

**MEDI-CAL
MAY 2006
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2005-06 and 2006-07**

Fiscal Forecasting and Data Management Branch
State Department of Health Services
1501 Capitol Avenue, Suite 6069
Sacramento, CA 95814
(916) 552-8550

**CURRENT
YEAR**

ARNOLD SCHWARZENEGGER
Governor
State of California

S. Kimberly Belshé
Secretary
California Health and Human Services Agency

Sandra Shewry
Director
Department of Health Services

**MEDI-CAL PROGRAM ESTIMATE SUMMARY
FISCAL YEAR 2005-06**

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$16,585,088,760	\$8,292,544,380	\$8,292,544,380
B. C/Y NON-FFS BASE	\$12,724,613,000	\$8,056,650,000	\$4,667,963,000
C. BASE ADJUSTMENTS	<u>-\$393,569,000</u>	<u>-\$315,973,400</u>	<u>-\$77,595,600</u>
D. ADJUSTED BASE	<u>\$28,916,132,760</u>	<u>\$16,033,220,980</u>	<u>\$12,882,911,780</u>
II. POLICY CHANGES			
A. ELIGIBILITY	\$536,697,920	\$227,968,340	\$308,729,580
B. BENEFITS	-\$367,334,760	\$45,674,570	-\$413,009,330
C. MANAGED CARE	\$8,209,000	\$4,120,000	\$4,089,000
D. OTHER	<u>\$1,664,341,900</u>	<u>\$1,481,988,980</u>	<u>\$182,352,920</u>
E. TOTAL CHANGES	<u>\$1,841,914,060</u>	<u>\$1,759,751,890</u>	<u>\$82,162,170</u>
III. TOTAL MEDI-CAL ESTIMATE	<u>\$30,758,046,820</u>	<u>\$17,792,972,870</u>	<u>\$12,965,073,950</u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2005-06

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$428,287,000	\$302,267,700	\$126,019,300
2	BREAST AND CERVICAL CANCER TREATMENT	\$79,403,000	\$47,201,700	\$32,201,300
3	CHDP GATEWAY - PREENROLLMENT	\$17,303,000	\$11,246,950	\$6,056,050
4	BRIDGE TO HFP	\$4,869,000	\$3,164,850	\$1,704,150
5	REDETERMINATION FORM SIMPLIFICATION	\$484,720	\$242,360	\$242,360
6	BCCTP RETROACTIVE COVERAGE	\$161,200	\$104,780	\$56,420
8	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$14,944,500	-\$14,944,500
9	REFUGEES	\$0	\$2,505,000	-\$2,505,000
10	NEW QUALIFIED ALIENS	\$0	-\$156,804,500	\$156,804,500
11	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
149	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$6,190,000	\$3,095,000	\$3,095,000
	ELIGIBILITY SUBTOTAL	\$536,697,920	\$227,968,340	\$308,729,580
BENEFITS				
13	ADULT DAY HEALTH CARE - CDA	\$399,125,030	\$199,562,520	\$199,562,510
14	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$100,000,000	\$100,000,000	\$0
15	MEDI-CAL CONTINUATION OF PART D EXCLUDED	\$60,670,900	\$30,335,450	\$30,335,450
16	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$44,515,000	\$22,257,500	\$22,257,500
17	MEDICARE PART B DEDUCTIBLE INCREASE	\$11,489,230	\$5,744,620	\$5,744,620
18	HIV/AIDS PHARMACY PILOT PROGRAM	\$3,858,390	\$1,929,200	\$1,929,190
22	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,064,000	\$4,064,000
23	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$183,405,950	-\$183,405,950
26	FLUORIDE VARNISH	\$6,290	\$3,140	\$3,140
28	MMA MEDICARE DRUG BENEFIT	-\$986,999,600	-\$493,499,800	-\$493,499,800
	BENEFITS SUBTOTAL	-\$367,334,760	\$45,674,570	-\$413,009,330
MANAGED CARE				
32	QUALITY IMPROVEMENT ASSESSMENT FEE	\$97,455,000	\$48,727,500	\$48,727,500
36	CAL OPTIMA 3% RATE INCREASE	\$16,561,000	\$8,264,500	\$8,296,500
38	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$8,000,000	\$4,000,000	\$4,000,000
39	STANISLAUS 2-PLAN MODEL RECONVERSION	-\$9,814,000	-\$4,875,500	-\$4,938,500
40	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,775,000	\$2,887,500	\$2,887,500
43	SAN DIEGO COMMUNITY HEALTH GROUP AUGMENTATIC	\$3,000,000	\$1,500,000	\$1,500,000
46	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
47	MMA -- MANAGED CARE CAPITATION SAVINGS	-\$112,994,000	-\$56,497,000	-\$56,497,000
147	TWO-PLAN MODEL DEFAULT ALGORITHM	\$226,000	\$113,000	\$113,000
	MANAGED CARE SUBTOTAL	\$8,209,000	\$4,120,000	\$4,089,000
OTHER				
51	HOSP FINANCING - DPH AND NDPH DSH PMT	\$1,620,584,000	\$945,774,000	\$674,810,000
52	SNF RATE CHANGES AND QA FEE	\$593,623,750	\$296,811,870	\$296,811,870
55	HOSP FINANCING-DPH INTERIM PAYMENT	\$497,536,460	\$497,536,460	\$0
56	HOSP FINANCING - SAFETY NET CARE POOL	\$400,519,000	\$400,519,000	\$0
58	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$348,780,000	\$174,390,000	\$174,390,000
59	DSH PAYMENTS	\$281,611,000	\$140,805,500	\$140,805,500

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2005-06

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	OTHER			
61	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$245,800,000	\$122,900,000	\$122,900,000
62	CAPITAL PROJECT DEBT REIMBURSEMENT	\$124,923,000	\$62,461,500	\$62,461,500
64	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
65	LTC RATE ADJUSTMENT	\$35,035,070	\$17,517,540	\$17,517,540
70	FFP FOR LOCAL TRAUMA CENTERS	\$55,314,000	\$27,657,000	\$27,657,000
71	MMA 100-DAY PRESCRIPTION SUPPLY	\$0	\$0	\$0
72	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,000,000	\$37,000,000	\$0
73	FQHC RATE ADJUSTMENTS	\$3,236,920	\$1,618,460	\$1,618,460
78	HOSPICE RATE INCREASES	\$6,876,430	\$3,438,210	\$3,438,210
79	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$2,802,080	\$1,401,040	\$1,401,040
80	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,254,300	\$2,627,150	\$2,627,150
81	HEALTHY FAMILIES - CDMH	\$15,490,000	\$15,490,000	\$0
83	ORTHOPAEDIC HOSPITAL - LAB SERVICES	\$2,686,730	\$1,343,370	\$1,343,370
84	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$10,631,000	\$5,315,500	\$5,315,500
85	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
86	MINOR CONSENT SETTLEMENT	\$9,836,000	\$0	\$9,836,000
88	VOLUNTARY GOVERNMENTAL TRANSFERS	\$8,525,000	\$4,262,500	\$4,262,500
89	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
90	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$5,844,000	\$2,922,000	\$2,922,000
92	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
93	WEEKLY FORMULARY PRICING UPDATE	\$789,030	\$394,520	\$394,520
94	CHA V. BONTA - 1996-97 DP/NF RATES	\$3,133,000	\$1,566,500	\$1,566,500
96	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
97	OUT-OF-STATE HOSPITAL JUDGMENT	\$106,080	\$53,040	\$53,040
99	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	-\$1,900,000	\$1,900,000
100	HOSP FINANCING-MIA LTC	\$0	\$9,948,670	-\$9,948,670
101	HOSP FINANCING - BCCTP	\$0	\$361,710	-\$361,710
102	FAMILY PACT STERILIZATION POLICY	\$0	\$835,000	-\$835,000
103	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
104	NON FFP DRUGS	\$0	-\$536,000	\$536,000
105	INDIAN HEALTH SERVICES	\$0	\$5,511,000	-\$5,511,000
106	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,455,000	\$12,455,000
107	INPATIENT PSYCHIATRIC CARE-IMD	\$0	-\$2,187,000	\$2,187,000
111	ENTERAL NUTRITION PRODUCTS	-\$312,810	-\$156,410	-\$156,410
113	INPATIENT PSYCHIATRIC CARE SAVINGS	-\$1,056,820	\$0	-\$1,056,820
114	MEDICAL SUPPLY CONTRACTING	-\$1,080,820	-\$540,410	-\$540,410
116	EDS COST CONTAINMENT PROJECTS	-\$1,587,400	-\$822,940	-\$764,470
117	NON-CONTRACT HOSPITAL AUDITS	-\$2,499,340	-\$1,249,670	-\$1,249,670
118	AGED DRUG REBATE RESOLUTION	-\$30,000,000	-\$15,000,000	-\$15,000,000
119	CANTWELL MEDICAL PHARMACY AUDIT SETTLEMT	-\$14,584,000	-\$7,292,000	-\$7,292,000
121	NEW RECOVERY ACTIVITIES	-\$17,051,340	-\$8,525,670	-\$8,525,670
122	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$13,297,330	-\$6,648,670	-\$6,648,660
123	SERONO AND U.S. AFFILIATES SETTLEMENT	-\$42,156,000	\$0	-\$42,156,000

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2005-06**

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	OTHER			
124	5% PROVIDER PAYMENT DECREASE - AB 1735	-\$24,767,160	-\$13,092,530	-\$11,674,630
125	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$25,950,920	-\$12,975,460	-\$12,975,460
126	FAMILY PACT DRUG REBATES	-\$99,273,000	-\$68,128,800	-\$31,144,200
128	HOSP FINANCING - INPATIENT BASE REDUCTION	-\$531,493,000	-\$265,746,500	-\$265,746,500
129	STATE SUPPLEMENTAL DRUG REBATES	-\$648,532,000	-\$325,275,200	-\$323,256,800
130	FEDERAL DRUG REBATE PROGRAM	-\$1,459,488,000	-\$732,014,800	-\$727,473,200
131	ESTATE RECOVERY REGULATIONS	\$117,000	\$58,500	\$58,500
139	5% PAYMENT DECREASE RESCISSION - SB 912	\$17,561,000	\$9,291,000	\$8,270,000
140	HOSP FINANCING - ADVANCED GF PAYMENTS TO DPH	\$0	\$0	\$0
141	HOSP FINANCING - CCS AND GHPP	\$30,825,000	\$30,825,000	\$0
144	HOSP FINANCING - DPH RATE RECONCILIATION	\$65,232,000	\$0	\$65,232,000
	OTHER SUBTOTAL	\$1,664,341,900	\$1,481,988,980	\$182,352,920
	GRAND TOTAL	\$1,841,914,060	\$1,759,751,890	\$82,162,170

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2005-06

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$3,577,328,810	\$1,959,170,380	\$1,618,158,430
PHYSICIANS	\$1,125,115,820	\$588,849,350	\$536,266,470
OTHER MEDICAL	\$1,735,892,860	\$942,897,520	\$792,995,340
COUNTY OUTPATIENT	\$163,654,680	\$121,544,810	\$42,109,870
COMMUNITY OUTPATIENT	\$552,665,440	\$305,878,700	\$246,786,750
PHARMACY	\$2,224,022,470	\$1,107,675,610	\$1,116,346,860
HOSPITAL INPATIENT	\$6,694,483,490	\$3,877,495,950	\$2,816,987,540
COUNTY INPATIENT	\$2,520,483,890	\$1,686,455,920	\$834,027,960
COMMUNITY INPATIENT	\$4,173,999,600	\$2,191,040,030	\$1,982,959,570
LONG TERM CARE	\$4,172,208,010	\$2,053,689,970	\$2,118,518,040
NURSING FACILITIES	\$3,774,859,630	\$1,858,201,640	\$1,916,657,980
ICF-DD	\$397,348,390	\$195,488,330	\$201,860,060
OTHER SERVICES	\$1,287,736,880	\$692,263,530	\$595,473,350
MEDICAL TRANSPORTATION	\$136,299,570	\$66,626,910	\$69,672,660
OTHER SERVICES	\$983,347,260	\$542,154,330	\$441,192,930
HOME HEALTH	\$168,090,050	\$83,482,290	\$84,607,750
TOTAL FEE-FOR-SERVICE	\$17,955,779,660	\$9,690,295,450	\$8,265,484,210
MANAGED CARE	\$5,624,730,050	\$2,762,068,920	\$2,862,661,130
TWO PLAN MODEL	\$3,311,114,340	\$1,621,033,820	\$1,690,080,520
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,588,167,990	\$783,359,240	\$804,808,760
GEOGRAPHIC MANAGED CARE	\$490,189,020	\$240,925,460	\$249,263,560
PHP & OTHER MANAG. CARE	\$235,258,700	\$116,750,410	\$118,508,290
DENTAL	\$656,826,520	\$354,288,550	\$302,537,970
MENTAL HEALTH	\$1,578,257,790	\$1,166,483,410	\$411,774,380
AUDITS/ LAWSUITS	-\$3,441,000	\$113,000	-\$3,554,000
EPSDT SCREENS	\$68,282,860	\$33,552,570	\$34,730,290
MEDICARE PAYMENTS	\$1,998,783,000	\$794,328,000	\$1,204,455,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$372,182,000	\$362,682,000	\$9,500,000
MISC. SERVICES	\$2,774,005,000	\$2,761,296,500	\$12,708,500
RECOVERIES	-\$267,359,070	-\$132,135,530	-\$135,223,530
GRAND TOTAL MEDI-CAL	\$30,758,046,820	\$17,792,972,870	\$12,965,073,950

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2005-06**

SERVICE CATEGORY	2005-06 APPROPRIATION	MAY 2006 EST. FOR 2005-06	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$3,446,368,170	\$3,577,328,810	\$130,960,640	3.80
PHYSICIANS	\$1,102,627,800	\$1,125,115,820	\$22,488,030	2.04
OTHER MEDICAL	\$1,665,914,230	\$1,735,892,860	\$69,978,630	4.20
COUNTY OUTPATIENT	\$169,605,150	\$163,654,680	-\$5,950,480	-3.51
COMMUNITY OUTPATIENT	\$508,220,980	\$552,665,440	\$44,444,460	8.75
PHARMACY	\$2,804,992,010	\$2,224,022,470	-\$580,969,540	-20.71
HOSPITAL INPATIENT	\$7,966,495,680	\$6,694,483,490	-\$1,272,012,190	-15.97
COUNTY INPATIENT	\$4,258,397,390	\$2,520,483,890	-\$1,737,913,510	-40.81
COMMUNITY INPATIENT	\$3,708,098,290	\$4,173,999,600	\$465,901,320	12.56
LONG TERM CARE	\$4,191,855,460	\$4,172,208,010	-\$19,647,450	-0.47
NURSING FACILITIES	\$3,806,371,750	\$3,774,859,630	-\$31,512,120	-0.83
ICF-DD	\$385,483,720	\$397,348,390	\$11,864,670	3.08
OTHER SERVICES	\$1,338,993,110	\$1,287,736,880	-\$51,256,230	-3.83
MEDICAL TRANSPORTATION	\$125,208,740	\$136,299,570	\$11,090,830	8.86
OTHER SERVICES	\$1,037,138,110	\$983,347,260	-\$53,790,850	-5.19
HOME HEALTH	\$176,646,260	\$168,090,050	-\$8,556,210	-4.84
TOTAL FEE-FOR-SERVICE	\$19,748,704,420	\$17,955,779,660	-\$1,792,924,760	-9.08
MANAGED CARE	\$5,596,745,900	\$5,624,730,050	\$27,984,150	0.50
TWO PLAN MODEL	\$2,982,456,680	\$3,311,114,340	\$328,657,660	11.02
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,591,527,300	\$1,588,167,990	-\$3,359,300	-0.21
GEOGRAPHIC MANAGED CARE	\$423,704,950	\$490,189,020	\$66,484,070	15.69
PHP & OTHER MANAG. CARE	\$599,056,980	\$235,258,700	-\$363,798,280	-60.73
DENTAL	\$677,348,900	\$656,826,520	-\$20,522,370	-3.03
MENTAL HEALTH	\$1,652,584,400	\$1,578,257,790	-\$74,326,610	-4.50
AUDITS/ LAWSUITS	\$12,701,800	-\$3,441,000	-\$16,142,800	-127.09
EPSDT SCREENS	\$83,997,300	\$68,282,860	-\$15,714,440	-18.71
MEDICARE PAYMENTS	\$1,749,980,300	\$1,998,783,000	\$248,802,700	14.22
STATE HOSP./DEVELOPMENTAL CNTRS.	\$338,245,400	\$372,182,000	\$33,936,600	10.03
MISC. SERVICES	\$2,642,079,490	\$2,774,005,000	\$131,925,510	4.99
RECOVERIES	-\$220,972,300	-\$267,359,070	-\$46,386,770	20.99
GRAND TOTAL MEDI-CAL	\$32,281,415,610	\$30,758,046,820	-\$1,523,368,790	-4.72
STATE FUNDS	\$14,375,985,310	\$12,965,073,950	-\$1,410,911,350	-9.81

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2006 ESTIMATE COMPARED TO NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

<u>SERVICE CATEGORY</u>	<u>NOV. 2005 EST. FOR 2005-06</u>	<u>MAY 2006 EST. FOR 2005-06</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$3,664,443,640	\$3,577,328,810	-\$87,114,830	-2.38
PHYSICIANS	\$1,116,336,370	\$1,125,115,820	\$8,779,450	0.79
OTHER MEDICAL	\$1,805,999,640	\$1,735,892,860	-\$70,106,780	-3.88
COUNTY OUTPATIENT	\$168,326,020	\$163,654,680	-\$4,671,350	-2.78
COMMUNITY OUTPATIENT	\$573,781,600	\$552,665,440	-\$21,116,160	-3.68
PHARMACY	\$2,905,063,410	\$2,224,022,470	-\$681,040,940	-23.44
HOSPITAL INPATIENT	\$6,758,579,810	\$6,694,483,490	-\$64,096,320	-0.95
COUNTY INPATIENT	\$2,419,971,230	\$2,520,483,890	\$100,512,650	4.15
COMMUNITY INPATIENT	\$4,338,608,580	\$4,173,999,600	-\$164,608,970	-3.79
LONG TERM CARE	\$4,206,800,130	\$4,172,208,010	-\$34,592,120	-0.82
NURSING FACILITIES	\$3,807,618,650	\$3,774,859,630	-\$32,759,020	-0.86
ICF-DD	\$399,181,490	\$397,348,390	-\$1,833,100	-0.46
OTHER SERVICES	\$1,252,985,270	\$1,287,736,880	\$34,751,610	2.77
MEDICAL TRANSPORTATION	\$130,244,580	\$136,299,570	\$6,055,000	4.65
OTHER SERVICES	\$960,458,660	\$983,347,260	\$22,888,600	2.38
HOME HEALTH	\$162,282,030	\$168,090,050	\$5,808,020	3.58
TOTAL FEE-FOR-SERVICE	\$18,787,872,260	\$17,955,779,660	-\$832,092,600	-4.43
MANAGED CARE	\$5,635,676,990	\$5,624,730,050	-\$10,946,940	-0.19
TWO PLAN MODEL	\$2,976,876,310	\$3,311,114,340	\$334,238,030	11.23
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,618,626,700	\$1,588,167,990	-\$30,458,700	-1.88
GEOGRAPHIC MANAGED CARE	\$431,696,650	\$490,189,020	\$58,492,370	13.55
PHP & OTHER MANAG. CARE	\$608,477,320	\$235,258,700	-\$373,218,620	-61.34
DENTAL	\$650,650,300	\$656,826,520	\$6,176,220	0.95
MENTAL HEALTH	\$1,602,150,900	\$1,578,257,790	-\$23,893,110	-1.49
AUDITS/ LAWSUITS	-\$23,638,000	-\$3,441,000	\$20,197,000	-85.44
EPSDT SCREENS	\$65,266,000	\$68,282,860	\$3,016,870	4.62
MEDICARE PAYMENTS	\$1,751,521,490	\$1,998,783,000	\$247,261,510	14.12
STATE HOSP./DEVELOPMENTAL CNTRS.	\$284,638,000	\$372,182,000	\$87,544,000	30.76
MISC. SERVICES	\$2,708,586,200	\$2,774,005,000	\$65,418,800	2.42
RECOVERIES	-\$235,828,700	-\$267,359,070	-\$31,530,370	13.37
GRAND TOTAL MEDI-CAL	\$31,226,895,440	\$30,758,046,820	-\$468,848,620	-1.50
STATE FUNDS	\$13,233,877,560	\$12,965,073,950	-\$268,803,610	-2.03

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

NO.	POLICY CHANGE TITLE	2005-06 APPROPRIATION		NOV. 2005 EST. FOR 2005-06		MAY 2006 EST. FOR 2005-06		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY											
1	FAMILY PLANNING INITIATIVE	\$430,103,000	\$127,456,500	\$442,452,000	\$117,448,600	\$428,287,000	\$126,019,300	-\$1,816,000	-\$1,437,200	-\$14,165,000	\$8,570,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$96,389,000	\$37,816,200	\$79,027,000	\$30,927,000	\$79,403,000	\$32,201,300	-\$16,986,000	-\$5,614,900	\$376,000	\$1,274,300
3	CHDP GATEWAY - PREENROLLMENT	\$17,155,000	\$6,004,250	\$17,840,000	\$6,244,000	\$17,303,000	\$6,056,050	\$148,000	\$51,800	-\$537,000	-\$187,950
4	BRIDGE TO HFP	\$5,184,000	\$1,814,400	\$5,458,000	\$1,910,300	\$4,869,000	\$1,704,150	-\$315,000	-\$110,250	-\$589,000	-\$206,150
5	REDETERMINATION FORM SIMPLIFICATION	\$0	\$0	\$2,060,580	\$1,030,290	\$484,720	\$242,360	\$484,720	\$242,360	-\$1,575,860	-\$787,930
6	BCCTP RETROACTIVE COVERAGE	\$192,000	\$67,200	\$361,000	\$126,350	\$161,200	\$56,420	-\$30,800	-\$10,780	-\$199,800	-\$69,930
8	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$14,081,400	\$0	-\$13,819,350	\$0	-\$14,944,500	\$0	-\$863,100	\$0	-\$1,125,150
9	REFUGEES	\$0	-\$2,584,000	\$0	-\$2,474,000	\$0	-\$2,505,000	\$0	\$79,000	\$0	-\$31,000
10	NEW QUALIFIED ALIENS	\$0	\$145,885,000	\$0	\$176,885,500	\$0	\$156,804,500	\$0	\$10,919,500	\$0	-\$20,081,000
11	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
149	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$0	\$0	\$0	\$0	\$6,190,000	\$3,095,000	\$6,190,000	\$3,095,000	\$6,190,000	\$3,095,000
--	CHDP GATEWAY MEDI-CAL ELIGIBLES	\$351,829,220	\$175,914,610	\$0	\$0	\$0	\$0	-\$351,829,220	-\$175,914,610	\$0	\$0
--	CRAIG V. BONTA DISABILITY APPELLANTS	-\$24,708,630	-\$12,354,320	-\$13,335,950	-\$6,667,970	\$0	\$0	\$24,708,630	\$12,354,320	\$13,335,950	\$6,667,970
--	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$1,712,890	\$599,510	\$0	\$0	\$0	\$0	-\$1,712,890	-\$599,510	\$0	\$0
--	MEDI-CAL TO HF ACCELERATED ENROLLMENT	\$3,031,960	\$1,061,190	\$0	\$0	\$0	\$0	-\$3,031,960	-\$1,061,190	\$0	\$0
--	NATIONAL SCHOOL LUNCH PROGRAM ELIGIBLES	\$5,063,910	\$2,531,950	\$0	\$0	\$0	\$0	-\$5,063,910	-\$2,531,950	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$885,952,340	\$470,131,090	\$533,862,630	\$311,610,720	\$536,697,920	\$308,729,580	-\$349,254,420	-\$161,401,510	\$2,835,290	-\$2,881,140
BENEFITS											
13	ADULT DAY HEALTH CARE - CDA	\$465,877,160	\$232,938,580	\$409,570,520	\$204,785,260	\$399,125,030	\$199,562,510	-\$66,752,130	-\$33,376,070	-\$10,445,490	-\$5,222,750
14	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$132,000,000	\$0	\$100,000,000	\$0	\$100,000,000	\$0	-\$32,000,000	\$0	\$0	\$0
15	MEDI-CAL CONTINUATION OF PART D EXCLUDED	\$93,588,100	\$46,794,050	\$81,211,970	\$40,605,980	\$79,050,040	\$39,525,020	-\$14,538,070	-\$7,269,030	-\$2,161,930	-\$1,080,960
16	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$44,515,000	\$22,257,500	\$44,515,000	\$22,257,500	\$44,515,000	\$22,257,500	\$0	\$0	\$0	\$0
17	MEDICARE PART B DEDUCTIBLE INCREASE	\$19,516,730	\$9,758,360	\$23,935,990	\$11,967,990	\$13,810,830	\$6,905,420	-\$5,705,890	-\$2,852,950	-\$10,125,150	-\$5,062,580
18	HIV/AIDS PHARMACY PILOT PROGRAM	\$2,565,000	\$1,282,500	\$4,315,000	\$2,157,500	\$6,343,950	\$3,171,970	\$3,778,950	\$1,889,470	\$2,028,950	\$1,014,470
22	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$0	\$0	\$15,500,000	\$0	\$4,064,000	\$0	\$4,064,000	\$0	-\$11,436,000
23	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$191,728,000	\$0	-\$182,736,000	\$0	-\$183,405,950	\$0	\$8,322,050	\$0	-\$669,950
26	FLUORIDE VARNISH	-\$111,880	-\$55,940	-\$549,000	-\$274,500	\$6,290	\$3,140	\$118,170	\$59,080	\$555,290	\$277,640
28	MMA MEDICARE DRUG BENEFIT	-\$1,519,295,770	-\$759,647,890	-\$1,412,048,500	-\$706,024,250	-\$1,374,459,820	-\$687,229,910	\$144,835,950	\$72,417,980	\$37,588,680	\$18,794,340

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

NO.	POLICY CHANGE TITLE	2005-06 APPROPRIATION		NOV. 2005 EST. FOR 2005-06		MAY 2006 EST. FOR 2005-06		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
--	ADHC MORATORIUM	-\$47,830,670	-\$23,915,340	-\$4,296,910	-\$2,148,460	\$0	\$0	\$47,830,670	\$23,915,340	\$4,296,910	\$2,148,460
--	CLPP CASE MANAGEMENT SERVICES	\$0	\$0	\$1,000,000	\$0	\$0	\$0	\$0	\$0	-\$1,000,000	\$0
--	CONLAN V. BONTA	\$3,055,880	\$1,527,940	\$2,474,210	\$1,237,100	\$0	\$0	-\$3,055,880	-\$1,527,940	-\$2,474,210	-\$1,237,100
--	DENTAL SERVICES FOR PREGNANT WOMEN	\$153,620	\$55,290	\$0	\$0	\$0	\$0	-\$153,620	-\$55,290	\$0	\$0
--	INDEP. PLUS SELF-DIR. SERV. WAIVER - DDS	\$1,933,000	\$0	\$0	\$0	\$0	\$0	-\$1,933,000	\$0	\$0	\$0
--	IN-HOME MEDICAL CARE WAIVER EXPANSION	-\$1,735,450	-\$867,730	\$0	\$0	\$0	\$0	\$1,735,450	\$867,730	\$0	\$0
--	SENSIPAR	\$81,088,960	\$40,544,480	\$0	\$0	\$0	\$0	-\$81,088,960	-\$40,544,480	\$0	\$0
--	STEP-CARE DRUG THERAPY PROGRAM	-\$6,073,350	-\$3,036,670	\$0	\$0	\$0	\$0	\$6,073,350	\$3,036,670	\$0	\$0
	BENEFITS SUBTOTAL	-\$730,753,680	-\$624,092,860	-\$749,871,730	-\$592,671,860	-\$731,608,690	-\$595,146,290	-\$855,010	\$28,946,570	\$18,263,040	-\$2,474,430
MANAGED CARE											
32	QUALITY IMPROVEMENT ASSESSMENT FEE	\$315,670,000	\$157,835,000	\$326,779,000	\$163,389,500	\$97,455,000	\$48,727,500	-\$218,215,000	-\$109,107,500	-\$229,324,000	-\$114,662,000
36	CAL OPTIMA 3% RATE INCREASE	\$18,399,000	\$9,218,000	\$17,927,000	\$8,983,000	\$16,561,000	\$8,296,500	-\$1,838,000	-\$921,500	-\$1,366,000	-\$686,500
38	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$23,000,000	\$11,500,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	-\$15,000,000	-\$7,500,000	\$0	\$0
39	STANISLAUS 2-PLAN MODEL RECONVERSION	\$3,869,000	\$1,945,000	\$6,660,000	\$3,349,000	-\$9,814,000	-\$4,938,500	-\$13,683,000	-\$6,883,500	-\$16,474,000	-\$8,287,500
40	RISK PAYMENTS FOR MANAGED CARE PLANS	\$6,000,000	\$3,000,000	\$5,500,000	\$2,750,000	\$5,775,000	\$2,887,500	-\$225,000	-\$112,500	\$275,000	\$137,500
43	SAN DIEGO COMMUNITY HEALTH GROUP AUGMENTATI	\$3,000,000	\$1,500,000	\$3,000,000	\$1,500,000	\$3,000,000	\$1,500,000	\$0	\$0	\$0	\$0
46	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
47	MMA -- MANAGED CARE CAPITATION SAVINGS	-\$115,218,000	-\$57,609,000	-\$115,218,000	-\$57,609,000	-\$112,994,000	-\$56,497,000	\$2,224,000	\$1,112,000	\$2,224,000	\$1,112,000
147	TWO-PLAN MODEL DEFAULT ALGORITHM	\$0	\$0	\$0	\$0	\$226,000	\$113,000	\$226,000	\$113,000	\$226,000	\$113,000
--	FAMILY MOSAIC CAPITATED CASE MGMT	\$3,550,000	\$1,775,000	\$3,518,000	\$1,759,000	\$0	\$0	-\$3,550,000	-\$1,775,000	-\$3,518,000	-\$1,759,000
--	PACE	\$80,902,000	\$40,451,000	\$83,902,000	\$41,951,000	\$0	\$0	-\$80,902,000	-\$40,451,000	-\$83,902,000	-\$41,951,000
--	PACE RATE METHODOLOGY REVISION	\$1,790,000	\$895,000	\$0	\$0	\$0	\$0	-\$1,790,000	-\$895,000	\$0	\$0
--	PCCM AIDS HEALTHCARE FDN EXPANSION	\$552,000	\$276,000	\$450,000	\$225,000	\$0	\$0	-\$552,000	-\$276,000	-\$450,000	-\$225,000
--	TURTLE HEALTH PLAN	\$3,326,000	\$1,551,000	\$0	\$0	\$0	\$0	-\$3,326,000	-\$1,551,000	\$0	\$0
	MANAGED CARE SUBTOTAL	\$344,840,000	\$172,337,000	\$340,518,000	\$170,297,500	\$8,209,000	\$4,089,000	-\$336,631,000	-\$168,248,000	-\$332,309,000	-\$166,208,500
OTHER											
51	HOSP FINANCING - DPH AND NDPH DSH PMT	\$0	\$0	\$1,328,689,000	\$553,496,000	\$1,620,584,000	\$674,810,000	\$1,620,584,000	\$674,810,000	\$291,895,000	\$121,314,000
52	SNF RATE CHANGES AND QA FEE	\$808,067,790	\$404,033,890	\$793,072,440	\$396,536,220	\$805,022,710	\$402,511,360	-\$3,045,070	-\$1,522,540	\$11,950,270	\$5,975,130

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

NO.	POLICY CHANGE TITLE	2005-06 APPROPRIATION		NOV. 2005 EST. FOR 2005-06		MAY 2006 EST. FOR 2005-06		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER											
55	HOSP FINANCING-DPH INTERIM PAYMENT	\$0	\$0	\$662,773,950	\$0	\$497,536,460	\$0	\$497,536,460	\$0	-\$165,237,490	\$0
56	HOSP FINANCING - SAFETY NET CARE POOL	\$0	\$0	\$528,232,000	\$0	\$400,519,000	\$0	\$400,519,000	\$0	-\$127,713,000	\$0
58	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$0	\$0	\$426,286,000	\$213,143,000	\$348,780,000	\$174,390,000	\$348,780,000	\$174,390,000	-\$77,506,000	-\$38,753,000
59	DSH PAYMENTS	\$2,182,538,000	\$1,091,269,000	\$278,504,000	\$139,252,000	\$281,611,000	\$140,805,500	-\$1,900,927,000	-\$950,463,500	\$3,107,000	\$1,553,500
61	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$0	\$0	\$236,800,000	\$118,400,000	\$245,800,000	\$122,900,000	\$245,800,000	\$122,900,000	\$9,000,000	\$4,500,000
62	CAPITAL PROJECT DEBT REIMBURSEMENT	\$191,763,000	\$95,881,500	\$140,586,000	\$70,293,000	\$124,923,000	\$62,461,500	-\$66,840,000	-\$33,420,000	-\$15,663,000	-\$7,831,500
64	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$125,000,000	\$0	\$125,000,000	\$0	\$0	\$0	\$0	\$0
65	LTC RATE ADJUSTMENT	\$59,861,380	\$29,930,690	\$100,993,080	\$50,496,540	\$97,050,070	\$48,525,030	\$37,188,690	\$18,594,350	-\$3,943,010	-\$1,971,500
70	FFP FOR LOCAL TRAUMA CENTERS	\$29,100,000	\$0	\$63,200,000	\$31,600,000	\$55,314,000	\$27,657,000	\$26,214,000	\$27,657,000	-\$7,886,000	-\$3,943,000
71	MMA 100-DAY PRESCRIPTION SUPPLY	\$0	\$0	\$38,955,000	\$19,477,500	\$109,721,000	\$54,860,500	\$109,721,000	\$54,860,500	\$70,766,000	\$35,383,000
72	CERTIFICATION PAYMENTS FOR DP-NFS	\$34,000,000	\$0	\$37,100,000	\$0	\$37,000,000	\$0	\$3,000,000	\$0	-\$100,000	\$0
73	FQHC RATE ADJUSTMENTS	\$86,780,000	\$43,390,000	\$30,857,260	\$15,428,630	\$31,734,470	\$15,867,230	-\$55,045,540	-\$27,522,770	\$877,210	\$438,600
78	HOSPICE RATE INCREASES	\$21,553,050	\$10,776,520	\$17,803,950	\$8,901,980	\$8,052,960	\$4,026,480	-\$13,500,080	-\$6,750,040	-\$9,750,990	-\$4,875,500
79	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$0	\$0	\$15,860,000	\$7,930,000	\$6,052,000	\$3,026,000	\$6,052,000	\$3,026,000	-\$9,808,000	-\$4,904,000
80	ANNUAL MEI INCREASE FOR FQHC/S/RHCS	\$33,562,840	\$16,781,420	\$13,892,910	\$6,946,460	\$13,892,910	\$6,946,460	-\$19,669,930	-\$9,834,970	\$0	\$0
81	HEALTHY FAMILIES - CDMH	\$13,194,000	\$0	\$13,854,000	\$0	\$15,490,000	\$0	\$2,296,000	\$0	\$1,636,000	\$0
83	ORTHOPAEDIC HOSPITAL - LAB SERVICES	\$0	\$0	\$12,047,560	\$6,023,780	\$5,711,590	\$2,855,790	\$5,711,590	\$2,855,790	-\$6,335,970	-\$3,167,990
84	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$3,871,000	\$1,935,500	\$10,267,000	\$5,133,500	\$10,631,000	\$5,315,500	\$6,760,000	\$3,380,000	\$364,000	\$182,000
85	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$1,832,000	\$916,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$8,168,000	\$4,084,000	\$0	\$0
86	MINOR CONSENT SETTLEMENT	\$9,836,000	\$9,836,000	\$9,836,000	\$9,836,000	\$9,836,000	\$9,836,000	\$0	\$0	\$0	\$0
88	VOLUNTARY GOVERNMENTAL TRANSFERS	\$1,900,000,000	\$950,000,000	\$8,525,000	\$4,262,500	\$8,525,000	\$4,262,500	-\$1,891,475,000	-\$945,737,500	\$0	\$0
89	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$1,466,000	\$733,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$6,534,000	\$3,267,000	\$0	\$0
90	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$5,844,000	\$2,922,000	\$5,844,000	\$2,922,000	\$5,844,000	\$2,922,000	\$0	\$0	\$0	\$0
92	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$0	\$0	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$0	\$0
93	WEEKLY FORMULARY PRICING UPDATE	\$3,928,280	\$1,964,140	\$3,767,200	\$1,883,600	\$7,660,500	\$3,830,250	\$3,732,220	\$1,866,110	\$3,893,300	\$1,946,650
94	CHA V. BONTA - 1996-97 DP/NF RATES	\$2,700,000	\$1,350,000	\$2,700,000	\$1,350,000	\$3,133,000	\$1,566,500	\$433,000	\$216,500	\$433,000	\$216,500
96	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0	\$0	\$0
97	OUT-OF-STATE HOSPITAL JUDGMENT	\$1,386,750	\$693,380	\$369,270	\$184,640	\$358,500	\$179,250	-\$1,028,250	-\$514,120	-\$10,770	-\$5,380
99	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	\$0	\$0	\$1,900,000	\$0	\$1,900,000	\$0	\$1,900,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

NO.	POLICY CHANGE TITLE	2005-06 APPROPRIATION		NOV. 2005 EST. FOR 2005-06		MAY 2006 EST. FOR 2005-06		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER											
100	HOSP FINANCING-MIA LTC	\$0	\$0	\$0	-\$15,237,000	\$0	-\$9,948,670	\$0	-\$9,948,670	\$0	\$5,288,340
101	HOSP FINANCING - BCCTP	\$0	\$0	\$0	-\$1,737,930	\$0	-\$361,710	\$0	-\$361,710	\$0	\$1,376,220
102	FAMILY PACT STERILIZATION POLICY	\$0	\$0	\$0	\$0	\$0	-\$835,000	\$0	-\$835,000	\$0	-\$835,000
103	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
104	NON FFP DRUGS	\$0	\$536,000	\$0	\$536,000	\$0	\$536,000	\$0	\$0	\$0	\$0
105	INDIAN HEALTH SERVICES	\$0	-\$4,003,000	\$0	-\$5,511,000	\$0	-\$5,511,000	\$0	-\$1,508,000	\$0	\$0
106	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,455,000	\$0	\$12,455,000	\$0	\$12,455,000	\$0	\$0	\$0	\$0
107	INPATIENT PSYCHIATRIC CARE-IMD	\$0	\$1,290,000	\$0	\$2,728,000	\$0	\$2,187,000	\$0	\$897,000	\$0	-\$541,000
111	ENTERAL NUTRITION PRODUCTS	\$0	\$0	-\$443,200	-\$221,600	-\$443,200	-\$221,600	-\$443,200	-\$221,600	\$0	\$0
113	INPATIENT PSYCHIATRIC CARE SAVINGS	\$0	\$0	-\$1,056,820	-\$1,056,820	-\$1,056,820	-\$1,056,820	-\$1,056,820	-\$1,056,820	\$0	\$0
114	MEDICAL SUPPLY CONTRACTING	\$0	\$0	-\$3,415,310	-\$1,707,660	-\$2,013,080	-\$1,006,540	-\$2,013,080	-\$1,006,540	\$1,402,230	\$701,120
116	EDS COST CONTAINMENT PROJECTS	-\$12,764,000	-\$6,382,000	-\$13,290,000	-\$6,645,000	-\$13,452,560	-\$6,478,540	-\$688,560	-\$96,540	-\$162,560	\$166,460
117	NON-CONTRACT HOSPITAL AUDITS	-\$17,650,000	-\$8,825,000	-\$17,650,000	-\$8,825,000	-\$16,876,000	-\$8,438,000	\$774,000	\$387,000	\$774,000	\$387,000
118	AGED DRUG REBATE RESOLUTION	\$0	\$0	-\$16,350,000	-\$8,175,000	-\$30,000,000	-\$15,000,000	-\$30,000,000	-\$15,000,000	-\$13,650,000	-\$6,825,000
119	CANTWELL MEDICAL PHARMACY AUDIT SETTLEMT	\$0	\$0	-\$18,553,000	-\$9,276,500	-\$14,584,000	-\$7,292,000	-\$14,584,000	-\$7,292,000	\$3,969,000	\$1,984,500
121	NEW RECOVERY ACTIVITIES	-\$37,388,890	-\$18,694,450	-\$39,583,620	-\$19,791,810	-\$31,189,580	-\$15,594,790	\$6,199,320	\$3,099,660	\$8,394,050	\$4,197,020
122	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$92,155,860	-\$46,077,930	-\$122,739,440	-\$61,369,720	-\$116,951,010	-\$58,475,510	-\$24,795,150	-\$12,397,580	\$5,788,430	\$2,894,210
123	SERONO AND U.S. AFFILIATES SETTLEMENT	\$0	\$0	-\$42,156,000	-\$42,156,000	-\$42,156,000	-\$42,156,000	-\$42,156,000	-\$42,156,000	\$0	\$0
124	5% PROVIDER PAYMENT DECREASE - AB 1735	\$0	\$0	-\$53,252,000	-\$24,969,000	-\$32,350,000	-\$15,249,000	-\$32,350,000	-\$15,249,000	\$20,902,000	\$9,720,000
125	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$73,505,550	-\$36,752,770	-\$65,877,150	-\$32,938,580	-\$57,413,540	-\$28,706,770	\$16,092,010	\$8,046,000	\$8,463,610	\$4,231,810
126	FAMILY PACT DRUG REBATES	-\$20,629,000	-\$5,983,100	-\$88,040,000	-\$27,620,600	-\$99,273,000	-\$31,144,200	-\$78,644,000	-\$25,161,100	-\$11,233,000	-\$3,523,600
128	HOSP FINANCING - INPATIENT BASE REDUCTION	\$0	\$0	-\$531,939,000	-\$265,969,500	-\$531,493,000	-\$265,746,500	-\$531,493,000	-\$265,746,500	\$446,000	\$223,000
129	STATE SUPPLEMENTAL DRUG REBATES	-\$559,752,000	-\$279,005,200	-\$552,204,000	-\$275,242,800	-\$648,532,000	-\$323,256,800	-\$88,780,000	-\$44,251,600	-\$96,328,000	-\$48,014,000
130	FEDERAL DRUG REBATE PROGRAM	-\$1,254,640,000	-\$625,367,600	-\$1,242,448,000	-\$619,290,800	-\$1,459,488,000	-\$727,473,200	-\$204,848,000	-\$102,105,600	-\$217,040,000	-\$108,182,400
131	ESTATE RECOVERY REGULATIONS	-\$340,000	-\$170,000	\$0	\$0	\$117,000	\$58,500	\$457,000	\$228,500	\$117,000	\$58,500
139	5% PAYMENT DECREASE RESCISSION - SB 912	\$0	\$0	\$0	\$0	\$17,561,000	\$8,270,000	\$17,561,000	\$8,270,000	\$17,561,000	\$8,270,000
140	HOSP FINANCING - ADVANCED GF PAYMENTS TO DPH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
141	HOSP FINANCING - CCS AND GHPP	\$0	\$0	\$0	\$0	\$30,825,000	\$0	\$30,825,000	\$0	\$30,825,000	\$0
144	HOSP FINANCING - DPH RATE RECONCILIATION	\$0	\$0	\$0	\$0	\$65,232,000	\$65,232,000	\$65,232,000	\$65,232,000	\$65,232,000	\$65,232,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2006 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2005 ESTIMATE
FISCAL YEAR 2005-06**

NO.	POLICY CHANGE TITLE	2005-06 APPROPRIATION		NOV. 2005 EST. FOR 2005-06		MAY 2006 EST. FOR 2005-06		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER											
--	ANTI-FRAUD EXPANSION FOR FY 2004-05	-\$183,542,160	-\$91,771,080	-\$142,067,170	-\$71,033,590	\$0	\$0	\$183,542,160	\$91,771,080	\$142,067,170	\$71,033,590
--	ANTI-HEMOPHILIC BLOOD FACTOR PMT METHOD	-\$4,900,000	-\$2,450,000	\$0	\$0	\$0	\$0	\$4,900,000	\$2,450,000	\$0	\$0
--	AUDIT SETTLEMENTS	\$0	\$0	\$23,785,000	\$23,785,000	\$0	\$0	\$0	\$0	-\$23,785,000	-\$23,785,000
--	BENEFICIARY CONFIRMATIONS	-\$1,962,000	-\$981,000	-\$1,940,000	-\$970,000	\$0	\$0	\$1,962,000	\$981,000	\$1,940,000	\$970,000
--	BILLING AUDITS FOR MEDICARE PAYMENTS	-\$15,000,000	-\$7,500,000	-\$10,900,000	-\$5,450,000	\$0	\$0	\$15,000,000	\$7,500,000	\$10,900,000	\$5,450,000
--	DRUG BUDGET REDUCTION	-\$33,277,420	-\$16,638,710	\$0	\$0	\$0	\$0	\$33,277,420	\$16,638,710	\$0	\$0
--	ELECTROMYOGRAPHY & NERVE CONDUCTION	-\$1,569,540	-\$784,770	\$0	\$0	\$0	\$0	\$1,569,540	\$784,770	\$0	\$0
--	HIPP EXPANSION	-\$539,000	-\$269,500	\$0	\$0	\$0	\$0	\$539,000	\$269,500	\$0	\$0
--	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$0	\$0	\$26,832,000	\$13,416,000	\$0	\$0	\$0	\$0	-\$26,832,000	-\$13,416,000
--	HOSP FINANCING--PHYSICIAN & NON-PHYSICIAN	\$0	\$0	\$95,953,000	\$0	\$0	\$0	\$0	\$0	-\$95,953,000	\$0
--	INCREASED PERSONAL INJURY RECOVERIES	-\$6,000,000	-\$3,000,000	\$0	\$0	\$0	\$0	\$6,000,000	\$3,000,000	\$0	\$0
--	MEDICAL SUPPLY REDUCTIONS	-\$36,583,380	-\$18,291,690	\$0	\$0	\$0	\$0	\$36,583,380	\$18,291,690	\$0	\$0
--	MMA PHASED-DOWN CONTRIBUTION FOR PART D	\$510,992,000	\$510,992,000	\$503,047,000	\$503,047,000	\$0	\$0	-\$510,992,000	-\$510,992,000	-\$503,047,000	-\$503,047,000
--	ORTHOPAEDIC HOSPITAL SETTLEMENT	\$160,853,000	\$80,426,500	\$0	\$0	\$0	\$0	-\$160,853,000	-\$80,426,500	\$0	\$0
--	PREFERRED PRIOR AUTHORIZATION	\$0	\$0	-\$100,000	\$50,000	\$0	\$0	\$0	\$0	\$100,000	-\$50,000
--	Protect State Rebates	-\$7,000,000	-\$3,500,000	\$0	\$0	\$0	\$0	\$7,000,000	\$3,500,000	\$0	\$0
--	PROVIDER FEEDBACK PROGRAM	-\$5,000,000	-\$2,500,000	\$0	\$0	\$0	\$0	\$5,000,000	\$2,500,000	\$0	\$0
--	Reconciliation with Budget Act	-\$1,000,000	-\$605,500	\$0	\$0	\$0	\$0	\$1,000,000	\$605,500	\$0	\$0
--	SHORT-DOYLE/DRUG MEDI-CAL	\$49,737,000	\$0	\$78,745,000	\$0	\$0	\$0	-\$49,737,000	\$0	-\$78,745,000	\$0
--	SMALL AND RURAL HOSPITAL FUND 688	\$100,000	\$0	\$0	\$0	\$0	\$0	-\$100,000	\$0	\$0	\$0
--	SPEECH GENERATING DEVICES	\$99,450	\$49,730	\$81,020	\$40,510	\$0	\$0	-\$99,450	-\$49,730	-\$81,020	-\$40,510
--	TEACHING HOSPITALS	\$94,000,000	\$0	\$0	\$0	\$0	\$0	-\$94,000,000	\$0	\$0	\$0
	OTHER SUBTOTAL	\$3,967,866,730	\$2,089,608,960	\$2,693,053,940	\$728,158,960	\$1,915,046,380	\$308,140,720	-\$2,052,820,350	-\$1,781,468,240	-\$778,007,560	-\$420,018,240
	GRAND TOTAL	\$4,467,905,390	\$2,107,984,200	\$2,817,562,840	\$617,395,310	\$1,728,344,610	\$25,813,010	-\$2,739,560,780	-\$2,082,171,190	-\$1,089,218,230	-\$591,582,300

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

FISCAL YEAR 2005-06 COST PER ELIGIBLE BASED ON MAY 2006 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$36,512,250	\$8,234,040	\$312,558,640	\$67,494,500	\$3,339,090	\$77,380
OTHER MEDICAL	\$62,544,560	\$14,946,850	\$399,746,660	\$163,694,510	\$5,631,150	\$327,420
COUNTY OUTPATIENT	\$1,057,410	\$517,700	\$22,527,410	\$4,254,620	\$80,250	\$310
COMMUNITY OUTPATIENT	\$20,864,790	\$4,037,900	\$171,410,390	\$35,683,920	\$1,201,680	\$17,350
PHARMACY	\$281,596,960	\$29,631,610	\$1,232,954,250	\$76,875,880	\$53,523,180	\$454,990
COUNTY INPATIENT	\$6,142,590	\$1,687,510	\$120,577,450	\$24,379,020	\$1,172,190	\$22,860
COMMUNITY INPATIENT	\$150,439,870	\$25,554,800	\$889,606,740	\$208,339,910	\$17,965,870	\$172,590
NURSING FACILITIES	\$418,924,210	\$28,185,800	\$646,681,240	\$2,856,040	\$1,843,733,170	\$7,953,880
ICF-DD	\$303,580	\$9,925,070	\$184,163,820	\$1,162,270	\$13,546,130	\$3,294,950
MEDICAL TRANSPORTATION	\$16,545,110	\$5,067,440	\$60,357,080	\$5,147,720	\$4,475,620	\$162,670
OTHER SERVICES	\$294,788,950	\$17,698,420	\$345,907,680	\$30,326,560	\$62,719,360	\$263,870
HOME HEALTH	\$191,230	\$12,357,550	\$93,233,480	\$3,235,750	\$2,270	\$0
FFS SUBTOTAL	\$1,289,911,500	\$157,844,690	\$4,479,724,840	\$623,450,700	\$2,007,389,970	\$12,748,270
DENTAL	\$41,092,260	\$2,548,440	\$91,835,820	\$133,163,480	\$5,127,580	\$30,700
TWO PLAN MODEL	\$16,008,740	\$5,799,740	\$420,010,070	\$948,373,770	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$140,073,330	\$13,720,750	\$466,298,920	\$150,290,450	\$188,692,250	\$863,340
GEOGRAPHIC MANAGED CARE	\$5,423,020	\$1,344,080	\$97,475,840	\$156,407,850	\$0	\$0
PHP & OTHER MANAG. CARE	\$42,706,690	\$2,649,620	\$115,157,790	\$10,955,200	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$19,377,830	\$0	\$0
MEDICARE PAYMENTS	\$586,120,060	\$37,818,360	\$1,056,048,190	\$0	\$88,061,230	\$1,365,280
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,741,230	\$2,370,610	\$95,162,260	\$7,210,310	\$5,201,220	\$919,100
MISC. SERVICES	\$461,731,660	\$28,525,570	\$1,744,890,720	\$1,360,350	\$0	\$0
NON-FFS SUBTOTAL	\$1,294,896,980	\$94,777,180	\$4,086,879,610	\$1,427,139,240	\$287,082,280	\$3,178,420
TOTAL DOLLARS (1)	\$2,584,808,480	\$252,621,860	\$8,566,604,450	\$2,050,589,940	\$2,294,472,250	\$15,926,690
ELIGIBLES ***	389,900	24,400	884,400	1,276,500	48,100	200
ANNUAL \$/ELIGIBLE	\$6,629	\$10,353	\$9,686	\$1,606	\$47,702	\$79,633
AVG. MO. \$/ELIGIBLE	\$552	\$863	\$807	\$134	\$3,975	\$6,636

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2005-06 COST PER ELIGIBLE BASED ON MAY 2006 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$5,761,710	\$51,270,650	\$521,710	\$52,607,870	\$274,626,250	\$34,594,680
OTHER MEDICAL	\$5,881,640	\$62,458,830	\$1,396,230	\$87,610,740	\$379,883,830	\$63,410,480
COUNTY OUTPATIENT	\$271,910	\$3,904,300	\$47,050	\$7,698,560	\$19,534,950	\$2,324,940
COMMUNITY OUTPATIENT	\$1,209,080	\$18,107,450	\$137,220	\$24,745,500	\$100,142,460	\$13,919,100
PHARMACY	\$26,958,940	\$124,546,680	\$733,760	\$149,174,220	\$148,049,740	\$28,420,670
COUNTY INPATIENT	\$12,351,270	\$18,554,930	\$352,400	\$110,187,570	\$168,731,850	\$15,691,950
COMMUNITY INPATIENT	\$28,019,810	\$89,963,480	\$1,446,740	\$209,381,270	\$872,618,010	\$95,722,010
NURSING FACILITIES	\$449,125,590	\$187,228,920	\$1,513,240	\$66,779,750	\$18,482,610	\$8,967,560
ICF-DD	\$172,790,170	\$9,080	\$0	\$5,750,300	\$808,280	\$2,471,990
MEDICAL TRANSPORTATION	\$2,397,550	\$9,545,730	\$387,750	\$12,082,110	\$11,991,570	\$1,762,890
OTHER SERVICES	\$12,160,890	\$77,864,500	\$248,630	\$44,182,290	\$70,485,990	\$8,495,200
HOME HEALTH	\$56,660	\$749,110	\$5,100	\$41,718,970	\$7,176,850	\$6,189,660
FFS SUBTOTAL	\$716,985,220	\$644,203,660	\$6,789,830	\$811,919,120	\$2,072,532,380	\$281,971,120
DENTAL	\$1,555,670	\$19,416,360	\$61,410	\$11,095,060	\$305,810,260	\$24,779,660
TWO PLAN MODEL	\$0	\$14,358,650	\$0	\$19,805,810	\$1,722,898,030	\$30,951,070
COUNTY ORGANIZED HEALTH SYSTEMS	\$77,067,460	\$75,283,650	\$262,800	\$72,178,610	\$330,547,520	\$16,551,840
GEOGRAPHIC MANAGED CARE	\$0	\$2,608,570	\$0	\$5,021,790	\$190,644,680	\$7,384,990
PHP & OTHER MANAG. CARE	\$0	\$20,183,070	\$57,480	\$13,904,860	\$24,804,630	\$1,913,290
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$42,201,820	\$3,656,520
MEDICARE PAYMENTS	\$20,069,750	\$114,821,940	\$1,365,280	\$93,112,920	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$241,529,900	\$105,950	\$282,520	\$2,163,470	\$9,827,790	\$3,908,880
MISC. SERVICES	\$0	\$217,965,920	\$687,360	\$211,651,000	\$3,123,860	\$253,130
NON-FFS SUBTOTAL	\$340,222,780	\$464,744,110	\$2,716,860	\$428,933,530	\$2,629,858,590	\$89,399,370
TOTAL DOLLARS (1)	\$1,057,208,000	\$1,108,947,770	\$9,506,680	\$1,240,852,660	\$4,702,390,970	\$371,370,490
ELIGIBLES ***	14,800	201,500	600	110,300	2,934,200	244,500
ANNUAL \$/ELIGIBLE	\$71,433	\$5,503	\$15,844	\$11,250	\$1,603	\$1,519
AVG. MO. \$/ELIGIBLE	\$5,953	\$459	\$1,320	\$937	\$134	\$127

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2005-06 COST PER ELIGIBLE BASED ON MAY 2006 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$5,895,600	\$436,190	\$27,945,170	\$168,187,310	\$3,436,010	\$3,825,250
OTHER MEDICAL	\$4,867,010	\$696,160	\$36,232,470	\$154,263,270	\$12,297,880	\$6,338,280
COUNTY OUTPATIENT	\$461,450	\$67,370	\$2,662,870	\$5,923,550	\$291,670	\$254,550
COMMUNITY OUTPATIENT	\$1,667,160	\$98,920	\$7,239,310	\$26,198,590	\$2,259,570	\$2,233,060
PHARMACY	\$4,409,830	\$446,650	\$10,702,690	\$12,955,980	\$3,102,360	\$2,578,720
COUNTY INPATIENT	\$3,034,040	\$29,240	\$40,631,920	\$45,798,260	\$831,430	\$1,498,210
COMMUNITY INPATIENT	\$17,669,210	\$439,450	\$93,256,030	\$320,667,910	\$8,832,260	\$11,531,350
NURSING FACILITIES	\$30,305,150	\$0	\$21,155,660	\$0	\$0	\$0
ICF-DD	\$1,741,190	\$0	\$641,380	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$498,640	\$9,910	\$2,790,110	\$1,782,720	\$242,230	\$233,220
OTHER SERVICES	\$1,161,180	\$70,510	\$2,177,480	\$6,924,420	\$2,490,210	\$2,116,390
HOME HEALTH	\$47,240	\$4,810	\$169,740	\$819,960	\$662,750	\$437,650
FFS SUBTOTAL	\$71,757,690	\$2,299,220	\$245,604,830	\$743,521,970	\$34,446,370	\$31,046,680
DENTAL	\$521,970	\$1,199,000	\$133,010	\$144,010	\$7,582,450	\$8,251,500
TWO PLAN MODEL	\$2,614,300	\$1,013,460	\$0	\$33,785,290	\$65,553,480	\$27,770,880
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,198,150	\$208,800	\$3,480,840	\$16,295,190	\$19,328,670	\$10,809,950
GEOGRAPHIC MANAGED CARE	\$322,420	\$88,080	\$0	\$6,414,250	\$9,915,390	\$6,822,900
PHP & OTHER MANAG. CARE	\$37,280	\$0	\$0	\$1,454,690	\$790,850	\$635,000
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,575,140	\$1,226,550
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$191,960	\$31,900	\$443,040	\$703,400	\$0	\$388,460
MISC. SERVICES	\$4,250	\$0	\$0	\$165,030	\$21,690	\$17,450
NON-FFS SUBTOTAL	\$8,890,330	\$2,541,240	\$4,056,880	\$58,961,860	\$104,767,680	\$55,922,700
TOTAL DOLLARS (1)	\$80,648,030	\$4,840,460	\$249,661,710	\$802,483,830	\$139,214,050	\$86,969,370
ELIGIBLES ***	4,600	2,000	69,100	191,900	100,500	82,000
ANNUAL \$/ELIGIBLE	\$17,532	\$2,420	\$3,613	\$4,182	\$1,385	\$1,061
AVG. MO. \$/ELIGIBLE	\$1,461	\$202	\$301	\$348	\$115	\$88

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2005-06 COST PER ELIGIBLE BASED ON MAY 2006 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,057,324,290
OTHER MEDICAL	\$1,462,227,980
COUNTY OUTPATIENT	\$71,880,860
COMMUNITY OUTPATIENT	\$431,173,460
PHARMACY	\$2,187,117,100
COUNTY INPATIENT	\$571,674,680
COMMUNITY INPATIENT	\$3,041,627,320
NURSING FACILITIES	\$3,731,892,820
ICF-DD	\$396,608,210
MEDICAL TRANSPORTATION	\$135,480,070
OTHER SERVICES	\$980,082,510
HOME HEALTH	\$167,058,760
FFS SUBTOTAL	\$14,234,148,060
DENTAL	\$654,348,640
TWO PLAN MODEL	\$3,308,943,300
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,587,152,510
GEOGRAPHIC MANAGED CARE	\$489,873,870
PHP & OTHER MANAG. CARE	\$235,250,460
EPSDT SCREENS	\$68,037,850
MEDICARE PAYMENTS	\$1,998,783,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$372,182,000
MISC. SERVICES	\$2,670,398,000
NON-FFS SUBTOTAL	\$11,384,969,630
TOTAL DOLLARS (1)	\$25,619,117,690
ELIGIBLES ***	6,579,500
ANNUAL \$/ELIGIBLE	\$3,894
AVG. MO. \$/ELIGIBLE	\$324

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2005-06 COST PER ELIGIBLE BASED ON MAY 2006 ESTIMATE

EXCLUDED POLICY CHANGES: 32

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
6	BCCTP RETROACTIVE COVERAGE
7	MEDI-CAL TO HF ACCELERATED ENROLLMENT
22	CDSS SHARE OF COST PAYMENT FOR IHSS
51	HOSP FINANCING - DPH AND NDPH DSH PMT
56	HOSP FINANCING - SAFETY NET CARE POOL
58	HOSP FINANCING - PRIVATE DSH REPLACEMENT
59	DSH PAYMENTS
61	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
62	CAPITAL PROJECT DEBT REIMBURSEMENT
64	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
66	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN
67	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
70	FFP FOR LOCAL TRAUMA CENTERS
72	CERTIFICATION PAYMENTS FOR DP-NFS
74	HOSP FINANCING - DISTRESSED HOSPITAL FUND
77	L.A. COUNTY MEDICAID DEMO. PROJ. (Misc. Svcs.)
81	HEALTHY FAMILIES - CDMH
85	DSH OUTPATIENT PAYMENT METHOD CHANGE
86	MINOR CONSENT SETTLEMENT
88	VOLUNTARY GOVERNMENTAL TRANSFERS
89	SRH OUTPATIENT PAYMENT METHOD CHANGE
92	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
119	CANTWELL MEDICAL PHARMACY AUDIT SETTLEMT
123	SERONO AND U.S. AFFILIATES SETTLEMENT
126	FAMILY PACT DRUG REBATES
141	HOSP FINANCING - CCS AND GHPP
143	HURRICANE KATRINA SECTION 1115 WAIVER
148	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS