

CURRENT YEAR

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

Fiscal Forecasting and Data Management Branch
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MEDI-CAL MAY 2008 LOCAL ASSISTANCE ESTIMATE for FISCAL YEARS 2007-08 and 2008-09

ARNOLD SCHWARZENEGGER
Governor
State of California

S. Kimberly Belshé
Secretary
California Health and Human Services Agency

Sandra Shewry
Director
Department of Health Care Services

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2007-08

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$15,974,122,320	\$7,987,061,160	\$7,987,061,160
B. C/Y NON-FFS BASE	\$14,610,759,990	\$9,133,852,500	\$5,476,907,500
C. BASE ADJUSTMENTS	-\$228,207,000	-\$272,030,900	\$43,823,900
D. ADJUSTED BASE	<u>\$30,356,675,310</u>	<u>\$16,848,882,750</u>	<u>\$13,507,792,560</u>
II. POLICY CHANGES			
A. ELIGIBILITY	\$598,429,480	\$311,644,390	\$286,785,090
B. BENEFITS	\$526,998,030	\$414,205,610	\$112,792,420
C. PHARMACY	-\$1,084,581,380	-\$549,600,490	-\$534,980,890
D. MANAGED CARE	\$20,156,000	\$39,124,600	-\$18,968,600
E. PROVIDER RATES	\$62,615,370	\$38,311,090	\$24,304,290
F. HOSPITAL FINANCING	\$3,054,170,000	\$2,621,868,000	\$432,302,000
G. SUPPLEMENTAL PMNTS.	\$465,200,000	\$314,000,000	\$151,200,000
H. OTHER	-\$306,679,000	-\$240,299,500	-\$66,379,500
I. TOTAL CHANGES	<u>\$3,336,308,500</u>	<u>\$2,949,253,700</u>	<u>\$387,054,800</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$33,692,983,810</u></u>	<u><u>\$19,798,136,450</u></u>	<u><u>\$13,894,847,360</u></u>

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2007-08**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
1	FAMILY PLANNING INITIATIVE	\$444,672,000	\$313,826,900	\$130,845,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$112,752,000	\$60,658,000	\$52,094,000
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$12,363,000	\$6,657,000
4	BRIDGE TO HFP	\$13,656,000	\$8,876,400	\$4,779,600
5	REFUGEES	\$6,082,000	\$0	\$6,082,000
6	PE FOR HFP DISENROLLEES	\$747,480	\$373,740	\$373,740
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$111,488,000	\$111,488,000
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$26,284,350	-\$26,284,350
	ELIGIBILITY SUBTOTAL	\$598,429,480	\$311,644,390	\$286,785,090
<u>BENEFITS</u>				
18	ADULT DAY HEALTH CARE - CDA	\$416,309,000	\$208,154,500	\$208,154,500
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	\$420,420	\$210,210	\$210,210
24	CONLAN V. BONTA	\$1,700,000	\$850,000	\$850,000
25	NEWBORN HEARING SCREENS EXPANSION	\$622,850	\$311,430	\$311,430
27	NF A/B LEVEL OF CARE GROWTH	\$124,530	\$62,270	\$62,260
29	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$12,000	\$9,000	\$3,000
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	\$128,371,100	-\$128,371,100
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$38,000	-\$19,000	-\$19,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$455,470	-\$227,730	-\$227,730
36	ADULT DAY HEALTH CARE REFORMS	-\$2,325,310	-\$1,162,650	-\$1,162,650
	BENEFITS SUBTOTAL	\$526,998,030	\$414,205,620	\$112,792,410
<u>PHARMACY</u>				
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$2,658,000	\$55,500	\$2,602,500
38	NON FFP DRUGS	\$0	-\$679,000	\$679,000
39	ENTERAL NUTRITION PRODUCTS	\$0	\$0	\$0
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	\$0	\$0	\$0
41	MEDICAL SUPPLY CONTRACTING	-\$327,380	-\$163,690	-\$163,690
42	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	AGED DRUG REBATE RESOLUTION	-\$12,000,000	-\$6,018,800	-\$5,981,200
45	FAMILY PACT DRUG REBATES	-\$37,073,000	-\$22,081,800	-\$14,991,200
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$22,256,400	-\$21,743,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$287,210,000	-\$144,051,800	-\$143,158,200
48	FEDERAL DRUG REBATE PROGRAM	-\$700,629,000	-\$351,404,500	-\$349,224,500

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2007-08**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	PHARMACY			
	PHARMACY SUBTOTAL	-\$1,084,581,380	-\$549,600,490	-\$534,980,890
	MANAGED CARE			
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$0	\$0	\$0
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$11,270,000	\$5,635,000	\$5,635,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$886,000	\$443,000	\$443,000
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMENT	\$0	\$29,869,600	-\$29,869,600
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	-\$823,000	\$823,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$20,156,000	\$39,124,600	-\$18,968,600
	PROVIDER RATES			
68	NF-B RATE CHANGES AND QA FEE	\$0	\$0	\$0
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$31,312,000	\$15,656,000	\$15,656,000
70	LTC RATE ADJUSTMENT	\$0	\$0	\$0
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,172,050	\$2,586,030	\$2,586,030
72	HOSPICE RATE INCREASES	\$1,352,600	\$676,300	\$676,300
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$639,130	\$319,570	\$319,570
74	DME REIMBURSEMENT CHANGES	\$135,590	\$67,790	\$67,790
137	FAMILY PLANNING RATE INCREASE	\$24,004,010	\$19,005,400	\$4,998,610
	PROVIDER RATES SUBTOTAL	\$62,615,380	\$38,311,090	\$24,304,290
	HOSPITAL FINANCING			
75	HOSP FINANCING - DSH PMT	\$1,524,722,000	\$1,032,936,000	\$491,786,000
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$472,128,000	\$236,064,000	\$236,064,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$415,263,000	\$415,263,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$298,984,000	\$149,492,000	\$149,492,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$75,000,000	\$75,000,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$135,000,000	\$135,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$15,500,000	\$3,750,000	\$11,750,000
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$64,998,000	\$32,499,000	\$32,499,000
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	\$6,262,000	\$3,131,000	\$3,131,000
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$7,950,000	\$3,975,000	\$3,975,000
88	HOSP FINANCING - MIA LTC	\$0	\$14,743,000	-\$14,743,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$451,124,000	-\$451,124,000
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	\$0	-\$30,528,000
	HOSPITAL FINANCING SUBTOTAL	\$3,054,170,000	\$2,621,868,000	\$432,302,000
	SUPPLEMENTAL PMNTS.			

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.				
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$137,370,000	\$68,685,000	\$68,685,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,800,000	\$37,800,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$6,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$465,200,000	\$314,000,000	\$151,200,000
OTHER				
111	HEALTHY FAMILIES - CDMH	\$20,008,000	\$20,008,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$7,242,000	\$3,621,000	\$3,621,000
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$0	\$9,098,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
123	INDIAN HEALTH SERVICES	\$0	\$8,500,000	-\$8,500,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$32,515,000	\$32,515,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$67,900,000	\$67,900,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
130	MEDICAL SUPPORT ENHANCEMENTS	-\$253,480	-\$126,740	-\$126,740
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$516,190	-\$258,100	-\$258,100
132	DENTAL RETROACTIVE RATE CHANGES	-\$2,286,000	-\$1,143,000	-\$1,143,000
133	EDS COST CONTAINMENT PROJECTS	-\$117,010	-\$58,500	-\$58,500
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$10,854,320	-\$5,427,160	-\$5,427,160
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$330,000,000	-\$165,000,000	-\$165,000,000
	OTHER SUBTOTAL	-\$306,679,000	-\$240,299,500	-\$66,379,500
	GRAND TOTAL	\$3,336,308,500	\$2,949,253,700	\$387,054,800

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2007-08

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$4,041,288,640	\$2,158,997,730	\$1,882,290,920
PHYSICIANS	\$1,272,483,220	\$675,124,800	\$597,358,420
OTHER MEDICAL	\$2,001,219,730	\$1,040,501,110	\$960,718,630
COUNTY OUTPATIENT	\$174,230,020	\$124,472,000	\$49,758,020
COMMUNITY OUTPATIENT	\$593,355,670	\$318,899,820	\$274,455,850
PHARMACY	\$1,868,500,950	\$912,814,190	\$955,686,750
HOSPITAL INPATIENT	\$7,477,871,980	\$4,702,514,450	\$2,775,357,530
COUNTY INPATIENT	\$2,280,062,130	\$1,870,238,550	\$409,823,580
COMMUNITY INPATIENT	\$5,197,809,840	\$2,832,275,890	\$2,365,533,950
LONG TERM CARE	\$4,185,940,030	\$2,090,928,570	\$2,095,011,460
NURSING FACILITIES	\$3,780,890,550	\$1,889,135,780	\$1,891,754,760
ICF-DD	\$405,049,480	\$201,792,780	\$203,256,700
OTHER SERVICES	\$1,293,789,130	\$660,899,780	\$632,889,350
MEDICAL TRANSPORTATION	\$150,234,430	\$70,499,700	\$79,734,730
OTHER SERVICES	\$971,623,770	\$505,445,000	\$466,178,770
HOME HEALTH	\$171,930,930	\$84,955,080	\$86,975,850
TOTAL FEE-FOR-SERVICE	\$18,867,390,730	\$10,526,154,710	\$8,341,236,020
MANAGED CARE	\$6,025,624,080	\$3,031,589,390	\$2,994,034,690
TWO PLAN MODEL	\$3,403,912,980	\$1,696,915,780	\$1,706,997,200
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,767,680,540	\$900,035,110	\$867,645,430
GEOGRAPHIC MANAGED CARE	\$558,286,650	\$287,016,600	\$271,270,050
PHP & OTHER MANAG. CARE	\$295,743,900	\$147,621,900	\$148,122,000
DENTAL	\$594,474,680	\$292,972,300	\$301,502,380
MENTAL HEALTH	\$1,320,891,000	\$1,320,891,000	\$0
AUDITS/ LAWSUITS	\$14,412,000	-\$65,743,000	\$80,155,000
EPSDT SCREENS	\$65,038,000	\$33,345,390	\$31,692,610
MEDICARE PAYMENTS	\$3,236,227,000	\$946,913,000	\$2,289,314,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$306,698,000	\$306,698,000	\$0
MISC. SERVICES	\$3,551,955,000	\$3,540,354,500	\$11,600,500
RECOVERIES	-\$289,726,670	-\$135,038,840	-\$154,687,840
GRAND TOTAL MEDI-CAL	\$33,692,983,810	\$19,798,136,450	\$13,894,847,360

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2008 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2007-08**

SERVICE CATEGORY	2007-08 APPROPRIATION	MAY 2008 EST. FOR 2007-08	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,071,689,000	\$4,041,288,640	-\$30,400,350	-0.75
PHYSICIANS	\$1,193,043,230	\$1,272,483,220	\$79,439,990	6.66
OTHER MEDICAL	\$2,066,747,530	\$2,001,219,730	-\$65,527,800	-3.17
COUNTY OUTPATIENT	\$194,484,110	\$174,230,020	-\$20,254,090	-10.41
COMMUNITY OUTPATIENT	\$617,414,130	\$593,355,670	-\$24,058,450	-3.90
PHARMACY	\$1,770,738,370	\$1,868,500,950	\$97,762,580	5.52
HOSPITAL INPATIENT	\$7,886,481,160	\$7,477,871,980	-\$408,609,190	-5.18
COUNTY INPATIENT	\$2,526,769,230	\$2,280,062,130	-\$246,707,100	-9.76
COMMUNITY INPATIENT	\$5,359,711,930	\$5,197,809,840	-\$161,902,090	-3.02
LONG TERM CARE	\$4,216,513,670	\$4,185,940,030	-\$30,573,640	-0.73
NURSING FACILITIES	\$3,804,853,020	\$3,780,890,550	-\$23,962,470	-0.63
ICF-DD	\$411,660,650	\$405,049,480	-\$6,611,170	-1.61
OTHER SERVICES	\$1,385,329,940	\$1,293,789,130	-\$91,540,810	-6.61
MEDICAL TRANSPORTATION	\$136,887,420	\$150,234,430	\$13,347,000	9.75
OTHER SERVICES	\$1,079,445,290	\$971,623,770	-\$107,821,510	-9.99
HOME HEALTH	\$168,997,230	\$171,930,930	\$2,933,700	1.74
TOTAL FEE-FOR-SERVICE	\$19,330,752,130	\$18,867,390,730	-\$463,361,400	-2.40
MANAGED CARE	\$6,198,814,970	\$6,025,624,080	-\$173,190,890	-2.79
TWO PLAN MODEL	\$3,417,396,070	\$3,403,912,980	-\$13,483,080	-0.39
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,837,930,510	\$1,767,680,540	-\$70,249,970	-3.82
GEOGRAPHIC MANAGED CARE	\$577,887,500	\$558,286,650	-\$19,600,850	-3.39
PHP & OTHER MANAG. CARE	\$365,600,890	\$295,743,900	-\$69,856,980	-19.11
DENTAL	\$603,367,970	\$594,474,680	-\$8,893,290	-1.47
MENTAL HEALTH	\$1,120,547,000	\$1,320,891,000	\$200,344,000	17.88
AUDITS/ LAWSUITS	\$11,963,000	\$14,412,000	\$2,449,000	20.47
EPSDT SCREENS	\$65,001,030	\$65,038,000	\$36,970	0.06
MEDICARE PAYMENTS	\$3,294,959,000	\$3,236,227,000	-\$58,732,000	-1.78
STATE HOSP./DEVELOPMENTAL CNTRS.	\$315,541,000	\$306,698,000	-\$8,843,000	-2.80
MISC. SERVICES	\$3,342,665,000	\$3,551,955,000	\$209,290,000	6.26
RECOVERIES	-\$281,276,600	-\$289,726,670	-\$8,450,080	3.00
GRAND TOTAL MEDI-CAL	\$34,002,334,490	\$33,692,983,810	-\$309,350,680	-0.91
STATE FUNDS	\$14,250,596,720	\$13,894,847,360	-\$355,749,360	-2.50

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2008 ESTIMATE COMPARED TO NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2007-08**

SERVICE CATEGORY	NOV. 2007 EST. FOR 2007-08	MAY 2008 EST. FOR 2007-08	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,236,262,840	\$4,041,288,640	-\$194,974,190	-4.60
PHYSICIANS	\$1,411,209,810	\$1,272,483,220	-\$138,726,590	-9.83
OTHER MEDICAL	\$1,996,609,480	\$2,001,219,730	\$4,610,260	0.23
COUNTY OUTPATIENT	\$206,521,010	\$174,230,020	-\$32,290,990	-15.64
COMMUNITY OUTPATIENT	\$621,922,540	\$593,355,670	-\$28,566,870	-4.59
PHARMACY	\$1,793,717,090	\$1,868,500,950	\$74,783,860	4.17
HOSPITAL INPATIENT	\$7,749,789,150	\$7,477,871,980	-\$271,917,180	-3.51
COUNTY INPATIENT	\$2,417,218,090	\$2,280,062,130	-\$137,155,960	-5.67
COMMUNITY INPATIENT	\$5,332,571,060	\$5,197,809,840	-\$134,761,220	-2.53
LONG TERM CARE	\$4,162,185,360	\$4,185,940,030	\$23,754,670	0.57
NURSING FACILITIES	\$3,763,796,810	\$3,780,890,550	\$17,093,740	0.45
ICF-DD	\$398,388,550	\$405,049,480	\$6,660,930	1.67
OTHER SERVICES	\$1,372,752,030	\$1,293,789,130	-\$78,962,900	-5.75
MEDICAL TRANSPORTATION	\$138,053,800	\$150,234,430	\$12,180,630	8.82
OTHER SERVICES	\$1,068,927,110	\$971,623,770	-\$97,303,340	-9.10
HOME HEALTH	\$165,771,120	\$171,930,930	\$6,159,810	3.72
TOTAL FEE-FOR-SERVICE	\$19,314,706,470	\$18,867,390,730	-\$447,315,740	-2.32
MANAGED CARE	\$6,061,854,310	\$6,025,624,080	-\$36,230,230	-0.60
TWO PLAN MODEL	\$3,373,796,000	\$3,403,912,980	\$30,116,980	0.89
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,844,802,860	\$1,767,680,540	-\$77,122,320	-4.18
GEOGRAPHIC MANAGED CARE	\$537,252,590	\$558,286,650	\$21,034,060	3.92
PHP & OTHER MANAG. CARE	\$306,002,850	\$295,743,900	-\$10,258,950	-3.35
DENTAL	\$556,490,850	\$594,474,680	\$37,983,820	6.83
MENTAL HEALTH	\$1,227,855,000	\$1,320,891,000	\$93,036,000	7.58
AUDITS/ LAWSUITS	\$14,808,000	\$14,412,000	-\$396,000	-2.67
EPSDT SCREENS	\$61,501,020	\$65,038,000	\$3,536,980	5.75
MEDICARE PAYMENTS	\$3,203,713,000	\$3,236,227,000	\$32,514,000	1.01
STATE HOSP./DEVELOPMENTAL CNTRS.	\$322,491,000	\$306,698,000	-\$15,793,000	-4.90
MISC. SERVICES	\$3,510,668,000	\$3,551,955,000	\$41,287,000	1.18
RECOVERIES	-\$290,936,830	-\$289,726,670	\$1,210,160	-0.42
GRAND TOTAL MEDI-CAL	\$33,983,150,820	\$33,692,983,810	-\$290,167,010	-0.85
STATE FUNDS	\$13,991,213,770	\$13,894,847,360	-\$96,366,410	-0.69

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		MAY 2008 EST. FOR 2007-08		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	\$451,046,000	\$136,895,000	\$432,110,000	\$129,831,900	\$444,672,000	\$130,845,100	-\$6,374,000	-\$6,049,900	\$12,562,000	\$1,013,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$106,430,000	\$48,328,450	\$125,395,000	\$56,325,350	\$112,752,000	\$52,094,000	\$6,322,000	\$3,765,550	-\$12,643,000	-\$4,231,350
3	CHDP GATEWAY - PREENROLLMENT	\$18,285,000	\$6,399,750	\$18,678,000	\$6,537,300	\$19,020,000	\$6,657,000	\$735,000	\$257,250	\$342,000	\$119,700
4	BRIDGE TO HFP	\$9,613,000	\$3,364,550	\$14,315,000	\$5,010,250	\$13,656,000	\$4,779,600	\$4,043,000	\$1,415,050	-\$659,000	-\$230,650
5	REFUGEES	\$5,596,000	\$5,596,000	\$5,846,000	\$5,846,000	\$6,082,000	\$6,082,000	\$486,000	\$486,000	\$236,000	\$236,000
6	PE FOR HFP DISENROLLEES	\$2,790,340	\$1,395,170	\$2,392,820	\$1,196,410	\$2,672,420	\$1,336,210	-\$117,920	-\$58,960	\$279,600	\$139,800
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$1,500,000	\$750,000	\$1,500,000	\$750,000	-\$3,500,000	-\$1,750,000	\$0	\$0
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	\$133,165,000	\$0	\$113,334,500	\$0	\$111,488,000	\$0	-\$21,677,000	\$0	-\$1,846,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$19,480,200	\$0	-\$28,174,050	\$0	-\$26,284,350	\$0	-\$6,804,150	\$0	\$1,889,700
--	BCCTP RETROACTIVE COVERAGE	\$789,170	\$276,210	\$111,760	\$39,120	\$0	\$0	-\$789,170	-\$276,210	-\$111,760	-\$39,120
--	DRA - MINOR CONSENT	\$0	\$18,893,500	\$0	\$0	\$0	\$0	\$0	-\$18,893,500	\$0	\$0
--	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GRA	\$4,880,720	\$2,440,360	\$4,997,740	\$2,498,870	\$0	\$0	-\$4,880,720	-\$2,440,360	-\$4,997,740	-\$2,498,870
--	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$2,674,510	\$936,080	\$0	\$0	\$0	\$0	-\$2,674,510	-\$936,080	\$0	\$0
--	REDETERMINATION FORM SIMPLIFICATION	\$77,120,000	\$38,560,000	\$0	\$0	\$0	\$0	-\$77,120,000	-\$38,560,000	\$0	\$0
--	SB 437 - SELF-CERTIFICATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$684,224,730	\$379,269,860	\$605,346,310	\$293,195,640	\$600,354,420	\$287,747,560	-\$83,870,310	-\$91,522,300	-\$4,991,890	-\$5,448,080
BENEFITS											
18	ADULT DAY HEALTH CARE - CDA	\$395,175,000	\$197,587,500	\$387,644,000	\$193,822,000	\$416,309,000	\$208,154,500	\$21,134,000	\$10,567,000	\$28,665,000	\$14,332,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$0	\$175,000,000	\$0	\$60,112,000	\$0	-\$114,888,000	\$0	-\$114,888,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0	\$0	\$0
23	HOME TOCOLYTIC THERAPY	\$2,996,840	\$1,498,420	\$2,055,630	\$1,027,810	\$420,420	\$210,210	-\$2,576,420	-\$1,288,210	-\$1,635,210	-\$817,600
24	CONLAN V. BONTA	\$17,755,730	\$8,877,860	\$4,023,000	\$2,011,500	\$1,700,000	\$850,000	-\$16,055,730	-\$8,027,860	-\$2,323,000	-\$1,161,500
25	NEWBORN HEARING SCREENS EXPANSION	\$296,560	\$148,280	\$903,140	\$451,570	\$789,120	\$394,560	\$492,560	\$246,280	-\$114,020	-\$57,010
27	NF A/B LEVEL OF CARE GROWTH	\$3,487,380	\$1,743,690	\$615,000	\$307,500	\$362,000	\$181,000	-\$3,125,380	-\$1,562,690	-\$253,000	-\$126,500
29	MONEY FOLLOWS THE PERSON DEMONSTRATION COS	\$0	\$0	\$87,000	\$22,000	\$12,000	\$3,000	\$12,000	\$3,000	-\$75,000	-\$19,000
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,986,500	\$0	\$4,056,500	\$0	\$4,323,500	\$0	-\$663,000	\$0	\$267,000
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$3,400,000	\$0	\$900,000	\$0	\$900,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		MAY 2008 EST. FOR 2007-08		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
<u>BENEFITS</u>											
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$111,566,000	\$0	-\$128,824,800	\$0	-\$128,371,100	\$0	-\$16,805,100	\$0	\$453,700
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVI	\$0	\$0	-\$112,000	-\$56,000	-\$38,000	-\$19,000	-\$38,000	-\$19,000	\$74,000	\$37,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$433,000	-\$216,500	-\$1,230,000	-\$615,000	-\$563,000	-\$281,500	-\$130,000	-\$65,000	\$667,000	\$333,500
36	ADULT DAY HEALTH CARE REFORMS	-\$6,388,050	-\$3,194,030	-\$6,060,760	-\$3,030,380	-\$2,325,310	-\$1,162,650	\$4,062,740	\$2,031,370	\$3,735,460	\$1,867,730
--	DISCONTINUE ADULT ACUPUNCTURE SERVICES	\$0	\$0	-\$54,860	-\$27,430	\$0	\$0	\$0	\$0	\$54,860	\$27,430
--	DISCONTINUE ADULT AUDIOLOGY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT CHIROPRACTIC SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	\$0	\$0	-\$19,158,000	-\$9,579,000	\$0	\$0	\$0	\$0	\$19,158,000	\$9,579,000
--	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SER	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT PODIATRY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT PSYCHOLOGY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE ADULT SPEECH THERAPY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ELIMINATION OF PODIATRY TARS	\$199,200	\$99,600	\$0	\$0	\$0	\$0	-\$199,200	-\$99,600	\$0	\$0
--	GENETIC DISEASE TESTING FEE INCREASE	\$3,280,460	\$1,640,230	\$3,031,430	\$1,515,720	\$0	\$0	-\$3,280,460	-\$1,640,230	-\$3,031,430	-\$1,515,720
--	HUMAN PAPILLOMAVIRUS VACCINE	\$11,255,990	\$5,628,000	\$10,831,460	\$5,415,730	\$0	\$0	-\$11,255,990	-\$5,628,000	-\$10,831,460	-\$5,415,730
--	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$234,360	\$117,180	\$240,310	\$120,160	\$0	\$0	-\$234,360	-\$117,180	-\$240,310	-\$120,160
--	PRENATAL SCREENING EXPANSION	\$11,157,890	\$5,578,950	\$8,990,210	\$4,495,110	\$0	\$0	-\$11,157,890	-\$5,578,950	-\$8,990,210	-\$4,495,110
--	RECONCILIATION WITH BUDGET ACT	\$395,000	\$197,500	\$0	\$0	\$0	\$0	-\$395,000	-\$197,500	\$0	\$0
--	SELF-DIRECTED SERVICES WAIVER - CDDS	\$312,000	\$0	\$148,000	\$0	\$0	\$0	-\$312,000	\$0	-\$148,000	\$0
--	UNSPECIFIED BUDGET REDUCTION	-\$644,893,000	-\$331,893,000	-\$254,534,000	-\$136,717,500	\$0	\$0	\$644,893,000	\$331,893,000	\$254,534,000	\$136,717,500
	BENEFITS SUBTOTAL	\$20,348,370	-\$191,007,820	\$362,935,550	-\$37,846,520	\$527,294,230	\$112,940,520	\$506,945,870	\$303,948,330	\$164,358,680	\$150,787,040
<u>PHARMACY</u>											
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$650,000	\$1,300,000	\$0	\$1,251,000	\$2,658,000	\$2,602,500	\$2,008,000	\$1,302,500	\$2,658,000	\$1,351,500
38	NON FFP DRUGS	\$0	\$172,000	\$0	\$545,000	\$0	\$679,000	\$0	\$507,000	\$0	\$134,000
39	ENTERAL NUTRITION PRODUCTS	-\$12,900,600	-\$6,450,300	-\$4,622,400	-\$2,311,200	-\$3,500,000	-\$1,750,000	\$9,400,600	\$4,700,300	\$1,122,400	\$561,200
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$79,700,000	-\$39,850,000	-\$5,192,710	-\$2,596,350	-\$3,900,000	-\$1,950,000	\$75,800,000	\$37,900,000	\$1,292,710	\$646,350
41	MEDICAL SUPPLY CONTRACTING	-\$8,526,740	-\$4,263,370	-\$5,978,620	-\$2,989,310	-\$4,382,550	-\$2,191,270	\$4,144,200	\$2,072,100	\$1,596,070	\$798,040

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY											
42	MEDICAL SUPPLY REBATES	-\$3,500,000	-\$1,750,000	-\$4,000,000	-\$2,000,000	-\$6,000,000	-\$3,000,000	-\$2,500,000	-\$1,250,000	-\$2,000,000	-\$1,000,000
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$2,990,800	-\$9,000,000	-\$4,486,000	-\$12,000,000	-\$5,981,200	-\$6,000,000	-\$2,990,400	-\$3,000,000	-\$1,495,200
45	FAMILY PACT DRUG REBATES	-\$34,765,000	-\$14,058,200	-\$32,734,000	-\$13,236,500	-\$37,073,000	-\$14,991,200	-\$2,308,000	-\$933,000	-\$4,339,000	-\$1,754,700
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,937,600	-\$40,000,000	-\$19,749,600	-\$44,000,000	-\$21,743,600	-\$4,000,000	-\$1,806,000	-\$4,000,000	-\$1,994,000
47	STATE SUPPLEMENTAL DRUG REBATES	-\$316,915,000	-\$157,964,300	-\$320,366,000	-\$159,684,600	-\$287,210,000	-\$143,158,200	\$29,705,000	\$14,806,100	\$33,156,000	\$16,526,400
48	FEDERAL DRUG REBATE PROGRAM	-\$667,269,000	-\$332,596,100	-\$674,535,000	-\$336,217,900	-\$700,629,000	-\$349,224,500	-\$33,360,000	-\$16,628,400	-\$26,094,000	-\$13,006,600
--	DISCONTINUE ADULT INCONTINENCE CREAMS & WASH	\$0	\$0	-\$780,000	-\$390,000	\$0	\$0	\$0	\$0	\$780,000	\$390,000
--	DRUG REIMBURSEMENT REDUCTION	-\$77,399,690	-\$38,699,850	\$0	\$0	\$0	\$0	\$77,399,690	\$38,699,850	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,246,326,030	-\$617,088,520	-\$1,097,208,720	-\$541,865,460	-\$1,096,036,550	-\$540,708,470	\$150,289,490	\$76,380,040	\$1,172,180	\$1,156,990
MANAGED CARE											
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$199,911,000	\$99,955,500	\$66,362,000	\$33,181,000	\$0	\$0	-\$199,911,000	-\$99,955,500	-\$66,362,000	-\$33,181,000
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$0	\$0	\$11,179,000	\$5,589,500	\$11,270,000	\$5,635,000	\$11,270,000	\$5,635,000	\$91,000	\$45,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$4,500,000	\$2,250,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$3,500,000	\$1,750,000	\$0	\$0
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$3,758,000	\$1,879,000	\$886,000	\$443,000	\$886,000	\$443,000	-\$2,872,000	-\$1,436,000	\$0	\$0
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMENT	\$0	\$0	\$0	-\$29,869,600	\$0	-\$29,869,600	\$0	-\$29,869,600	\$0	\$0
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$823,000	\$0	\$823,000	\$0	\$823,000	\$0	\$0	\$0	\$0
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	CAPITATED RATE METHODOLOGY PROJECT RATE INCF	\$107,999,000	\$53,999,500	\$0	\$0	\$0	\$0	-\$107,999,000	-\$53,999,500	\$0	\$0
--	MANAGED CARE EXPANSION - MARIN	\$0	\$0	\$9,233,000	\$4,616,500	\$0	\$0	\$0	\$0	-\$9,233,000	-\$4,616,500
--	MANAGED CARE EXPANSION - PLACER	\$0	\$0	\$2,311,000	\$1,155,500	\$0	\$0	\$0	\$0	-\$2,311,000	-\$1,155,500
--	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	-\$53,000	-\$26,500	\$0	\$0	\$0	\$0	\$53,000	\$26,500
	MANAGED CARE SUBTOTAL	\$316,168,000	\$158,907,000	\$97,918,000	\$19,912,400	\$20,156,000	-\$18,968,600	-\$296,012,000	-\$177,875,600	-\$77,762,000	-\$38,881,000
PROVIDER RATES											
68	NF-B RATE CHANGES AND QA FEE	\$303,265,410	\$151,632,700	\$65,435,940	\$32,717,970	\$65,435,940	\$32,717,970	-\$237,829,460	-\$118,914,730	\$0	\$0
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$38,124,000	\$19,062,000	\$41,057,000	\$20,528,500	\$31,312,000	\$15,656,000	-\$6,812,000	-\$3,406,000	-\$9,745,000	-\$4,872,500
70	LTC RATE ADJUSTMENT	\$120,996,930	\$60,498,460	\$16,879,100	\$8,439,550	\$16,879,100	\$8,439,550	-\$104,117,820	-\$52,058,910	\$0	\$0
71	ANNUAL MEI INCREASE FOR FQHCs/RHCS	\$43,095,280	\$21,547,640	\$44,835,830	\$22,417,920	\$13,675,450	\$6,837,720	-\$29,419,830	-\$14,709,920	-\$31,160,390	-\$15,580,190
72	HOSPICE RATE INCREASES	\$10,887,310	\$5,443,650	\$7,743,880	\$3,871,940	\$5,763,080	\$2,881,540	-\$5,124,230	-\$2,562,110	-\$1,980,800	-\$990,400

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES											
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$6,059,440	\$3,029,720	\$4,973,530	\$2,486,770	\$4,318,460	\$2,159,230	-\$1,740,980	-\$870,490	-\$655,070	-\$327,540
74	DME REIMBURSEMENT CHANGES	\$4,482,190	\$2,241,100	\$8,125,560	\$4,062,780	\$660,100	\$330,050	-\$3,822,090	-\$1,911,050	-\$7,465,460	-\$3,732,730
137	FAMILY PLANNING RATE INCREASE	\$0	\$0	\$28,041,000	\$6,059,000	\$27,286,590	\$5,682,170	\$27,286,590	\$5,682,170	-\$754,420	-\$376,830
--	REDUCTION TO NON-CONTRACT HOSP BY 10%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	REDUCTION TO PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$66,826,000	-\$33,433,000	\$0	\$0	\$0	\$0	\$66,826,000	\$33,433,000
	PROVIDER RATES SUBTOTAL	\$526,910,560	\$263,455,280	\$150,265,850	\$67,151,420	\$165,330,720	\$74,704,240	-\$361,579,840	-\$188,751,040	\$15,064,870	\$7,552,810
HOSPITAL FINANCING											
75	HOSP FINANCING - DSH PMT	\$1,614,917,000	\$582,337,500	\$1,617,872,000	\$585,722,500	\$1,524,722,000	\$491,786,000	-\$90,195,000	-\$90,551,500	-\$93,150,000	-\$93,936,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEM	\$477,742,000	\$238,871,000	\$485,949,000	\$242,974,500	\$472,128,000	\$236,064,000	-\$5,614,000	-\$2,807,000	-\$13,821,000	-\$6,910,500
77	HOSP FINANCING - SAFETY NET CARE POOL	\$578,427,000	\$31,652,000	\$461,181,000	\$0	\$415,263,000	\$0	-\$163,164,000	-\$31,652,000	-\$45,918,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$292,936,000	\$146,468,000	\$284,284,000	\$142,142,000	\$298,984,000	\$149,492,000	\$6,048,000	\$3,024,000	\$14,700,000	\$7,350,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$154,860,000	\$0	\$226,721,000	\$0	\$75,000,000	\$0	-\$79,860,000	\$0	-\$151,721,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIV	\$150,000,000	\$0	\$135,000,000	\$0	\$135,000,000	\$0	-\$15,000,000	\$0	\$0	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$56,300,000	\$28,150,000	\$100,903,000	\$50,451,500	\$15,500,000	\$11,750,000	-\$40,800,000	-\$16,400,000	-\$85,403,000	-\$38,701,500
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,656,000	\$14,828,000	\$64,998,000	\$32,499,000	\$64,998,000	\$32,499,000	\$35,342,000	\$17,671,000	\$0	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$40,565,000	\$0	\$43,211,000	\$0	\$42,891,000	\$0	\$2,326,000	\$0	-\$320,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$26,000,000	\$0	\$26,000,000	\$0	\$0	\$0	\$0	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$27,181,000	\$0	\$9,337,000	\$4,668,500	\$6,262,000	\$3,131,000	-\$20,919,000	\$3,131,000	-\$3,075,000	-\$1,537,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,998,000	\$1,999,000	\$4,298,000	\$2,149,000	\$7,950,000	\$3,975,000	\$3,952,000	\$1,976,000	\$3,652,000	\$1,826,000
88	HOSP FINANCING - MIA LTC	\$0	-\$10,570,000	\$0	-\$14,743,000	\$0	-\$14,743,000	\$0	-\$4,173,000	\$0	\$0
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$364,500,000	\$0	-\$375,315,500	\$0	-\$451,124,000	\$0	-\$86,624,000	\$0	-\$75,808,500
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000	\$0	\$0	\$0	\$0
--	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$0	\$0	\$80,396,000	\$0	\$0	\$0	\$0	\$0	-\$80,396,000	\$0
	HOSPITAL FINANCING SUBTOTAL	\$3,422,054,000	\$638,707,500	\$3,509,622,000	\$640,020,500	\$3,054,170,000	\$432,302,000	-\$367,884,000	-\$206,405,500	-\$455,452,000	-\$207,718,500
SUPPLEMENTAL PMNTS.											
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$104,156,000	\$52,078,000	\$127,945,000	\$63,972,500	\$137,370,000	\$68,685,000	\$33,214,000	\$16,607,000	\$9,425,000	\$4,712,500
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$125,000,000	\$0	\$125,000,000	\$0	\$0	\$0	\$0	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		MAY 2008 EST. FOR 2007-08		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
SUPPLEMENTAL PMNTS.											
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0	\$0	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,000,000	\$22,000,000	\$44,530,000	\$22,265,000	\$44,530,000	\$22,265,000	\$530,000	\$265,000	\$0	\$0
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$50,000,000	\$0	\$37,800,000	\$0	\$37,800,000	\$0	-\$12,200,000	\$0	\$0	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$12,500,000	\$6,250,000	\$12,500,000	\$6,250,000	\$2,500,000	\$1,250,000	\$0	\$0
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0	\$0	\$0
--	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$0	\$65,000,000	\$0	\$0	\$0	-\$65,000,000	\$0	-\$65,000,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$506,156,000	\$133,078,000	\$520,775,000	\$146,487,500	\$465,200,000	\$151,200,000	-\$40,956,000	\$18,122,000	-\$55,575,000	\$4,712,500
OTHER											
111	HEALTHY FAMILIES - CDMH	\$24,002,000	\$0	\$25,034,000	\$0	\$20,008,000	\$0	-\$3,994,000	\$0	-\$5,026,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$18,105,000	\$9,052,500	\$7,242,000	\$3,621,000	-\$10,863,000	-\$5,431,500	-\$10,863,000	-\$5,431,500
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$9,098,000	\$9,098,000	\$9,098,000	\$9,098,000	\$9,098,000	\$0	\$0	\$0	\$0
119	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
123	INDIAN HEALTH SERVICES	\$0	-\$6,000,000	\$0	-\$6,000,000	\$0	-\$8,500,000	\$0	-\$2,500,000	\$0	-\$2,500,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$36,000,000	\$0	\$32,515,000	\$0	\$20,515,000	\$0	-\$3,485,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$48,000,000	\$0	\$67,000,000	\$0	\$67,900,000	\$0	\$19,900,000	\$0	\$900,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
130	MEDICAL SUPPORT ENHANCEMENTS	-\$1,739,070	-\$869,540	-\$704,130	-\$352,060	-\$253,480	-\$126,740	\$1,485,590	\$742,790	\$450,650	\$225,320
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$1,216,500	-\$608,250	-\$1,006,420	-\$503,210	-\$1,006,420	-\$503,210	\$210,090	\$105,040	\$0	\$0
132	DENTAL RETROACTIVE RATE CHANGES	-\$603,000	-\$301,500	-\$2,286,000	-\$1,143,000	-\$2,286,000	-\$1,143,000	-\$1,683,000	-\$841,500	\$0	\$0
133	EDS COST CONTAINMENT PROJECTS	-\$3,010,440	-\$1,505,220	-\$7,672,660	-\$3,836,330	-\$6,610,470	-\$3,305,240	-\$3,600,040	-\$1,800,020	\$1,062,190	\$531,090
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$42,479,820	-\$21,239,910	-\$26,368,000	-\$13,184,000	-\$24,013,990	-\$12,007,000	\$18,465,830	\$9,232,910	\$2,354,010	\$1,177,010
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	\$0	\$0	-\$330,000,000	-\$165,000,000	-\$330,000,000	-\$165,000,000	-\$330,000,000	-\$165,000,000	\$0	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$88,060,000	-\$44,030,000	-\$46,730,000	-\$23,365,000	\$0	\$0	\$88,060,000	\$44,030,000	\$46,730,000	\$23,365,000
--	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	\$0	\$0	-\$8,400,000	-\$4,200,000	\$0	\$0	\$0	\$0	\$8,400,000	\$4,200,000
--	ESTATE RECOVERY REGULATIONS	\$2,173,000	\$1,086,500	\$819,000	\$409,500	\$0	\$0	-\$2,173,000	-\$1,086,500	-\$819,000	-\$409,500
--	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDD	\$0	\$0	\$35,816,000	\$0	\$0	\$0	\$0	\$0	-\$35,816,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2008 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2007 ESTIMATE
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		MAY 2008 EST. FOR 2007-08		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										
--	NEW RECOVERY ACTIVITIES	-\$27,900,000	-\$13,950,000	\$0	\$0	\$0	\$0	\$27,900,000	\$13,950,000	\$0	\$0
--	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC.	\$0	\$0	-\$794,000	\$0	\$0	\$0	\$0	\$0	\$794,000	\$0
	OTHER SUBTOTAL	-\$110,630,830	-\$8,267,410	-\$334,089,200	-\$95,023,600	-\$326,822,360	-\$76,451,180	-\$216,191,540	-\$68,183,770	\$7,266,840	\$18,572,420
	GRAND TOTAL	\$4,118,904,790	\$757,053,890	\$3,815,564,780	\$492,031,880	\$3,409,646,470	\$422,766,060	-\$709,258,330	-\$334,287,830	-\$405,918,320	-\$69,265,820

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

FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$35,378,270	\$8,380,890	\$333,596,980	\$69,344,500	\$4,582,070	\$78,560
OTHER MEDICAL	\$69,540,370	\$16,485,360	\$449,909,240	\$175,230,520	\$6,878,070	\$224,190
COUNTY OUTPATIENT	\$968,030	\$575,100	\$26,872,610	\$4,916,540	\$123,370	\$540
COMMUNITY OUTPATIENT	\$20,158,700	\$3,546,360	\$194,134,210	\$40,193,480	\$1,160,120	\$12,370
PHARMACY	\$51,599,220	\$23,153,890	\$1,181,693,770	\$91,592,480	\$9,831,610	\$197,540
COUNTY INPATIENT	\$5,568,220	\$1,943,280	\$142,001,420	\$25,459,310	\$1,095,650	\$75,050
COMMUNITY INPATIENT	\$171,694,460	\$28,010,270	\$1,079,171,520	\$232,147,420	\$23,859,710	\$169,980
NURSING FACILITIES	\$415,867,440	\$25,158,210	\$650,625,310	\$2,336,850	\$1,885,904,960	\$7,105,710
ICF-DD	\$475,000	\$9,821,670	\$184,985,440	\$414,240	\$21,550,550	\$3,696,080
MEDICAL TRANSPORTATION	\$17,429,610	\$4,812,070	\$66,958,280	\$5,356,620	\$4,784,990	\$125,630
OTHER SERVICES	\$144,693,260	\$14,819,880	\$463,936,560	\$11,426,790	\$62,515,340	\$176,490
HOME HEALTH	\$170,920	\$11,188,170	\$92,507,200	\$3,531,750	\$4,510	\$0
FFS SUBTOTAL	\$933,543,490	\$147,895,140	\$4,866,392,550	\$661,950,500	\$2,022,290,950	\$11,862,140
DENTAL	\$37,196,850	\$2,174,260	\$85,662,410	\$112,370,940	\$4,483,990	\$21,200
TWO PLAN MODEL	\$23,026,100	\$6,889,530	\$516,998,180	\$876,678,990	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$127,444,690	\$12,864,510	\$488,270,630	\$144,225,590	\$265,872,020	\$680,430
GEOGRAPHIC MANAGED CARE	\$5,696,980	\$1,685,580	\$123,176,630	\$168,777,690	\$0	\$0
PHP & OTHER MANAG. CARE	\$115,716,610	\$3,179,370	\$66,252,550	\$9,668,490	\$4,517,420	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$15,698,880	\$0	\$0
MEDICARE PAYMENTS	\$1,019,044,730	\$55,193,590	\$1,544,583,230	\$0	\$140,811,480	\$1,835,610
STATE HOSP./DEVELOPMENTAL CNTRS.	\$832,870	\$2,290,380	\$80,903,780	\$1,554,180	\$9,220,030	\$416,430
MISC. SERVICES	\$555,593,210	\$32,822,220	\$2,161,364,940	\$1,199,140	\$0	\$0
NON-FFS SUBTOTAL	\$1,884,552,030	\$117,099,440	\$5,067,212,360	\$1,330,173,900	\$424,904,940	\$2,953,670
TOTAL DOLLARS (1)	\$2,818,095,520	\$264,994,580	\$9,933,604,910	\$1,992,124,390	\$2,447,195,890	\$14,815,810
ELIGIBLES ***	396,500	23,200	913,100	1,197,700	47,800	200
ANNUAL \$/ELIGIBLE	\$7,107	\$11,422	\$10,879	\$1,663	\$51,197	\$74,079
AVG. MO. \$/ELIGIBLE	\$592	\$952	\$907	\$139	\$4,266	\$6,173

(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 2007-08 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,467,200	\$57,048,350	\$588,770	\$65,111,570	\$307,963,610	\$37,458,030
OTHER MEDICAL	\$6,679,210	\$81,158,110	\$2,100,740	\$121,013,590	\$481,052,320	\$76,560,260
COUNTY OUTPATIENT	\$325,070	\$4,509,320	\$84,950	\$10,953,230	\$22,392,180	\$2,535,810
COMMUNITY OUTPATIENT	\$997,370	\$20,151,800	\$105,940	\$31,057,890	\$119,767,920	\$14,331,250
PHARMACY	\$15,486,730	\$83,140,900	\$806,300	\$101,316,200	\$176,441,690	\$44,008,490
COUNTY INPATIENT	\$15,861,500	\$23,033,180	\$824,320	\$159,488,680	\$196,387,940	\$17,677,460
COMMUNITY INPATIENT	\$40,115,310	\$121,236,850	\$1,781,970	\$308,011,610	\$1,062,628,580	\$115,886,250
NURSING FACILITIES	\$464,446,780	\$219,189,500	\$1,482,770	\$68,499,490	\$19,354,340	\$7,533,830
ICF-DD	\$181,137,160	\$104,590	\$0	\$5,604,130	\$799,410	\$2,515,260
MEDICAL TRANSPORTATION	\$2,601,710	\$12,929,440	\$444,330	\$15,590,400	\$13,712,930	\$2,046,280
OTHER SERVICES	\$14,029,010	\$109,416,600	\$816,180	\$84,331,380	\$43,204,950	\$8,346,960
HOME HEALTH	\$28,460	\$693,590	\$55,230	\$48,520,080	\$7,607,100	\$8,665,430
FFS SUBTOTAL	\$748,175,510	\$732,612,250	\$9,091,480	\$1,019,498,260	\$2,451,312,960	\$337,565,300
DENTAL	\$1,416,860	\$20,626,800	\$60,420	\$11,008,550	\$278,894,380	\$21,046,130
TWO PLAN MODEL	\$0	\$22,714,790	\$166,460	\$27,295,660	\$1,727,535,540	\$35,056,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$105,469,100	\$80,096,020	\$230,690	\$75,071,300	\$383,052,580	\$18,367,330
GEOGRAPHIC MANAGED CARE	\$0	\$3,524,400	\$0	\$6,625,830	\$211,638,330	\$5,171,150
PHP & OTHER MANAG. CARE	\$305,900	\$64,025,230	\$27,120	\$3,472,030	\$23,136,610	\$1,754,880
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$39,706,730	\$2,990,330
MEDICARE PAYMENTS	\$33,281,120	\$259,440,860	\$1,835,610	\$165,728,940	\$14,471,830	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,266,370	\$417,530	\$208,220	\$1,014,630	\$1,005,660	\$1,084,700
MISC. SERVICES	\$0	\$309,847,360	\$841,600	\$281,804,190	\$3,032,940	\$228,410
NON-FFS SUBTOTAL	\$346,739,340	\$760,692,990	\$3,370,110	\$572,021,140	\$2,682,474,600	\$85,699,600
TOTAL DOLLARS (1)	\$1,094,914,840	\$1,493,305,240	\$12,461,600	\$1,591,519,400	\$5,133,787,560	\$423,264,900
ELIGIBLES ***	15,100	223,900	600	119,900	2,972,700	223,900
ANNUAL \$/ELIGIBLE	\$72,511	\$6,670	\$20,769	\$13,274	\$1,727	\$1,890
AVG. MO. \$/ELIGIBLE	\$6,043	\$556	\$1,731	\$1,106	\$144	\$158

(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 2007-08 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$3,589,840	\$578,960	\$28,563,430	\$185,540,520	\$4,005,080	\$4,724,380
OTHER MEDICAL	\$2,413,980	\$859,100	\$44,905,010	\$185,424,210	\$15,578,530	\$9,783,900
COUNTY OUTPATIENT	\$283,250	\$134,410	\$3,465,980	\$6,107,590	\$398,010	\$412,680
COMMUNITY OUTPATIENT	\$1,053,650	\$104,470	\$7,670,390	\$28,753,370	\$2,937,200	\$2,995,090
PHARMACY	\$3,405,550	\$591,620	\$15,404,870	\$16,449,400	\$3,211,630	\$4,683,980
COUNTY INPATIENT	\$2,022,940	\$61,280	\$54,252,380	\$59,437,280	\$830,160	\$1,502,660
COMMUNITY INPATIENT	\$9,612,850	\$524,210	\$127,033,880	\$418,182,700	\$9,320,480	\$14,741,830
NURSING FACILITIES	\$39,213,410	\$0	\$18,556,290	\$0	\$0	\$0
ICF-DD	\$1,859,500	\$0	\$446,830	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$287,970	\$13,730	\$3,125,230	\$1,979,780	\$253,930	\$246,920
OTHER SERVICES	\$871,950	\$70,200	\$2,855,250	\$13,522,190	\$7,709,050	\$8,678,530
HOME HEALTH	\$18,320	\$3,410	\$73,480	\$863,080	\$587,940	\$748,080
FFS SUBTOTAL	\$64,633,210	\$2,941,390	\$306,353,030	\$916,260,120	\$44,832,010	\$48,518,050
DENTAL	\$285,400	\$1,217,120	\$139,010	\$415,040	\$8,577,880	\$9,607,990
TWO PLAN MODEL	\$1,827,090	\$1,432,330	\$0	\$37,186,660	\$66,917,760	\$53,757,680
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,400,150	\$212,300	\$2,295,850	\$18,039,480	\$23,541,020	\$15,286,280
GEOGRAPHIC MANAGED CARE	\$212,020	\$172,130	\$0	\$6,885,240	\$13,438,480	\$10,258,330
PHP & OTHER MANAG. CARE	\$21,230	\$0	\$0	\$1,484,960	\$847,300	\$751,050
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,534,460	\$1,378,610
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$565,160	\$0	\$235,390	\$416,430	\$0	\$266,230
MISC. SERVICES	\$2,400	\$0	\$0	\$171,080	\$25,030	\$22,490
NON-FFS SUBTOTAL	\$6,313,450	\$3,033,880	\$2,670,250	\$64,598,890	\$114,881,930	\$91,328,660
TOTAL DOLLARS (1)	\$70,946,660	\$5,975,270	\$309,023,280	\$980,859,010	\$159,713,940	\$139,846,710
ELIGIBLES ***	3,000	2,600	68,500	209,900	115,500	102,400
ANNUAL \$/ELIGIBLE	\$23,649	\$2,298	\$4,511	\$4,673	\$1,383	\$1,366
AVG. MO. \$/ELIGIBLE	\$1,971	\$192	\$376	\$389	\$115	\$114

(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 2007-08 COST PER ELIGIBLE BASED ON MAY 2008 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>TOTAL</u>
PHYSICIANS	\$1,153,001,020
OTHER MEDICAL	\$1,745,796,700
COUNTY OUTPATIENT	\$85,058,670
COMMUNITY OUTPATIENT	\$489,131,580
PHARMACY	\$1,823,015,860
COUNTY INPATIENT	\$707,522,700
COMMUNITY INPATIENT	\$3,764,129,870
NURSING FACILITIES	\$3,825,274,880
ICF-DD	\$413,409,860
MEDICAL TRANSPORTATION	\$152,699,860
OTHER SERVICES	\$991,420,560
HOME HEALTH	\$175,266,760
FFS SUBTOTAL	\$15,325,728,330
DENTAL	\$595,205,240
TWO PLAN MODEL	\$3,397,483,430
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,764,419,950
GEOGRAPHIC MANAGED CARE	\$557,262,790
PHP & OTHER MANAG. CARE	\$295,160,740
EPSDT SCREENS	\$61,309,000
MEDICARE PAYMENTS	\$3,236,227,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$306,698,000
MISC. SERVICES	\$3,346,955,000
NON-FFS SUBTOTAL	\$13,560,721,160
TOTAL DOLLARS (1)	\$28,886,449,490
ELIGIBLES ***	6,636,500
ANNUAL \$/ELIGIBLE	\$4,353
AVG. MO. \$/ELIGIBLE	\$363

(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 2007-08 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 2007-08 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