

BUDGET YEAR

MEDI-CAL MAY 2008 LOCAL ASSISTANCE ESTIMATE for FISCAL YEARS 2007-08 and 2008-09

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ARNOLD SCHWARZENEGGER
Governor
State of California

S. Kimberly Belshé
Secretary
California Health and Human Services Agency

Sandra Shewry
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2008-09

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$16,998,417,380	\$8,499,208,690	\$8,499,208,690
B. B/Y NON-FFS BASE	\$15,261,994,000	\$9,381,664,000	\$5,880,330,000
C. BASE ADJUSTMENTS	-\$315,108,000	-\$319,478,900	\$4,370,900
D. ADJUSTED BASE	<u>\$31,945,303,390</u>	<u>\$17,561,393,790</u>	<u>\$14,383,909,590</u>
II. POLICY CHANGES			
A. ELIGIBILITY	\$337,956,160	\$231,963,290	\$105,992,880
B. BENEFITS	-\$267,612,340	\$10,847,380	-\$278,459,720
C. PHARMACY	-\$1,218,913,290	-\$616,133,450	-\$602,779,850
D. MANAGED CARE	\$248,445,000	\$124,222,500	\$124,222,500
E. PROVIDER RATES	-\$851,337,460	-\$393,533,480	-\$457,803,980
F. HOSPITAL FINANCING	\$3,546,478,000	\$3,145,189,500	\$401,288,500
G. SUPPLEMENTAL PMNTS.	\$566,108,000	\$433,904,000	\$132,204,000
H. OTHER	-\$96,602,580	-\$92,259,290	-\$4,343,290
I. TOTAL CHANGE	<u>\$2,264,521,500</u>	<u>\$2,844,200,450</u>	<u>-\$579,678,950</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$34,209,824,880</u></u>	<u><u>\$20,405,594,240</u></u>	<u><u>\$13,804,230,640</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$445,081,000	\$314,115,600	\$130,965,400
2	BREAST AND CERVICAL CANCER TREATMENT	\$118,149,000	\$61,150,050	\$56,998,950
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$12,363,000	\$6,657,000
4	BRIDGE TO HFP	\$17,838,000	\$11,594,700	\$6,243,300
5	REFUGEES	\$6,518,000	\$0	\$6,518,000
6	PE FOR HFP DISENROLLEES	\$2,676,870	\$1,338,430	\$1,338,430
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
13	STATE-FUNDED KINGAP	\$0	-\$30,900	\$30,900
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$127,846,500	\$127,846,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$28,266,750	-\$28,266,750
145	REINSTATE QUARTERLY STATUS REPORTS FOR PA	-\$7,595,000	-\$3,797,500	-\$3,797,500
146	REDUCE CEC AND RESTORE QUARTERLY STATUS F	-\$78,953,700	-\$39,476,850	-\$39,476,850
185	1931(B) EXPANSION ROLLBACK	-\$62,273,000	-\$31,136,500	-\$31,136,500
186	MONTH TO MONTH ELIGIBILITY FOR UNDOC IMMIGR	-\$84,000,000	-\$42,000,000	-\$42,000,000
188	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-\$40,005,000	\$46,673,000	-\$86,678,000
	ELIGIBILITY SUBTOTAL	\$337,956,160	\$231,963,290	\$105,992,880
BENEFITS				
18	ADULT DAY HEALTH CARE - CDA	\$446,056,000	\$223,028,000	\$223,028,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$60,112,000	\$60,112,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
23	HOME TOCOLYTIC THERAPY	\$4,135,210	\$2,067,600	\$2,067,600
24	CONLAN V. BONTA	\$1,700,000	\$850,000	\$850,000
25	NEWBORN HEARING SCREENS EXPANSION	\$2,250,200	\$1,125,100	\$1,125,100
27	NF A/B LEVEL OF CARE GROWTH	\$2,649,800	\$1,324,900	\$1,324,900
29	MONEY FOLLOWS THE PERSON DEMONSTRATION C	\$2,870,000	\$2,103,000	\$767,000
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,323,500	\$4,323,500
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$3,400,000	\$3,400,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$114,203,050	-\$114,203,050
34	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-\$3,329,000	-\$1,664,500	-\$1,664,500
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$584,690	-\$292,340	-\$292,340
36	ADULT DAY HEALTH CARE REFORMS	-\$29,794,130	-\$14,897,060	-\$14,897,060
136	UNSPECIFIED BUDGET REDUCTION	-\$627,694,000	-\$304,397,000	-\$323,297,000
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	-\$220,380	-\$110,190	-\$110,190
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	-\$391,880	-\$195,940	-\$195,940
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$2,799,030	-\$1,399,520	-\$1,399,520
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	-\$189,340	-\$94,670	-\$94,670
150	DISCONTINUE ADULT PODIATRY SERVICES	-\$1,709,530	-\$854,760	-\$854,760
153	DISCONTINUE ADULT INCONTINENCE CREAMS & W/	-\$5,894,330	-\$2,947,160	-\$2,947,160

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST S	-\$1,016,560	-\$508,280	-\$508,280
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVI	-\$7,597,820	-\$3,798,910	-\$3,798,910
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	-\$3,457,860	-\$1,728,930	-\$1,728,930
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$147,645,000	-\$73,822,500	-\$73,822,500
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES	-\$5,052,000	-\$2,526,000	-\$2,526,000
180	FPACT IMPLANON AND ESSURE	\$4,000,000	\$0	\$4,000,000
187	REDUCTION IN IHSS RATE TO MINIMUM WAGE	-\$3,526,000	-\$1,763,000	-\$1,763,000
189	DME CONTRACTING PROJECT SAVINGS	-\$1,000,000	-\$500,000	-\$500,000
	BENEFITS SUBTOTAL	-\$267,612,340	\$10,847,380	-\$278,459,720
<u>PHARMACY</u>				
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,059,000	\$20,000	\$1,039,000
38	NON FFP DRUGS	\$0	-\$609,000	\$609,000
39	ENTERAL NUTRITION PRODUCTS	-\$9,337,740	-\$4,668,870	-\$4,668,870
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,931,470	-\$2,465,730	-\$2,465,730
41	MEDICAL SUPPLY CONTRACTING	-\$4,450,080	-\$2,225,040	-\$2,225,040
42	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,514,000	-\$4,486,000
45	FAMILY PACT DRUG REBATES	-\$37,330,000	-\$22,234,900	-\$15,095,100
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,250,400	-\$19,749,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$322,105,000	-\$161,553,700	-\$160,551,300
48	FEDERAL DRUG REBATE PROGRAM	-\$785,752,000	-\$394,098,800	-\$391,653,200
176	COAGULATION FACTOR STATE SUPPLEMENTAL REI	-\$522,000	-\$261,000	-\$261,000
183	PHARMACY TAR AUTO-ADJUDICATION	-\$544,000	-\$272,000	-\$272,000
	PHARMACY SUBTOTAL	-\$1,218,913,290	-\$616,133,450	-\$602,779,850
<u>MANAGED CARE</u>				
54	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$228,715,000	\$114,357,500	\$114,357,500
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,601,000	\$1,300,500	\$1,300,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$3,246,500
62	MANAGED CARE EXPANSION - PLACER	\$2,636,000	\$1,318,000	\$1,318,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$248,445,000	\$124,222,500	\$124,222,500
<u>PROVIDER RATES</u>				
68	NF-B RATE CHANGES AND QA FEE	\$147,261,670	\$73,630,830	\$73,630,830
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$17,260,000	\$8,630,000	\$8,630,000
70	LTC RATE ADJUSTMENT	\$37,920,110	\$18,960,050	\$18,960,050
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$26,333,540	\$13,166,770	\$13,166,770
72	HOSPICE RATE INCREASES	\$9,637,630	\$4,818,810	\$4,818,810

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2008-09**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>PROVIDER RATES</u>				
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$971,520	\$485,760	\$485,760
74	DME REIMBURSEMENT CHANGES	\$270,520	\$135,260	\$135,260
137	FAMILY PLANNING RATE INCREASE	\$141,548,010	\$99,962,200	\$41,585,820
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$639,385,000	-\$313,099,500	-\$326,285,500
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	-\$98,469,850	-\$49,234,920	-\$49,234,920
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	-\$54,188,000	-\$27,094,000	-\$27,094,000
166	MIRENA IUC REIMBURSEMENT	\$2,941,000	\$2,028,400	\$912,600
169	REDUCTION TO FFACT PROVIDER PAYMENTS BY 10	-\$18,221,200	-\$12,745,690	-\$5,475,510
171	SUBSTANCE ABUSE SCREENINGS & BRIEF INTERVE	\$1,600,000	\$800,000	\$800,000
174	REDUCTION TO FS PEDIATRIC SUBACUTE PAYMENT	-\$3,534,800	-\$1,767,400	-\$1,767,400
175	REDUCTION TO BCCTP PROVIDER PAYMENTS BY 10	-\$3,791,640	-\$2,464,570	-\$1,327,080
178	REDUCTIONS - MANAGED CARE 10% REDUCTIONS	-\$396,991,000	-\$198,495,500	-\$198,495,500
184	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$22,499,960	-\$11,249,980	-\$11,249,980
	PROVIDER RATES SUBTOTAL	-\$851,337,460	-\$393,533,480	-\$457,803,980
<u>HOSPITAL FINANCING</u>				
75	HOSP FINANCING - DSH PMT	\$1,514,495,000	\$1,032,579,500	\$481,915,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$477,742,000	\$238,871,000	\$238,871,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$453,738,000	\$453,738,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$274,386,000	\$137,193,000	\$137,193,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$243,845,000	\$243,845,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$225,000,000	\$225,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$101,603,000	\$50,801,500	\$50,801,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUNCI	\$179,371,000	\$179,371,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$14,812,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$42,891,000	\$42,891,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$24,531,000	\$12,265,500	\$12,265,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
88	HOSP FINANCING - MIA LTC	\$0	\$18,450,000	-\$18,450,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$489,372,000	-\$489,372,000
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	-\$6,048,000	\$0	-\$6,048,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT	-\$44,500,000	-\$21,900,000	-\$22,600,000
	HOSPITAL FINANCING SUBTOTAL	\$3,546,478,000	\$3,145,189,500	\$401,288,500
<u>SUPPLEMENTAL PMNTS.</u>				
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,878,000	\$52,939,000	\$50,939,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$130,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
95	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$130,000,000	\$130,000,000	\$0

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2008-09**

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>SUPPLEMENTAL PMNTS.</u>				
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$39,700,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$566,108,000	\$433,904,000	\$132,204,000
<u>OTHER</u>				
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,754,000	\$3,754,000	\$0
111	HEALTHY FAMILIES - CDMH	\$22,076,000	\$22,076,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$9,052,500
115	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
123	INDIAN HEALTH SERVICES	\$0	\$10,500,000	-\$10,500,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$56,000,000	\$56,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$24,090,120	-\$12,045,060	-\$12,045,060
130	MEDICAL SUPPORT ENHANCEMENTS	-\$1,946,290	-\$973,150	-\$973,150
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2	-\$1,389,010	-\$694,500	-\$694,500
133	EDS COST CONTAINMENT PROJECTS	\$0	\$0	\$0
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$44,288,160	-\$22,144,080	-\$22,144,080
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$79,772,000	\$79,772,000	\$0
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$53,767,000	\$0	-\$53,767,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC.	-\$107,494,000	-\$107,494,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-C	-\$6,063,000	-\$6,063,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	\$0	\$0	\$0
172	FRESNO IGT REPAYMENT	\$9,000,000	\$0	\$9,000,000
	OTHER SUBTOTAL	-\$96,602,570	-\$92,259,290	-\$4,343,290
	GRAND TOTAL	\$2,264,521,500	\$2,844,200,460	-\$579,678,960

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2008-09

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$4,142,217,760	\$2,384,785,840	\$1,757,431,910
PHYSICIANS	\$1,386,698,170	\$836,806,280	\$549,891,890
OTHER MEDICAL	\$1,906,250,390	\$999,827,540	\$906,422,850
COUNTY OUTPATIENT	\$242,305,910	\$197,048,070	\$45,257,840
COMMUNITY OUTPATIENT	\$606,963,290	\$351,103,960	\$255,859,330
PHARMACY	\$1,604,646,020	\$806,834,380	\$797,811,640
HOSPITAL INPATIENT	\$7,781,431,510	\$4,999,583,990	\$2,781,847,520
COUNTY INPATIENT	\$2,389,422,540	\$1,976,897,650	\$412,524,890
COMMUNITY INPATIENT	\$5,392,008,980	\$3,022,686,340	\$2,369,322,630
LONG TERM CARE	\$4,394,588,790	\$2,205,876,570	\$2,188,712,230
NURSING FACILITIES	\$3,981,657,200	\$1,999,806,780	\$1,981,850,410
ICF-DD	\$412,931,600	\$206,069,790	\$206,861,810
OTHER SERVICES	\$1,180,125,570	\$612,863,540	\$567,262,030
MEDICAL TRANSPORTATION	\$136,580,430	\$65,395,010	\$71,185,410
OTHER SERVICES	\$881,590,120	\$466,845,250	\$414,744,860
HOME HEALTH	\$161,955,020	\$80,623,270	\$81,331,750
TOTAL FEE-FOR-SERVICE	\$19,103,009,650	\$11,009,944,320	\$8,093,065,330
MANAGED CARE	\$6,405,536,630	\$3,207,364,980	\$3,198,171,650
TWO PLAN MODEL	\$3,657,792,490	\$1,832,846,520	\$1,824,945,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,871,578,190	\$936,287,630	\$935,290,560
GEOGRAPHIC MANAGED CARE	\$544,510,680	\$272,772,870	\$271,737,810
PHP & OTHER MANAG. CARE	\$331,655,270	\$165,457,950	\$166,197,320
DENTAL	\$414,915,500	\$206,131,310	\$208,784,190
MENTAL HEALTH	\$1,356,857,000	\$1,356,857,000	\$0
AUDITS/ LAWSUITS	\$12,806,000	-\$55,067,500	\$67,873,500
EPSDT SCREENS	\$59,315,390	\$30,547,280	\$28,768,110
MEDICARE PAYMENTS	\$3,349,560,000	\$998,285,500	\$2,351,274,500
STATE HOSP./DEVELOPMENTAL CNTRS.	\$279,583,000	\$279,583,000	\$0
MISC. SERVICES	\$3,522,841,000	\$3,509,345,000	\$13,496,000
RECOVERIES	-\$294,599,300	-\$137,396,650	-\$157,202,650
GRAND TOTAL MEDI-CAL	\$34,209,824,880	\$20,405,594,240	\$13,804,230,640

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

<u>SERVICE CATEGORY</u>	<u>MAY 2008 EST. FOR 2007-08</u>	<u>MAY 2008 EST. FOR 2008-09</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,041,288,640	\$4,142,217,760	\$100,929,110	2.50
PHYSICIANS	\$1,272,483,220	\$1,386,698,170	\$114,214,950	8.98
OTHER MEDICAL	\$2,001,219,730	\$1,906,250,390	-\$94,969,340	-4.75
COUNTY OUTPATIENT	\$174,230,020	\$242,305,910	\$68,075,890	39.07
COMMUNITY OUTPATIENT	\$593,355,670	\$606,963,290	\$13,607,620	2.29
PHARMACY	\$1,868,500,950	\$1,604,646,020	-\$263,854,930	-14.12
HOSPITAL INPATIENT	\$7,477,871,980	\$7,781,431,510	\$303,559,540	4.06
COUNTY INPATIENT	\$2,280,062,130	\$2,389,422,540	\$109,360,410	4.80
COMMUNITY INPATIENT	\$5,197,809,840	\$5,392,008,980	\$194,199,130	3.74
LONG TERM CARE	\$4,185,940,030	\$4,394,588,790	\$208,648,760	4.98
NURSING FACILITIES	\$3,780,890,550	\$3,981,657,200	\$200,766,650	5.31
ICF-DD	\$405,049,480	\$412,931,600	\$7,882,120	1.95
OTHER SERVICES	\$1,293,789,130	\$1,180,125,570	-\$113,663,560	-8.79
MEDICAL TRANSPORTATION	\$150,234,430	\$136,580,430	-\$13,654,000	-9.09
OTHER SERVICES	\$971,623,770	\$881,590,120	-\$90,033,660	-9.27
HOME HEALTH	\$171,930,930	\$161,955,020	-\$9,975,910	-5.80
TOTAL FEE-FOR-SERVICE	\$18,867,390,730	\$19,103,009,650	\$235,618,920	1.25
MANAGED CARE	\$6,025,624,080	\$6,405,536,630	\$379,912,550	6.30
TWO PLAN MODEL	\$3,403,912,980	\$3,657,792,490	\$253,879,510	7.46
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,767,680,540	\$1,871,578,190	\$103,897,650	5.88
GEOGRAPHIC MANAGED CARE	\$558,286,650	\$544,510,680	-\$13,775,970	-2.47
PHP & OTHER MANAG. CARE	\$295,743,900	\$331,655,270	\$35,911,370	12.14
DENTAL	\$594,474,680	\$414,915,500	-\$179,559,170	-30.20
MENTAL HEALTH	\$1,320,891,000	\$1,356,857,000	\$35,966,000	2.72
AUDITS/ LAWSUITS	\$14,412,000	\$12,806,000	-\$1,606,000	-11.14
EPSDT SCREENS	\$65,038,000	\$59,315,390	-\$5,722,610	-8.80
MEDICARE PAYMENTS	\$3,236,227,000	\$3,349,560,000	\$113,333,000	3.50
STATE HOSP./DEVELOPMENTAL CNTRS.	\$306,698,000	\$279,583,000	-\$27,115,000	-8.84
MISC. SERVICES	\$3,551,955,000	\$3,522,841,000	-\$29,114,000	-0.82
RECOVERIES	-\$289,726,670	-\$294,599,300	-\$4,872,630	1.68
GRAND TOTAL MEDI-CAL	\$33,692,983,810	\$34,209,824,880	\$516,841,070	1.53
STATE FUNDS	\$13,894,847,360	\$13,804,230,640	-\$90,616,720	-0.65

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

SERVICE CATEGORY	NOV. 2007 EST. FOR 2008-09	MAY 2008 EST. FOR 2008-09	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$3,994,667,230	\$4,142,217,760	\$147,550,520	3.69
PHYSICIANS	\$1,260,168,200	\$1,386,698,170	\$126,529,970	10.04
OTHER MEDICAL	\$1,943,922,140	\$1,906,250,390	-\$37,671,750	-1.94
COUNTY OUTPATIENT	\$199,273,760	\$242,305,910	\$43,032,140	21.59
COMMUNITY OUTPATIENT	\$591,303,130	\$606,963,290	\$15,660,160	2.65
PHARMACY	\$1,680,726,620	\$1,604,646,020	-\$76,080,600	-4.53
HOSPITAL INPATIENT	\$7,653,854,600	\$7,781,431,510	\$127,576,910	1.67
COUNTY INPATIENT	\$2,415,729,050	\$2,389,422,540	-\$26,306,510	-1.09
COMMUNITY INPATIENT	\$5,238,125,550	\$5,392,008,980	\$153,883,420	2.94
LONG TERM CARE	\$4,285,050,160	\$4,394,588,790	\$109,538,640	2.56
NURSING FACILITIES	\$3,876,794,170	\$3,981,657,200	\$104,863,020	2.70
ICF-DD	\$408,255,980	\$412,931,600	\$4,675,610	1.15
OTHER SERVICES	\$1,314,669,730	\$1,180,125,570	-\$134,544,160	-10.23
MEDICAL TRANSPORTATION	\$125,636,320	\$136,580,430	\$10,944,110	8.71
OTHER SERVICES	\$1,035,758,590	\$881,590,120	-\$154,168,470	-14.88
HOME HEALTH	\$153,274,830	\$161,955,020	\$8,680,200	5.66
TOTAL FEE-FOR-SERVICE	\$18,928,968,350	\$19,103,009,650	\$174,041,310	0.92
MANAGED CARE	\$5,720,310,990	\$6,405,536,630	\$685,225,640	11.98
TWO PLAN MODEL	\$3,116,779,070	\$3,657,792,490	\$541,013,420	17.36
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,827,605,930	\$1,871,578,190	\$43,972,260	2.41
GEOGRAPHIC MANAGED CARE	\$459,425,610	\$544,510,680	\$85,085,080	18.52
PHP & OTHER MANAG. CARE	\$316,500,390	\$331,655,270	\$15,154,880	4.79
DENTAL	\$316,138,870	\$414,915,500	\$98,776,640	31.24
MENTAL HEALTH	\$1,326,837,000	\$1,356,857,000	\$30,020,000	2.26
AUDITS/ LAWSUITS	\$11,593,000	\$12,806,000	\$1,213,000	10.46
EPSDT SCREENS	\$54,596,400	\$59,315,390	\$4,718,990	8.64
MEDICARE PAYMENTS	\$3,268,024,000	\$3,349,560,000	\$81,536,000	2.49
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,612,000	\$279,583,000	\$31,971,000	12.91
MISC. SERVICES	\$3,541,026,000	\$3,522,841,000	-\$18,185,000	-0.51
RECOVERIES	-\$296,091,390	-\$294,599,300	\$1,492,090	-0.50
GRAND TOTAL MEDI-CAL	\$33,119,015,210	\$34,209,824,880	\$1,090,809,670	3.29
STATE FUNDS	\$13,551,022,930	\$13,804,230,640	\$253,207,710	1.87

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PLANNING INITIATIVE	\$440,681,000	\$132,407,600	\$445,081,000	\$130,965,400	\$4,400,000	-\$1,442,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$131,956,000	\$61,966,600	\$118,149,000	\$56,998,950	-\$13,807,000	-\$4,967,650
3	CHDP GATEWAY - PREENROLLMENT	\$18,678,000	\$6,537,300	\$19,020,000	\$6,657,000	\$342,000	\$119,700
4	BRIDGE TO HFP	\$18,908,000	\$6,617,800	\$17,838,000	\$6,243,300	-\$1,070,000	-\$374,500
5	REFUGEES	\$6,442,000	\$6,442,000	\$6,518,000	\$6,518,000	\$76,000	\$76,000
6	PE FOR HFP DISENROLLEES	\$5,166,080	\$2,583,040	\$6,260,220	\$3,130,110	\$1,094,140	\$547,070
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$5,079,000	\$2,539,500	\$0	\$0	-\$5,079,000	-\$2,539,500
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0
9	BCCTP RETROACTIVE COVERAGE	\$170,060	\$59,520	\$0	\$0	-\$170,060	-\$59,520
10	SB 437 - SELF-CERTIFICATION	\$22,848,710	\$11,424,360	\$0	\$0	-\$22,848,710	-\$11,424,360
13	STATE-FUNDED KINGAP	\$0	\$35,000	\$0	\$30,900	\$0	-\$4,110
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	\$129,893,000	\$0	\$127,846,500	\$0	-\$2,046,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$34,656,450	\$0	-\$28,266,750	\$0	\$6,389,700
145	REINSTATE QUARTERLY STATUS REPORTS FOR PARE	-\$17,247,000	-\$8,623,500	-\$7,595,000	-\$3,797,500	\$9,652,000	\$4,826,000
146	REDUCE CEC AND RESTORE QUARTERLY STATUS REI	-\$167,063,360	-\$83,531,680	-\$78,953,700	-\$39,476,850	\$88,109,660	\$44,054,830
185	1931(B) EXPANSION ROLLBACK	\$0	\$0	-\$62,273,000	-\$31,136,500	-\$62,273,000	-\$31,136,500
186	MONTH TO MONTH ELIGIBILITY FOR UNDOC IMMIGRAN	\$0	\$0	-\$84,000,000	-\$42,000,000	-\$84,000,000	-\$42,000,000
188	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	\$0	\$0	-\$40,005,000	-\$86,678,000	-\$40,005,000	-\$86,678,000
	ELIGIBILITY SUBTOTAL	\$467,118,490	\$234,444,090	\$341,539,510	\$107,784,550	-\$125,578,980	-\$126,659,530
BENEFITS							
18	ADULT DAY HEALTH CARE - CDA	\$407,265,000	\$203,632,500	\$446,056,000	\$223,028,000	\$38,791,000	\$19,395,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$0	\$60,112,000	\$0	-\$114,888,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
21	HUMAN PAPILOMAVIRUS VACCINE	\$11,474,000	\$5,737,000	\$0	\$0	-\$11,474,000	-\$5,737,000
22	PRENATAL SCREENING EXPANSION	\$9,155,000	\$4,577,500	\$0	\$0	-\$9,155,000	-\$4,577,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
23	HOME TOCOLYTIC THERAPY	\$4,299,060	\$2,149,530	\$4,135,210	\$2,067,600	-\$163,860	-\$81,930
24	CONLAN V. BONTA	\$3,896,000	\$1,948,000	\$1,700,000	\$850,000	-\$2,196,000	-\$1,098,000
25	NEWBORN HEARING SCREENS EXPANSION	\$2,572,180	\$1,286,090	\$2,528,880	\$1,264,440	-\$43,300	-\$21,650
26	GENETIC DISEASE TESTING FEE INCREASE	\$3,087,000	\$1,543,500	\$0	\$0	-\$3,087,000	-\$1,543,500
27	NF A/B LEVEL OF CARE GROWTH	\$3,120,000	\$1,560,000	\$3,615,000	\$1,807,500	\$495,000	\$247,500
29	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$4,063,000	\$1,077,500	\$2,870,000	\$767,000	-\$1,193,000	-\$310,500
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$248,000	\$124,000	\$0	\$0	-\$248,000	-\$124,000
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,056,500	\$0	\$4,323,500	\$0	\$267,000
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$3,400,000	\$0	\$900,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,651,750	\$0	-\$114,203,050	\$0	\$448,700
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-\$4,182,000	-\$2,091,000	-\$3,329,000	-\$1,664,500	\$853,000	\$426,500
35	EXPANSION OF NF/AH WAIVER (SB 643)	\$201,000	\$100,500	-\$639,000	-\$319,500	-\$840,000	-\$420,000
36	ADULT DAY HEALTH CARE REFORMS	-\$9,544,080	-\$4,772,040	-\$29,794,130	-\$14,897,060	-\$20,250,050	-\$10,125,020
136	UNSPECIFIED BUDGET REDUCTION	-\$644,900,000	-\$331,900,000	-\$627,694,000	-\$323,297,000	\$17,206,000	\$8,603,000
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	-\$900,000	-\$450,000	-\$220,380	-\$110,190	\$679,620	\$339,810
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	-\$757,120	-\$378,560	-\$391,880	-\$195,940	\$365,240	\$182,620
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$5,679,740	-\$2,839,870	-\$2,799,030	-\$1,399,520	\$2,880,710	\$1,440,360
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	-\$502,660	-\$251,330	-\$189,340	-\$94,670	\$313,310	\$156,660
150	DISCONTINUE ADULT PODIATRY SERVICES	-\$3,383,300	-\$1,691,650	-\$1,709,530	-\$854,760	\$1,673,770	\$836,880
153	DISCONTINUE ADULT INCONTINENCE CREAMS & WASI	-\$9,370,000	-\$4,685,000	-\$5,894,330	-\$2,947,160	\$3,475,670	\$1,737,840
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SEF	-\$2,070,000	-\$1,035,000	-\$1,016,560	-\$508,280	\$1,053,440	\$526,720
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICE	-\$12,319,100	-\$6,159,550	-\$7,597,820	-\$3,798,910	\$4,721,290	\$2,360,640
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	-\$3,100,000	-\$1,550,000	-\$3,457,860	-\$1,728,930	-\$357,860	-\$178,930
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$229,900,000	-\$114,950,000	-\$147,645,000	-\$73,822,500	\$82,255,000	\$41,127,500
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES PF	-\$5,052,000	-\$2,526,000	-\$5,052,000	-\$2,526,000	\$0	\$0
180	FPACT IMPLANON AND ESSURE	\$0	\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
187	REDUCTION IN IHSS RATE TO MINIMUM WAGE	\$0	\$0	-\$3,526,000	-\$1,763,000	-\$3,526,000	-\$1,763,000
189	DME CONTRACTING PROJECT SAVINGS	\$0	\$0	-\$1,000,000	-\$500,000	-\$1,000,000	-\$500,000
	BENEFITS SUBTOTAL	-\$256,763,760	-\$334,381,130	-\$266,422,770	-\$277,864,930	-\$9,659,010	\$56,516,200
PHARMACY							
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$1,327,500	\$1,059,000	\$1,039,000	\$1,059,000	-\$288,500
38	NON FFP DRUGS	\$0	\$487,000	\$0	\$609,000	\$0	\$122,000
39	ENTERAL NUTRITION PRODUCTS	-\$13,379,850	-\$6,689,930	-\$12,837,150	-\$6,418,580	\$542,700	\$271,350
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$8,378,570	-\$4,189,290	-\$8,831,430	-\$4,415,710	-\$452,850	-\$226,430
41	MEDICAL SUPPLY CONTRACTING	-\$9,978,950	-\$4,989,470	-\$8,569,390	-\$4,284,690	\$1,409,560	\$704,780
42	MEDICAL SUPPLY REBATES	-\$5,500,000	-\$2,750,000	-\$6,000,000	-\$3,000,000	-\$500,000	-\$250,000
43	DRUG REIMBURSEMENT REDUCTION	-\$4,668,500	-\$2,334,250	\$0	\$0	\$4,668,500	\$2,334,250
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,486,000	-\$9,000,000	-\$4,486,000	\$0	\$0
45	FAMILY PACT DRUG REBATES	-\$34,047,000	-\$13,767,600	-\$37,330,000	-\$15,095,100	-\$3,283,000	-\$1,327,500
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,749,600	-\$40,000,000	-\$19,749,600	\$0	\$0
47	STATE SUPPLEMENTAL DRUG REBATES	-\$355,081,000	-\$176,988,100	-\$322,105,000	-\$160,551,300	\$32,976,000	\$16,436,800
48	FEDERAL DRUG REBATE PROGRAM	-\$747,629,000	-\$372,651,300	-\$785,752,000	-\$391,653,200	-\$38,123,000	-\$19,001,900
176	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	\$0	\$0	-\$522,000	-\$261,000	-\$522,000	-\$261,000
183	PHARMACY TAR AUTO-ADJUDICATION	\$0	\$0	-\$544,000	-\$272,000	-\$544,000	-\$272,000
	PHARMACY SUBTOTAL	-\$1,227,662,870	-\$606,781,030	-\$1,230,431,960	-\$608,539,180	-\$2,769,090	-\$1,758,150
MANAGED CARE							
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$86,816,000	\$43,408,000	\$228,715,000	\$114,357,500	\$141,899,000	\$70,949,500
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,606,000	\$1,303,000	\$2,601,000	\$1,300,500	-\$5,000	-\$2,500
58	MANAGED CARE EXPANSION - MARIN	\$2,146,000	\$1,073,000	\$0	\$0	-\$2,146,000	-\$1,073,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$6,493,000	\$3,246,500	\$0	\$0
62	MANAGED CARE EXPANSION - PLACER	\$280,000	\$140,000	\$2,636,000	\$1,318,000	\$2,356,000	\$1,178,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$106,341,000	\$53,170,500	\$248,445,000	\$124,222,500	\$142,104,000	\$71,052,000
PROVIDER RATES							
68	NF-B RATE CHANGES AND QA FEE	\$186,384,350	\$93,192,180	\$231,143,730	\$115,571,860	\$44,759,370	\$22,379,690
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$8,676,000	\$4,338,000	\$17,260,000	\$8,630,000	\$8,584,000	\$4,292,000
70	LTC RATE ADJUSTMENT	\$58,581,960	\$29,290,980	\$58,581,960	\$29,290,980	\$0	\$0
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$47,182,790	\$23,591,400	\$36,625,240	\$18,312,620	-\$10,557,560	-\$5,278,780
72	HOSPICE RATE INCREASES	\$15,027,910	\$7,513,960	\$14,907,390	\$7,453,700	-\$120,520	-\$60,260
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$8,846,460	\$4,423,230	\$5,260,000	\$2,630,000	-\$3,586,460	-\$1,793,230
74	DME REIMBURSEMENT CHANGES	\$9,194,000	\$4,597,000	\$894,000	\$447,000	-\$8,300,000	-\$4,150,000
137	FAMILY PLANNING RATE INCREASE	\$126,796,000	\$33,619,700	\$145,192,340	\$42,656,490	\$18,396,340	\$9,036,790
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$1,212,000,000	-\$602,400,000	-\$639,385,000	-\$326,285,500	\$572,615,000	\$276,114,500
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	-\$113,502,740	-\$56,751,370	-\$98,469,850	-\$49,234,920	\$15,032,890	\$7,516,450
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	-\$60,065,690	-\$30,032,840	-\$54,188,000	-\$27,094,000	\$5,877,690	\$2,938,840
166	MIRENA IUC REIMBURSEMENT	\$0	\$0	\$2,941,000	\$912,600	\$2,941,000	\$912,600
169	REDUCTION TO FPACT PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$18,221,200	-\$5,475,510	-\$18,221,200	-\$5,475,510
171	SUBSTANCE ABUSE SCREENINGS & BRIEF INTERVENT	\$0	\$0	\$1,600,000	\$800,000	\$1,600,000	\$800,000
174	REDUCTION TO FS PEDIATRIC SUBACUTE PAYMENTS	\$0	\$0	-\$3,534,800	-\$1,767,400	-\$3,534,800	-\$1,767,400
175	REDUCTION TO BCCTP PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$3,791,640	-\$1,327,080	-\$3,791,640	-\$1,327,080
178	REDUCTIONS - MANAGED CARE 10% REDUCTIONS	\$0	\$0	-\$396,991,000	-\$198,495,500	-\$396,991,000	-\$198,495,500
184	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	\$0	\$0	-\$22,499,960	-\$11,249,980	-\$22,499,960	-\$11,249,980
	PROVIDER RATES SUBTOTAL	-\$924,878,940	-\$488,617,770	-\$722,675,800	-\$394,224,640	\$202,203,140	\$94,393,140
HOSPITAL FINANCING							
75	HOSP FINANCING - DSH PMT	\$1,617,708,000	\$585,128,500	\$1,514,495,000	\$481,915,500	-\$103,213,000	-\$103,213,000
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$477,742,000	\$238,871,000	\$477,742,000	\$238,871,000	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
HOSPITAL FINANCING							
77	HOSP FINANCING - SAFETY NET CARE POOL	\$407,821,000	\$0	\$453,738,000	\$0	\$45,917,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$274,386,000	\$137,193,000	\$274,386,000	\$137,193,000	\$0	\$0
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$86,788,000	\$0	\$243,845,000	\$0	\$157,057,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI	\$180,000,000	\$0	\$225,000,000	\$0	\$45,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$24,200,000	\$12,100,000	\$101,603,000	\$50,801,500	\$77,403,000	\$38,701,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$98,975,000	\$0	\$179,371,000	\$0	\$80,396,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$29,624,000	\$14,812,000	\$0	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$21,606,000	\$0	\$42,891,000	\$0	\$21,285,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$26,000,000	\$0	\$0	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$48,291,000	\$24,145,500	\$24,531,000	\$12,265,500	-\$23,760,000	-\$11,880,000
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$0	\$0
88	HOSP FINANCING - MIA LTC	\$0	-\$18,450,000	\$0	-\$18,450,000	\$0	\$0
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$488,429,500	\$0	-\$489,372,000	\$0	-\$942,500
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	-\$7,750,000	-\$7,750,000	-\$6,048,000	-\$6,048,000	\$1,702,000	\$1,702,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT BY	-\$47,300,000	-\$24,000,000	-\$44,500,000	-\$22,600,000	\$2,800,000	\$1,400,000
	HOSPITAL FINANCING SUBTOTAL	\$3,241,891,000	\$475,520,500	\$3,546,478,000	\$401,288,500	\$304,587,000	-\$74,232,000
SUPPLEMENTAL PMNTS.							
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,854,000	\$50,927,000	\$103,878,000	\$50,939,000	\$24,000	\$12,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$0	\$130,000,000	\$0	\$0	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
95	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$0	\$130,000,000	\$0	\$65,000,000	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$44,530,000	\$22,265,000	\$0	\$0
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$0	\$39,700,000	\$0	\$0	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.							
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$501,084,000	\$132,192,000	\$566,108,000	\$132,204,000	\$65,024,000	\$12,000
OTHER							
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$7,175,000	\$0	\$3,754,000	\$0	-\$3,421,000	\$0
111	HEALTHY FAMILIES - CDMH	\$28,071,000	\$0	\$22,076,000	\$0	-\$5,995,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$0	\$0	\$18,105,000	\$9,052,500	\$18,105,000	\$9,052,500
115	MINOR CONSENT SETTLEMENT	\$8,728,000	\$8,728,000	\$8,728,000	\$8,728,000	\$0	\$0
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
121	ESTATE RECOVERY REGULATIONS	\$819,000	\$409,500	\$0	\$0	-\$819,000	-\$409,500
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	-\$6,000,000	\$0	-\$10,500,000	\$0	-\$4,500,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$46,730,000	-\$23,365,000	\$0	\$0	\$46,730,000	\$23,365,000
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$52,000,000	\$0	\$56,000,000	\$0	\$4,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$29,929,390	-\$14,964,690	-\$24,090,120	-\$12,045,060	\$5,839,270	\$2,919,630
130	MEDICAL SUPPORT ENHANCEMENTS	-\$2,005,390	-\$1,002,700	-\$1,946,290	-\$973,150	\$59,100	\$29,550
131	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$1,986,000	-\$993,000	-\$1,986,000	-\$993,000	\$0	\$0
133	EDS COST CONTAINMENT PROJECTS	-\$7,360,000	-\$3,680,000	-\$6,829,000	-\$3,414,500	\$531,000	\$265,500
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$58,721,000	-\$29,360,500	-\$59,050,880	-\$29,525,440	-\$329,880	-\$164,940
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$44,000,000	\$0	\$79,772,000	\$0	\$35,772,000	\$0
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$100,200,000	-\$50,100,000	-\$53,767,000	-\$53,767,000	\$46,433,000	-\$3,667,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC. SV	-\$201,579,000	\$0	-\$107,494,000	\$0	\$94,085,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-CD/	-\$6,063,000	\$0	-\$6,063,000	\$0	\$0	\$0
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC.	-\$7,258,000	\$0	\$0	\$0	\$7,258,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	-\$95,221,000	\$0	\$0	\$0	\$95,221,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2008-09		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
172	FRESNO IGT REPAYMENT	\$0	\$0	\$9,000,000	\$9,000,000	\$9,000,000	\$9,000,000
	OTHER SUBTOTAL	-\$467,259,780	-\$55,328,390	-\$118,791,290	-\$15,437,640	\$348,468,490	\$39,890,750
	GRAND TOTAL	\$1,439,869,140	-\$589,781,240	\$2,364,248,690	-\$530,566,840	\$924,379,560	\$59,214,400

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PLANNING INITIATIVE	\$444,672,000	\$130,845,100	\$445,081,000	\$130,965,400	\$409,000	\$120,300
2	BREAST AND CERVICAL CANCER TREATMENT	\$112,752,000	\$52,094,000	\$118,149,000	\$56,998,950	\$5,397,000	\$4,904,950
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$6,657,000	\$19,020,000	\$6,657,000	\$0	\$0
4	BRIDGE TO HFP	\$13,656,000	\$4,779,600	\$17,838,000	\$6,243,300	\$4,182,000	\$1,463,700
5	REFUGEES	\$6,082,000	\$6,082,000	\$6,518,000	\$6,518,000	\$436,000	\$436,000
6	PE FOR HFP DISENROLLEES	\$2,672,420	\$1,336,210	\$6,260,220	\$3,130,110	\$3,587,790	\$1,793,900
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0
13	STATE-FUNDED KINGAP	\$0	\$0	\$0	\$30,900	\$0	\$30,900
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	\$111,488,000	\$0	\$127,846,500	\$0	\$16,358,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$26,284,350	\$0	-\$28,266,750	\$0	-\$1,982,400
145	REINSTATE QUARTERLY STATUS REPORTS FOR PARE	\$0	\$0	-\$7,595,000	-\$3,797,500	-\$7,595,000	-\$3,797,500
146	REDUCE CEC AND RESTORE QUARTERLY STATUS REI	\$0	\$0	-\$78,953,700	-\$39,476,850	-\$78,953,700	-\$39,476,850
185	1931(B) EXPANSION ROLLBACK	\$0	\$0	-\$62,273,000	-\$31,136,500	-\$62,273,000	-\$31,136,500
186	MONTH TO MONTH ELIGIBILITY FOR UNDOC IMMIGRAN	\$0	\$0	-\$84,000,000	-\$42,000,000	-\$84,000,000	-\$42,000,000
188	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	\$0	\$0	-\$40,005,000	-\$86,678,000	-\$40,005,000	-\$86,678,000
	ELIGIBILITY SUBTOTAL	\$600,354,420	\$287,747,560	\$341,539,510	\$107,784,550	-\$258,814,910	-\$179,963,010
BENEFITS							
18	ADULT DAY HEALTH CARE - CDA	\$416,309,000	\$208,154,500	\$446,056,000	\$223,028,000	\$29,747,000	\$14,873,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$60,112,000	\$0	\$60,112,000	\$0	\$0	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
23	HOME TOCOLYTIC THERAPY	\$420,420	\$210,210	\$4,135,210	\$2,067,600	\$3,714,790	\$1,857,390
24	CONLAN V. BONTA	\$1,700,000	\$850,000	\$1,700,000	\$850,000	\$0	\$0
25	NEWBORN HEARING SCREENS EXPANSION	\$789,120	\$394,560	\$2,528,880	\$1,264,440	\$1,739,760	\$869,880
27	NF A/B LEVEL OF CARE GROWTH	\$362,000	\$181,000	\$3,615,000	\$1,807,500	\$3,253,000	\$1,626,500

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
29	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$12,000	\$3,000	\$2,870,000	\$767,000	\$2,858,000	\$764,000
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,323,500	\$0	\$4,323,500	\$0	\$0
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$3,400,000	\$0	\$3,400,000	\$0	\$0
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$128,371,100	\$0	-\$114,203,050	\$0	\$14,168,050
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-\$38,000	-\$19,000	-\$3,329,000	-\$1,664,500	-\$3,291,000	-\$1,645,500
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$563,000	-\$281,500	-\$639,000	-\$319,500	-\$76,000	-\$38,000
36	ADULT DAY HEALTH CARE REFORMS	-\$2,325,310	-\$1,162,650	-\$29,794,130	-\$14,897,060	-\$27,468,820	-\$13,734,410
136	UNSPECIFIED BUDGET REDUCTION	\$0	\$0	-\$627,694,000	-\$323,297,000	-\$627,694,000	-\$323,297,000
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	\$0	\$0	-\$220,380	-\$110,190	-\$220,380	-\$110,190
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	\$0	\$0	-\$391,880	-\$195,940	-\$391,880	-\$195,940
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	\$0	\$0	-\$2,799,030	-\$1,399,520	-\$2,799,030	-\$1,399,520
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	\$0	\$0	-\$189,340	-\$94,670	-\$189,340	-\$94,670
150	DISCONTINUE ADULT PODIATRY SERVICES	\$0	\$0	-\$1,709,530	-\$854,760	-\$1,709,530	-\$854,760
153	DISCONTINUE ADULT INCONTINENCE CREAMS & WASI	\$0	\$0	-\$5,894,330	-\$2,947,160	-\$5,894,330	-\$2,947,160
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SEF	\$0	\$0	-\$1,016,560	-\$508,280	-\$1,016,560	-\$508,280
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICE	\$0	\$0	-\$7,597,820	-\$3,798,910	-\$7,597,820	-\$3,798,910
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	\$0	\$0	-\$3,457,860	-\$1,728,930	-\$3,457,860	-\$1,728,930
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	\$0	\$0	-\$147,645,000	-\$73,822,500	-\$147,645,000	-\$73,822,500
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES PF	\$0	\$0	-\$5,052,000	-\$2,526,000	-\$5,052,000	-\$2,526,000
180	FPACT IMPLANON AND ESSURE	\$0	\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
187	REDUCTION IN IHSS RATE TO MINIMUM WAGE	\$0	\$0	-\$3,526,000	-\$1,763,000	-\$3,526,000	-\$1,763,000
189	DME CONTRACTING PROJECT SAVINGS	\$0	\$0	-\$1,000,000	-\$500,000	-\$1,000,000	-\$500,000
	BENEFITS SUBTOTAL	\$527,294,230	\$112,940,520	-\$266,422,770	-\$277,864,930	-\$793,717,000	-\$390,805,450
PHARMACY							
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$2,658,000	\$2,602,500	\$1,059,000	\$1,039,000	-\$1,599,000	-\$1,563,500

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
38	NON FFP DRUGS	\$0	\$679,000	\$0	\$609,000	\$0	-\$70,000
39	ENTERAL NUTRITION PRODUCTS	-\$3,500,000	-\$1,750,000	-\$12,837,150	-\$6,418,580	-\$9,337,150	-\$4,668,580
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$3,900,000	-\$1,950,000	-\$8,831,430	-\$4,415,710	-\$4,931,430	-\$2,465,710
41	MEDICAL SUPPLY CONTRACTING	-\$4,382,550	-\$2,191,270	-\$8,569,390	-\$4,284,690	-\$4,186,840	-\$2,093,420
42	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0
44	AGED DRUG REBATE RESOLUTION	-\$12,000,000	-\$5,981,200	-\$9,000,000	-\$4,486,000	\$3,000,000	\$1,495,200
45	FAMILY PACT DRUG REBATES	-\$37,073,000	-\$14,991,200	-\$37,330,000	-\$15,095,100	-\$257,000	-\$103,900
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$21,743,600	-\$40,000,000	-\$19,749,600	\$4,000,000	\$1,994,000
47	STATE SUPPLEMENTAL DRUG REBATES	-\$287,210,000	-\$143,158,200	-\$322,105,000	-\$160,551,300	-\$34,895,000	-\$17,393,100
48	FEDERAL DRUG REBATE PROGRAM	-\$700,629,000	-\$349,224,500	-\$785,752,000	-\$391,653,200	-\$85,123,000	-\$42,428,700
176	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	\$0	\$0	-\$522,000	-\$261,000	-\$522,000	-\$261,000
183	PHARMACY TAR AUTO-ADJUDICATION	\$0	\$0	-\$544,000	-\$272,000	-\$544,000	-\$272,000
PHARMACY SUBTOTAL		-\$1,096,036,550	-\$540,708,470	-\$1,230,431,960	-\$608,539,180	-\$134,395,410	-\$67,830,710
MANAGED CARE							
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$0	\$0	\$228,715,000	\$114,357,500	\$228,715,000	\$114,357,500
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$11,270,000	\$5,635,000	\$2,601,000	\$1,300,500	-\$8,669,000	-\$4,334,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$886,000	\$443,000	\$6,493,000	\$3,246,500	\$5,607,000	\$2,803,500
62	MANAGED CARE EXPANSION - PLACER	\$0	\$0	\$2,636,000	\$1,318,000	\$2,636,000	\$1,318,000
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMEN	\$0	-\$29,869,600	\$0	\$0	\$0	\$29,869,600
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$823,000	\$0	\$0	\$0	-\$823,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
MANAGED CARE SUBTOTAL		\$20,156,000	-\$18,968,600	\$248,445,000	\$124,222,500	\$228,289,000	\$143,191,100
PROVIDER RATES							
68	NF-B RATE CHANGES AND QA FEE	\$65,435,940	\$32,717,970	\$231,143,730	\$115,571,860	\$165,707,780	\$82,853,890

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$31,312,000	\$15,656,000	\$17,260,000	\$8,630,000	-\$14,052,000	-\$7,026,000
70	LTC RATE ADJUSTMENT	\$16,879,100	\$8,439,550	\$58,581,960	\$29,290,980	\$41,702,860	\$20,851,430
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$13,675,450	\$6,837,720	\$36,625,240	\$18,312,620	\$22,949,790	\$11,474,890
72	HOSPICE RATE INCREASES	\$5,763,080	\$2,881,540	\$14,907,390	\$7,453,700	\$9,144,310	\$4,572,160
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$4,318,460	\$2,159,230	\$5,260,000	\$2,630,000	\$941,540	\$470,770
74	DME REIMBURSEMENT CHANGES	\$660,100	\$330,050	\$894,000	\$447,000	\$233,900	\$116,950
137	FAMILY PLANNING RATE INCREASE	\$27,286,590	\$5,682,170	\$145,192,340	\$42,656,490	\$117,905,750	\$36,974,320
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$639,385,000	-\$326,285,500	-\$639,385,000	-\$326,285,500
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$98,469,850	-\$49,234,920	-\$98,469,850	-\$49,234,920
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	\$0	\$0	-\$54,188,000	-\$27,094,000	-\$54,188,000	-\$27,094,000
166	MIRENA IUC REIMBURSEMENT	\$0	\$0	\$2,941,000	\$912,600	\$2,941,000	\$912,600
169	REDUCTION TO FPACT PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$18,221,200	-\$5,475,510	-\$18,221,200	-\$5,475,510
171	SUBSTANCE ABUSE SCREENINGS & BRIEF INTERVENT	\$0	\$0	\$1,600,000	\$800,000	\$1,600,000	\$800,000
174	REDUCTION TO FS PEDIATRIC SUBACUTE PAYMENTS	\$0	\$0	-\$3,534,800	-\$1,767,400	-\$3,534,800	-\$1,767,400
175	REDUCTION TO BCCTP PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$3,791,640	-\$1,327,080	-\$3,791,640	-\$1,327,080
178	REDUCTIONS - MANAGED CARE 10% REDUCTIONS	\$0	\$0	-\$396,991,000	-\$198,495,500	-\$396,991,000	-\$198,495,500
184	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	\$0	\$0	-\$22,499,960	-\$11,249,980	-\$22,499,960	-\$11,249,980
	PROVIDER RATES SUBTOTAL	\$165,330,720	\$74,704,240	-\$722,675,800	-\$394,224,640	-\$888,006,520	-\$468,928,870
HOSPITAL FINANCING							
75	HOSP FINANCING - DSH PMT	\$1,524,722,000	\$491,786,000	\$1,514,495,000	\$481,915,500	-\$10,227,000	-\$9,870,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$472,128,000	\$236,064,000	\$477,742,000	\$238,871,000	\$5,614,000	\$2,807,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$415,263,000	\$0	\$453,738,000	\$0	\$38,475,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$298,984,000	\$149,492,000	\$274,386,000	\$137,193,000	-\$24,598,000	-\$12,299,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$75,000,000	\$0	\$243,845,000	\$0	\$168,845,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI	\$135,000,000	\$0	\$225,000,000	\$0	\$90,000,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
HOSPITAL FINANCING							
81	HOSP FINANCING - STABILIZATION FUNDING	\$15,500,000	\$11,750,000	\$101,603,000	\$50,801,500	\$86,103,000	\$39,051,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$0	\$0	\$179,371,000	\$0	\$179,371,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$64,998,000	\$32,499,000	\$29,624,000	\$14,812,000	-\$35,374,000	-\$17,687,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$42,891,000	\$0	\$42,891,000	\$0	\$0	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$26,000,000	\$0	\$0	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$6,262,000	\$3,131,000	\$24,531,000	\$12,265,500	\$18,269,000	\$9,134,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$7,950,000	\$3,975,000	\$3,800,000	\$1,900,000	-\$4,150,000	-\$2,075,000
88	HOSP FINANCING - MIA LTC	\$0	-\$14,743,000	\$0	-\$18,450,000	\$0	-\$3,707,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$451,124,000	\$0	-\$489,372,000	\$0	-\$38,248,000
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	-\$30,528,000	\$0	\$0	\$30,528,000	\$30,528,000
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	\$0	-\$6,048,000	-\$6,048,000	-\$6,048,000	-\$6,048,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT BY	\$0	\$0	-\$44,500,000	-\$22,600,000	-\$44,500,000	-\$22,600,000
HOSPITAL FINANCING SUBTOTAL		\$3,054,170,000	\$432,302,000	\$3,546,478,000	\$401,288,500	\$492,308,000	-\$31,013,500
SUPPLEMENTAL PMNTS.							
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$137,370,000	\$68,685,000	\$103,878,000	\$50,939,000	-\$33,492,000	-\$17,746,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$130,000,000	\$0	\$5,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
95	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$0	\$0	\$130,000,000	\$0	\$130,000,000	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$44,530,000	\$22,265,000	\$0	\$0
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,800,000	\$0	\$39,700,000	\$0	\$1,900,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$10,000,000	\$5,000,000	-\$2,500,000	-\$1,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
SUPPLEMENTAL PMNTS. SUBTOTAL		\$465,200,000	\$151,200,000	\$566,108,000	\$132,204,000	\$100,908,000	-\$18,996,000
OTHER							

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$0	\$0	\$3,754,000	\$0	\$3,754,000	\$0
111	HEALTHY FAMILIES - CDMH	\$20,008,000	\$0	\$22,076,000	\$0	\$2,068,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$7,242,000	\$3,621,000	\$18,105,000	\$9,052,500	\$10,863,000	\$5,431,500
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$9,098,000	\$8,728,000	\$8,728,000	-\$370,000	-\$370,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	-\$8,500,000	\$0	-\$10,500,000	\$0	-\$2,000,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$32,515,000	\$0	\$12,000,000	\$0	-\$20,515,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$67,900,000	\$0	\$56,000,000	\$0	-\$11,900,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	\$0	\$0	-\$24,090,120	-\$12,045,060	-\$24,090,120	-\$12,045,060
130	MEDICAL SUPPORT ENHANCEMENTS	-\$253,480	-\$126,740	-\$1,946,290	-\$973,150	-\$1,692,810	-\$846,400
131	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$1,006,420	-\$503,210	-\$1,986,000	-\$993,000	-\$979,590	-\$489,790
132	DENTAL RETROACTIVE RATE CHANGES	-\$2,286,000	-\$1,143,000	\$0	\$0	\$2,286,000	\$1,143,000
133	EDS COST CONTAINMENT PROJECTS	-\$6,610,470	-\$3,305,240	-\$6,829,000	-\$3,414,500	-\$218,530	-\$109,260
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$24,013,990	-\$12,007,000	-\$59,050,880	-\$29,525,440	-\$35,036,880	-\$17,518,440
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$0	\$0	\$79,772,000	\$0	\$79,772,000	\$0
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$330,000,000	-\$165,000,000	\$0	\$0	\$330,000,000	\$165,000,000
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	\$0	\$0	-\$53,767,000	-\$53,767,000	-\$53,767,000	-\$53,767,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC. SV	\$0	\$0	-\$107,494,000	\$0	-\$107,494,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-CD/	\$0	\$0	-\$6,063,000	\$0	-\$6,063,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	\$0	\$0	\$0	\$0	\$0	\$0
172	FRESNO IGT REPAYMENT	\$0	\$0	\$9,000,000	\$9,000,000	\$9,000,000	\$9,000,000
	OTHER SUBTOTAL	-\$326,822,360	-\$76,451,180	-\$118,791,290	-\$15,437,640	\$208,031,080	\$61,013,540

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	MAY 2008 EST. FOR 2007-08		MAY 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	GRAND TOTAL	\$3,409,646,470	\$422,766,060	\$2,364,248,690	-\$530,566,840	-\$1,045,397,770	-\$953,332,900

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

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>PA-OAS</u>	<u>PA-AB</u>	<u>PA-ATD</u>	<u>PA-AFDC</u>	<u>LT-OAS</u>	<u>LT-AB</u>
PHYSICIANS	\$34,852,170	\$8,473,810	\$341,794,450	\$70,146,180	\$5,644,020	\$82,060
OTHER MEDICAL	\$70,773,530	\$15,405,260	\$438,961,370	\$168,635,660	\$7,180,060	\$227,170
COUNTY OUTPATIENT	\$1,921,320	\$1,072,320	\$50,607,480	\$8,670,840	\$216,920	\$30
COMMUNITY OUTPATIENT	\$21,843,300	\$3,697,490	\$213,939,170	\$42,890,620	\$1,174,110	\$11,730
PHARMACY	\$45,479,380	\$21,329,890	\$1,079,260,520	\$82,012,960	\$8,482,950	\$170,400
COUNTY INPATIENT	\$6,538,520	\$2,150,550	\$153,428,930	\$25,615,320	\$1,134,260	\$5,540
COMMUNITY INPATIENT	\$185,085,830	\$30,217,280	\$1,108,177,730	\$235,707,080	\$26,369,790	\$166,130
NURSING FACILITIES	\$436,644,290	\$25,995,500	\$673,847,090	\$2,287,270	\$1,976,881,070	\$7,797,170
ICF-DD	\$479,920	\$9,932,810	\$185,906,600	\$399,160	\$25,012,330	\$3,902,540
MEDICAL TRANSPORTATION	\$16,216,940	\$4,580,940	\$61,856,740	\$5,267,870	\$4,521,630	\$112,270
OTHER SERVICES	\$110,583,460	\$11,177,140	\$443,658,340	\$15,931,780	\$57,553,600	\$134,330
HOME HEALTH	\$164,920	\$10,300,120	\$86,501,670	\$4,060,560	\$3,020	\$0
FFS SUBTOTAL	\$930,583,580	\$144,333,100	\$4,837,940,090	\$661,625,280	\$2,114,173,760	\$12,609,380
DENTAL	\$25,528,950	\$1,468,460	\$58,919,910	\$76,439,170	\$4,220,100	\$20,110
TWO PLAN MODEL	\$28,921,180	\$7,888,060	\$613,573,710	\$943,213,360	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$140,573,590	\$13,937,970	\$539,951,000	\$162,931,670	\$295,161,970	\$767,030
GEOGRAPHIC MANAGED CARE	\$6,187,210	\$1,613,470	\$124,028,360	\$166,708,350	\$0	\$0
PHP & OTHER MANAG. CARE	\$133,303,740	\$3,743,370	\$75,364,540	\$9,769,440	\$5,262,720	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$14,809,100	\$0	\$0
MEDICARE PAYMENTS	\$1,059,210,620	\$57,361,190	\$1,597,003,380	\$0	\$146,636,340	\$1,926,520
STATE HOSP./DEVELOPMENTAL CNTRS.	\$756,690	\$2,080,900	\$73,937,440	\$1,466,970	\$8,635,520	\$378,350
MISC. SERVICES	\$490,036,820	\$28,602,800	\$2,119,882,140	\$1,294,100	\$0	\$0
NON-FFS SUBTOTAL	\$1,884,518,810	\$116,696,210	\$5,202,660,470	\$1,376,632,170	\$459,916,660	\$3,092,010
TOTAL DOLLARS (1)	\$2,815,102,390	\$261,029,320	\$10,040,600,570	\$2,038,257,450	\$2,574,090,410	\$15,701,390
ELIGIBLES ***	401,300	23,100	930,800	1,207,600	47,800	200
ANNUAL \$/ELIGIBLE	\$7,015	\$11,300	\$10,787	\$1,688	\$53,851	\$78,507
AVG. MO. \$/ELIGIBLE	\$585	\$942	\$899	\$141	\$4,488	\$6,542

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

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

Excluded policy changes: 36. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>LT-ATD</u>	<u>MN-OAS</u>	<u>MN-AB</u>	<u>MN-ATD</u>	<u>MN-AFDC</u>	<u>MI-C</u>
PHYSICIANS	\$6,323,810	\$58,570,080	\$599,100	\$69,555,780	\$305,949,760	\$36,931,300
OTHER MEDICAL	\$6,562,050	\$81,996,030	\$2,162,740	\$123,617,780	\$459,195,170	\$74,271,020
COUNTY OUTPATIENT	\$589,580	\$8,604,670	\$110,290	\$21,512,220	\$38,701,980	\$4,456,460
COMMUNITY OUTPATIENT	\$978,990	\$22,527,840	\$133,450	\$35,030,540	\$123,723,850	\$14,808,410
PHARMACY	\$13,497,670	\$77,863,030	\$744,500	\$96,988,810	\$148,650,980	\$42,943,130
COUNTY INPATIENT	\$17,167,110	\$25,567,230	\$797,310	\$178,438,270	\$200,224,550	\$17,109,100
COMMUNITY INPATIENT	\$42,905,220	\$135,826,440	\$1,942,970	\$335,170,980	\$1,112,984,980	\$117,694,890
NURSING FACILITIES	\$478,510,520	\$250,499,820	\$1,476,450	\$71,245,260	\$19,950,340	\$8,059,490
ICF-DD	\$185,480,780	\$114,270	\$0	\$5,610,920	\$774,450	\$2,422,200
MEDICAL TRANSPORTATION	\$2,410,520	\$12,814,560	\$457,000	\$15,149,840	\$12,839,120	\$1,870,160
OTHER SERVICES	\$13,200,240	\$110,969,460	\$773,400	\$76,699,310	\$51,800,850	\$9,145,200
HOME HEALTH	\$29,650	\$647,910	\$56,750	\$48,578,200	\$8,662,180	\$8,359,670
FFS SUBTOTAL	\$767,656,140	\$786,001,340	\$9,253,950	\$1,077,597,910	\$2,483,458,210	\$338,071,040
DENTAL	\$1,352,710	\$14,813,180	\$41,020	\$7,914,860	\$185,300,050	\$19,639,320
TWO PLAN MODEL	\$0	\$30,178,640	\$204,210	\$34,604,790	\$1,779,173,360	\$36,476,030
COUNTY ORGANIZED HEALTH SYSTEMS	\$119,796,830	\$80,111,460	\$239,980	\$84,495,450	\$337,329,420	\$20,086,610
GEOGRAPHIC MANAGED CARE	\$0	\$4,081,390	\$0	\$6,881,520	\$197,682,990	\$4,827,110
PHP & OTHER MANAG. CARE	\$347,200	\$74,434,100	\$30,690	\$4,043,170	\$19,576,920	\$1,730,560
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$35,499,190	\$2,606,290
MEDICARE PAYMENTS	\$34,538,240	\$265,403,030	\$1,914,460	\$170,394,910	\$15,171,310	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$187,447,700	\$379,460	\$189,170	\$922,170	\$964,280	\$1,047,100
MISC. SERVICES	\$0	\$287,983,730	\$733,410	\$288,682,210	\$3,152,150	\$230,650
NON-FFS SUBTOTAL	\$343,482,690	\$757,384,980	\$3,352,940	\$597,939,070	\$2,573,849,660	\$86,643,680
TOTAL DOLLARS (1)	\$1,111,138,830	\$1,543,386,320	\$12,606,890	\$1,675,536,990	\$5,057,307,870	\$424,714,720
ELIGIBLES ***	15,300	238,000	600	127,700	2,862,900	218,200
ANNUAL \$/ELIGIBLE	\$72,623	\$6,485	\$21,011	\$13,121	\$1,766	\$1,946
AVG. MO. \$/ELIGIBLE	\$6,052	\$540	\$1,751	\$1,093	\$147	\$162

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

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

Excluded policy changes: 36. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>MI-A</u>	<u>REFUGEE</u>	<u>OBRA</u>	<u>POV 185</u>	<u>POV 133</u>	<u>POV 100</u>
PHYSICIANS	\$3,311,280	\$583,800	-\$4,684,060	\$182,222,540	\$4,053,160	\$4,956,780
OTHER MEDICAL	\$2,107,520	\$920,460	\$31,939,940	\$180,293,460	\$15,506,960	\$10,196,720
COUNTY OUTPATIENT	\$446,960	\$143,300	\$3,540,900	\$10,471,810	\$728,220	\$784,130
COMMUNITY OUTPATIENT	\$1,006,010	\$99,590	-\$1,535,130	\$29,039,160	\$2,781,320	\$3,274,210
PHARMACY	\$2,697,310	\$625,830	-\$1,442,830	\$14,334,860	\$2,570,600	\$4,391,030
COUNTY INPATIENT	\$1,678,200	\$22,980	\$53,835,000	\$62,069,490	\$840,920	\$1,542,360
COMMUNITY INPATIENT	\$8,324,260	\$555,420	\$126,321,100	\$449,659,420	\$10,465,400	\$14,592,500
NURSING FACILITIES	\$37,502,670	\$0	\$18,486,970	\$0	\$0	\$0
ICF-DD	\$1,556,510	\$0	\$447,650	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$261,040	\$13,100	\$1,777,920	\$1,871,330	\$235,130	\$243,520
OTHER SERVICES	\$680,010	\$72,130	\$2,507,100	\$12,344,690	\$1,845,650	\$2,264,380
HOME HEALTH	\$19,160	\$590	\$12,790	\$969,990	\$484,780	\$774,120
FFS SUBTOTAL	\$59,590,920	\$3,037,200	\$231,207,350	\$943,276,770	\$39,512,140	\$43,019,770
DENTAL	\$192,560	\$1,283,120	\$85,580	\$267,710	\$7,554,160	\$8,266,980
TWO PLAN MODEL	\$2,007,440	\$1,767,880	\$0	\$40,474,560	\$72,458,520	\$58,185,430
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,663,360	\$226,030	\$2,491,010	\$21,192,680	\$27,049,600	\$17,520,140
GEOGRAPHIC MANAGED CARE	\$229,830	\$171,900	\$0	\$7,053,840	\$13,522,430	\$10,244,980
PHP & OTHER MANAG. CARE	\$21,140	\$0	\$0	\$1,495,350	\$867,790	\$784,620
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,382,250	\$1,286,750
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$513,470	\$0	\$228,650	\$378,350	\$0	\$256,780
MISC. SERVICES	\$2,620	\$0	\$0	\$192,020	\$25,020	\$23,320
NON-FFS SUBTOTAL	\$6,630,420	\$3,448,940	\$2,805,240	\$71,054,510	\$122,859,780	\$96,569,000
TOTAL DOLLARS (1)	\$66,221,350	\$6,486,130	\$234,012,580	\$1,014,331,280	\$162,371,920	\$139,588,770
ELIGIBLES ***	3,000	2,700	69,100	213,000	118,200	107,200
ANNUAL \$/ELIGIBLE	\$22,074	\$2,402	\$3,387	\$4,762	\$1,374	\$1,302
AVG. MO. \$/ELIGIBLE	\$1,839	\$200	\$282	\$397	\$114	\$109

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

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

Excluded policy changes: 36. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>TOTAL</u>
PHYSICIANS	\$1,129,366,000
OTHER MEDICAL	\$1,689,952,890
COUNTY OUTPATIENT	\$152,579,430
COMMUNITY OUTPATIENT	\$515,424,690
PHARMACY	\$1,640,601,010
COUNTY INPATIENT	\$748,165,650
COMMUNITY INPATIENT	\$3,942,167,430
NURSING FACILITIES	\$4,009,183,900
ICF-DD	\$422,040,160
MEDICAL TRANSPORTATION	\$142,499,620
OTHER SERVICES	\$921,341,060
HOME HEALTH	\$169,626,090
FFS SUBTOTAL	\$15,482,947,950
DENTAL	\$413,307,950
TWO PLAN MODEL	\$3,649,127,170
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,867,525,810
GEOGRAPHIC MANAGED CARE	\$543,233,380
PHP & OTHER MANAG. CARE	\$330,775,330
EPSDT SCREENS	\$55,583,590
MEDICARE PAYMENTS	\$3,349,560,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$279,583,000
MISC. SERVICES	\$3,220,841,000
NON-FFS SUBTOTAL	\$13,709,537,230
TOTAL DOLLARS (1)	\$29,192,485,180
ELIGIBLES ***	6,586,700
ANNUAL \$/ELIGIBLE	\$4,432
AVG. MO. \$/ELIGIBLE	\$369

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

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

Excluded policy changes: 36. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

EXCLUDED POLICY CHANGES: 36

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
13	STATE-FUNDED KINGAP
31	CDSS SHARE OF COST PAYMENT FOR IHSS
45	FAMILY PACT DRUG REBATES
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS
75	HOSP FINANCING - DSH PMT
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
77	HOSP FINANCING - SAFETY NET CARE POOL
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
81	HOSP FINANCING - STABILIZATION FUNDING
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND
85	HOSP FINANCING - CCS AND GHPP
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
90	BASE ADJUSTMENT - DPH INTERIM RATE
91	HOSP FINANCING - DPH RATE RECONCILIATION
92	CAPITAL PROJECT DEBT REIMBURSEMENT
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
94	IGT FOR NON-SB 1100 HOSPITALS
96	FFP FOR LOCAL TRAUMA CENTERS
97	CERTIFICATION PAYMENTS FOR DP-NFS
98	DSH OUTPATIENT PAYMENT METHOD CHANGE
99	SRH OUTPATIENT PAYMENT METHOD CHANGE
108	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
111	HEALTHY FAMILIES - CDMH
115	MINOR CONSENT SETTLEMENT
132	DENTAL RETROACTIVE RATE CHANGES

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

EXCLUDED POLICY CHANGES: 36

- 136 UNSPECIFIED BUDGET REDUCTION
- 140 DELAY CHECKWRITE JUNE 2008 TO JULY 2008
- 159 REDUCTION TO PRIVATE AND NDPH DSH PAYMENT BY 10%
- 172 FRESNO IGT REPAYMENT

**ESTIMATED COST OF 1% RATE INCREASE
FISCAL YEAR 2008-09**

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2008 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,129,366,000	0.9660	\$10,909,680	\$5,356,970	0.9167	0.7813	\$7,813,120	\$3,836,470
OTHER MEDICAL	\$1,689,952,890	0.9760	\$16,493,940	\$8,333,450	0.9167	0.8115	\$12,269,810	\$6,199,230
COUNTY OUTPATIENT	\$152,579,430	0.9600	\$1,464,760	\$392,870	0.9167	0.7671	\$1,030,030	\$276,270
COMMUNITY OUTPATIENT	\$515,424,690	0.9100	\$4,690,360	\$2,153,800	0.9167	0.7812	\$3,358,710	\$1,542,310
PHARMACY	\$1,640,601,010	0.0793	\$1,301,650	\$666,010	0.9167	0.9277	\$1,106,880	\$566,360
COUNTY INPATIENT	\$748,165,650	1.0000	N/A	N/A	0.9167	0.5754	N/A	N/A
COMMUNITY INPATIENT	\$3,942,167,430	1.0000	N/A	N/A	0.9167	0.7348	N/A	N/A
NURSING FACILITIES	\$4,009,183,900	1.1578	\$46,417,930	\$23,346,560	0.9167	0.8506	\$36,192,810	\$18,203,690
ICF-DD	\$422,040,160	1.1578	\$4,886,340	\$2,449,340	0.9167	0.9081	\$4,067,450	\$2,038,870
MEDICAL TRANSPORTATION	\$142,499,620	0.9660	\$1,376,550	\$716,470	0.9167	0.8184	\$1,032,740	\$537,530
OTHER SERVICES	\$921,341,060	0.9540	\$8,789,590	\$4,147,810	0.9167	0.8052	\$6,487,740	\$3,061,570
HOME HEALTH	\$169,626,090	0.9800	\$1,662,340	\$834,290	0.9167	0.7890	\$1,202,210	\$603,370
DENTAL	\$413,307,950	0.9990	\$4,128,950	\$2,078,050	0.9167	1.0000	\$3,784,870	\$1,904,880
MENTAL HEALTH	\$1,334,781,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$3,649,127,170	1.0000	\$36,491,270	\$18,217,070	0.9167	1.0000	\$33,450,330	\$16,698,980
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,867,525,810	1.0000	\$18,675,260	\$9,333,430	0.9167	1.0000	\$17,118,990	\$8,555,640
GEOGRAPHIC MANAGED CARE	\$543,233,380	1.0000	\$5,432,330	\$2,712,540	0.9167	1.0000	\$4,979,640	\$2,486,490
PHP & OTHER MANAG. CARE	\$330,775,330	1.0000	\$3,307,750	\$1,656,290	0.9167	1.0000	\$3,032,110	\$1,518,260
AUDITS/ LAWSUITS	\$4,078,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$55,583,590	1.0000	\$555,840	\$274,620	0.9167	1.0000	\$509,520	\$251,730
MEDICARE PAYMENTS (4)	\$3,349,560,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$279,583,000	0.9782	\$2,734,850	\$0	0.9167	1.0000	\$2,506,950	\$0
MISC. SERVICES	\$3,220,841,000	1.0000	\$32,208,410	\$134,960	0.9167	1.0000	\$29,524,380	\$123,710
RECOVERIES	-\$294,599,300	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TOTAL	\$30,236,744,890		\$201,527,800	\$82,804,530 (3)			\$169,468,290	\$68,405,360

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.
 Adjustment factor for Dental services due primarily to prior year reconciliations.
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.