



California Children's Services Report 2006-2008

California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division



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California Managed Risk Medical Insurance Board

Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

Lesley Cummings
Executive Director
Managed Risk Medical Insurance Board

Shelley Rouillard
Deputy Director
Benefits and Quality Monitoring Division

Ruth Jacobs
Assistant Deputy Director
Benefits and Quality Monitoring Division

Renee Mota-Jackson
Staff Services Manager
Benefits and Quality Monitoring Division

Leia Baraza
Staff Services Analyst
Benefits and Quality Monitoring Division

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Introduction

The California Children's Services (CCS) Report for the Healthy Families Program (HFP) presents information on the health and dental services that were provided to HFP children by the CCS program in the 2006-07 and 2007-08 benefit years. Each benefit year, all 33 HFP contracted plans (health, dental, and vision), are required to report on the number of children who were referred to CCS for assessment and possible treatment of serious and/or chronic or medical conditions.

This report summarizes the number of referrals plans made to county CCS programs, the predominant conditions of HFP children served by CCS, and the cost of providing care to HFP children through the CCS program.

Monitoring the types and the costs of services provided through CCS is important for the Managed Risk Medical Insurance Board (MRMIB) to ensure that children enrolled in HFP are receiving necessary health, dental, and vision services and to improve the quality of CCS care that is provided to children enrolled in the program.

Background

California Children's Services (CCS) was developed to provide medical treatment and rehabilitation to children who suffer from certain health conditions such as diabetes, nerve diseases, and congenital birth defects. CCS arranges, directs, and pays for medical services, equipment, and rehabilitation services provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by counties under the auspices of the California Department of Health Care Services. CCS is supported by state, county and federal funds.

County CCS programs:

- Assist children and families in navigating the CCS system.
- Expedite authorizations and claims approval and processing.
- Provide information on client eligibility status to the counties.
- Assist providers to become CCS-approved.

The CCS "Carve Out"

Section 12693.62 the California Insurance Code states that a participating plan "shall not be responsible for the provision of, or payment for, the particular services authorized by the California Children's Services Program for the particular subscriber for the treatment of a California Children's Services Program eligible medical condition. Participating plans shall refer a child who they reasonably suspect of having a medical condition that is eligible for services under the California Children's Services Program..."

HFP plans are required to refer a child to the CCS county program if each plan suspects the child could be eligible for CCS services. CCS then determines whether a child has a CCS eligible condition (Section 123805 of the Health and Safety Code). Once a child is determined eligible for CCS, all services and care associated with the child's CCS condition are provided by CCS-approved providers outside of the child's HFP health plan and its network. This is known as the CCS "carve out."

The child's HFP plan continues to be responsible for covering all other necessary health, dental, and vision care not covered by CCS.

Coordination Between CCS and HFP Plans

HFP plans are required to enter into a Memorandum of Understanding (MOU) with each county's CCS program. The MOU delineates plan and CCS program responsibilities in such areas as:

- Designation of plan and county liaisons
- Communication processes of liaisons
- Process for making referrals to CCS
- Case management
- Problem resolution.

In addition, MRMIB holds quarterly work group meetings to facilitate communication between MRMIB, county CCS programs, the state CCS office, and HFP plans. The purpose of the meeting is to resolve problems between plans and county CCS programs so that HFP children get the services and treatment they need for their CCS conditions.

MRMIB's staff also work to resolve problems reported by HFP subscribers, counties and plans. Many of the issues that occur relate to payment authorizations. When these issues occur, MRMIB staff works with the parties to ensure that payment has been approved by CCS. If the referral was approved by CCS, the provider will be reimbursed for professional services provided to a CCS eligible child. If the referral was denied by CCS, the liaison must remind the health plan of its responsibility to cover the cost of care.

Report Methodology

For the HFP benefit years 2006-07 and 2007-08, each health, dental and vision plan participating in HFP submitted data to MRMIB about the number of children the plan referred to CCS. The state CCS office submitted annual expenditure data from the counties for HFP members.

Data Provided by Plans :

- Number of CCS Referrals that are:
 - Active Cases
 - Denied
 - Pending as of June 30, 2008
- Number of HFP Referrals by age.

Data Provided by CCS:

- CCS expenditures by types of service
- CCS/HFP expenditures by condition type*
- CCS/HFP active case load for FY 2006-07 and FY 2007-08.

Data from CCS on the number of CCS/HFP active cases differs from the data provided by the plans. For example, CCS data shows that 2.8% of HFP children received services in 2006-07 and 2007-08 compared to 1.3% and 1.5%, respectively, as reported by the HFP plans. The difference is likely due to CCS counting every HFP child that was served by the CCS, whereas the plans are reporting the number of active cases as of June 30th. Some children who received CCS services during the year were no longer enrolled in HFP at that point in time.

MRMIB analyzed the data provided by the plans and CCS program to prepare this report.

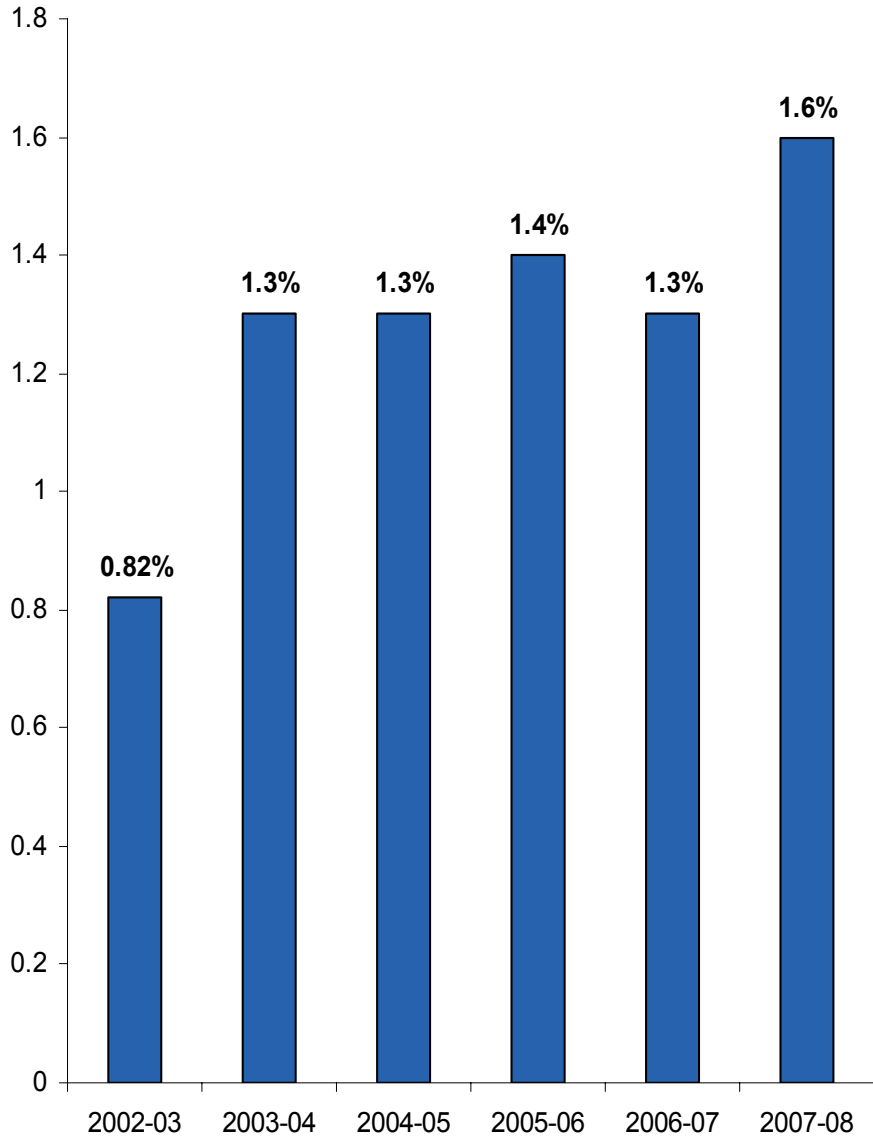
*In previous years, Prematurity/Live Birth was included in "Other" conditions. As the number of dollars expended on the Healthy Families subscriber population under 1 year of age grew, CCS determined that these costs should be reported in a separate category.

Summary of Findings

- The percentage of HFP children referred to CCS has doubled from less than one percent (0.82%) in 2002-03 to 1.6% of all children enrolled in HFP in 2007-08.
- Overall, CCS referrals from HFP plans increased by 24.6% (10,596 in 2006-07 to 14,057 in 2007-08); however dental referrals increased by 85% and vision plans made no referrals in 2007-08.
- Of the referrals health and dental plans made to CCS in 2007-08, three-quarters (74%) became active cases.
- The number of active CCS cases increased between 2006-07 and 2007-08, from 10,961 to 13,370 (1.3% of total HFP enrollment to 1.5%).
- The number of active CCS cases as a percentage of HFP plan enrollment ranges from less than one percent (0.2%) to nearly five percent (4.7%).
- Most plans reported an increase in the percentage of active CCS cases between 2006-07 and 2007-08. However, LA Care and Central Coast Alliance for Health both reported significant decreases in the percentage of active CCS cases.
- Kaiser reported the largest increase in active CCS cases which increased from less than one-tenth of one percent (0.07%) in 2006-07 to 1.4% of Kaiser's HFP enrollment in 2007-08.
- Compared to the CCS population overall, CCS/HFP children tend to be older.
 - ◇ More than one-third of CCS/HFP children are teenagers, ages 14-18 compared to one-quarter (26%) of all CCS children.
 - ◇ One-quarter (24%) of all CCS children are under age 2 compared to 14% of CCS/HFP children.
- Annual expenditures for CCS/HFP children have doubled between 2004-05 and 2007-08, from \$72 million to \$144 million.
- The average cost per CCS/HFP case climbed 76% from 2004-05 to 2007-08.
- The top five CCS/HFP medical conditions have remained the same for the past four years, though the rank of each category changes from year to year.
- In 2007-08, CCS began reporting Prematurity/Live Birth as a separate medical condition category (formerly it was combined with all other conditions) and this category accounted for 8% of CCS/HFP expenditures.
- Expenditures for inpatient services for the CCS/HFP population increased by twenty percent (20.4%) from 2006-07 to 2007-08 while pharmaceuticals and blood factor expenditures decreased by 5.6% and 53% respectively.

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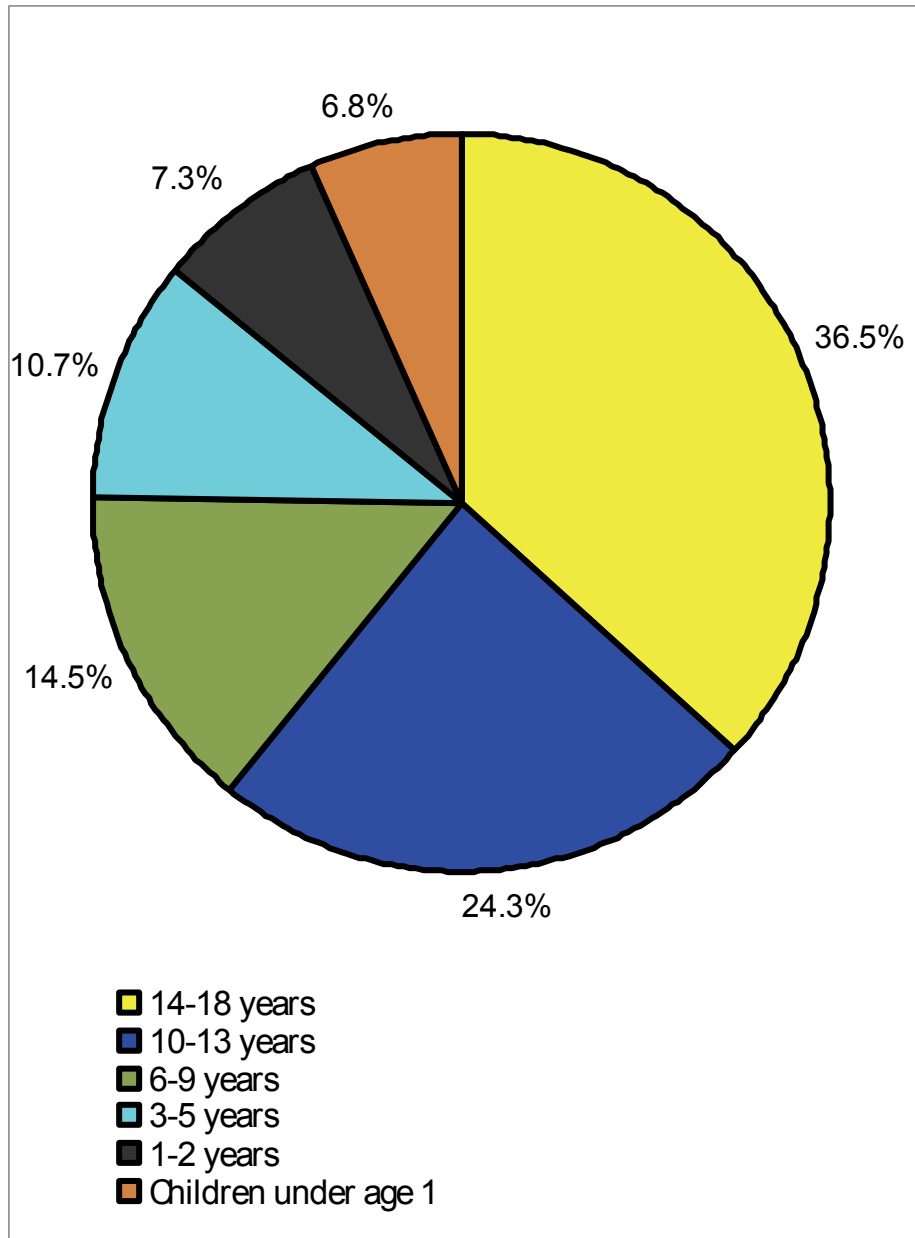
Figure 1. Referrals to CCS as a Percentage of HFP Enrollment



Findings

- In 2002-03, less than one percent (0.82%) of HFP members were referred to CCS. In 2007-08, 1.6% of HFP children were referred to CCS, a two-fold increase in the percentage of children referred.
- The overall percentage of HFP subscribers referred to CCS has remained relatively consistent in the intervening years (2003-2006) at about 1.3% of the total HFP enrollment.
- The total number of referrals increased by 32.7% (10,596 in 2006-07 compared to 14,057 in 2007-08).
- Referrals from HFP dental plans increased 85 percent (84.6%) between 2006-07 and 2007-08.
- Vision plans made no referrals in 2007-08.
- Appendix D details the referrals and active cases as reported by each plan.

Figure 2. CCS Referrals By Age Group (2007-2008)

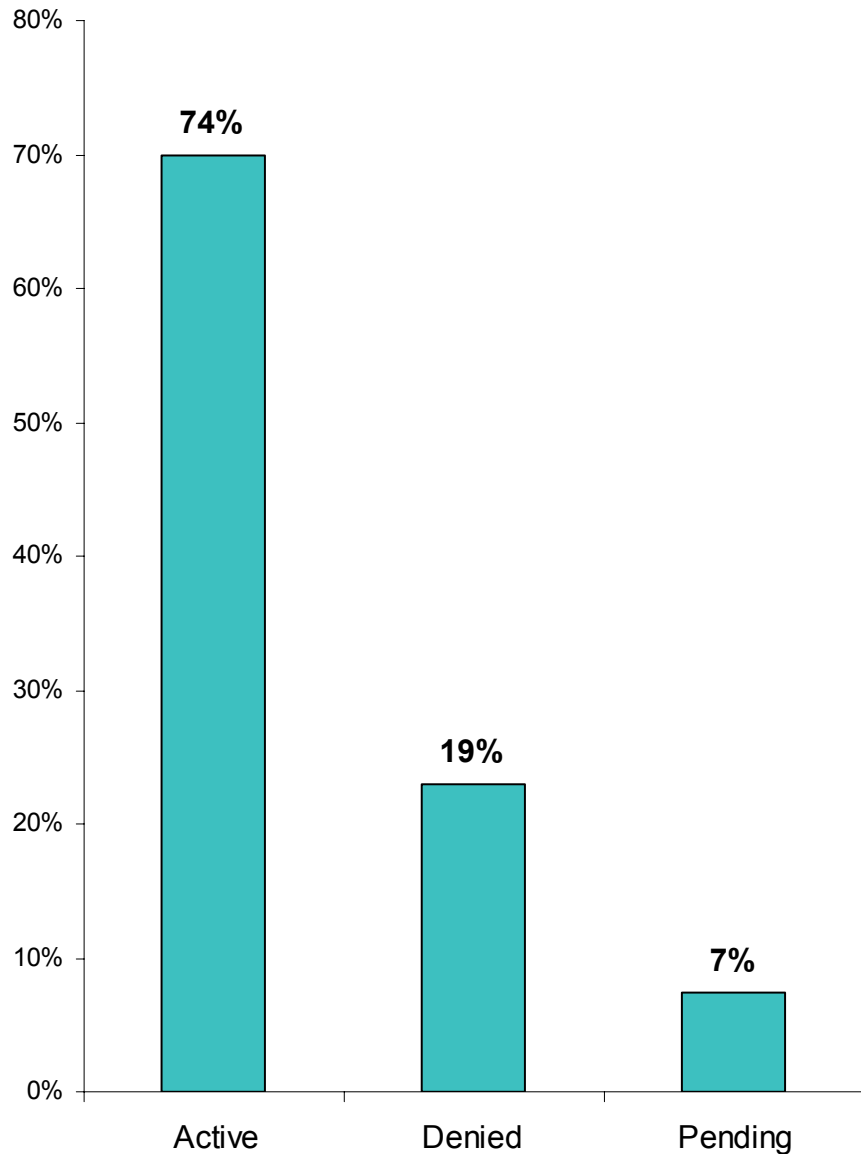


Findings

- HFP plans referred 14,057 children in 2007-2008 (1.6% of HFP enrolled children).
- Sixty percent (60.8%) of all referrals to CCS were for children age 10 and older.
 - ◇ More than one-third (36.5%) of referrals the plans made to CCS were for children age 14-18.
- Several plans suggested that factors contributing to the high numbers within the 14-18 age group could be:
 - ◇ A previously healthy child who is diagnosed with a CCS condition such as cancer.
 - ◇ A new member to the plan who already has a CCS condition but was not previously eligible for CCS (perhaps because the child had employer sponsored insurance).
 - ◇ Trauma cases due to broken bones, motor vehicle accidents and gang related violence.
 - ◇ Certain orthopedic diagnoses such as scoliosis or kyphoscoliosis do not present until a child is older.
 - ◇ Conditions such as diabetes and acute renal failure may not appear until the child is older.

Specific data on the referrals by age is contained in Appendix C.

Figure 3. CCS Referral Status (2007-08)



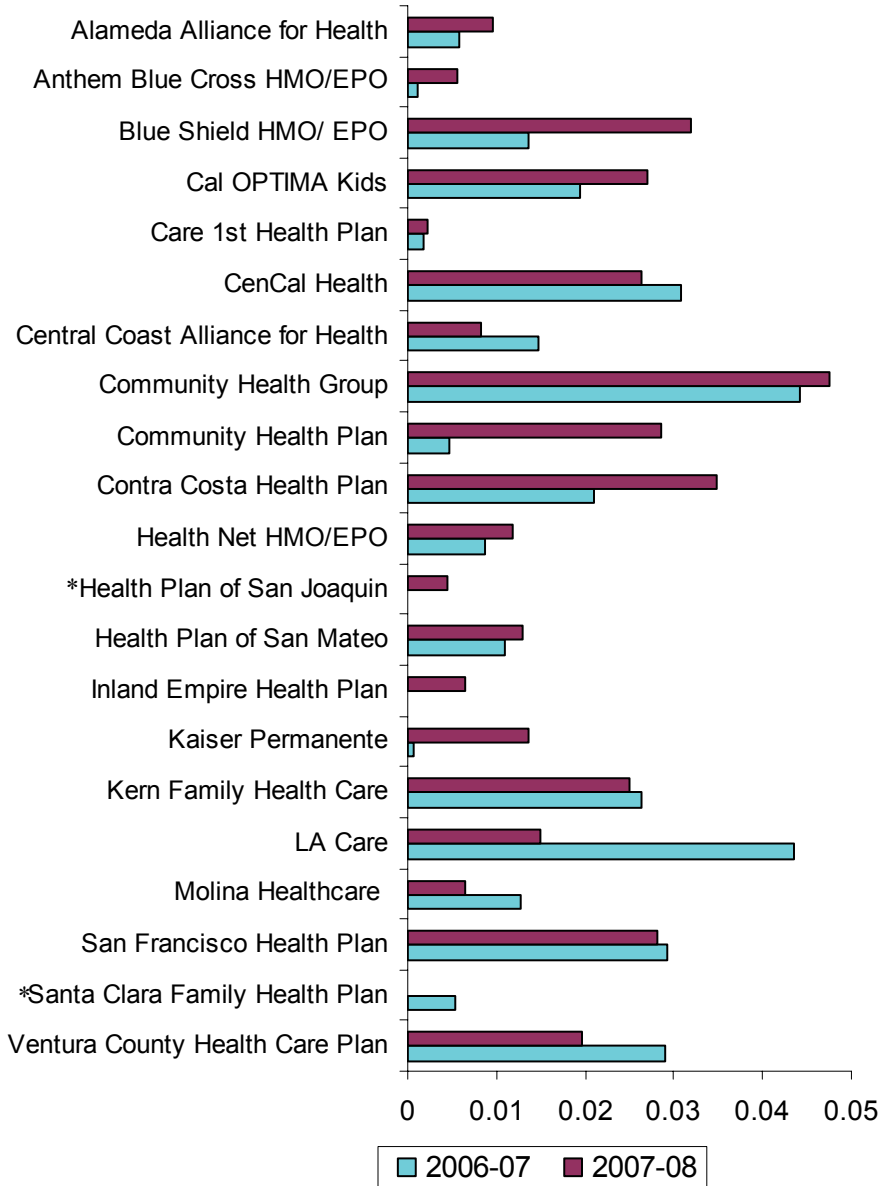
Findings

- Of the 14,057 referrals that health and dental plans made to CCS in 2007-08, 74% became active cases, 19% were denied, and 7% were pending as of June 30, 2008.
- Dental plans accounted for 12.7% of all plan referrals to CCS in 2007-08. Of those, more than two-thirds (69.1%) were accepted, six percent (5.9%) were denied, and nearly one-quarter (24%) were pending as of June 30, 2008.

Some of the reasons that CCS denies referrals are:

- Clients do not meet CCS criteria (financial, residential, or medical).
- Incomplete forms. CCS requires a completed application from HFP parents prior to determining eligibility and authorizing services.

Figure 4. Active CCS Cases by HFP Health Plan



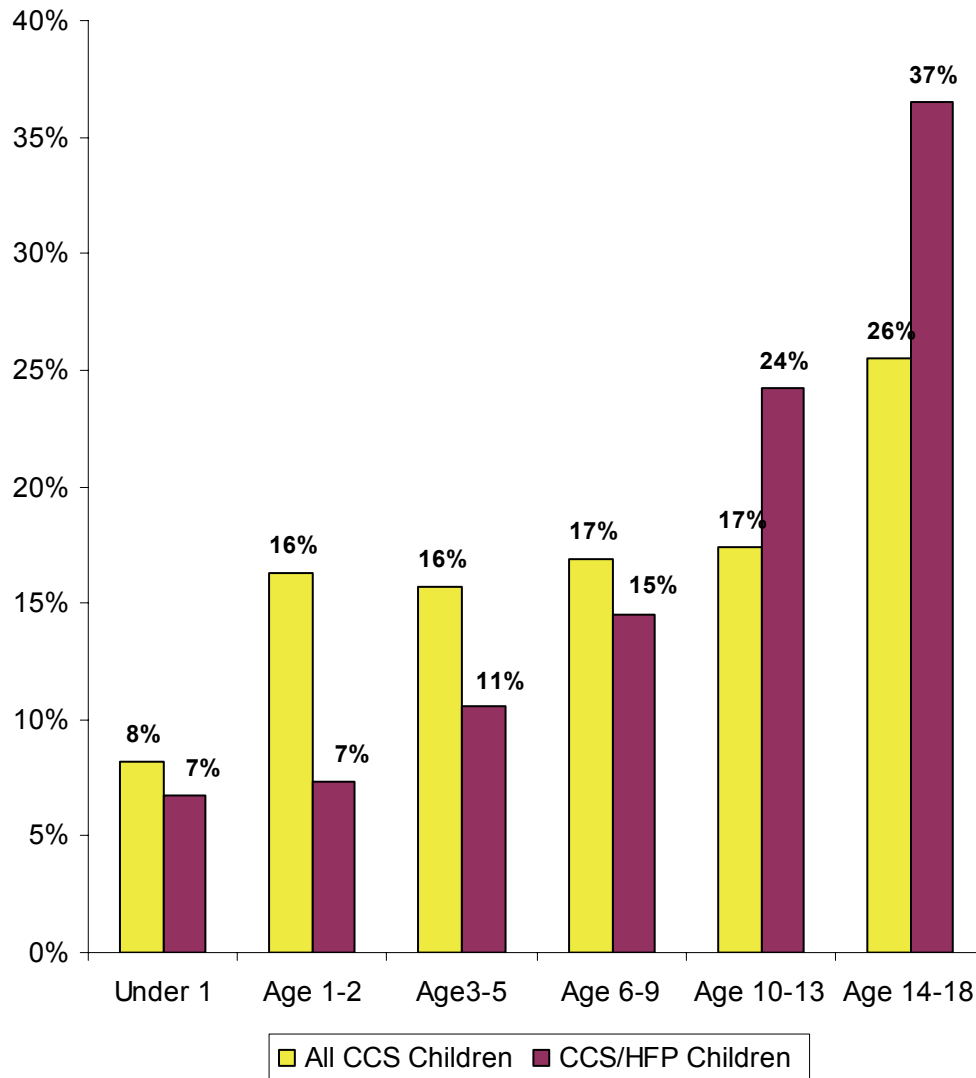
*Health Plan of San Joaquin reported only 3 active cases in 2006-07 and Santa Clara Family Health Plan reported only 5 active cases in 2007-08.

Findings

- The number of active CCS cases increased between 2006-7 and 2007-08, from 10,961 to 13,370 (1.3% of total HFP enrollment to 1.5%).
- The number of active CCS cases as a percentage of HFP plan enrollment ranges from less than one percent (0.07%) to nearly five percent (4.7%) from 2006-07 to 2007-08.
- Community Health Group reports the highest percentage of active CCS cases in 2007-08 (4.7% of plan enrollment).
- The number of referrals Blue Shield made to CCS was relatively constant from year to year but the total active cases jumped from 576 in 2006-07 to 1,408 in 2007-08, a 144% increase.
- There was a five-fold increase in the number of active CCS cases for Community Health Plan between 2006-07 and 2007-08 (from 92 to 554 active cases).
- Kaiser shows the biggest change in the number of active CCS cases. Active CCS cases increased from less than one-tenth of one percent (0.07%) in 2006-7 to 1.4% from in 2007-08.
- LA Care reports the biggest decrease in active CCS cases, from 4.3% of the plan’s enrollment in 2006-07 to only 1.5% of plan enrollment in 2007-08.
- Santa Clara Family Health Plan experienced a decrease in active cases from 75 cases in 2006-07 to only 5 in 2007-08.

Specific data on the number of referrals by plan can be found in Appendix D.

Figure 5. CCS/HFP Active Cases Compared to CCS Overall



Source: Department of Health Care Services CMS Branch (2007-08)

Findings

- The HFP/CCS caseload has a higher percentage of older children than in CCS overall.
- More than 60% of CCS/HFP children are between 10-18 years old, compared to less than half (43%) in the total CCS population.
- More than one-third (37%) of CCS/HFP children are teenagers, ages 14-18, compared to one-quarter (26%) of all CCS children.
- Nearly one-quarter (24%) of CCS children are age 2 or younger, compared to only 14% of CCS/HFP children.

Figure 6. Total CCS/HFP Expenditures (in millions)



Source: Department of Health Services CMS Branch (2007-08)

Findings

- Annual expenditures for CCS services provided to HFP children have doubled between FY 2004-05 and FY 2007-08.
- CCS has spent over \$435 million on services for HFP subscribers since 2004. These are costs the plans would have incurred if not for the CCS carve out.

Figure 7. Average Cost per CCS/HFP Case



Findings

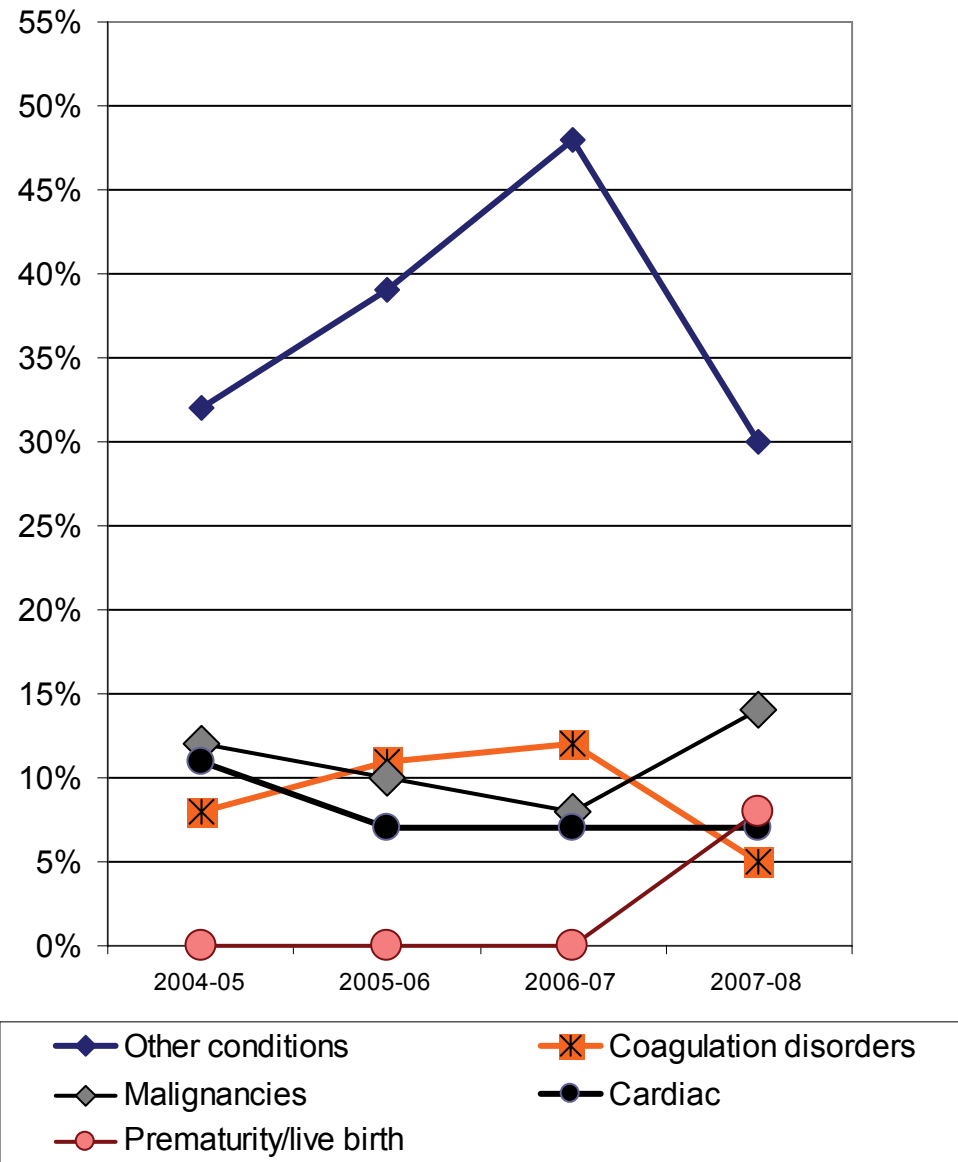
- The average cost per active CCS/HFP case has increased 76% from 2004-2008.
- There is a substantial difference between the Medical Consumer Price Index (CPI) which measures the change in costs of medical services in the general population and the average cost per active case for CCS. The CPI has increased an average of 3.9% each year compared to a 16% annual average increase in the cost for CCS/HFP cases.

Source: Department of Health Services Accounting Branch and Medical Consumer Price Index (CPI) Data from the U.S. Department of Labor - Bureau of Labor Statistics.

CCS Expenditures

Figure 8. CCS/HFP Medical Condition Expenditures

Source: Department of Health Services CMS Branch, CCS paid claims



Findings

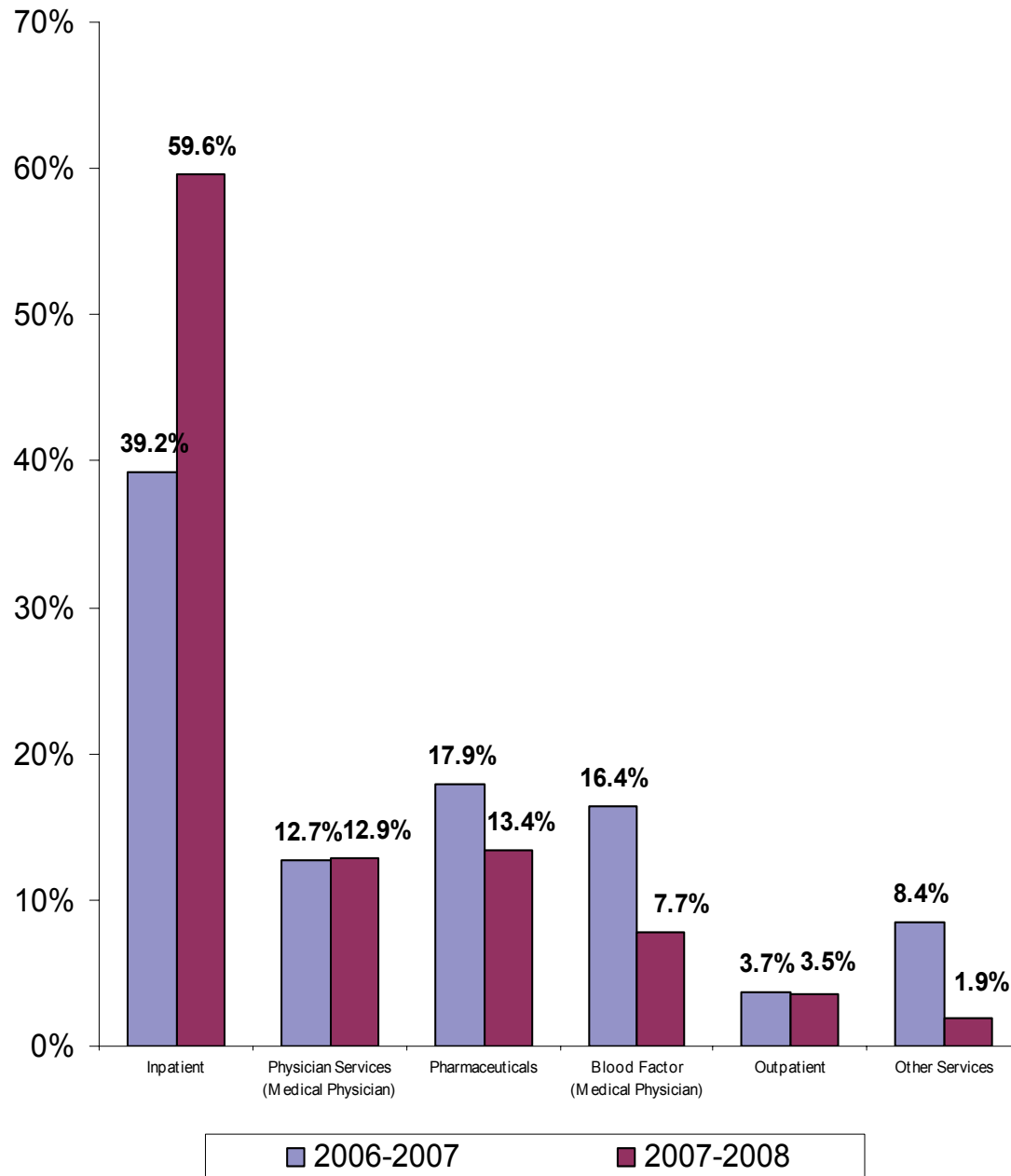
The CCS condition categories with the highest expenditures have remained the same from 2004-05 to 2007-08, though the rank of each category may change from year to year. Appendix E details the actual dollars spent on all HFP children in 2007-08.

The top CCS conditions in 2007-08 were:

- **Other Conditions** — All other medical conditions identified in the ICD-9-CM summary of medical conditions. Thirty percent (30.4%) of CCS/HFP expenses are in this category.
- **Malignancies** — Cancers of several different types. Fourteen percent (14.2%) of CCS/HFP expenses were for treatment of malignant cancers.
- **Prematurity/Live Birth** — In previous years, prematurity/live birth was included in other conditions. Eight percent (8.4%) of CCS/HFP expenses were for prematurity/live birth, which was reported separately for the first time in 2007-08.
- **Coagulation Disorders** — Conditions such as hemophilia which causes almost spontaneous bleeding. Seven percent (7.6%) of CCS/HFP expenses were for treatment of coagulation disorders.
- **Cardiac** — Includes a range of congenital heart problems and diseases of the heart. Six percent (6.5%) of CCS/HFP expenses were for cardiac conditions.

The percentage is based on the total CCS expenditures for HFP members within that particular year.

Figure 9. CCS/HFP Medical Service Expenditures



Findings

The five highest Expenditure categories by service type changed significantly from 2006-07 and 2007-08.

- Costs for inpatient care increased 20.4% from 2006-07 to 2007-08.
- Pharmaceutical costs decreased by 5.6%.
- Blood Factor costs were reduced by half.
- Expenditures on physician services remained constant from 2006-07 to 2007-08.

Appendix F contains the details on expenditures by service type.

Note:

- The variance in services from year to year cannot be determined or predicted by CCS.

Appendices

Who qualifies for CCS services?

- Any HFP enrollee with a medical condition covered by CCS.
- Other California children who meet the medical, residential and financial eligibility requirements of CCS:
 - Medical conditions that are covered by CCS
 - Under 21 years of age
 - Family income of \$40,000 or less
 - Out-of-pocket medical expenses expected to be more than 20 percent of family income
 - California resident

Payment for Services

Federal (65%), state (17.5 %), and county (17.5%) funds pay for CCS services for children enrolled in the HFP. A county's financial responsibility is waived for HFP subscribers whose annual family income is determined to be greater than \$40,000. State and federal funds cover the CCS services (35% state and 65% federal) for these children.

CCS Services

CCS covers all medically necessary services and treatment of the child's CCS condition, including:

- Physician services
- Emergency services
- Inpatient and outpatient hospital services
- Home health care
- Prescription medications
- Diagnostic services such as laboratory tests and x-rays
- High-risk infant follow-up
- Orthopedic appliances and medical equipment

CCS provides, medical case management, including:

- Assistance obtaining specialty care.
- Referral to other agencies including public health nurses and regional centers.
- Coordination of specialty care center services for complex medical conditions that require many specialists working together.
- Arranging for physical therapy and/or occupational therapy in public school.
- Other services to help parents and children such as counseling, transportation to medical appointments, lodging and meals, where appropriate.
- Other medical services when determined by the CCS program to be medically necessary.

Appendix B. CCS Eligible Medical Conditions

CCS eligible medical conditions include the following:

- Conditions involving the heart (e.g. *congenital heart diseases, rheumatic heart disease*)
- Neoplasms (e.g. *cancer, tumors*)
- Disorders of the blood/coagulation disorders (e.g. *hemophilia A [Factor VIII deficiency], Hemophilia B [Factor IX deficiency], sickle cell anemia*)
- Disorders of the respiratory system (e.g. *cystic fibrosis, chronic lung disease*)
- Disorders of the genito-urinary system (e.g. *serious kidney problems*)
- Endocrine, nutritional, and metabolic disorders (e.g. *thyroid problems, PKU, diabetes*)
- Disorders of the gastrointestinal system (e.g. *chronic inflammatory disease, diseases of the liver such as biliary atresia*)
- Serious birth defects (e.g. *cleft lip/palate, spina bifida*)
- Disorders of the sense organs (e.g. *hearing loss, glaucoma and cataract*)
- Disorders of the nervous system (e.g. *cerebral palsy, uncontrolled seizures*)
- Disorders of the musculoskeletal system and connective tissues (e.g. *rheumatoid arthritis, muscular dystrophy*)
- Severe disorders of the immune system (e.g. *HIV infection*)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (e.g. *severe head, brain, or spinal cord injuries, severe burns*)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin and subcutaneous tissue (e.g. *severe hemangioma*)
- Medically handicapping malocclusion (e.g. *severely crooked teeth*)

Appendix C. Age of HFP Children Referred to CCS and Status of Referrals

Benefit Year 2007-08	Referrals by Age							Status of Plan Referrals							
	Under age 1	1-2 years	3-5 years	6-9 years	10-13 years	14-18 years	Total	Accepted		Denied		Pending		Total	Family Refused Referral
								#	%	#	%	#	%		
Health Plans															
Alameda Alliance for Health	5	1	4	13	20	34	76	39	51%	28	37%	9	12%	76	0
Anthem Blue Cross (HMO & EPO)	449	227	333	413	504	957	2,883	2,091	73%	249	9%	101	4%	2,883	0
Blue Shield (HMO & EPO)	41	84	111	136	150	202	724	350	48%	185	26%	189	26%	724	0
Cal OPTIMA Kids	7	28	39	63	177	132	446	297	67%	146	33%	3	1%	446	0
Care 1st Health Plan	1	4	2	3	6	7	23	4	17%	5	22%	8	35%	23	0
Central Coast Alliance for Health	1	4	6	6	5	6	29	26	90%	3	10%	0	0%	29	0
CenCal Health	5	4	8	1	4	7	29	23	79%	6	21%	0	0%	29	0
Community Health Group	11	59	219	330	567	1015	2,201	1,202	55%	983	45%	16	1%	2,201	0
Community Health Plan	34	33	6	28	8	26	135	104	77%	11	8%	9	7%	135	0
Contra Costa Health Services	3	0	4	7	7	2	23	16	70%	7	30%	0	0%	23	0
Health Net	132	148	213	305	405	562	1,765	1,430	81%	287	16%	48	3%	1,765	0
Health Plan of San Joaquin	2	6	12	13	13	14	60	42	70%	18	30%	0	0%	60	0
Health Plan of San Mateo	0	0	2	0	1	2	5	2	40%	3	60%	0	0%	5	0
Inland Empire Health Plan	16	137	164	211	297	457	1,282	1,112	87%	140	11%	26	2%	1,282	4
Kaiser Foundation Health Plan	166	207	236	290	324	569	1,792	1,229	69%	366	20%	195	11%	1,792	2
Kern Family Health Care	4	20	40	51	63	105	283	218	77%	43	15%	3	1%	283	0
LA Care	0	0	1	5	5	7	18	16	89%	13	72%	0	0%	18	1
Molina Healthcare	63	27	33	34	59	66	282	238	84%	42	15%	2	1%	282	0
San Francisco Health Plan	1	3	1	3	14	14	36	36	100%	2	6%	1	3%	36	9
Santa Clara Family Health Plan	3	11	24	24	19	32	113	7	6%	106	94%	0	0%	113	0
Ventura County Health Care Plan	4	15	11	15	16	8	69	51	74%	18	26%	0	0%	69	0
Dental Plans															
Access Dental	0	0	0	0	39	55	94	91	97%	3	3%	0	0%	94	0
Delta Dental	1	1	9	22	308	290	631	430	68%	72	11%	272	43%	631	0
Health Net Dental	0	3	14	23	69	95	204	195	96%	5	2%	4	2%	204	0
Premier Access	0	0	0	0	1	0	3	3	100%	0	0%	0	0%	3	0
SafeGuard Dental	0	2	5	30	187	305	529	366	69%	24	5%	1	0%	529	1
Western Dental Services	0	0	0	12	142	168	322	147	46%	2	1%	151	47%	322	2
Vision Plans : In 2007-08 Vision plans made no referrals to CCS.															
Total	949	1,024	1,497	2,038	3,410	5,137	14,057	9,765	74%	2,767	19%	1,038	7%	14,057	19

Source: HFP Participating Plans

Appendix D. Active CCS/HFP Cases by Plan

Plan Name	2006-2007				2007-2008			
	Total HFP Enrollees	Total CCS Referrals	Total Active Cases	Active Cases as % of Plan Enrollment	Total HFP Enrollees	Total CCS Referrals	Total Active Cases	Active Cases as % of Plan Enrollment
Health Plan								
Alameda Alliance for Health	7,690	16	44	0.6%	8,008	76	76	0.9%
Anthem Blue Cross HMO/EPO	323,195	2,918	1,972	0.6%	337,196	2,883	1,865	0.6%
Blue Shield HMO/ EPO	42,118	720	576	1.4%	44,168	724	1,408	3.2%
Cal OPTIMA Kids	31,259	125	606	1.9%	33,954	446	920	2.7%
Care 1st Health Plan	8,835	29	16	0.2%	11,144	23	25	0.2%
Central Coast Alliance for Health	2795	41	83	1.5%	3,500	29	124	0.8%
CenCal Health	2,071	27	64	3.1%	2,533	29	67	2.6%
Community Health Group	24,718	1,972	1,091	4.4%	25,319	2,201	1,202	4.7%
Community Health Plan	19,668	58	92	0.5%	19,420	135	554	2.9%
Contra Costa Health Plan	3,349	13	70	2.1%	3,590	23	125	3.5%
Health Net HMO/EPO	111,350	1,127	957	0.9%	121,966	1,765	1,430	1.2%
Health Plan of San Joaquin	8,967	119	3	0.0%	10,474	60	47	0.4%
Health Plan of San Mateo	3,388	2	37	1.1%	3,733	5	48	1.3%
Inland Empire Health Plan	46,521	1,038	1,173	2.5%	49,443	1,282	1,655	3.3%
Kaiser Permanente	111,817	531	79	0.1%	123,400	1,792	1,682	1.4%
Kern Family Health Care	11,423	259	300	2.6%	12,871	283	322	2.5%
LA Care	3,131	19	136	4.3%	4,219	18	63	1.5%
Molina Healthcare	34,284	405	434	1.3%	36,646	282	238	0.6%
San Francisco Health Plan	5,972	66	174	2.9%	6,384	36	180	2.8%
Santa Clara Family Health Plan	14,277	88	75	0.5%	15,693	113	5	0.0%
Ventura County Health Care Plan	2,747	57	80	2.9%	3,505	69	69	2.0%
Total for Health Plans	819,575	9,630	8,062	1.0%	877,166	12,274	12,105	1.4%

Sources: CCS quarterly referral reports and HFP monthly enrollment reports. Referrals include only those children who were referred to CCS from a HFP participating plan. Total Active cases also may include referrals from other sources such as schools. All figures are as of the end of the Benefit year– June 30, 2007 and 2008 respectively.

Appendix D. Active CCS/HFP Cases by Plan (con't)

Plan Name	2006-2007				2007-2008			
	Total HFP Enrolles	Total CCS Referrals	Total Active Cases	Active Cases % of Plan Enrollment	Total HFP Enrolles	Total CCS Referrals	Total Active Cases	Active Cases as % of Plan Enrollment
Dental Plans								
Access Dental	129,598	23	90	0.1%	128,346	94	91	0.1%
Delta Dental	403,896	145	2,382	0.6%	428,118	631	252	0.1%
Health Net Dental	50,924	211	258	0.5%	66,960	204	406	0.6%
Premier Access	22,854	3	90	0.4%	26,990	3	3	0.0%
Safeguard Dental	141,921	486	Data not reported	Data not reported	139,407	529	366	0.3%
Western Dental	70,382	98	79	0.1%	87,341	322	147	0.2%
Total for Dental Plans	819,575	966	2,899	0.4%	877,162	1,783	1,265	0.1%
Vision Plans								
Eyemed	54,007	0	0	0	0	0	0	0
SafeGuard Vision	50,161	0	0	0	0	0	0	0
Vision Service Plan	715,407	2	2	0	0	0	0	0
Total for Vision Plan	819,575	2	2	0	0	0	0	0
TOTAL FOR ALL PLAN TYPES	819,575	10,596	10,961	1.3%	877,166	14,057	13,370	1.5%

Sources: CCS quarterly referral reports and HFP monthly enrollment reports. Referrals include only those children who were referred to CCS from a HFP participating plan. Total Active cases also may include referrals from other sources such as schools. All figures are as of the end of the Benefit year— June 30, 2007 and 2008 respectively.

Appendix E. Expenditures by CCS Medical Condition 2007-08

Medical Condition	Expenditures	Percentage
Other Conditions	\$43,842,456.00	30.4%
Malignancies	\$20,401,639.00	14.2%
Prematurity/Live Birth	\$12,094,804.00	8.4%
Coagulation Disorders	\$10,891,813.00	7.6%
Cardiac	\$9,367,535.00	6.5%
Other Congenital Anomalies	\$6,680,100.00	4.6%
Intestinal	\$5,052,174.00	3.5%
Other Trauma	\$4,270,020.00	3.0%
Other Fractures	\$4,016,327.00	2.8%
Head injury	\$3,453,864.00	2.4%
Infectious Diseases	\$3,360,880.00	2.3%
Scoliosis	\$3,178,270.00	2.2%
Renal	\$2,603,817.00	1.8%
Diabetes	\$2,528,148.00	1.8%
ENT (ear, nose, throat)	\$1,558,097.00	1.1%
Ophthalmology	\$1,389,460.00	1.0%
Dental	\$1,375,678.00	1.0%
Cystic Fibrosis	\$1,283,547.00	0.9%
Connective Tissue Disorders	\$1,055,106.00	0.7%
Anemias	\$837,584.00	0.6%
Cleft Palate/Lip	\$793,955.00	0.6%
Cerebral Palsy	\$764,627.00	0.5%
Metabolic Disorders	\$684,450.00	0.5%
Immune Disorders	\$651,284.00	0.5%
Spina Bifida	\$538,680.00	0.4%
Myopathies	\$470,044.00	0.3%
Hemoglobinopathies	\$424,818.00	0.3%
Thyroid Disorders	\$254,217.00	0.2%
Asthma	\$228,404.00	0.2%
Pituitary Disorders	\$53,415.00	0.0%
Total	\$144,105,213	

Source: Department of Health Care Services CMS Branch, CCS paid claims

Appendix F. Expenditures by CCS Medical Service

CCS Service Type	Expenditures	Percentage
Pharmaceuticals	\$ 19,300,114	13.4%
NDC billing	\$ 17,674,017	
MD injections	\$ 1,626,097	
Inpatient	\$ 85,879,797	59.6%
Outpatient	\$ 5,091,063	3.5%
Medical supplies	\$ 1,031,422	
DME	\$ 1,450,974	
Prosthetics & Orthotics	\$ 807,887	
SCC services	\$ 900,390	
Hospital OP	\$ 900,390	
Medical/Physician	\$ 31,060,417	21.6%
Physician services	\$ 18,585,474	
Blood factor	\$ 11,148,095	
Audiology		
Hearing Aids	\$ 329,245	
Cochlear Implant	\$ 243,622	
Audiology services	\$ 560,896	
Therapies	\$ 193,085	
Other Services	\$ 2,773,822	1.9%
Total	\$ 144,105,213	

Note: NDC = National Drug Code

DME = Durable Medical Equipment

MD injections = Physician administered injections

SCC = Special Care Center

Source: Department of Health Care Services CMS Branch, CCS paid claims (2007-08)