Contra Costa</i>	<i>Two-Plan/ALTCI</i>	<i>Sacramento</i>	<i>GMC</i>
<i>El Dorado</i>	<i>GMC</i>	<i>San Benito</i>	<i>COHS</i>
<i>Fresno</i>	<i>GMC</i>	<i>San Bernardino</i>	<i>Two-Plan</i>
<i>Imperial</i>	<i>GMC</i>	<i>San Diego</i>	<i>GMC/ALTCI</i>
<i>Kern</i>	<i>Two-Plan</i>	<i>San Francisco</i>	<i>Two-Plan</i>
<i>Kings</i>	<i>GMC</i>	<i>San Joaquin</i>	<i>Two-Plan</i>
<i>Lake</i>	<i>COHS</i>	<i>San Luis Obispo</i>	<i>COHS</i>
<i>Los Angeles</i>	<i>Two-Plan</i>	<i>Santa Clara</i>	<i>Two-Plan</i>
<i>Madera</i>	<i>GMC</i>	<i>Sonoma</i>	<i>COHS</i>
<i>Marin</i>	<i>COHS</i>	<i>Stanislaus</i>	<i>Two-Plan</i>
<i>Mendocino</i>	<i>COHS</i>	<i>Tulare</i>	<i>Two-Plan</i>
<i>Merced</i>	<i>GMC</i>	<i>Ventura</i>	<i>COHS</i>
<i>Placer</i>	<i>GMC</i>		

Medi-Cal Managed Care Models

Two-Plan Model

In each county, the Department contracts with one locally developed health care service plan known as the local initiative, and one commercial plan selected through a competitive procurement process. Medicare/Medi-Cal dual eligibles are excluded from enrollment.

Geographic Managed Care

Under the Geographic managed care approach, the Department contracts with multiple health plans in the county. Contracts for GMC health plans are secured via a non-competitive application process in which any plan meeting specified state requirements/standards is permitted to negotiate a contract with Medi-Cal. Medicare/Medi-Cal dual eligibles are excluded from enrollment.

County Organized Health Systems

County organized health systems are health-insuring organizations developed and operated by the county. All Medi-Cal beneficiaries residing within the county are required to enroll regardless of their eligibility category. There is no fee-for-service option in these counties. Enrollment includes Medicare/Medi-Cal dual eligibles.

Acute and Long-Term Care Integration

ALTCI health plans will be required to offer a comprehensive scope of services and manages the full continuum of care including interdisciplinary management, primary care, acute care, drugs, emergency care, dental, home and community based services, and long-term care. Health plans will be at risk for nursing facility placements.

3 How Many Aged, Blind, Disabled and LTC Eligibles are in Each Expansion County?

- ✓ Los Angeles County accounts for roughly 34% of the aged, blind, disabled, and LTC eligibles.
- ✓ San Diego and San Bernardino garner 6.8% and 6.4% of the total eligibles respectively.

Table 3. Medi-Cal Aged, Blind, Disabled, and LTC Eligibles by Medi-Cal Managed Care Expansion Counties

<i>Expansion County</i>	<i>Eligibles</i>	<i>% of Total</i>	<i>Expansion County</i>	<i>Eligibles</i>	<i>% of Total</i>
<i>Alameda</i>	24,172	4.79%	<i>Riverside</i>	22,802	4.52%
<i>Contra Costa /2/</i>	11,054	2.19%	<i>Sacramento</i>	26,259	5.21%
<i>El Dorado</i>	1,663	0.33%	<i>San Benito /1/</i>	1,440	0.29%
<i>Fresno</i>	16,211	3.22%	<i>San Bernardino</i>	32,336	6.41%
<i>Imperial</i>	3,574	0.71%	<i>San Diego /2/</i>	34,517	6.85%
<i>Kern</i>	12,838	2.55%	<i>San Francisco</i>	17,620	3.49%
<i>Kings</i>	2,421	0.48%	<i>San Joaquin</i>	13,007	2.58%
<i>Lake /1/</i>	5,463	1.08%	<i>San Luis Obispo /1/</i>	8,168	1.62%
<i>Los Angeles</i>	174,586	34.63%	<i>Santa Clara</i>	19,786	3.92%
<i>Madera</i>	2,241	0.44%	<i>Sonoma /1/</i>	14,582	2.89%
<i>Marin /1/</i>	5,446	1.08%	<i>Stanislaus</i>	9,612	1.91%
<i>Mendocino /1/</i>	5,536	1.10%	<i>Tulare</i>	7,168	1.42%
<i>Merced</i>	5,945	1.18%	<i>Ventura /1/</i>	23,138	4.59%
<i>Placer</i>	2,704	0.54%	Total	504,289	100.00%

/1/ Total eligible counts include Medi-Cal / Medicare dual eligibles and LTC aid Codes (COHS Counties)

/2/ Total eligible counts include ALTCI aid codes

Totals may not sum to 100% due to rounding.

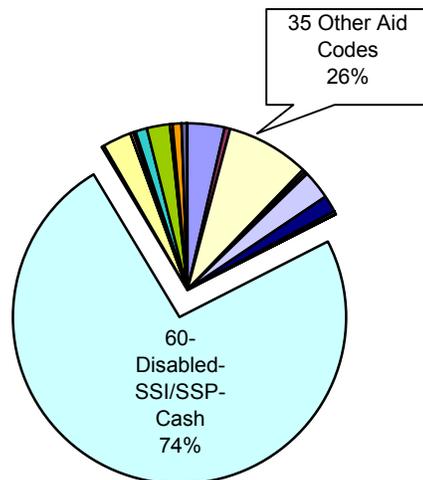
4 How Many Eligibles are in Each Aid Code Associated with the 27 Expansion Counties?

- ✓ Among the 36 aid codes constituting the aged, blind, disabled, and LTC populations, *Aid Code 60 (SSI/SSP Aid to the disabled)* represents 74% of the total eligibles.
- ✓ Aid codes and 14 (*Aid to the Aged – MN*) and 10 (*SSI/SSP Aid to the Aged*) constituted the next highest eligible populations, representing 8% and 4% of the total eligibles respectively.

Table 4. Potential Aged, Blind, Disabled, and LTC Eligibles By Aid Code That May Enroll in Managed Care Plans

Aid Code	Eligibles	% of Total	Aid Code	Eligibles	% of Total
36-Disabled-COBRA-Widowers	42	0.01%	6X-Medi-Cal In-Home Oper. Waiver	27	0.01%
53-MI-LTC	19	0.00%	6Y-Medi-Cal In-Home Oper. Waiver	0	0.00%
60-SSI/SSP Aid to the Disabled	372,819	73.93%	20-SSI/SSP Aid to the Blind	8,737	1.73%
63-Disabled Long-Term Care	1,209	0.24%	23-Blind-LTC	19	0.00%
64-Aid to the Disabled-Medically Needy	14,255	2.83%	24-Aid to the Blind MN	259	0.05%
65-Aid to the Disabled	0	0.00%	26-Aid to the Blind Pickle Eligibles	18	0.00%
66-Aid to the Disabled Pickle Eligibles	1,061	0.21%	27-Aid to the Blind MN	1	0.00%
67-Aid to the Disabled-MN	243	0.05%	28-Aid to the Blind- IHSS	53	0.01%
68-Aid to the Disabled IHSS	1,749	0.35%	2E-Graig v Bonta	95	0.02%
6C-Disabled Adult Child	236	0.05%	6A-Disabled Adult - Blindness	11	0.00%
6E-Graig v Bonta	5,408	1.07%	10-SSI/SSP Aid to the Aged	18,447	3.66%
6H-Federal Poverty Level-Disabled	11,860	2.35%	13-Aged-LTC	2,915	0.58%
6J-SB87 Pending Disability Program	417	0.08%	14-Aid to the Aged- MN	40,849	8.10%
6N-Personal Responsibility and Work	4,041	0.80%	16-Aid to the Aged-Pickle	926	0.18%
6P-Personal Resp. and Work Act	0	0.00%	17-Aid to the Aged-MN	121	0.02%
6R-SB87 Pending Disability Program	6	0.00%	18Aid To Aged – IHSS	1,411	0.28%
6V-Aid to the Disability-DDS Waiver	3,327	0.66%	1E-Graig v Bonta-Continued Elig	185	0.04%
6W-Aid to the Disabled-DDS Waiver	0	0.00%	1H-Federal Poverty Level-Aged	13,523	2.68%
			Total	504,289	100.00%

Figure 4. Distribution of Total Potential Aged, Blind, Disabled, and LTC Eligibles That May Enroll into Managed Care by Aid Code



5 What are Some of the Characteristics of the Aged, Blind, and Disabled Beneficiary Populations in the Two-Plan /GMC, and COHS Expansion Counties?

- ✓ The disabled and blind populations are split 50/50 by gender.
- ✓ Roughly two-thirds of the aged population is female.
- ✓ Almost half of all the disabled and close to sixty percent of the blind population are Medicare eligible. Roughly 90 percent of the aged population is dually eligible.

Table 5. Selected Demographic Characteristics —Two Plan / GMC Plan Counties

<i>Eligible Population</i>	<i>Percent Female</i>	<i>Percent Male</i>	<i>Percent Dual Eligible</i>
<i>Disabled</i>	<i>51%</i>	<i>49%</i>	<i>47%</i>
<i>Blind</i>	<i>51%</i>	<i>49%</i>	<i>57%</i>
<i>Aged</i>	<i>63%</i>	<i>37%</i>	<i>87%</i>

Table 6. Selected Demographic Characteristics —COHS Counties

<i>Eligible Population</i>	<i>Percent Female</i>	<i>Percent Male</i>	<i>Percent Dual Eligible</i>
<i>Disabled</i>	<i>51%</i>	<i>49%</i>	<i>49%</i>
<i>Blind</i>	<i>54%</i>	<i>46%</i>	<i>57%</i>
<i>Aged</i>	<i>67%</i>	<i>33%</i>	<i>90%</i>

6 Are Age Distributions Among the Aged, Blind, and Disabled Populations Different by County?

- ✓ The age distribution of the eligibles moving into managed care varied by county and plan model type. For example, Santa Clara County had the greatest proportion of eligibles 65 years of age or older.
- ✓ Because of the dual eligible inclusion in COHS expansion counties, a greater proportion of the eligibles were 65 years of age or older.

Table 7. % of Medi-Cal Aged, Blind, and Disabled Eligibles By Two-Plan & GMC Expansion Counties >= 65 Years of Age

Expansion County	% of Population <65 Years of Age	% of Population >=65 Years of Age	Expansion County	% of Population <65 Years of Age	% of Population >=65 Years of Age
<i>Alameda</i>	80%	20%	<i>Stanislaus</i>	92%	8%
<i>Contra Costa</i>	83%	17%	<i>Tulare</i>	94%	6%
<i>Fresno</i>	91%	9%	<i>Sacramento</i>	88%	12%
<i>Kern</i>	95%	5%	<i>Placer</i>	92%	8%
<i>Los Angeles</i>	81%	19%	<i>El Dorado</i>	95%	5%
<i>Riverside</i>	91%	9%	<i>Imperial</i>	94%	6%
<i>San Bernardino</i>	92%	8%	<i>Merced</i>	94%	6%
<i>San Francisco</i>	82%	18%	<i>Madera</i>	94%	6%
<i>San Joaquin</i>	91%	9%	<i>Kings</i>	95%	5%
<i>Santa Clara</i>	68%	32%	<i>San Diego</i>	89%	11%

Table 8. % of Medi-Cal Aged, Blind, and Disabled Eligibles By COHS Expansion Counties >= 65 Years of Age

Expansion County	% of Population <65 Years of Age	% of Population >=65 Years of Age	Expansion County	% of Population <65 Years of Age	% of Population >=65 Years of Age
<i>Lake</i>	68%	32%	<i>San Luis Obispo</i>	65%	35%
<i>Marin</i>	60%	40%	<i>Sonoma</i>	64%	36%
<i>Mendocino</i>	68%	32%	<i>Ventura</i>	50%	50%
<i>San Benito</i>	43%	57%			

7 What is the Age Distribution Among the Disabled and Blind Populations in Two-Plan and GMC Expansion Counties?

- ✓ Roughly 48% of the eligibles making up the disabled population are between 46 and 64 years of age.
- ✓ Like the disabled population, the blind population was skewed to the 46 through 64 years of age group, which accounted for 40% of total eligibles.
- ✓ Beneficiaries making up the aged population were all 65 years of age or older.

Figure 5. Two-Plan / GMC Disabled Expansion Population Eligibles by Age Group.

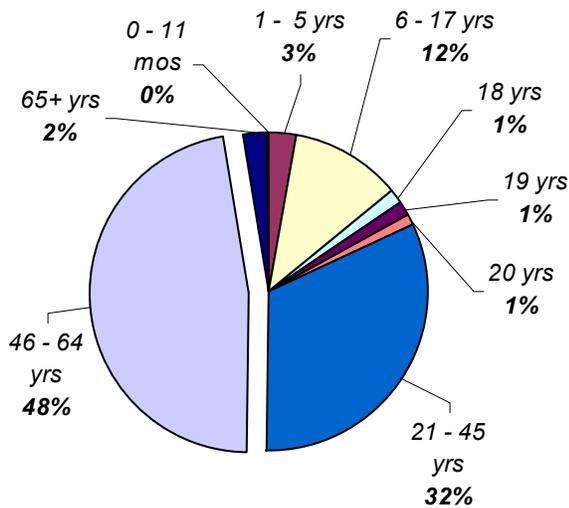
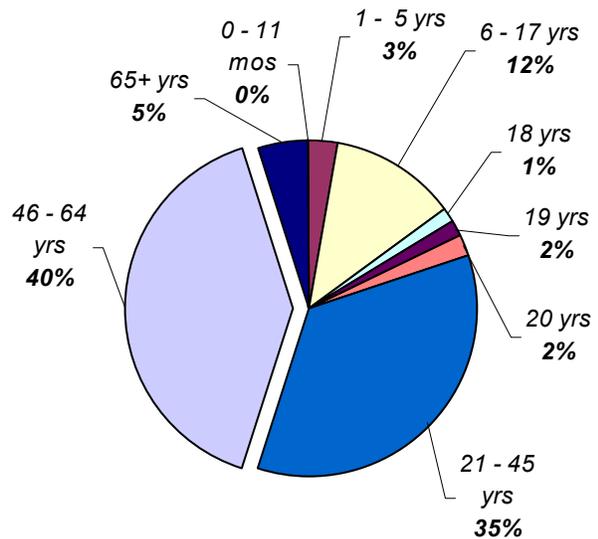


Figure 6. Two-Plan / GMC Blind Expansion Population Eligibles by Age Group.

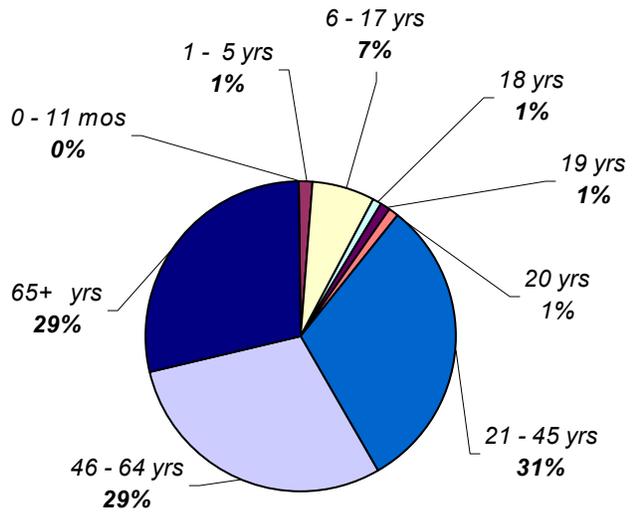
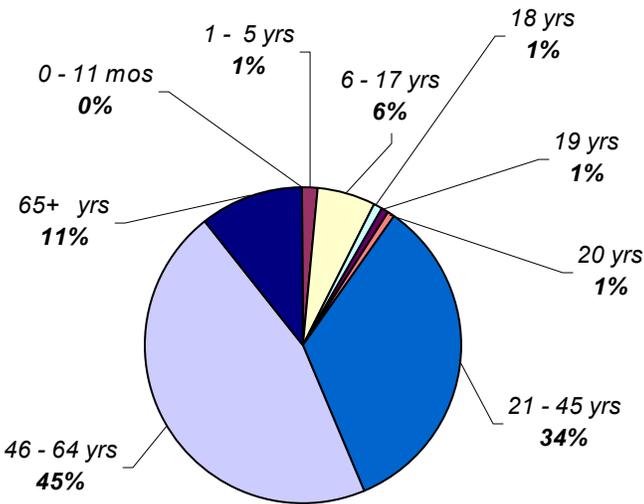


8 What is the Age Distribution Among the Disabled and Blind Populations in COHS Expansion Counties?

- ✓ Like the disabled population in the Two-Plan and GMC counties, roughly 40% of the eligibles are between 46 and 64 years of age.
- ✓ Unlike the blind population in the Two-Plan and GMC model counties—which saw the greatest number of eligibles in the 46 to 64 age group—the age group with the greatest number of eligibles was 21 to 45 years of age.

Figure 7. COHS Disabled Expansion Population Eligibles by Age Group.

Figure 8. COHS Blind Expansion Population Eligibles by Age Group.



9 What are Some of the Characteristics of the LTC population in the Expansion Counties that will Cover LTC Eligibles?

- ✓ The LTC population is older than the non-institutionalized aged, blind, and disabled populations.
- ✓ Roughly 94% are Medicare eligible.
- ✓ San Diego County has the greatest concentration of LTC eligibles among the expansion counties covering LTC aid codes, representing roughly 44% of the total LTC expansion population.

Figure 9. % of Medi-Cal LTC Population Eligibles in Expansion Counties by Age Group.

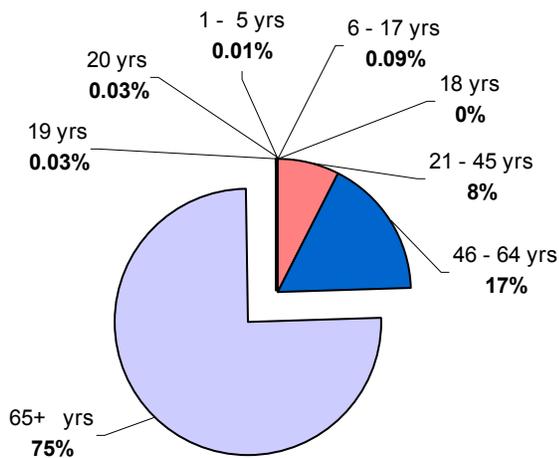


Figure 10. % Of Medi-Cal LTC Population Eligibles in Expansion Counties dually eligible.

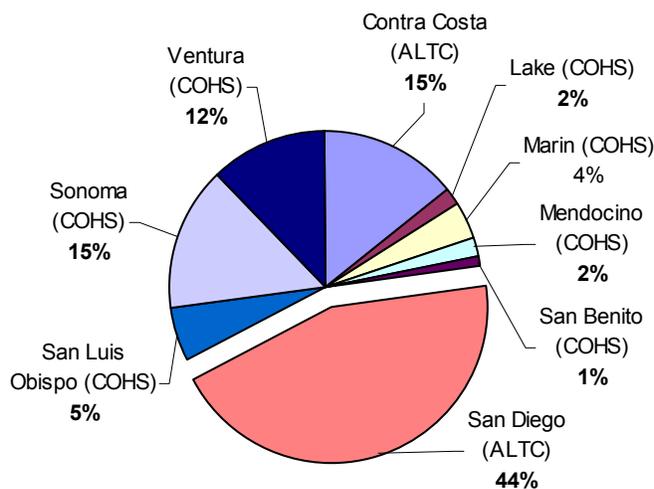
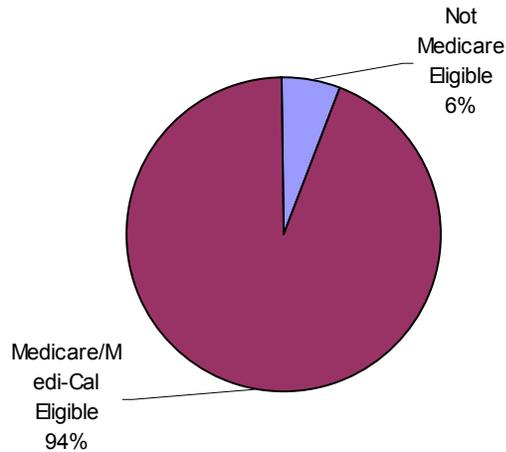


Figure 11. % of Total Expansion LTC Population By County

10 How Do Statewide FFS Medi-Cal Expenditures Differ Among Aged, Blind, and Disabled Aid Code Categories for Two-Plan and GMC Expansion Aid Codes?

- ✓ For calendar year 2003 dates-of-service, expenditures-per-eligible month for Medi-Cal beneficiaries not eligible for Medicare in the blind aid code category were over 2.0 times greater than for aged beneficiaries not Medicare eligible and 1.2 times greater than disabled beneficiaries not Medicare eligible (for additional expenditure data, see Appendix II).
- ✓ FFS expenditures-per-eligible month for Medicare eligible beneficiaries were less than non-Medicare eligible beneficiaries among all populations. For the dually eligible beneficiaries, Medicare is the primary payer for a number of services (e.g., physicians, physician groups, hospital inpatient, etc.). As such, these costs are primarily borne by Medicare, not Medi-Cal.

Figure 12. Statewide 2003 FFS Medi-Cal Expenditures-per-Eligible Month By Population For Two-Plan and GMC Expansion aid Codes



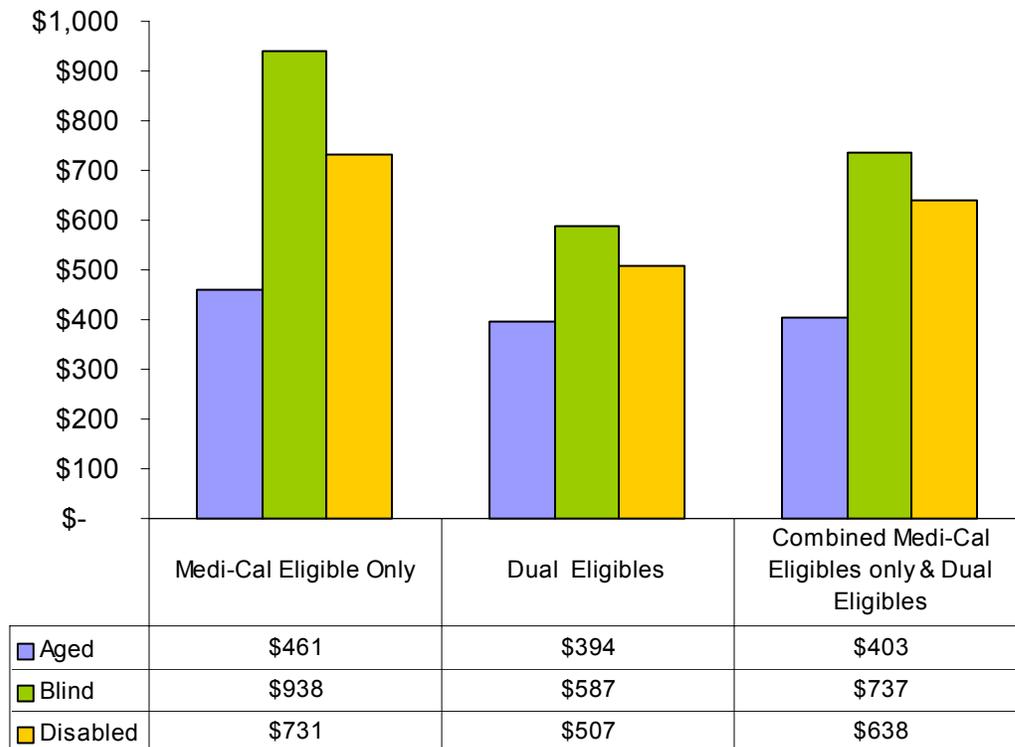
Data source: 10% Sample Claims – Eligs merged database, CY03, ver 1-5-05.xls

The above cost metrics are for beneficiaries eligible for Medi-Cal only. This is consistent with the Medi-Cal managed care expansion plan for Two-Plan and GMC counties as they will exclude Medicare eligible beneficiaries.

11 How Do Statewide Medi-Cal FFS Expenditures Differ Among Aged, Blind, and Disabled Aid Code Categories for COHS Expansion Aid Codes?

- ✓ Differences between the Two-Plan/GMC and COHS expenditures-per-eligible month resulted due to eligibility criteria. The COHS expansion counties include Medicare/Medi-Cal eligibles, while Two-Plan/GMC expansion counties exclude Medicare/Medi-Cal eligibles.
- ✓ In general, the inclusion of dually eligible beneficiaries will drive down the expenditures-per-eligible month when compared to the non-dually eligible population (See Figure 12).

Figure 13.. Statewide FFS *Medi-Cal Expenditures-per-Eligible Month By Population For COHS Expansion County Aid Codes*



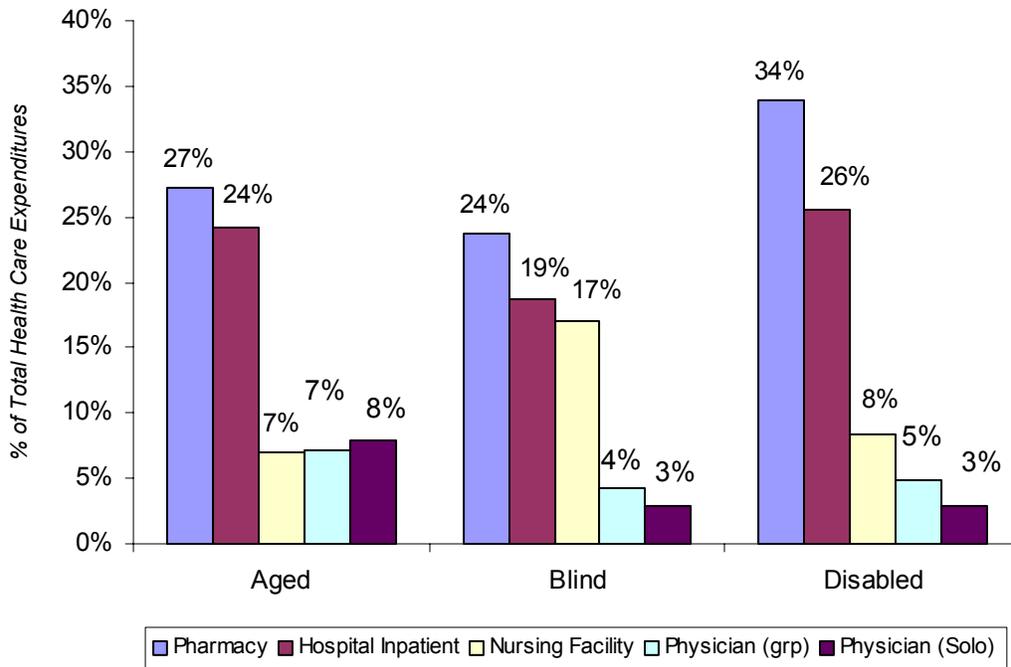
Data source: 10% Sample Claims – Eligs merged database, CY03, ver 1-5-05.xls

The above cost metrics are for beneficiaries eligible for Medi-Cal and Medicare. This is consistent with the Medi-Cal managed care expansion plan for COHS counties as they will enroll both Medi-Cal and Medicare eligible beneficiaries.

12 How Are Statewide FFS Medical Expenditures Distributed Among Medi-Cal Providers For Two-Plan and GMC Expansion County Aid Codes?

- ✓ Between 67 and 74 percent of total health care expenditures were distributed among 5 vendor codes: 1) Pharmacist, 2) Hospital Inpatient, 3) Nursing Facility, 4) Physician Groups, and 5) Physicians.
- ✓ Pharmaceutical expenditures represented the greatest cost for the aged, blind, and disabled populations. Between 24 and 34 percent of total expenditures were allocated to pharmaceuticals.
- ✓ Hospital inpatient costs were a close second. Roughly 20 to 26 percent of all expenditures were allocated to hospital inpatient services.

Figure 14. % of Total Statewide FFS Expenditures By Vendor Type -Two-Plan and GMC Expansion County Aid Codes



Data source: 10% Sample Claims – Eligs merged database, CY03, ver 1-5-05.xls

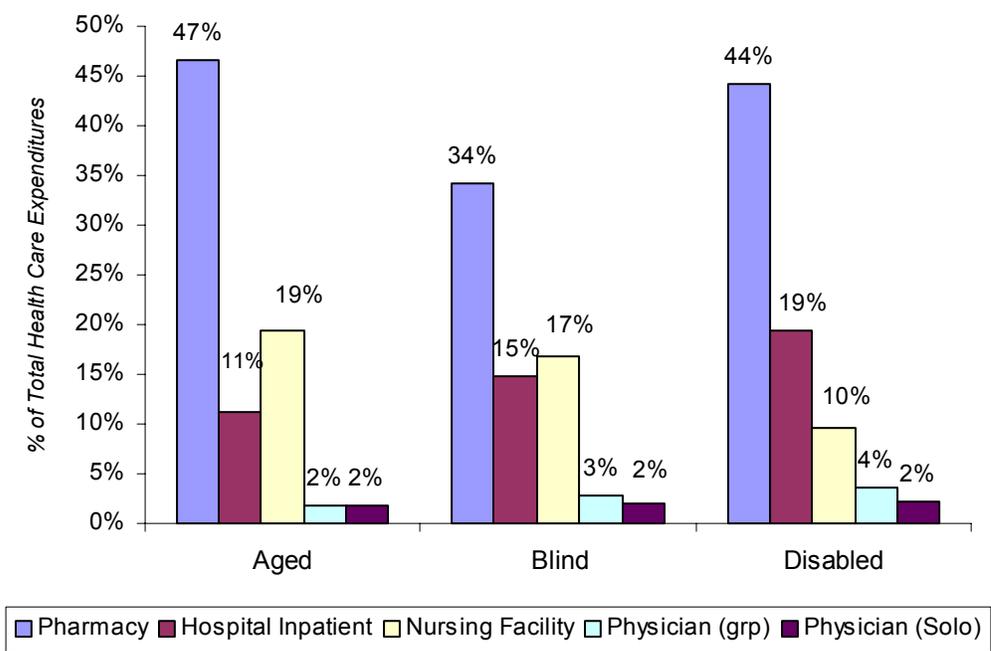
The above expenditures relate to beneficiaries eligible for Medi-Cal only. This is consistent with the Medi-Cal managed care expansion plan for Two-Plan and GMC counties as they will exclude Medicare eligible beneficiaries.

We did not consider pharmacy rebates. Therefore, the pharmacy payments represent gross payments.

13 How Are Statewide FFS Medical Expenditures Distributed Among Medi-Cal Providers for COHS Expansion County Aid Codes?

- ✓ A greater percentage of total health care expenditures are allocated to pharmaceuticals when comparing Two-Plan/GMC and COHS costs patterns. This is due to the mandatory enrollment of dually eligible beneficiaries by COHS's. Because the aged, blind, and disabled populations have a significant number of dually eligible beneficiaries, the allocation of costs among vendor codes is significantly impacted. As stated prior, Medicare is the primary payer for dually eligible beneficiaries for a number of services (e.g., physicians, physician groups, hospital inpatient, etc.). As such, these costs are borne by Medicare, not Medi-Cal.

Figure 15.. % of Total Statewide FFS Expenditures By Vendor Type -COHS Aid Codes



Data source: 10% Sample Claims – Eligs merged database, CY03, ver 1-5-05.xls

The above expenditures related to beneficiaries eligible for Medi-Cal and Medicare. This is consistent with the Medi-Cal managed care expansion plan for COHS counties as they will enroll both Medi-Cal and Medicare eligible beneficiaries.

We did not consider pharmacy rebates. Therefore, the pharmacy payments represent gross payments.

Appendix I

Aid Code Descriptions

Aged

10-SSI/SSP Aid to the Aged (No Share of Cost)

The Supplemental Security Income and State Supplementary Payment is designed to provide cash aid to aged, blind or disabled persons who have little or no income and resources. An additional qualification is that they must be a United States citizen, or a qualified alien who meets certain specific conditions as determined by the Social Security Administration, and reside in the United States. Individuals are placed into the SSI/SSP aid code designation of aged if they are 65 years or older.

14-Aid to the Aged-Medically Needy (No Share of Cost)

This aid code identifies people who are 65 or older that would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal without a share of cost.

16-Aid to the Aged- Pickle Eligibles (No Share of Cost)

This aid code identifies individuals 65 years and older that met the following criteria: 1. Received Supplemental Security Income and State Supplementary Payment (SSI/SSP) and Title II benefits concurrently in any month since April 1977. 2. They were subsequently discontinued from SSI/SSP, but would have remained eligible if the Title II cost-of-living increases were disregarded.

17-Aid to the Aged-Medically Needy (Share of Cost)

This aid code identifies people who are 65 or older that would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal with a share of cost.

18-Aid to the Aged-IHSS (No Share of Cost)

In-Home Supportive Services (IHSS) is a state administered, county run program that provides an alternative to out-of-home care, but providing state, county and federal funding that enables program recipients to hire a caregiver. Individuals must be either disabled, age 65 or older, blind and unable to live safely at home without help and financially unable to purchase needed services. This aid code identifies individuals 65 and older that qualify for this program.

1E- Craig v. Bonta-Continued Eligibility for the Aged (No Share of Cost)

This aid code provides continuing Medi-Cal eligibility to individuals 65 years or older who were discontinued from Supplemental Security Income and State Supplementary Payments until the county can redetermine their Medi-Cal eligibility status.

1H-Federal Poverty Level-Aged (No Share of Cost)

Individuals/couples in this aid code are 65 years or older and have an income at 100 percent or less of the Federal Poverty Level.

Blind

20-SSI/SSP Aid to the Blind (No Share of Cost)

The Supplemental Security Income and State Supplementary Payments are designed to provide cash aid to aged, blind or disabled persons who have little or no income and resources. An additional qualification is that they must be a United States citizen, or a qualified alien who meets certain specific conditions as determined by the Social Security Administration, and reside in the United States. This aid code identifies people who meet the Federal criteria for blindness.

24-Aid to the Blind-Medically Needy (No Share of Cost)

This aid code identifies people who meet the Federal criteria for blindness and would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal without a share of cost.

26-Aid to the Blind-Pickle Eligibles (No Share of Cost)

This aid code identifies who meet the Federal criteria for blindness and meet the following criteria: 1. Received Supplemental Security Income and State Supplementary Payment (SSI/SSP) and Title II benefits concurrently in any month since April 1977. 2. They were subsequently discontinued from SSI/SSP, but would have remained eligible if the Title II cost-of-living increases were disregarded.

27- Aid to the Blind-Medically Needy (Share of Cost)

This aid code identifies people who meet the Federal criteria for blindness and would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal with a share of cost.

28-Aid to the Blind-IHSS (No Share of Cost)

In-Home Supportive Services (IHSS) is a state administered, county run program that provides an alternative to out-of-home care, but providing state, county and federal funding that enables program recipients to hire a caregiver. Individuals must be either disabled, age 65 or older, blind and unable to live safely at home without help and financially unable to purchase needed services. This aid code identifies individuals who meet the Federal criteria for blindness.

2E-Craig v. Bonta (No Share of Cost)

This aid code provides continuing Medi-Cal eligibility to individuals who meet the Federal definition of blindness and who were discontinued from Supplemental Security Income and State Supplementary Payments until the county can re-determine their Medi-Cal eligibility status.

6A-Disabled Adult Child (DAC)/Blindness (No Share of Cost)

This aid code identifies individuals who are at least 18 years old and previously received Supplemental Security Income and State Supplementary Payment (SSI/SSP) on the basis of blindness, which began before they reached the age of 22. These individuals also receive Retirement, Survivors and Disability Income (RSDI) benefits as a result of this blindness and became discontinued from SSI/SSP as a result of becoming entitled on or after July 1, 1987 to RSDI benefits or because of an increase in RSDI benefits.

Disabled

36-Aid to Disabled Widow/ers (No Share of Cost)

This aid code covers individuals who began receiving Title II Widow/ers Social Security benefits before the age of 60 and received Supplemental Security Income and State Supplementary Payment (SSI/SSP) benefits concurrently. These individuals would have remained eligible for SSI/SSP if the Title II cost-of-living increases and their Title II disabled widow/ers reduction factors were disregarded.

60-SSI/SSP Aid to the Disabled (No Share of Cost)

The Supplemental Security Income and State Supplementary Payment is designed to provide cash aid to aged, blind or disabled persons who have little or no income and resources. An additional qualification is that they must be a United States citizen, or a qualified alien who meets certain specific conditions as determined by the Social Security Administration, and reside in the United States. Individuals are placed into this SSI/SSP aid code designation if they meet the federal definition of disability.

64-Aid to the Disabled-Medically Needy (No Share of Cost)

This aid code identifies people who meet the Federal criteria for disability and would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal without a share of cost.

65-Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled- Medically Needy IHSS (May or may not have a Share of Cost)

Individuals in this aid code were discontinued from receiving Supplemental Security Income and State Supplementary Payments due to gainful activity but still meet the federal definition of

disability or are considered aged, blind or disabled/medically needy and will have the costs of In-Home Supportive Services deducted from their monthly income.

66-Aid to the Disabled Pickle Eligibles (No Share of Cost)

This aid code identifies individuals meet the federal definition of disability and also meet the following criteria: 1. Received Supplemental Security Income and State Supplementary Payment (SSI/SSP) and Title II benefits concurrently in any month since April 1977. 2. They were subsequently discontinued from SSI/SSP, but would have remained eligible if the Title II cost-of-living increases were disregarded.

67-Aid to the Disabled-Medically Needy (Share of Cost)

This aid code identifies people who meet the Federal criteria for disability and would normally qualify for a cash grant other than CALWORKS but have too much income or property. However, they do meet the requirements for Medi-Cal with a share of cost.

68-Aid to the Disabled IHSS (No Share of Cost)

In-Home Supportive Services (IHSS) is a state administered, county run program that provides an alternative to out-of-home care, but providing state, county and federal funding that enables program recipients to hire a caregiver. Individuals must be either disabled, age 65 or older, blind and unable to live safely at home without help and financially unable to purchase needed services. This aid code identifies individuals who meet the Federal criteria for disability.

6A-Disabled Adult Child (DAC)/Blindness (No Share of Cost)

This aid code identifies individuals who are at least 18 years old and previously received Supplemental Security Income and State Supplementary Payment (SSI/SSP) on the basis of blindness, which began before they reached the age of 22. These individuals also receive Retirement, Survivors and Disability Income (RSDI) benefits as a result of this blindness and became discontinued from SSI/SSP as a result of becoming entitled on or after July 1, 1987 to RSDI benefits or because of an increase in RSDI benefits.

6C-Disabled Adult Child (DAC)/Disabled (No Share of Cost)

This aid code identifies individuals who are at least 18 years old and previously received Supplemental Security Income and State Supplementary Payment (SSI/SSP) on the basis of disability, which began before they reached the age of 22. These individuals also receive Retirement, Survivors and Disability Income (RSDI) benefits as a result of this disability and became discontinued from SSI/SSP as a result of becoming entitled on or after July 1, 1987 to RSDI benefits or because of an increase in RSDI benefits.

6E-Craig v Bonta (No Share of Cost)

This aid code provides continuing Medi-Cal eligibility to individuals who meet the Federal definition of disability and who were discontinued from Supplemental Security Income and State Supplementary Payments until the county can redetermine their Medi-Cal eligibility status.

6H-Federal Poverty Level-Disabled (FPL-Disabled) (No Share of Cost)

Individuals/couples in this aid code are considered disabled and have an income at 100 percent or less of the Federal Poverty Level.

6J-SB 87 Pending Disability Program (No Share of Cost)

The pending disability program allows individuals who have lost linkage to Medi-Cal and are requesting a disability evaluation to have uninterrupted Medi-Cal coverage during the disability determination period.

6N-Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (No Share of Cost)

Former recipients of Supplemental Security Income and State Supplementary Payments (SSI/SSP) who are in the process of appealing the cessation of benefits or during the 65-day period when an appeal can be requested.

6P- Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Children (No Share of Cost)

Former recipients of Supplemental Security Income and State Supplementary Payments (SSI/SSP) due to the implementation of more strict disability definitions in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. These children are entitled to full-scope, zero share of cost Medi-Cal as long as they are under the age of 18 and remain eligible for SSI, but for the loss of their disability.

6R- SB 87 Pending Disability Program (Share of Cost)

The pending disability program allows individuals who have lost linkage to Medi-Cal and are requesting a disability evaluation to have uninterrupted Medi-Cal coverage during the disability determination period.

6V- Aid to the Disabled-DDS Waiver (No Share of Cost)

The Department of Developmental Services Waiver is a Home and Community-based waiver that targets individuals that have a formal diagnosis of mental retardation or developmental disability and are a regional center consumer. An additional requirement is that the individual must be determined to benefit from a certain level of care for their disabilities that would be available in a licensed health facility for people with mental retardation. The last requirement is based on the premise that a Home and Community-based Waiver is designed to help people stay

in the community versus being institutionalized. Aid Code 6V is used to designate individuals who were granted Medi-Cal eligibility through the DDS Waiver based only on the individual's income and resources versus including other members of their immediate family's income and resources in the Medi-Cal eligibility determination.

6W- Aid to the Disabled-DDS Waiver (Share of Cost)

Same as 6V

6X-Medi-Cal In-Home Operations Waiver (No Share of Cost)

The In-Home Operations waivers are three Home and Community-based waivers (In-Home Medical Care, Nursing Facility Subacute and Nursing Facility Level A/B) that target individuals who would normally be placed in an acute hospital or nursing facility if they were unable to stay at home. A Home and Community-based Waiver is designed to help people stay in the community versus being institutionalized. Aid Code 6X is used to designate individuals who were granted Medi-Cal eligibility through one of the IHO Waivers based only on the individual's income and resources versus including other members of their immediate family's income and resources in the Medi-Cal eligibility determination.

6Y- Medi-Cal In-Home Operations Waiver (Share of Cost)

Same as 6X

Long-Term Care

13-Aid to the Aged-LTC (May or may not have a Share of Cost)

This aid code covers persons 65 years of age or older who are medically needy and in a long-term care facility.

23-Aid to the Blind-LTC (May or may not have a Share of Cost)

This aid code covers persons who meet the federal definition of blindness, are medically needy, and are in a long-term care facility.

53-Medically Indigent-LTC (May or may not have a Share of Cost)

The benefits are restricted under this aid code to long-term care and related services and covers persons ages 21-64 who are residing in a Nursing Facility Level A or B.

63-Aid to the Disabled- LTC (May or may not have a Share of Cost)

This aid code covers persons who meet the federal definition of disability, are medically needy and are in a long-term care facility

Appendix II

Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

The aid codes representing the aged, blind, disabled, and LTC Medi-Cal managed care expansion plan are segregated into two sets: 1) those aid codes that will be included in Two-Plan and GMC counties, and 2) those aid codes that will be included in COHS counties. Except for minor differences in the aid codes included or excluded, most of the covered aid codes will be covered by both managed care plan models. As an example, the “aged” category relative to Two-Plan /GMC counties includes aid codes 10, 14, 16, 18, 1E, and 1H. The “aged” category relative to the COHS counties includes one additional aid code (i.e., aid code 17). Therefore, when reviewing the following expenditure data, keep in mind that the expenditures relative to the Two-Plan and GMC set of aid codes is also included in the COHS set of aid codes for the most part. The expenditure data presented represents statewide expenditures and is not specific to a particular set of expansion counties.

Aged Category

Two-Plan GMC Aid Codes

Totals Statewide

FFS Only

Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
<i>Medicare_A_B</i>	<i>Total Paid</i>	<i>Total Inpatient Days</i>	<i>Total Claims</i>	<i>Total Eligibles</i>
NN	\$ 302,865,471.10	212,730	2,279,710	657,400
NY	\$ 520,682,303.50	939,750	3,762,810	999,040
YN	\$ 49,996.30	-	450	280
YY	\$ 1,383,847,151.50	2,664,040	14,423,780	3,893,680
(blank)	\$ 4,148,550.10	9,550	29,650	
Grand Total	\$ 2,211,593,472.50	3,826,070	20,496,400	5,550,400

	<i>Expenditures / Eligible Month</i>
Month Medi-Cal Eligible Only	\$ 460.70
Medi-Cal Medicare Eligibles	\$ 389.25
All Beneficiaries	\$ 398.46
	<i>Claims / Eligible Month</i>
Medi-Cal Eligible Only	3.47
Medi-Cal Medicare Eligibles	3.72
All Beneficiaries	3.69

Appendix II

Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

Blind Category

Two-Plan GMC Aid Codes

Totals Statewide

FFS Only

Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
Medicare A B	Total Paid	Total Inpatient Days	Total Claims	Total Eligibles
NN	\$ 106,853,623.50	129,390	585,750	113,860
NY	\$ 18,146,417.40	28,930	110,890	22,620
YN	\$ 310,246.90	60	1,680	200
YY	\$ 70,394,730.10	116,420	672,050	129,300
(blank)	\$ 17,702.80	-	270	
Grand Total	\$ 195,722,720.70	274,800	1,370,640	265,980

	Expenditures / Eligible Month
Month Medi-Cal Eligible Only	\$ 938.46
Medi-Cal Medicare Eligibles	\$ 584.09
All Beneficiaries	\$ 735.86
	Claims / Eligible Month
Medi-Cal Eligible Only	5.14
Medi-Cal Medicare Eligibles	5.16
All Beneficiaries	5.15

Appendix II Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

Disabled Category
Two-Plan GMC Aid Codes
Totals Statewide
FFS Only
Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
Medicare A B	Total Paid	Total Inpatient Days	Total Claims	Total Eligibles
NN	\$ 3,764,017,855.30	3,743,130	23,248,720	5,189,880
NY	\$ 235,962,909.60	616,170	1,500,270	288,870
YN	\$ 2,971,114.20	3,390	17,690	5,900
YY	\$ 1,654,245,929.00	1,446,750	16,138,430	3,525,020
(blank)	\$ 22,359,191.00	21,310	36,730	
Grand Total	\$ 5,679,556,999.10	5,830,750	40,941,840	9,009,670

	Expenditures / Eligible Month
Month Medi-Cal Eligible Only	\$ 725.26
Medi-Cal Medicare Eligibles	\$ 495.62
All Beneficiaries	\$ 630.38

	Claims / Eligible Month
Medi-Cal Eligible Only	4.48
Medi-Cal Medicare Eligibles	4.62
All Beneficiaries	4.54

Appendix II Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

Aged Category
COHS Aid Codes
Totals Statewide
FFS Only
Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
Medicare_A_B	Total Paid	Total Inpatient Days	Total Claims	Total Eligibles
NN	\$ 303,203,769.70	213,530	2,281,160	657,890
NY	\$ 522,049,383.20	942,640	3,766,810	999,820
YN	\$ 49,996.30	-	450	280
YY	\$ 1,421,073,879.80	2,903,200	14,604,500	3,926,050
(blank)	\$ 4,945,892.60	10,320	30,760	
Grand Total	\$ 2,251,322,921.60	4,069,690	20,683,680	5,584,040

	Expenditures / Eligible Month
Month Medi-Cal Eligible Only	\$ 460.87
Medi-Cal Medicare Eligibles	\$ 394.46
All Beneficiaries	\$ 403.17

	Claims / Eligible Month
Medi-Cal Eligible Only	3.47
Medi-Cal Medicare Eligibles	3.73
All Beneficiaries	3.70

Appendix II Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

Blind Category
COHS Aid Codes
Totals Statewide

FFS Only
Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
Medicare A B	Total Paid	Total Inpatient Days	Total Claims	Total Eligibles
NN	\$ 106,873,906.00	129,390	586,080	113,890
NY	\$ 18,146,417.40	28,930	110,890	22,620
YN	\$ 310,246.90	60	1,680	200
YY	\$ 70,958,354.50	117,170	674,170	129,490
(blank)	\$ 18,132.00	-	280	
Grand Total	\$ 196,307,056.80	275,550	1,373,100	266,200

	Expenditures / Eligible Month
Month Medi-Cal Eligible Only	\$ 938.40
Medi-Cal Medicare Eligibles	\$ 587.06
All Beneficiaries	\$ 737.44

	Claims / Eligible Month
Medi-Cal Eligible Only	5.15
Medi-Cal Medicare Eligibles	5.17
All Beneficiaries	5.16

Appendix II Total Expenditures and Eligibles By Two-Plan/GMC and COHS Aid Codes

Disabled Category

COHS Aid Codes

Totals Statewide

FFS Only

Dates-of-Service 01/01/2003 through 12/31/2003

	Data			
Medicare A B	Total Paid	Total Inpatient Days	Total Claims	Total Eligibles
NN	\$ 3,804,301,613.10	3,772,610	23,335,600	5,203,110
NY	\$ 235,963,355.60	616,170	1,500,290	288,880
YN	\$ 3,095,784.40	3,920	18,030	5,930
YY	\$ 1,717,683,122.90	1,497,670	16,464,820	3,567,080
(blank)	\$ 24,113,443.40	22,450	40,090	
Grand Total	\$ 5,785,157,319.40	5,912,820	41,358,830	9,065,000

	Expenditures / Eligible Month
Month Medi-Cal Eligible Only	\$ 731.16
Medi-Cal Medicare Eligibles	\$ 506.68
All Beneficiaries	\$ 638.19
	Claims / Eligible Month
Medi-Cal Eligible Only	4.48
Medi-Cal Medicare Eligibles	4.66
All Beneficiaries	4.56