

HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ ⁰³⁵⁹

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

AGENDA: December 14, 1999

November 29, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95060

SUBJECT: 1999-2000 Mental Health Managed Care Report and Recommendations

Dear Members of the Board:

BACKGROUND:

In January of 1995 your Board reviewed reports and took actions associated with implementation in the County of Managed Care for Medi-Cal beneficiaries needing inpatient mental health services. Because of the significance of County Managed Care responsibilities, your Board has requested periodic updates on this issue.

Since January of 1995, the County's Mental Health program has administered inpatient Mental Health benefits for all county residents with Medi-Cal. This was the first phase of a statewide plan to consolidate two Medi-Cal programs providing mental health services; the Short-Doyle (SD) Medi-Cal program and the Fee for Service (FFS) Medi-Cal program. In June of 1998, the County added outpatient services to its Managed Care benefit structure and responsibility. In essence, the County's Mental Health program is functioning as an insurance company with associated financial risk for Medi-Cal beneficiaries with mental health needs.

ANALYSIS:

The first report attached to this letter is a report by William M. Mercer and Associates regarding the management of Medi-Cal inpatient and outpatient care provided by the County Mental Health program and its contract agencies. Data contained in the report is favorable in most respects. It shows increasing utilization of outpatient, day treatment, and community residential options reflecting increased access to care. It also shows decreasing use of inpatient care which is the most costly of the treatment components.

As described in prior Managed Care reports, the management of mental health care and its continuum of treatments and prevention strategies have continued to operate within the budget targets. In addition, based on the Mercer report covering the first three years of operation, the County has met overall goals of improving access to expanded community services. This has been achieved by careful management of inpatient costs and the use of aggressive prevention strategies and elements such as crisis supports, home based medication and rehabilitation services, and a Partial Hospitalization/Day Treatment program. Funds previously spent on inpatient care are now directed to community programs providing hospital alternatives, to back-filling gaps in grant funding for clinical services, and to establishing prudent reserves as recommended by Mercer to protect against potential future financial demands. The Mental Health reserve is utilized to cover high cost cases, unanticipated gaps in funding for core treatment services, shifts in the benefit coverage of patients using care, and utilization surges.

Throughout the period of implementation of inpatient Managed Care, the County's goal to provide quality care in the least restrictive, clinically appropriate setting has been achieved. The State Department of Mental Health has completed two audits of County Mental Health operations and programs including Managed Care. The most recent audit was completed in November of 1999. While informal State feedback is positive regarding consumer focus groups and client satisfaction surveys, attention to the goal of remaining attentive and responsive to community needs will be included in the plan of correction to the State. Areas that the County will focus upon in the plan are the use of medication guidelines, improved training for staff providing crisis services, improvement in staff cultural competence, and improved access to care for children and youth.

CHALLENGES FACING MANAGED CARE PROGRAM:

There are several challenges facing the program that require emphasis. Some of these challenges reflect national trends while others represent local program issues.

Loss of Insurance Coverage: Changing patterns in coverage, from Medi-Cal to private insurance, will create increased financial pressure for County programs serving the uninsured. This is especially true for individuals leaving the welfare system and entering the workforce. Many jobs do not provide health insurance benefits and the process of keeping Medi-Cal is challenging and time limited for CalWORKS clients. These clients have few options for medical and/or mental health care except County services. As the numbers of clients who are uninsured increases, financial pressure will increase for counties throughout the State. As presented to your Board in the FY 1999-2000 budget hearings, this trend is a national one with particularly alarming increases projected for California.

Pent Up Demand for Services: Another problem facing the Managed Care mental health program is a pent up demand for outpatient services. Few private insurance programs have as rich and flexible a benefit package for outpatient and day treatment services as the Medi-Cal program. When the state operated the Medi-Cal program, access was limited by having very few providers willing to accept Medi-Cal reimbursement. The County program, however, assures access to treatment within 1-2 weeks for routine care, and within 24 hours for urgent care. The past 18 months have shown a trend

reflective of a significant pent up demand for services. The outpatient managed care program began with a service base that had cost the state \$290,000. Projected costs for this fiscal year for outpatient services exceed \$600,000. Based on the managed care experience of other states, this demand is projected to stabilize in the next 18 months. Because of the reserves created with savings from other programs, the County will be able to manage this trend toward increased demand for outpatient services without threatening the General Fund. The ongoing process of managing and monitoring utilization, however, is a critical element in assuring a sound fiscal operations base.

Managed Care Staffing: The Access Team is the program that coordinates psychiatric emergency services, assessment and treatment in the County's mental health System of Care. Ongoing staffing shortages of experienced, licensed clinicians have been problematic since implementation of outpatient Managed Care in June, 1998. There are many factors contributing to this shortage. Because of the importance of clinical decisions made by these staff, the County needs to hire, supervise and retain highly skilled professionals. To do this, it is recommended that 2.0 FTE Clinical Psychologist positions be added to the Managed Care program to provide more experienced clinical leadership and supervision to the psychiatric emergency services and Access Team functions. These services can be funded without new County General Fund dollars.

Redwoods Program Changes: Another program requiring mid-year staffing changes is the Redwoods treatment program. As the Probation Department has developed more residential alternatives in the community, the youth being referred to the Redwoods treatment program present more serious mental health and substance abuse problems, as well as increased risks related to running away and the need for periodic hospital care. Two .5 FTE Mental Health Counselor positions are needed to staff Redwoods more intensively while providing flexibility to meet program needs. Because of the ESPDT Medi-Cal program, these enriched services can be absorbed into the current program budget.

Modular Furniture: Additional changes are also needed to accommodate staffing shifts to the South County Mental Health clinic in Watsonville. Referrals have increased to the Watsonville clinic and the Mental Health program can move clinical staff to South County in response to increasing service levels. To make more effective use of the facility, modular furniture is needed for the clinic. Modular desks and equipment allow for more efficient use of space, allowing field-based clinicians to share offices. It is, therefore, recommended that \$31,700 be added to the program's budget for modular furniture. These costs can be absorbed without new County General Fund dollars.

There are three additional Managed Care issues currently being studied which will require returning to your Board for future action: provider certification, therapeutic behavioral services, and administrative services management.

Certification: The State requires that the County certify all providers who serve Medi-Cal clients. In the past, United Behavioral Health (UBH) has provided certification services to the County's Mental Health program, but UBH has discontinued this service. Mental Health is studying other options and will return to your Board with a recommendation for a new certification strategy by April, 2000.

Therapeutic Behavioral Services: The State Department of Health Services has recently added a therapeutic behavioral services benefit to the Medi-Cal program for children. This service is intended as one to one treatment for youth who are at risk of hospitalization or group home placement. It is not yet clear which providers in the County will offer these services. Mental Health will be discussing this with treatment staff and contract agencies and will return to the Board once a direction is determined.

Administrative Services Management: Group home providers routinely provide services to youths from many different counties. Because each county operates its own Managed Care program, providers have been required to provide multiple clinical documentations and billing information, often with different rate structures. This has created confusion and problems for therapists serving youth placed out of their county of residence. The State Department of Mental Health and the County Mental Health Directors Association (CMHDA) have recently reorganized Medi-Cal outpatient services for out of county group home youths by directing funds to one organization to manage authorization and payments to providers. The organization selected was Value-Options Care. A contract will soon be forwarded to your Board for approval of this component of Managed Care, along with a recommendation to transfer funds to reimburse Value-Options for services provided to Santa Cruz County. Because of the small number of Santa Cruz youths placed out of county, this will not be a major change for the program.

RECOMMENDATIONS:

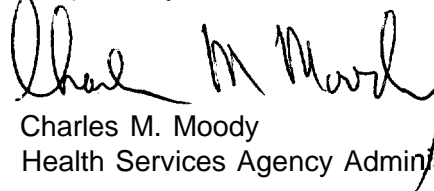
It is, therefore, RECOMMENDED that your Board:

1. Accept and file this report on Mental Health Managed Care and direct the Health Services Agency to report back during budget hearings on this program;
2. Adopt the attached resolution accepting and appropriating \$110,791 of unanticipated Medi-Cal revenues;
3. Authorize the addition of the following positions within HSA Community Mental Health and direct the Personnel Department to take the necessary actions to classify the positions:
 - a. Two 1.0 FTE Clinical Psychologist positions;
 - b. Two 0.5 FTE Mental Health Counselor positions; and
4. Approve the purchase of fixed assets in the form of modular furniture for the South County Mental Health Clinic with a projected cost of \$31,700.

0363

5. Report back on or before April 11, 2000 with recommendations for continuing the certification process for Medi-Cal service providers.

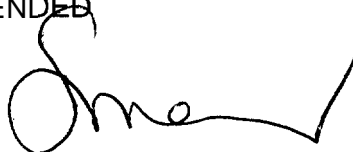
Respectfully submitted,



Charles M. Moody
Health Services Agency Administrator

CM:RK:PS:ep
Attachments

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
Health Services Agency
Mental Health Administration
Local Mental Health Board
County Personnel

**BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

RESOLUTION NO. _____

0364

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Short-Doyle Medi-Cal program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 110,791 which are either in excess of those anticipated or are not specifically set in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of \$ 110,791 into Department Mental Health

| T/C | Index Number | Revenue Subobject Number | Account Name | Amount |
|-----|--------------|--------------------------|--------------|---------|
| 001 | | See attached | | 110,791 |

and that such funds be and are hereby appropriated as follows:

| T/C | Index Number | Expenditure Subobject Number | PRJ/UCD | Account Name | Amount |
|-----|--------------|------------------------------|---------|--------------|---------|
| 021 | | See attached | | | 110,791 |

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.

By Charles M. Murphy December 2, 1999 Date
Department Head

COUNTY ADMINISTRATIVE OFFICER

✓

Recommended to Board

0365

 Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this _____ day of _____ 19____
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: 'SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Rafael Garcia
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Russell J. Hilton 12/2/99
Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department

HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT

FISCAL YEAR 199912000

0366

ESTIMATED REVENUES:

| TIC | Index Number | Revenue Subobject Number | PRJ/UCD | Account Name | Amount |
|--------------|-----------------|--------------------------------|---------|----------------------|--------------------------|
| 001 | 363101 | 0624 | | SHORT DOYLE MEDI-CAL | 50,896 |
| 001 | 363101 | 0626 | | STATE SHORT DOYLE | 50,895 |
| 001 | 364012 | 0624 | | SHORT DOYLE MEDI-CAL | 9,000 |
| Total | | | | | <u>\$ 110,791</u> |

APPROPRIATIONS:

| TIC | Index Number | Expenditure Subobject Number | PRJ/UCD | Account Name | Amount |
|--------------|-----------------|------------------------------------|---------|---------------------|--------------------------|
| 021 | 363144 | 3100 | | REG PAY - PERMANENT | 46,733 |
| 021 | 363144 | 3150 | | OASDI | 6,650 |
| 021 | 363144 | 3155 | | PERS | 3,575 |
| 021 | 363144 | 3160 | | EMPLOYEE INSURANCE | 2,800 |
| 021 | 363116 | 3100 | | REG PAY - PERMANENT | 13,565 |
| 021 | 363116 | 3150 | | OASDI | 1,930 |
| 021 | 363116 | 3155 | | PERS | 1,038 |
| 021 | 363116 | 3160 | | EMPLOYEE INSURANCE | 2,800 |
| 021 | 363101 | 8404 | | EQUIPMENT | 10,500 |
| 021 | 363115 | 8404 | | EQUIPMENT | 12,200 |
| 021 | 364012 | 8404 | | EQUIPMENT | 9,000 |
| Total | | | | | <u>\$ 110,791</u> |

0362
Printed 11/29/99Managed Care Outpatient Services
Personnel

| Index | Position | Start Date | Pay Periods | Step | Fte | Hourly Rate | Regular Pay | Retire- ment 0.1423 | OASDI 0.0765 | Employee insurance | Differ- ential | cost |
|----------------------|-----------------------|---------------|----------------|------|------|----------------|----------------|---------------------------|-----------------|-----------------------|-------------------|--------|
| 363144 | Clinical Psychologist | 01/17/2000 | 12 | 3 | 1.00 | 24.34 | 23,366 | 3,325 | 1,788 | 1,400 | 0 | 29,879 |
| 363144 | Clinical Psychologist | 01/17/2000 | 12 | 3 | 1.00 | 24.34 | 23,366 | 3,325 | 1,788 | 1,400 | 0 | 29,879 |
| | | | | | | | 46,733 | 6,650 | 3,575 | 2,800 | 0 | 59,758 |
| 363116 | MH Counselor I | 01/17/2000 | 12 | 3 | 0.50 | 14.13 | 6,782 | 965 | 519 | 1,400 | 0 | 9,666 |
| 363116 | MH Counselor I | 01/17/2000 | 12 | 3 | 0.50 | 14.13 | 6,782 | 965 | 519 | 1,400 | 0 | 9,666 |
| | | | | | | | 13,565 | 1,930 | 1,038 | 2,800 | 0 | 19,333 |
| Subtotal Additions | | | | | 3.00 | | 60,298 | 8,580 | 4,613 | 5,600 | 0 | 79,091 |
| Subtotal Deletions | | | | | 0.00 | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Personnel Cost | | | | | 3.00 | | 60,298 | 8,580 | 4,613 | 5,600 | 0 | 79,091 |

WILLIAM M.
MERCER

November 18, 1999

0368

Rarna Khalsa, PhD
Director
County of Santa Cruz Mental Health
1400 Emeline Avenue, Building K
Santa Cruz, CA 95060

Subject: PMPM Analysis for FY96, FY97, and FY98

Dear Rama:

Per our agreement, William M. Mercer, Incorporated (Mercer) is pleased to present our analysis of Per Member Per Month (PMPM) expenditures for the Fee-For-Service (FFS)/Medi-Cal Specialty Mental Health and Short-Doyle/Medi-Cal programs for FY 1996, FY1997, and FY 1998, administered by the County of Santa Cruz Mental Health Department.

Since the analysis incorporates the FFS/Medi-Cal and the Short-Doyle/Medi-Cal programs, these summaries provide a comprehensive view of Medi-Cal cost and utilization patterns under the County's managed care environment.

To fully understand the cost and utilization patterns, Mercer calculated the PMPM expenditures by the following categories (see tabs C, D, and E):

| Fiscal Year | Eligibility Group | Age Group | Category of Service |
|---------------|-------------------|----------------|---|
| ▪ FY1995/1996 | ▪ Disabled | ▪ Ages 0 –17 | ▪ FFS – Inpatient |
| ▪ FY1996/1997 | ▪ Foster Care | • Ages 18 –21 | ▪ FFS – Outpatient/Outpatient Consolidation |
| ▪ FY1997/1998 | ▪ Families | ▪ Ages 22 – 64 | ▪ SD – 24 Hour Services |
| | ▪ All Other | ▪ Ages 65+ | ▪ SD – Day Services |
| | | | ▪ SD – Outpatient Services |

William M. Mercer, Incorporated
3131 East Camelback Road
Suite 300
Phoenix, AZ 85016

Phone 602 522 6500
Fax 602 957 9573

Rama Khalsa, PhD
November 18, 1999
Page 2

Mercer further summarized the PMPM costs by Age Group by Categories of Aid for each fiscal year as well as the blended PMPM costs both by Age Group and by Categories of Aid for each fiscal year in Tab B. Key summaries are displayed graphically in Tab A.

Please note that the paid claims summarized in this analysis were based on dates of service. Mercer did not apply any completion factors in the claims, as we believe the **dataset** contained a reasonable lag period. Additionally, the paid claims were screened for the Phase II Consolidation Criteria. Lastly, the County of Santa Cruz Medi-Cal fee schedule was applied, where applicable, to your managed care contracted providers per our consultation with Glenn Kulm.

As always, please call me at 602 522 6523 with any questions or concerns.

Sincerely,

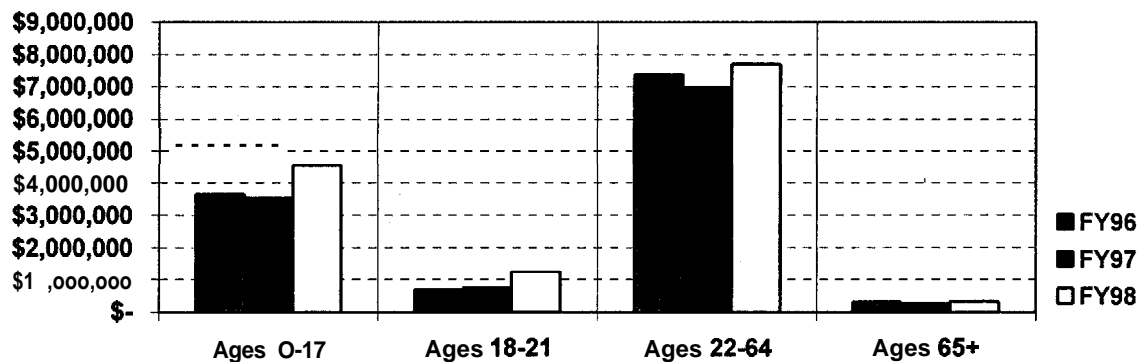


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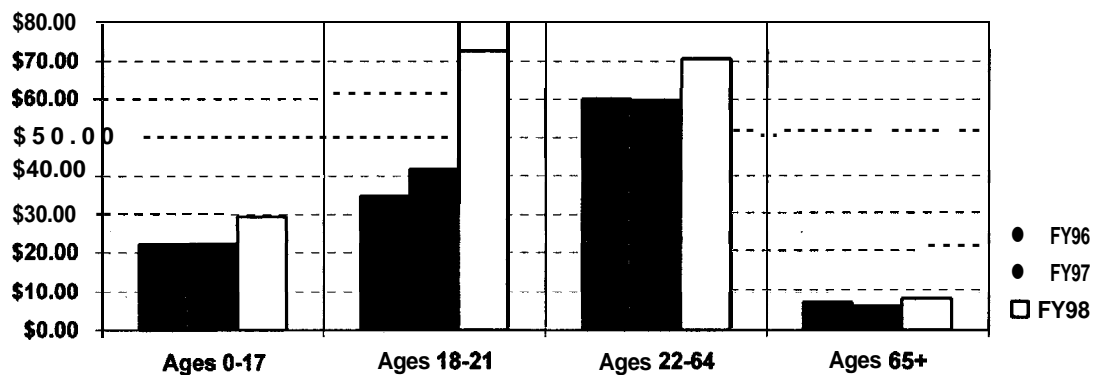
Copy: Kai Wong
Kathy Sternbach
Linda Flores

Enclosures

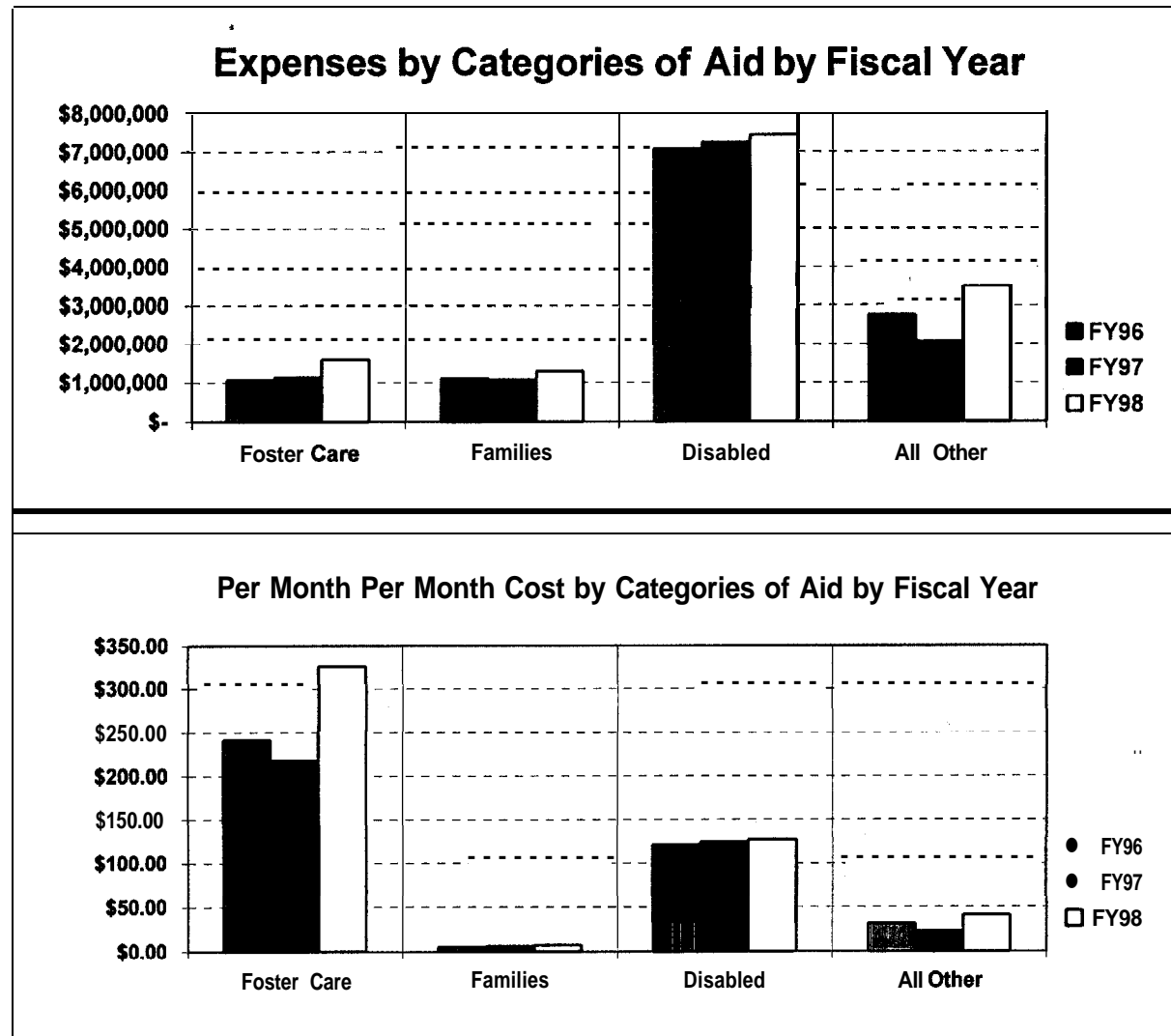
Expenses by Age Group by Fiscal Year



Per Member Per Month Cost by Age Group by Fiscal Year

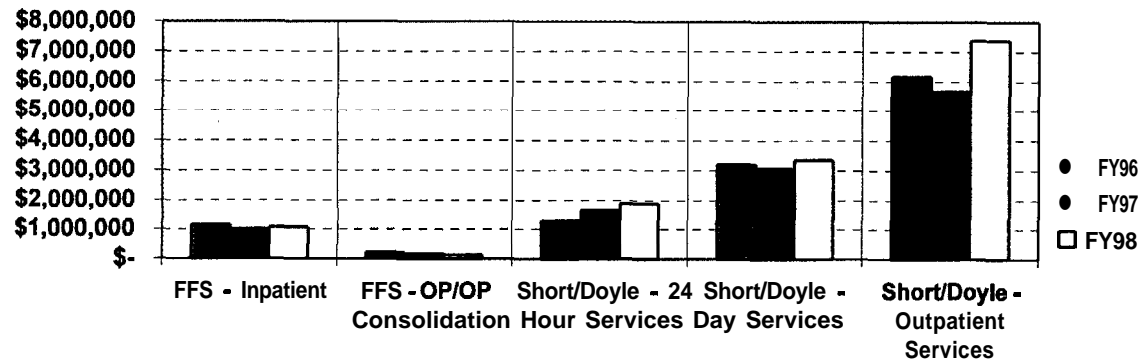


Note: Managed Care Implementation (11/96 for Inpatient services and 6/98 for Outpatient services)

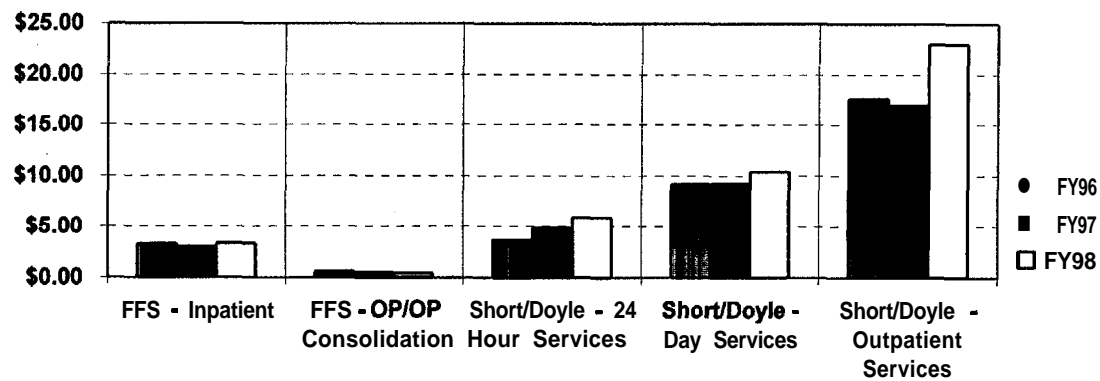


Note: Managed Care Implementation (1/96 for Inpatient services and 6/98 for Outpatient services)

Expenses by Service Category by Fiscal Year



Per Member Per Month Cost by Service Category by Fiscal Year



Note: Managed Care Implementation (1196 for Inpatient services and 6/98 for Outpatient services)

Summary of Per Member Per Month' Costs of Medi-Cal FFS Inpatient, FFS Outpatient/Physician, and Short/Doyle Programs by Age Group and by Categories of Aid for FY96, FY97, and FY98, Santa Cruz County.

| | Paid Claims | | | Member Months | | | Per Member Per Month | | |
|--|-------------|------|------|---------------|------|------|----------------------|------|------|
| | FY96 | FY97 | FY98 | FY96 | FY97 | FY98 | FY96 | FY97 | FY98 |

Age Group

| | | | | | | | | | |
|-----------------|----------------------|----------------------|----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|-----------------|
| Age 0-17 | \$ 3,643,292 | \$ 3,521,737 | \$ 4,530,798 | \$ 164,796 | \$ 157,246 | \$ 154,306 | \$ 22.11 | \$ 22.40 | \$ 29.36 |
| Age 18-21 | \$ 689,240 | \$ 753,606 | \$ 1,250,173 | \$ 19,896 | \$ 18,065 | \$ 17,164 | \$ 34.64 | \$ 41.72 | \$ 72.75 |
| Age 22-64 | \$ 7,369,514 | \$ 6,977,788 | \$ 7,707,552 | \$ 122,700 | \$ 116,719 | \$ 109,056 | \$ 60.06 | \$ 59.78 | \$ 70.66 |
| Age 65+ | \$ 306,674 | \$ 254,305 | \$ 332,212 | \$ 42,706 | \$ 41,412 | \$ 40,656 | \$ 7.16 | \$ 6.14 | \$ 6.17 |
| All Ages | \$ 12,008,721 | \$ 11,507,516 | \$ 13,820,734 | \$ 350,100 | \$ 333,444 | \$ 321,204 | \$ 34.30 | \$ 34.51 | \$ 43.03 |

Categories of Aid

| | | | | | | | | | |
|-----------------|----------------------|----------------------|----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|-----------------|
| Disabled | \$ 7,086,431 | \$ 7,238,721 | \$ 7,428,362 | \$ 58,560 | \$ 58,392 | \$ 58,584 | \$ 121.01 | \$ 123.97 | \$ 126.80 |
| Foster Care | \$ 1,070,759 | \$ 1,130,096 | \$ 1,591,679 | \$ 4,440 | \$ 5,196 | \$ 4,872 | \$ 241.16 | \$ 217.49 | \$ 326.70 |
| Families | \$ 1,104,070 | \$ 1,074,829 | \$ 1,294,680 | \$ 198,852 | \$ 178,524 | \$ 171,816 | \$ 5.55 | \$ 6.02 | \$ 7.54 |
| All Other | \$ 2,747,461 | \$ 2,063,871 | \$ 3,506,013 | \$ 88,248 | \$ 91,332 | \$ 85,932 | \$ 31.13 | \$ 22.60 | \$ 40.80 |
| All COAs | \$ 12,008,721 | \$ 11,507,516 | \$ 13,820,734 | \$ 350,100 | \$ 333,444 | \$ 321,204 | \$ 34.30 | \$ 34.51 | \$ 43.03 |

¹ Paid claims have been adjusted for managed care provider negotiated rates, where applicable, and reflect claims Santa Cruz were financially responsible for. Also, no completion factors were applied to paid claims or number of claims in this analysis.

Note: Managed Care Implementation (1/96 for Inpatient services and 6/98 for Outpatient services)

Summary of Per Member Per Month ¹ Costs of Medi-Cal FFS Inpatient, FFS Outpatient/Physician, and Short/Doyle Programs by Age Group and by Categories of Aid for FY96, FY97, and FY98, Santa Cruz County.

| Categories of Aid | Disabled | Foster Care | Families | All Other |
|-------------------|----------|-------------|----------|-----------|
|-------------------|----------|-------------|----------|-----------|

Ages 0 - 17

| | | | | |
|-------------|----------|-----------|---------|----------|
| FY96 | \$ 75.85 | \$ 228.14 | \$ 7.11 | \$ 44.30 |
| FY97 | \$ 49.72 | \$ 198.21 | \$ 7.22 | \$ 39.88 |
| FY98 | \$ 47.41 | \$ 307.86 | \$ 9.10 | \$ 55.37 |

Ages 18 - 21

| | | | | |
|-------------|-----------|-------------|----------|----------|
| FY96 | \$ 165.53 | \$ 1,192.01 | \$ 5.25 | \$ 37.93 |
| FY97 | \$ 108.25 | \$ 1,390.69 | \$ 8.66 | \$ 46.88 |
| FY98 | \$ 230.32 | \$ 895.30 | \$ 16.88 | \$ 86.91 |

Ages 22 - 64

| | | | | |
|-------------|-----------|------|---------|----------|
| FY96 | \$ 138.81 | \$ - | \$ 2.66 | \$ 71.60 |
| FY97 | \$ 147.75 | \$ - | \$ 3.40 | \$ 7.97 |
| FY98 | \$ 147.71 | \$ - | \$ 2.58 | \$ 69.57 |

Ages 65+

| | | | | |
|-------------|----------|------|----------|---------|
| FY96 | \$ 22.08 | \$ - | \$ 5.70 | \$ 4.16 |
| FY97 | \$ 17.74 | \$ - | \$ 17.06 | \$ 3.80 |
| FY98 | \$ 16.77 | \$ - | \$ 6.63 | \$ 6.29 |

¹ Paid claims have been adjusted for managed care provider negotiated rates, where applicable, and reflect claims Santa Cruz were financially responsible for.

Also, no completion factors were applied to paid claims or number of claims in this analysis.

Note: Managed Care Implementation (1/96 for Inpatient services and 6/98 for Outpatient services)

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Disabled
Age Group: 0-17 [Children]
Member Months: 3,876

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$3,292 | 65 | 201 | \$50.64 | \$0.85 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$127,307 | 1,306 | 4,043 | \$97.48 | \$32.84 |
| SD - OutPatient Services | \$163,407 | 1,728 | 5,350 | \$94.56 | \$42.16 |
| Total: | \$294,006 | | | | \$75.85 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Disabled
Age Group: 18-21 [Adults]
Member Months: 1,572

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$20,580 | 4 | 31 | \$5,145.00 | \$13.09 |
| FFS - OP/OP Consolidation | \$3,041 | 34 | 260 | \$89.44 | \$1.93 |
| SD - 24 Hour Services | \$82,104 | 814 | 6,214 | \$100.87 | \$52.23 |
| SD - Day Services | \$38,289 | 283 | 2,160 | \$135.30 | \$24.36 |
| SD - OutPatient Services | \$116,204 | 1,241 | 9,473 | \$93.64 | \$73.92 |
| Total: | \$260,218 | | | | \$165.53 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Disabled
Age Group: 22-64 [Adults]
Member Months: 45,912

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$226,680 | 38 | 10 | \$5,965.25 | \$4.94 |
| FFS - OP/OP Consolidation | \$87,604 | 1,399 | 366 | \$62.62 | \$1.91 |
| SD - 24 Hour Services | \$1,181,191 | 11,458 | 2,995 | \$103.09 | \$25.73 |
| SD - Day Services | \$1,312,411 | 11,480 | 3,001 | \$114.32 | \$28.59 |
| SD - OutPatient Services | \$3,565,365 | 50,765 | 13,268 | \$70.23 | \$77.66 |
| Total: | \$6,373,251 | | | | \$138.81 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Disabled
Age Group: 65+ [Adults]
Member Months: 7,200

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$9,514 | 2 | 3 | \$4,757.20 | \$1.32 |
| FFS - OP/OP Consolidation | \$485 | 10 | 17 | \$48.46 | \$0.07 |
| SD - 24 Hour Services | \$3,543 | 36 | 60 | \$98.43 | so.49 |
| SD - Day Services | \$8,268 | 57 | 95 | \$145.05 | \$1.15 |
| SD - OutPatient Services | \$137,146 | 2,002 | 3,337 | \$68.50 | \$19.05 |
| Total: | \$158,956 | | | | \$22.08 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

0379

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Foster Care
Age Group: 0-17 [Children]
Member Months: 4,380

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$319 | 1 | 3 | \$318.75 | \$0.07 |
| FFS - OP/OP Consolidation | \$23,211 | 312 | 855 | \$74.39 | \$5.30 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$633,869 | 4,971 | 13,619 | \$127.51 | \$144.72 |
| SD - OutPatient Services | \$341,840 | 3,612 | 9,896 | \$94.64 | \$78.05 |
| Total: | \$999,239 | | | | \$228.14 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Foster Care
Age Group: 18-21 [Adults]
Member Months: 60

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------|------------------|-----------------------|----------------|-------------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$4,816 | 62 | 12,400 | \$77.68 | \$80.27 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$38,803 | 324 | 64,800 | \$119.76 | \$646.71 |
| SD - OutPatient Services | \$27,902 | 229 | 45,800 | \$121.84 | \$465.03 |
| Total | 1,521 | | | | \$1,192.01 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Foster Care
Age Group: 22-64 [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$0 | | | | \$0.00 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Foster Care
Age Group: 65+ [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$0 | | | | \$0.00 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Families
Age Group: 0-17 [Children]
Member Months: 123,264

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$470 | 1 | 0 | \$470.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$29,642 | 530 | 52 | \$55.93 | \$0.24 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$280,787 | 3,011 | 293 | \$93.25 | \$2.28 |
| SD - OutPatient Services | \$565,156 | 5,951 | 579 | \$94.97 | \$4.58 |
| Total: | \$876,055 | | | | \$7.11 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Families
Age Group: 18-21 [Adults]
Member Months: 10,260

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-----------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$1,075 | 1 | 1 | \$1,074.52 | \$0.10 |
| FFS - OP/OP Consolidation | \$1,878 | 32 | 37 | \$58.67 | \$0.18 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | to.00 |
| SD - Day Services | \$13,250 | 130 | 152 | \$101.92 | \$1.29 |
| SD - OutPatient Services | \$37,682 | 360 | 421 | \$104.67 | \$3.67 |
| Total: | \$53,884 | | | | \$5.25 |

Dare Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Families
Age Group: 22-64 [Adults]
Member Months: 65,304

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$6,202 | 4 | 1 | \$1,550.55 | \$0.09 |
| FFS - OP/OP Consolidation | \$39,424 | 757 | 139 | \$52.08 | \$0.60 |
| SD - 24 Hour Services | \$7,579 | 77 | 14 | \$98.43 | \$0.12 |
| SD - Day Services | \$45,466 | 352 | 65 | \$119.17 | \$0.70 |
| SD - OutPatient Services | \$75,322 | 822 | 151 | \$91.63 | \$1.15 |
| Total: | \$173,994 | | | | \$2.66 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: Families
Age Group: 65+ [Adults]
Member Months: 24

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$137 | 4 | 2,000 | \$34.20 | \$5.70 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$137 | | | | \$5.70 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

0387

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: All Other
Age Group: 0-17 [Children]
Member Months: 33,276

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$6,465 | 4 | 1 | \$1,616.25 | \$0.19 |
| FFS - OP/OP Consolidation | \$5,103 | 96 | 35 | \$53.15 | so.15 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$609,417 | 6,575 | 2,371 | \$92.69 | \$18.31 |
| SD - OutPatient Services | \$853,008 | 8,774 | 3,164 | \$97.22 | \$25.63 |
| Total: | \$1,473,993 | | | | \$44.30 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: All Other
Age Group: 18-21 [Adults]
Member Months: 8,004

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$81,258 | 19 | 28 | \$4,276.71 | \$10.15 |
| FFS - OP/OP Consolidation | \$2,851 | 40 | 60 | \$71.28 | \$0.36 |
| SD - 24 Hour Services | \$3,150 | 32 | 48 | \$98.43 | \$0.39 |
| SD - Day Services | \$83,268 | 903 | 1,354 | \$92.21 | \$10.40 |
| SD - OutPatient Services | \$133,090 | 1,058 | 1,586 | \$125.79 | 516.63 |
| Total: | \$303,617 | | | | \$37.93 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

- 0389

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: All Other
Age Group: 22-64 [Adults]
Member Months: 11,484

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$788,385 | 173 | 181 | \$4,557.14 | \$68.65 |
| FFS - OP/OP Consolidation | \$1,516 | 31 | 32 | \$48.91 | \$0.13 |
| SD - 24 Hour Services | \$1,476 | 15 | 16 | \$98.43 | \$0.13 |
| SD - Day Services | \$7,417 | 67 | 70 | \$110.71 | \$0.65 |
| SD - Outpatient Services | \$23,474 | 300 | 313 | \$78.25 | \$2.04 |
| Total: | \$822,270 | | | | \$71.60 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

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Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY96
Eligibility Group: All Other
Age Group: 65+ [Adults]
Member Months: 35,484

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | 163,258 | 1 | 0 | \$3,257.69 | \$0.09 |
| FFS - OP/OP Consolidation | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - 24 Hour Services | \$4,725 | 48 | 16 | \$98.43 | \$0.13 |
| SD - Day Services | \$11,001 | 53 | 18 | \$207.57 | \$0.31 |
| SD - OutPatient Services | \$128,598 | 1,742 | 589 | \$73.82 | \$3.62 |
| Total: | \$147,581 | | | | \$4.16 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Disabled
Age Group: 0-17 [Children]
Member Months: 4,068

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | 5445 | 1 | 3 | \$445.00 | \$0.11 |
| FFS - OP/OP Consolidation | \$3,418 | 47 | 139 | \$72.73 | \$0.84 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$78,743 | 1,029 | 3,035 | \$76.52 | \$19.36 |
| SD - Outpatient Services | \$119,650 | 1,753 | 5,171 | \$68.25 | \$29.41 |
| Total: | \$202,257 | | | | \$49.72 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Disabled
Age Group: 18-21 [Adults]
Member Months: 2,155

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$23,296 | 7 | 39 | \$3,328.02 | \$10.81 |
| FFS - OP/OP Consolidation | \$1,270 | 18 | 100 | \$70.58 | \$0.59 |
| SD - 24 Hour Services | \$54,102 | 423 | 2,355 | \$127.90 | \$3.10 |
| SD - Day Services | \$39,586 | 368 | 2,049 | \$107.57 | \$18.37 |
| SD - OutPatient Services | \$115,039 | 1,923 | 10,708 | \$59.82 | \$53.38 |
| Total: | \$233,294 | | | | \$108.25 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

- 0393

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Disabled
Age Group: 22-64 [Adults]
Member Months: 45,209

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$822,975 | 175 | 46 | \$4,702.71 | \$18.20 |
| FFS - OP/OP Consolidation | \$74,688 | 1,264 | 336 | \$59.09 | \$1.65 |
| SD - 24 Hour Services | \$1,528,589 | 15,070 | 4,000 | \$101.43 | \$33.81 |
| SD - Day Services | \$1,224,027 | 12,651 | 3,358 | 1696.75 | \$27.07 |
| SD - OutPatient Services | \$3,029,431 | 50,879 | 13,505 | 259.54 | \$67.01 |
| Total: | \$6,679,710 | | | | \$147.75 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Disabled
Age Group: 65+ [Adults]
Member Months: 6,960

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$7,920 | 2 | 3 | \$3,959.89 | \$1.14 |
| FFS - OP/OP Consolidation | \$579 | 8 | 14 | \$72.35 | \$0.08 |
| SD - 24 Hour Services | \$1,224 | 13 | 22 | \$94.17 | \$0.18 |
| SD - Day Services | \$7,769 | 22 | 38 | \$353.13 | \$1.12 |
| SD - Outpatient Services | \$105,968 | 1,757 | 3,029 | \$60.31 | \$15.23 |
| Total: | \$123,460 | | | | \$17.74 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.



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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Foster Care
Age Group: 0-17 [Children]
Member Months: 5,112

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$985 | 2 | 5 | \$492.50 | \$0.19 |
| FFS - OP/OP Consolidation | \$24,842 | 291 | 683 | \$85.37 | \$4.86 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$556,417 | 4,399 | 10,326 | \$126.49 | \$108.85 |
| SD - OutPatient Services | \$431,019 | 6,228 | 14,620 | \$69.21 | \$84.32 |
| Total: | \$1,013,264 | | | | \$198.21 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Foster Care
Age Group: 18-21 [Adults]
Member Months: 84

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-------------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$3,427 | 46 | 6,571 | \$74.51 | \$40.80 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$73,495 | 680 | 97,143 | \$108.08 | \$874.94 |
| SD - OutPatient Services | \$39,895 | 515 | 73,571 | \$77.47 | \$474.95 |
| Total: | \$116,818 | | | | \$1,390.69 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Foster Care
Age Group: 22-64 [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|--------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | | | | | |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Foster Care
Age Group: 65+ [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$15 | 1 | 0 | \$14.60 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Outpatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$15 | | | | \$0.00 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

- 0399

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Families
Age Group: 0-17 [Children]
Member Months: 110,196

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$3,395 | 2 | 0 | \$1,697.50 | \$0.03 |
| FFS - OP/OP Consolidation | \$17,279 | 296 | 32 | \$58.38 | \$0.16 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$240,336 | 3,300 | 359 | \$72.83 | \$2.18 |
| SD - OutPatient Services | \$534,936 | 8,067 | 878 | \$66.31 | \$4.85 |
| Total: | \$795,946 | | | | \$7.22 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

0400

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Families
Age Group: 18-21 [Adults]
Member Months: 8,853

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-----------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$ 0 . 0 0 | \$0.00 |
| FFS - OP/OP Consolidation | \$244 | 4 | 5 | \$60.95 | \$0.03 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$19,237 | 258 | 350 | \$74.56 | \$2.17 |
| SD - OutPatient Services | \$57,157 | 806 | 1,093 | \$70.91 | \$6.46 |
| Total: | \$76,638 | | | | \$8.66 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

- 0401

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Families
Age Group: 22-64 [Adults]
Member Months: 59,463

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$74,235 | 21 | 4 | \$3334.99 | \$1.25 |
| FFS - OP/OP Consolidation | 530,709 | 571 | 115 | \$53.78 | \$0.52 |
| SD - 24 Hour Services | \$7,609 | 74 | 15 | \$102.83 | \$0.13 |
| SD - Day Services | \$36,021 | 215 | 43 | \$167.54 | \$0.61 |
| SD - OutPatient Services | \$53,466 | 870 | 176 | \$61.46 | \$0.90 |
| Total: | \$202,040 | | | | \$3.40 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: Families
Age Group: 65+ [Adults]
Member Months: 12

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$205 | 2 | 2,000 | \$102.34 | \$17.06 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Outpatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$205 | | | | \$17.06 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

0403

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: All Other
Age Group: 0-17 [Children]
Member Months: 37,872

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$990 | 1 | 0 | \$990.00 | \$0.03 |
| FFS - OP/OP Consolidation | \$7,945 | 125 | 40 | \$63.56 | \$0.21 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$635,599 | 7,958 | 2,522 | \$79.87 | \$16.78 |
| SD - OutPatient Services | \$865,737 | 11,961 | 3,790 | \$72.38 | \$22.86 |
| Total: | \$1,510,271 | | | | \$39.88 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Shot-t/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: All Other
Age Group: 18-21 [Adults]
Member Months: 6,973

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$1,514 | 2 | 3 | \$757.00 | \$0.22 |
| FFS - OP/OP Consolidation | \$855 | 12 | 21 | \$71.25 | \$0.12 |
| SD - 24 Hour Services | \$24,973 | 249 | 429 | \$100.29 | \$3.58 |
| SD - Day Services | \$131,291 | 1,764 | 3,036 | \$74.43 | \$18.83 |
| SD - OutPatient Services | \$168,223 | 2,445 | 4,208 | \$68.80 | \$24.13 |
| Total: | \$326,856 | | | | \$46.88 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: All Other
Age Group: 22-64 [Adults]
Member Months: 12,047

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-----------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$63,207 | 24 | 24 | \$2,633.63 | \$5.25 |
| FFS - OP/OP Consolidation | \$3,180 | 68 | 68 | \$46.76 | \$0.26 |
| SD - 24 Hour Services | \$1,131 | 11 | 11 | \$102.83 | \$60.09 |
| SD - Day Services | \$5,436 | 19 | 19 | \$286.11 | \$0.45 |
| SD - OutPatient Services | \$23,083 | 317 | 316 | \$72.82 | \$1.92 |
| Total: | \$96,037 | | | | \$7.97 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY97
Eligibility Group: All Other
Age Group: 65+ [Adults]
Member Months: 34,440

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|--------|
| FFS - IP | \$6,469 | 3 | 1 | \$2,156.43 | \$0.19 |
| FFS - OP/OP Consolidation | \$233 | 6 | 2 | \$38.81 | \$0.01 |
| SD - 24 Hour Services | \$1,028 | 10 | 3 | \$102.83 | \$0.03 |
| SD - Day Services | \$14,982 | 117 | 41 | \$128.05 | \$0.44 |
| SD - OutPatient Services | 16107,994 | 1,633 | 569 | \$66,13 | \$3.14 |
| Total: | \$130,706 | | | | |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

0407

Confidential

Fiscal Year: FY98
Eligibility Group: Disabled
Age Group: 0-17 [Children]
Member Months: 4,056

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$1,828 | 25 | 74 | \$73.11 | \$0.45 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$53,615 | 726 | 2,148 | \$73.85 | \$13.22 |
| SD - Outpatient Services | \$136,868 | 1,642 | 4,858 | \$83.35 | 1633.74 |
| Total: | \$192,311 | | | | \$47.41 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Disabled
Age Group: 18-21 [Adults]
Member Months: 1,620

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$6,876 | 2 | 15 | \$3,438.00 | \$4.24 |
| FFS - OP/OP Consolidation | \$1,614 | 21 | 156 | \$76.87 | \$1.00 |
| SD - 24 Hour Services | \$131,219 | 1,227 | 9,089 | \$106.94 | \$81.00 |
| SD - Day Services | \$67,206 | 535 | 3,963 | \$125.62 | \$41.49 |
| SD - OutPatient Services | \$166,206 | 2,656 | 19,674 | \$62.58 | \$102.60 |
| Total: | \$373,121 | | | | \$230.32 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Disabled
Age Group: 22-64 [Adults]
Member Months: 45,636

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$137,704 | 32 | 8 | \$4,303.25 | \$3.02 |
| FFS - OP/OP Consolidation | \$66,754 | 892 | 235 | \$74.84 | \$1.46 |
| SD - 24 Hour Services | \$1,677,069 | 15,332 | 4,032 | \$109.38 | \$36.75 |
| SD - Day Services | \$1,436,728 | 14,122 | 3,713 | \$101.74 | \$31.48 |
| SD - Outpatient Services | \$3,422,688 | 55,887 | 14,696 | \$61.24 | \$75.00 |
| Total: | \$6,740,943 | | | | \$147.71 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Disabled
Age Group: 65+ [Adults]
Member Months: 7,272

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$648 | 11 | 18 | 1658.95 | \$0.09 |
| SD - 24 Hour Services | \$1,381 | 13 | 21 | \$106.22 | \$0.19 |
| SD - Day Services | \$24,561 | 166 | 274 | \$147.96 | \$3.38 |
| SD - Outpatient Services | 1695,396 | 1,483 | 2,447 | \$64.33 | \$13.12 |
| Total: | \$121,987 | | | | \$16.77 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Foster Care
Age Group: 0-17 [Children]
Member Months: 4,716

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$2,970 | 1 | 3 | \$2,970.00 | \$0.63 |
| FFS - OP/OP Consolidation | \$9,892 | 125 | 318 | \$79.14 | \$2.10 |
| SD - 24 Hour Services | \$9,857 | 16 | 41 | \$616.06 | \$2.09 |
| SD - Day Services | \$659,925 | 4,741 | 12,064 | \$139.30 | \$139.93 |
| SD - OutPatient Services | \$769,222 | 9,466 | 24,087 | \$81.26 | \$163.11 |
| Total: | \$1,451,867 | | | | \$307.86 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Foster Care
Age Group: 18-21 [Adults]
Member Months: 156

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|-----------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$1,574 | 18 | 1,385 | \$87.45 | \$10.09 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$86,692 | 598 | 46,000 | \$144.97 | \$555.72 |
| SD - OutPatient Services | \$51,400 | 677 | 52,077 | \$75.92 | \$329.49 |
| Total: | \$139,666 | | | | \$895.30 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Foster Care
Age Group: 22-64 [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$0 | | | | \$0.00 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Foster Care
Age Group: 65+ [Adults]
Member Months: 0

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$146 | 1 | 0 | \$146.20 | \$0.00 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$146 | | | | \$0.00 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Families
Age Group: 0-17 [Children]
Member Months: 111,768

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$16,603 | 251 | 27 | \$66.15 | \$0.15 |
| SD - 24 Hour Services | \$0 | 0 | 0 | 60.00 | \$0.00 |
| SD - Day Services | \$143,934 | 2,054 | 221 | \$70.07 | \$1.29 |
| SD - OutPatient Services | \$856,301 | 10,074 | 1,082 | \$85.00 | \$7.66 |
| Total: | \$1,016,838 | | | | \$9.10 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Families
Age Group: 18-21 [Adults]
Member Months: 8,592

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|-------------|------------------|-----------------------|----------------|---------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$1,004 | 9 | 13 | \$111.56 | \$0.12 |
| SD - 24 Hour Services | \$2,655 | 25 | 35 | \$106.22 | \$0.31 |
| SD - Day Services | \$35,476 | 487 | 680 | \$72.85 | \$4.13 |
| SD - OutPatient Services | \$105,896 | 1,404 | 1,961 | \$75.42 | \$12.32 |
| Total: | \$14 | | | | |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care/provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

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County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Families
Age Group: 22-64 [Adults]
Member Months: 51,432

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$6,112 | 2 | 0 | \$3,056.00 | \$0.12 |
| FFS - OP/OP Consolidation | \$21,852 | 357 | 83 | \$61.21 | \$0.42 |
| SD - 24 Hour Services | \$18,719 | 99 | 23 | \$189.08 | \$0.36 |
| SD - Day Services | \$32,520 | 131 | 31 | \$248.24 | \$0.63 |
| SD - OutPatient Services | \$53,450 | 784 | 183 | \$68.18 | \$1.04 |
| Total: | \$132,652 | | | | \$2.58 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and Outpatient/Physician Costs and Short/Doyle Programs for Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: Families
Age Group: 65+ [Adults]
Member Months: 24

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| FFS - OP/OP Consolidation | \$159 | 3 | 1,500 | 1653.03 | 56.63 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - OutPatient Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| Total: | \$159 | | | | \$6.63 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: All Other
Age Group: 65+ [Adults]
Member Months: 33,360

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|---------------|
| FFS - IP | \$18,922 | 4 | 1 | \$4,730.61 | \$0.57 |
| FFS - OP/OP Consolidation | \$466 | 10 | 4 | \$46.63 | \$0.01 |
| SD - 24 Hour Services | \$23,156 | 218 | 78 | \$106.22 | \$0.69 |
| SD - Day Services | \$29,883 | 259 | 93 | \$115.38 | \$0.90 |
| SD - OutPatient Services | \$137,492 | 2,052 | 738 | \$67.00 | \$4.12 |
| Total: | \$209,920 | | | | \$6.29 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

0420 -

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: All Other
Age Group: 0-17 [Children]
Member Months: 33,768

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|--------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$24,820 | 8 | 3 | \$3,102.50 | \$0.74 |
| FFS - OP/OP Consolidation | \$4,215 | 58 | 21 | \$72.67 | 50.12 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$579,029 | 8,413 | 2,990 | \$68.83 | \$17.15 |
| SD - OutPatient Services | \$1,261,719 | 15,822 | 5,623 | \$79.74 | \$37.36 |
| Total: | \$1,869,783 | | | | \$55.37 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

0427

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: All Other
Age Group: 18-21 [Adults]
Member Months: 6,816

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - IP | \$75,990 | 21 | 37 | \$3,618.56 | \$11.15 |
| FFS - OP/OP Consolidation | 161,377 | 18 | 32 | \$76.48 | \$0.20 |
| SD - 24 Hour Services | \$26,783 | 252 | 444 | \$106.28 | \$3.93 |
| SD - Day Services | \$187,493 | 2,660 | 4,683 | \$70.49 | \$27.51 |
| SD - OutPatient Services | \$300,712 | 4,154 | 7,313 | \$72.39 | \$44.12 |
| Total: | \$592,354 | | | | \$86.91 |

Dale Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rates, where applicable and screened for claims which are not financially responsible by Santa Cruz.

County of Santa Cruz, California

0422

Per Member Per Month (PMPM) Medi-Cal FFS Inpatient and
Outpatient/Physician Costs and Short/Doyle Programs for
Fiscal Years 1996, 1997, and 1998

Confidential

Fiscal Year: FY98
Eligibility Group: All Other
Age Group: 22-64 [Adults]
Member Months: 11,988

| Category of Service | Paid Claims | Number of Claims | Utilization Per 1,000 | Cost Per Claim | PMPM |
|---------------------------|------------------|------------------|-----------------------|----------------|----------------|
| FFS - II' | 5797,042 | 196 | 196 | \$4,066.54 | \$66.49 |
| FFS - OP/OP Consolidation | \$1,559 | 30 | 30 | \$ 5 1 . 9 7 | \$0.13 |
| SD - 24 Hour Services | \$0 | 0 | 0 | \$0.00 | \$0.00 |
| SD - Day Services | \$13,812 | 124 | 124 | \$111.39 | \$1.15 |
| SD - OutPatient Services | \$21,543 | 343 | 343 | \$62.81 | \$1.80 |
| Total: | \$833,957 | | | | \$69.57 |

Date Note: Fiscal year is based on date of service. No completion factors were applied to paid claims and number of claims. Paid claims have been adjusted for managed care provider negotiated rules, where applicable and screened for claims which are not financially responsible by Santa Cruz.