

**MEDI-CAL
MAY 2009
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2008-09 and 2009-10**

CURRENT YEAR

Fiscal Forecasting and Data Management Branch
State Department of Health Care Services
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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. C/Y FFS BASE	\$16,556,984,590	\$8,278,492,290	\$8,278,492,290
B. C/Y BASE POLICY CHANGES	\$16,303,878,000	\$10,441,325,000	\$5,862,553,000
C. BASE ADJUSTMENTS	-\$495,104,000	-\$407,004,600	-\$88,099,400
D. ADJUSTED BASE	<u>\$32,365,758,590</u>	<u>\$18,312,812,690</u>	<u>\$14,052,945,890</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$785,213,000	\$409,937,000	\$375,276,000
B. BENEFITS	\$532,264,500	\$419,153,750	\$113,110,750
C. PHARMACY	-\$1,132,792,310	-\$581,050,260	-\$551,742,060
D. MANAGED CARE	\$195,311,000	\$97,655,500	\$97,655,500
E. PROVIDER RATES	\$215,425,200	\$107,760,100	\$107,665,100
F. HOSPITAL FINANCING	\$3,539,054,000	\$2,996,735,500	\$542,318,500
G. SUPPLEMENTAL PMNTS.	\$507,126,000	\$367,763,000	\$139,363,000
H. OTHER	\$292,231,990	\$2,355,838,950	-\$2,063,606,960
I. TOTAL CHANGES	<u>\$4,933,833,370</u>	<u>\$6,173,793,540</u>	<u>-\$1,239,960,170</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$37,299,591,960</u></u>	<u><u>\$24,486,606,230</u></u>	<u><u>\$12,812,985,730</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	\$566,681,000	\$381,713,400	\$184,967,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$124,238,000	\$68,294,200	\$55,943,800
3	CHDP GATEWAY - PREENROLLMENT	\$18,701,000	\$12,155,650	\$6,545,350
4	BRIDGE TO HFP	\$16,998,000	\$11,048,700	\$5,949,300
5	REFUGEES	\$7,574,000	\$0	\$7,574,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
11	NEW QUALIFIED ALIENS	\$0	-\$121,300,000	\$121,300,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$30,861,000	-\$30,861,000
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
160	ADDITIONAL CASELOAD INCREASE	\$49,521,000	\$24,760,500	\$24,760,500
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,653,550	-\$1,653,550
ELIGIBILITY SUBTOTAL		\$785,213,000	\$409,937,000	\$375,276,000
BENEFITS				
16	ADULT DAY HEALTH CARE - CDA	\$409,529,000	\$204,764,500	\$204,764,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$80,144,000	\$80,144,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
19	FPACT IMPLANON AND ESSURE	\$592,000	\$0	\$592,000
20	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$1,080,600	\$810,000	\$270,600
21	CONLAN V. BONTA	\$1,264,000	\$632,000	\$632,000
28	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$121,421,300	-\$121,421,300
30	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$6,445,500	\$6,445,500
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$920,040	-\$460,020	-\$460,020
34	ADULT DAY HEALTH CARE REFORMS	-\$4,889,060	-\$2,444,530	-\$2,444,530
BENEFITS SUBTOTAL		\$532,264,500	\$419,153,750	\$113,110,750
PHARMACY				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,022,000	\$36,000	\$986,000
37	NON FFP DRUGS	\$0	-\$399,000	\$399,000
41	MEDICAL SUPPLY CONTRACTING	-\$847,320	-\$423,660	-\$423,660
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$777,700	-\$388,850	-\$388,850
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-\$964,300	-\$482,150	-\$482,150
45	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$2,000,000
46	FAMILY PACT DRUG REBATES	-\$36,423,000	-\$29,569,800	-\$6,853,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,796,200	-\$19,203,800
48	STATE SUPPLEMENTAL DRUG REBATES	-\$306,924,000	-\$153,939,600	-\$152,984,400
49	FEDERAL DRUG REBATE PROGRAM	-\$737,878,000	-\$370,087,000	-\$367,791,000
PHARMACY SUBTOTAL		-\$1,132,792,320	-\$581,050,260	-\$551,742,060

Costs shown include application of payment lag and percent reflected in base calculation.

**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>MANAGED CARE</u>				
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$177,010,000	\$88,505,000	\$88,505,000
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$10,301,000	\$5,150,500	\$5,150,500
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$195,311,000	\$97,655,500	\$97,655,500
<u>PROVIDER RATES</u>				
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$0	\$0	\$0
74	NF-B RATE CHANGES AND QA FEE	\$94,895,390	\$47,447,700	\$47,447,690
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$37,091,500
76	LTC RATE ADJUSTMENT	\$33,743,660	\$16,871,830	\$16,871,830
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,529,020	\$2,764,510	\$2,764,510
79	HOSPICE RATE INCREASES	\$1,511,710	\$755,850	\$755,850
80	MIRENA IUC REIMBURSEMENT	\$236,560	\$176,780	\$59,780
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$24,091,140	-\$12,045,570	-\$12,045,570
83	REDUCTION TO NON-CONTRACT HOSPITALS	\$0	\$0	\$0
84	REDUCTION TO LTC PROVIDER PAYMENTS	\$0	\$0	\$0
86	REDUCTION TO PROVIDER PAYMENTS	\$0	\$0	\$0
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$29,417,000	\$14,697,500	\$14,719,500
	PROVIDER RATES SUBTOTAL	\$215,425,200	\$107,760,100	\$107,665,100
<u>HOSPITAL FINANCING</u>				
87	HOSP FINANCING - DSH PMT	\$1,639,467,000	\$1,105,734,000	\$533,733,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT	\$496,470,000	\$248,235,000	\$248,235,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$414,990,000	\$414,990,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$237,946,000	\$237,946,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$265,776,000	\$132,888,000	\$132,888,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$124,600,000	\$124,600,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$137,705,000	\$137,705,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$130,514,000	\$65,257,000	\$65,257,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$0	\$0	\$0
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$46,690,000	\$23,345,000	\$23,345,000
97	HOSP FINANCING - CCS AND GHPP	\$41,096,000	\$41,096,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$0	\$0	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
100	HOSP FINANCING - MIA LTC	\$0	\$21,355,000	-\$21,355,000
101	HOSP FINANCING - BCCTP	\$0	\$1,211,000	-\$1,211,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$440,473,500	-\$440,473,500
	HOSPITAL FINANCING SUBTOTAL	\$3,539,054,000	\$2,996,735,500	\$542,318,500
<u>SUPPLEMENTAL PMNTS.</u>				

Costs shown include application of payment lag and percent reflected in base calculation.

**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>SUPPLEMENTAL PMNTS.</u>				
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,000,000	\$179,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$108,396,000	\$54,198,000	\$54,198,000
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	\$52,330,000	\$26,165,000	\$26,165,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,400,000	\$49,400,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$507,126,000	\$367,763,000	\$139,363,000
<u>OTHER</u>				
124	HEALTHY FAMILIES - CDMH	\$26,402,000	\$26,402,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
128	DENTAL RETROACTIVE RATE CHANGES	\$7,195,000	\$3,597,500	\$3,597,500
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$27,880,000	\$13,940,000	\$13,940,000
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	-\$250,000	\$250,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$33,279,000	\$33,279,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
142	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
143	INDIAN HEALTH SERVICES	\$0	\$7,600,000	-\$7,600,000
146	EDS COST CONTAINMENT PROJECTS	-\$1,341,130	-\$670,570	-\$670,570
148	MEDICAL SUPPORT ENHANCEMENTS	-\$125,100	-\$62,550	-\$62,550
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$17,702,870	-\$8,851,440	-\$8,851,440
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$29,479,910	\$0	-\$29,479,910
182	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,089,737,000	-\$2,089,737,000
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$269,676,000	\$269,676,000	\$0
	OTHER SUBTOTAL	\$292,231,980	\$2,355,838,950	-\$2,063,606,960
	GRAND TOTAL	\$4,933,833,360	\$6,173,793,540	-\$1,239,960,170

Costs shown include application of payment lag and percent reflected in base calculation.

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

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$4,484,798,710	\$2,713,004,480	\$1,771,794,230
PHYSICIANS	\$1,391,899,870	\$850,323,210	\$541,576,670
OTHER MEDICAL	\$2,220,142,960	\$1,293,120,550	\$927,022,410
COUNTY OUTPATIENT	\$219,947,560	\$174,592,270	\$45,355,290
COMMUNITY OUTPATIENT	\$652,808,320	\$394,968,450	\$257,839,870
PHARMACY	\$2,088,009,630	\$1,253,472,720	\$834,536,910
HOSPITAL INPATIENT	\$8,070,401,460	\$5,409,013,560	\$2,661,387,900
COUNTY INPATIENT	\$2,376,239,400	\$1,940,992,950	\$435,246,450
COMMUNITY INPATIENT	\$5,694,162,070	\$3,468,020,610	\$2,226,141,450
LONG TERM CARE	\$4,343,227,060	\$2,483,644,710	\$1,859,582,350
NURSING FACILITIES	\$3,933,451,180	\$2,249,694,420	\$1,683,756,760
ICF-DD	\$409,775,880	\$233,950,290	\$175,825,590
OTHER SERVICES	\$1,382,344,140	\$819,597,190	\$562,746,950
MEDICAL TRANSPORTATION	\$158,613,420	\$87,199,270	\$71,414,150
OTHER SERVICES	\$1,045,695,070	\$630,504,770	\$415,190,300
HOME HEALTH	\$178,035,650	\$101,893,150	\$76,142,500
TOTAL FEE-FOR-SERVICE	\$20,368,781,010	\$12,678,732,660	\$7,690,048,340
MANAGED CARE	\$6,804,878,590	\$3,899,970,660	\$2,904,907,930
TWO PLAN MODEL	\$3,937,379,470	\$2,253,193,090	\$1,684,186,380
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,993,968,890	\$1,143,269,450	\$850,699,440
GEOGRAPHIC MANAGED CARE	\$598,364,600	\$344,722,160	\$253,642,450
PHP & OTHER MANAG. CARE	\$275,165,620	\$158,785,960	\$116,379,670
DENTAL	\$668,181,320	\$378,410,300	\$289,771,020
MENTAL HEALTH	\$1,408,253,230	\$1,408,253,240	-\$10
AUDITS/ LAWSUITS	\$17,035,150	-\$30,005,790	\$47,040,940
EPSDT SCREENS	\$63,144,340	\$37,058,190	\$26,086,150
MEDICARE PAYMENTS	\$3,356,421,850	\$1,390,902,410	\$1,965,519,440
STATE HOSP./DEVELOPMENTAL CNTRS.	\$322,864,850	\$322,864,860	-\$10
MISC. SERVICES	\$4,554,227,810	\$4,541,216,140	\$13,011,670
RECOVERIES	-\$264,196,180	-\$140,796,430	-\$123,399,750
GRAND TOTAL MEDI-CAL	\$37,299,591,960	\$24,486,606,230	\$12,812,985,730

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2009 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2008-09**

SERVICE CATEGORY	2008-09 APPROPRIATION	MAY 2009 EST. FOR 2008-09	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,502,857,450	\$4,484,798,710	-\$18,058,740	-0.40
PHYSICIANS	\$1,553,803,180	\$1,391,899,870	-\$161,903,300	-10.42
OTHER MEDICAL	\$2,054,297,610	\$2,220,142,960	\$165,845,350	8.07
COUNTY OUTPATIENT	\$250,269,670	\$219,947,560	-\$30,322,120	-12.12
COMMUNITY OUTPATIENT	\$644,486,990	\$652,808,320	\$8,321,330	1.29
PHARMACY	\$1,961,214,870	\$2,088,009,630	\$126,794,760	6.47
HOSPITAL INPATIENT	\$7,964,415,340	\$8,070,401,460	\$105,986,120	1.33
COUNTY INPATIENT	\$2,413,896,400	\$2,376,239,400	-\$37,657,000	-1.56
COMMUNITY INPATIENT	\$5,550,518,950	\$5,694,162,070	\$143,643,120	2.59
LONG TERM CARE	\$4,291,890,150	\$4,343,227,060	\$51,336,920	1.20
NURSING FACILITIES	\$3,889,816,260	\$3,933,451,180	\$43,634,920	1.12
ICF-DD	\$402,073,880	\$409,775,880	\$7,702,000	1.92
OTHER SERVICES	\$1,274,752,270	\$1,382,344,140	\$107,591,870	8.44
MEDICAL TRANSPORTATION	\$145,951,890	\$158,613,420	\$12,661,520	8.68
OTHER SERVICES	\$958,276,780	\$1,045,695,070	\$87,418,290	9.12
HOME HEALTH	\$170,523,600	\$178,035,650	\$7,512,050	4.41
TOTAL FEE-FOR-SERVICE	\$19,995,130,080	\$20,368,781,010	\$373,650,930	1.87
MANAGED CARE	\$6,620,187,460	\$6,804,878,590	\$184,691,120	2.79
TWO PLAN MODEL	\$3,791,842,350	\$3,937,379,470	\$145,537,120	3.84
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,923,526,960	\$1,993,968,890	\$70,441,930	3.66
GEOGRAPHIC MANAGED CARE	\$565,089,890	\$598,364,600	\$33,274,710	5.89
PHP & OTHER MANAG. CARE	\$339,728,260	\$275,165,620	-\$64,562,640	-19.00
DENTAL	\$621,006,540	\$668,181,320	\$47,174,780	7.60
MENTAL HEALTH	\$1,356,857,000	\$1,408,253,230	\$51,396,230	3.79
AUDITS/ LAWSUITS	\$12,806,000	\$17,035,150	\$4,229,150	33.02
EPSDT SCREENS	\$61,511,930	\$63,144,340	\$1,632,410	2.65
MEDICARE PAYMENTS	\$3,354,960,000	\$3,356,421,850	\$1,461,850	0.04
STATE HOSP./DEVELOPMENTAL CNTRS.	\$279,583,000	\$322,864,850	\$43,281,850	15.48
MISC. SERVICES	\$3,522,841,000	\$4,554,227,810	\$1,031,386,810	29.28
RECOVERIES	-\$294,599,300	-\$264,196,180	\$30,403,120	-10.32
GRAND TOTAL MEDI-CAL	\$35,530,283,720	\$37,299,591,960	\$1,769,308,240	4.98
STATE FUNDS	\$14,312,607,720	\$12,812,985,730	-\$1,499,621,990	-10.48

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

<u>SERVICE CATEGORY</u>	<u>NOV. 2008 EST. FOR 2008-09</u>	<u>MAY 2009 EST. FOR 2008-09</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,233,412,810	\$4,484,798,710	\$251,385,900	5.94
PHYSICIANS	\$1,353,122,610	\$1,391,899,870	\$38,777,260	2.87
OTHER MEDICAL	\$1,949,127,720	\$2,220,142,960	\$271,015,240	13.90
COUNTY OUTPATIENT	\$272,735,240	\$219,947,560	-\$52,787,690	-19.35
COMMUNITY OUTPATIENT	\$658,427,230	\$652,808,320	-\$5,618,910	-0.85
PHARMACY	\$1,720,176,600	\$2,088,009,630	\$367,833,030	21.38
HOSPITAL INPATIENT	\$7,916,952,420	\$8,070,401,460	\$153,449,050	1.94
COUNTY INPATIENT	\$2,416,239,930	\$2,376,239,400	-\$40,000,530	-1.66
COMMUNITY INPATIENT	\$5,500,712,490	\$5,694,162,070	\$193,449,580	3.52
LONG TERM CARE	\$4,286,935,710	\$4,343,227,060	\$56,291,350	1.31
NURSING FACILITIES	\$3,881,170,570	\$3,933,451,180	\$52,280,610	1.35
ICF-DD	\$405,765,140	\$409,775,880	\$4,010,740	0.99
OTHER SERVICES	\$1,201,679,420	\$1,382,344,140	\$180,664,720	15.03
MEDICAL TRANSPORTATION	\$133,293,940	\$158,613,420	\$25,319,470	19.00
OTHER SERVICES	\$905,704,740	\$1,045,695,070	\$139,990,330	15.46
HOME HEALTH	\$162,680,740	\$178,035,650	\$15,354,910	9.44
TOTAL FEE-FOR-SERVICE	\$19,359,156,960	\$20,368,781,010	\$1,009,624,040	5.22
MANAGED CARE	\$6,942,189,150	\$6,804,878,590	-\$137,310,560	-1.98
TWO PLAN MODEL	\$4,070,877,440	\$3,937,379,470	-\$133,497,970	-3.28
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,965,765,060	\$1,993,968,890	\$28,203,830	1.43
GEOGRAPHIC MANAGED CARE	\$589,302,030	\$598,364,600	\$9,062,570	1.54
PHP & OTHER MANAG. CARE	\$316,244,620	\$275,165,620	-\$41,078,990	-12.99
DENTAL	\$616,140,420	\$668,181,320	\$52,040,900	8.45
MENTAL HEALTH	\$1,428,351,000	\$1,408,253,230	-\$20,097,770	-1.41
AUDITS/ LAWSUITS	\$15,487,000	\$17,035,150	\$1,548,140	10.00
EPSDT SCREENS	\$59,953,810	\$63,144,340	\$3,190,540	5.32
MEDICARE PAYMENTS	\$3,363,878,610	\$3,356,421,850	-\$7,456,760	-0.22
STATE HOSP./DEVELOPMENTAL CNTRS.	\$303,377,000	\$322,864,850	\$19,487,850	6.42
MISC. SERVICES	\$4,088,433,130	\$4,554,227,810	\$465,794,670	11.39
RECOVERIES	-\$265,013,200	-\$264,196,180	\$817,020	-0.31
GRAND TOTAL MEDI-CAL	\$35,911,953,890	\$37,299,591,960	\$1,387,638,070	3.86
STATE FUNDS	\$14,372,047,960	\$12,812,985,730	-\$1,559,062,230	-10.85

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		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	\$445,081,000	\$130,965,400	\$510,601,000	\$169,591,600	\$566,681,000	\$184,967,600	\$121,600,000	\$54,002,200	\$56,080,000	\$15,376,000
2	BREAST AND CERVICAL CANCER TREATMENT	\$118,149,000	\$56,998,950	\$124,365,000	\$57,821,250	\$124,238,000	\$55,943,800	\$6,089,000	-\$1,055,150	-\$127,000	-\$1,877,450
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$6,657,000	\$18,721,000	\$6,552,350	\$18,701,000	\$6,545,350	-\$319,000	-\$111,650	-\$20,000	-\$7,000
4	BRIDGE TO HFP	\$17,838,000	\$6,243,300	\$14,510,000	\$5,078,500	\$16,998,000	\$5,949,300	-\$840,000	-\$294,000	\$2,488,000	\$870,800
5	REFUGEES	\$6,518,000	\$6,518,000	\$7,011,000	\$7,011,000	\$7,574,000	\$7,574,000	\$1,056,000	\$1,056,000	\$563,000	\$563,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0	\$0	\$0
11	NEW QUALIFIED ALIENS	\$0	\$127,846,500	\$0	\$112,632,500	\$0	\$121,300,000	\$0	-\$6,546,500	\$0	\$8,667,500
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$28,266,750	\$0	-\$28,215,000	\$0	-\$30,861,000	\$0	-\$2,594,250	\$0	-\$2,646,000
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
160	ADDITIONAL CASELOAD INCREASE	\$0	\$0	\$42,104,990	\$21,052,500	\$49,521,000	\$24,760,500	\$49,521,000	\$24,760,500	\$7,416,010	\$3,708,000
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$0	\$0	\$0	\$0	-\$1,653,550	\$0	-\$1,653,550	\$0	-\$1,653,550
--	1931(B) EXPANSION ROLLBACK	\$0	\$0	-\$5,189,000	-\$2,594,500	\$0	\$0	\$0	\$0	\$5,189,000	\$2,594,500
--	AGED & DISABLED EXPANSION REDUCTION	\$0	\$0	-\$28,552,000	-\$14,276,000	\$0	\$0	\$0	\$0	\$28,552,000	\$14,276,000
--	MONTH-TO-MONTH ELIGIBILITY FOR UNDOC IMMIGRAN	\$0	\$0	-\$9,572,200	-\$4,786,100	\$0	\$0	\$0	\$0	\$9,572,200	\$4,786,100
--	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	\$0	\$0	-\$4,342,000	-\$9,408,000	\$0	\$0	\$0	\$0	\$4,342,000	\$9,408,000
--	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUST.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	PE FOR HFP DISENROLLEES	\$6,260,220	\$3,130,110	\$6,392,930	\$3,196,460	\$0	\$0	-\$6,260,220	-\$3,130,110	-\$6,392,930	-\$3,196,460
--	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REPC	-\$27,715,470	-\$13,857,730	-\$18,645,000	-\$9,322,500	\$0	\$0	\$27,715,470	\$13,857,730	\$18,645,000	\$9,322,500
--	STATE-FUNDED KINGAP	\$0	\$30,900	\$800	\$800	\$0	\$0	\$0	-\$30,900	-\$800	-\$800
	ELIGIBILITY SUBTOTAL	\$586,650,750	\$297,015,670	\$658,906,520	\$315,084,860	\$785,213,000	\$375,276,000	\$198,562,250	\$78,260,330	\$126,306,480	\$60,191,140
BENEFITS											
16	ADULT DAY HEALTH CARE - CDA	\$446,056,000	\$223,028,000	\$397,119,000	\$198,559,500	\$409,529,000	\$204,764,500	-\$36,527,000	-\$18,263,500	\$12,410,000	\$6,205,000
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$60,112,000	\$0	\$80,144,000	\$0	\$80,144,000	\$0	\$20,032,000	\$0	\$0	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$45,464,000	\$22,732,000	\$45,464,000	\$22,732,000	-\$5,052,000	-\$2,526,000	\$0	\$0
19	FPACT IMPLANON AND ESSURE	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$0	\$0	\$0	\$0
20	MONEY FOLLOWS THE PERSON DEMONSTRATION COS	\$2,870,000	\$767,000	\$1,666,000	\$457,000	\$1,198,000	\$300,000	-\$1,672,000	-\$467,000	-\$468,000	-\$157,000
21	CONLAN V. BONTA	\$1,700,000	\$850,000	\$1,322,000	\$682,000	\$1,264,000	\$632,000	-\$436,000	-\$218,000	-\$58,000	-\$50,000
28	FAMILY PACT STATE ONLY SERVICES	\$0	\$3,400,000	\$0	\$2,000,000	\$0	\$2,000,000	\$0	-\$1,400,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,203,050	\$0	-\$122,369,000	\$0	-\$121,421,300	\$0	-\$7,218,250	\$0	\$947,700
30	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$4,323,500	\$0	\$4,287,000	\$0	\$6,445,500	\$0	\$2,122,000	\$0	\$2,158,500
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVI	-\$3,329,000	-\$1,664,500	-\$1,748,000	-\$874,000	-\$1,020,000	-\$510,000	\$2,309,000	\$1,154,500	\$728,000	\$364,000
34	ADULT DAY HEALTH CARE REFORMS	-\$29,794,130	-\$14,897,060	-\$23,791,150	-\$11,895,580	-\$24,568,140	-\$12,284,070	\$5,225,990	\$2,612,990	-\$776,990	-\$388,490
--	DISCONTINUE ADULT OPTIONAL BENEFITS	\$0	\$0	-\$39,391,000	-\$19,695,500	\$0	\$0	\$0	\$0	\$39,391,000	\$19,695,500
--	DME CONTRACTING PROJECT SAVINGS	-\$1,000,000	-\$500,000	\$0	\$0	\$0	\$0	\$1,000,000	\$500,000	\$0	\$0
--	EXPANSION OF NF/AH WAIVER (SB 643)	-\$639,000	-\$319,500	-\$2,030,000	-\$1,015,000	\$0	\$0	\$639,000	\$319,500	\$2,030,000	\$1,015,000
--	HOME TOCOLYTIC THERAPY	\$4,135,210	\$2,067,600	\$1,161,160	\$580,580	\$0	\$0	-\$4,135,210	-\$2,067,600	-\$1,161,160	-\$580,580
--	NEWBORN HEARING SCREENS EXPANSION	\$2,528,880	\$1,264,440	\$2,534,020	\$1,267,010	\$0	\$0	-\$2,528,880	-\$1,264,440	-\$2,534,020	-\$1,267,010
--	NF A/B LEVEL OF CARE GROWTH	\$3,615,000	\$1,807,500	\$1,584,000	\$792,000	\$0	\$0	-\$3,615,000	-\$1,807,500	-\$1,584,000	-\$792,000
--	UNSPECIFIED BUDGET REDUCTION	-\$627,694,000	-\$323,297,000	-\$646,594,000	-\$323,297,000	\$0	\$0	\$627,694,000	\$323,297,000	\$646,594,000	\$323,297,000
	BENEFITS SUBTOTAL	-\$86,923,040	-\$188,115,070	-\$178,559,970	-\$243,788,990	\$516,010,860	\$106,658,630	\$602,933,900	\$294,773,700	\$694,570,830	\$350,447,620
PHARMACY											
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,059,000	\$1,039,000	\$1,022,000	\$986,000	\$1,022,000	\$986,000	-\$37,000	-\$53,000	\$0	\$0
37	NON FFP DRUGS	\$0	\$609,000	\$0	\$580,500	\$0	\$399,000	\$0	-\$210,000	\$0	-\$181,500
41	MEDICAL SUPPLY CONTRACTING	-\$8,569,390	-\$4,284,690	-\$4,633,470	-\$2,316,730	-\$3,631,890	-\$1,815,950	\$4,937,490	\$2,468,750	\$1,001,570	\$500,790
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$8,831,430	-\$4,415,710	-\$4,609,950	-\$2,304,970	-\$4,609,950	-\$2,304,970	\$4,221,480	\$2,110,740	\$0	\$0
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0	\$0	\$0
44	ENTERAL NUTRITION PRODUCTS	-\$12,837,150	-\$6,418,580	-\$12,877,650	-\$6,438,830	-\$14,677,290	-\$7,338,650	-\$1,840,140	-\$920,070	-\$1,799,640	-\$899,820
45	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,486,000	-\$11,000,000	-\$5,500,000	-\$4,000,000	-\$2,000,000	\$5,000,000	\$2,486,000	\$7,000,000	\$3,500,000
46	FAMILY PACT DRUG REBATES	-\$37,330,000	-\$15,095,100	-\$42,381,000	-\$24,236,200	-\$36,423,000	-\$6,853,200	\$907,000	\$8,241,900	\$5,958,000	\$17,383,000
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,749,600	-\$44,000,000	-\$21,687,900	-\$40,000,000	-\$19,203,800	\$0	\$545,800	\$4,000,000	\$2,484,100
48	STATE SUPPLEMENTAL DRUG REBATES	-\$322,105,000	-\$160,551,300	-\$314,436,000	-\$156,728,800	-\$306,924,000	-\$152,984,400	\$15,181,000	\$7,566,900	\$7,512,000	\$3,744,400
49	FEDERAL DRUG REBATE PROGRAM	-\$785,752,000	-\$391,653,200	-\$755,939,000	-\$376,793,100	-\$737,878,000	-\$367,791,000	\$47,874,000	\$23,862,200	\$18,061,000	\$9,002,100
--	COAGULATION FACTOR STATE SUPPLEMENTAL REBAT	-\$522,000	-\$261,000	-\$522,000	-\$261,000	\$0	\$0	\$522,000	\$261,000	\$522,000	\$261,000
--	PHARMACY TAR AUTO-ADJUDICATION	-\$544,000	-\$272,000	-\$589,000	-\$294,500	\$0	\$0	\$544,000	\$272,000	\$589,000	\$294,500
	PHARMACY SUBTOTAL	-\$1,230,431,960	-\$608,539,180	-\$1,195,966,060	-\$597,995,530	-\$1,153,122,130	-\$561,906,970	\$77,309,830	\$46,632,220	\$42,843,930	\$36,088,570
MANAGED CARE											

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		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
MANAGED CARE											
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$228,715,000	\$114,357,500	\$376,886,000	\$190,943,000	\$177,010,000	\$88,505,000	-\$51,705,000	-\$25,852,500	-\$199,876,000	-\$102,438,000
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$12,382,000	\$6,191,000	\$10,301,000	\$5,150,500	\$3,808,000	\$1,904,000	-\$2,081,000	-\$1,040,500
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0	\$0	\$0
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	AIDS HEALTHCARE CENTERS (FULL RISK)	\$0	\$0	-\$1,143,000	-\$571,500	\$0	\$0	\$0	\$0	\$1,143,000	\$571,500
--	MANAGED CARE EXPANSION - PLACER	\$2,636,000	\$1,318,000	\$2,813,000	\$1,406,500	\$0	\$0	-\$2,636,000	-\$1,318,000	-\$2,813,000	-\$1,406,500
--	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,601,000	\$1,300,500	-\$73,355,870	-\$36,677,930	\$0	\$0	-\$2,601,000	-\$1,300,500	\$73,355,870	\$36,677,930
--	MANAGED CARE POST STABILIZATION PAYMENT SAVI	-\$12,000,000	-\$6,000,000	\$0	\$0	\$0	\$0	\$12,000,000	\$6,000,000	\$0	\$0
	MANAGED CARE SUBTOTAL	\$236,445,000	\$118,222,500	\$325,582,130	\$165,291,070	\$195,311,000	\$97,655,500	-\$41,134,000	-\$20,567,000	-\$130,271,130	-\$67,635,570
PROVIDER RATES											
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$433,097,000	\$221,158,000	\$335,307,000	\$172,263,000	\$294,999,000	\$151,309,500	-\$138,098,000	-\$69,848,500	-\$40,308,000	-\$20,953,500
74	NF-B RATE CHANGES AND QA FEE	\$231,143,730	\$115,571,860	\$162,451,210	\$81,225,600	\$157,528,860	\$78,764,430	-\$73,614,860	-\$36,807,430	-\$4,922,340	-\$2,461,170
75	FQHC/RHC RECONCILIATION PROCESS	\$0	\$0	\$74,183,000	\$37,091,500	\$74,183,000	\$37,091,500	\$74,183,000	\$37,091,500	\$0	\$0
76	LTC RATE ADJUSTMENT	\$58,581,960	\$29,290,980	\$55,434,780	\$27,717,390	\$53,646,520	\$26,823,260	-\$4,935,440	-\$2,467,720	-\$1,788,260	-\$894,130
77	ANNUAL MEI INCREASE FOR FQHCs/RHCS	\$36,625,240	\$18,312,620	\$39,776,790	\$19,888,390	\$14,619,310	\$7,309,660	-\$22,005,920	-\$11,002,960	-\$25,157,470	-\$12,578,740
79	HOSPICE RATE INCREASES	\$14,907,390	\$7,453,700	\$16,222,360	\$8,111,180	\$6,463,050	\$3,231,520	-\$8,444,350	-\$4,222,170	-\$9,759,310	-\$4,879,660
80	MIRENA IUC REIMBURSEMENT	\$2,941,000	\$912,600	\$1,081,600	\$405,440	\$1,598,400	\$403,920	-\$1,342,600	-\$508,680	\$516,800	-\$1,520
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$22,499,960	-\$11,249,980	-\$22,604,900	-\$11,302,450	-\$46,970,450	-\$23,485,230	-\$24,470,490	-\$12,235,240	-\$24,365,550	-\$12,182,770
83	REDUCTION TO NON-CONTRACT HOSPITALS	-\$44,372,000	-\$22,186,000	-\$29,614,000	-\$14,807,000	-\$55,410,000	-\$27,705,000	-\$11,038,000	-\$5,519,000	-\$25,796,000	-\$12,898,000
84	REDUCTION TO LTC PROVIDER PAYMENTS	-\$86,942,000	-\$43,471,000	-\$87,730,000	-\$43,865,000	-\$85,127,000	-\$42,563,500	\$1,815,000	\$907,500	\$2,603,000	\$1,301,500
86	REDUCTION TO PROVIDER PAYMENTS	-\$521,329,000	-\$268,171,000	-\$518,200,000	-\$268,784,000	-\$518,198,000	-\$268,784,000	\$3,131,000	-\$613,000	\$2,000	\$0
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$0	\$0	\$0	\$0	\$29,417,000	\$14,719,500	\$29,417,000	\$14,719,500	\$29,417,000	\$14,719,500
--	DME REIMBURSEMENT CHANGES	\$894,000	\$447,000	\$0	\$0	\$0	\$0	-\$894,000	-\$447,000	\$0	\$0
--	FAMILY PLANNING RATE INCREASE	\$145,192,340	\$42,656,490	\$33,685,000	\$16,842,500	\$0	\$0	-\$145,192,340	-\$42,656,490	-\$33,685,000	-\$16,842,500
--	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$5,260,000	\$2,630,000	\$0	\$0	\$0	\$0	-\$5,260,000	-\$2,630,000	\$0	\$0
--	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$17,260,000	\$8,630,000	\$0	\$0	\$0	\$0	-\$17,260,000	-\$8,630,000	\$0	\$0
--	REDUCTION TO MANAGED CARE PROVIDER PAYMENT:	-\$323,345,000	-\$161,672,500	\$0	\$0	\$0	\$0	\$323,345,000	\$161,672,500	\$0	\$0
	PROVIDER RATES SUBTOTAL	-\$52,585,310	-\$59,687,230	\$59,992,830	\$24,786,560	-\$73,250,310	-\$42,884,430	-\$20,665,000	\$16,802,800	-\$133,243,140	-\$67,670,990

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MAY 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		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
HOSPITAL FINANCING											
87	HOSP FINANCING - DSH PMT	\$1,514,495,000	\$481,915,500	\$1,564,298,000	\$483,798,000	\$1,639,467,000	\$533,733,000	\$124,972,000	\$51,817,500	\$75,169,000	\$49,935,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEM	\$477,742,000	\$238,871,000	\$483,816,000	\$241,908,000	\$496,470,000	\$248,235,000	\$18,728,000	\$9,364,000	\$12,654,000	\$6,327,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$453,738,000	\$0	\$469,794,000	\$0	\$414,990,000	\$0	-\$38,748,000	\$0	-\$54,804,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIV	\$225,000,000	\$0	\$315,000,000	\$0	\$237,946,000	\$0	\$12,946,000	\$0	-\$77,054,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$247,186,000	\$123,593,000	\$245,336,000	\$122,668,000	\$265,776,000	\$132,888,000	\$18,590,000	\$9,295,000	\$20,440,000	\$10,220,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$243,845,000	\$0	\$191,200,000	\$0	\$124,600,000	\$0	-\$119,245,000	\$0	-\$66,600,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$179,371,000	\$0	\$179,371,000	\$0	\$137,705,000	\$0	-\$41,666,000	\$0	-\$41,666,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$101,603,000	\$50,801,500	\$167,949,000	\$83,974,500	\$130,514,000	\$65,257,000	\$28,911,000	\$14,455,500	-\$37,435,000	-\$18,717,500
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$24,531,000	\$12,265,500	\$47,383,000	\$23,691,500	\$0	\$0	-\$24,531,000	-\$12,265,500	-\$47,383,000	-\$23,691,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$46,690,000	\$23,345,000	\$46,690,000	\$23,345,000	\$17,066,000	\$8,533,000	\$0	\$0
97	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$39,000,000	\$0	\$41,096,000	\$0	\$15,096,000	\$0	\$2,096,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$42,891,000	\$0	\$31,000,000	\$0	\$0	\$0	-\$42,891,000	\$0	-\$31,000,000	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$0	\$0	\$0	\$0
100	HOSP FINANCING - MIA LTC	\$0	-\$18,450,000	\$0	-\$21,450,000	\$0	-\$21,355,000	\$0	-\$2,905,000	\$0	\$95,000
101	HOSP FINANCING - BCCTP	\$0	\$0	\$0	-\$2,000,000	\$0	-\$1,211,000	\$0	-\$1,211,000	\$0	\$789,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$489,372,000	\$0	-\$433,922,000	\$0	-\$440,473,500	\$0	\$48,898,500	\$0	-\$6,551,500
	HOSPITAL FINANCING SUBTOTAL	\$3,569,826,000	\$416,336,500	\$3,784,637,000	\$523,913,000	\$3,539,054,000	\$542,318,500	-\$30,772,000	\$125,982,000	-\$245,583,000	\$18,405,500
SUPPLEMENTAL PMNTS.											
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$0	\$179,000,000	\$0	\$179,000,000	\$0	\$49,000,000	\$0	\$0	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,878,000	\$50,939,000	\$168,761,000	\$83,805,500	\$108,396,000	\$54,198,000	\$4,518,000	\$3,259,000	-\$60,365,000	-\$29,607,500
106	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
107	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$52,330,000	\$26,165,000	\$52,330,000	\$26,165,000	\$7,800,000	\$3,900,000	\$0	\$0
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$0	\$49,400,000	\$0	\$49,400,000	\$0	\$9,700,000	\$0	\$0	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0	\$0	\$0
110	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.	\$130,000,000	\$0	\$130,000,000	\$0	\$0	\$0	-\$130,000,000	\$0	-\$130,000,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$566,108,000	\$132,204,000	\$697,491,000	\$168,970,500	\$507,126,000	\$139,363,000	-\$58,982,000	\$7,159,000	-\$190,365,000	-\$29,607,500
OTHER											

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		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											
124	HEALTHY FAMILIES - CDMH	\$22,076,000	\$0	\$25,397,000	\$0	\$26,402,000	\$0	\$4,326,000	\$0	\$1,005,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$8,728,000	\$8,728,000	\$8,728,000	\$8,728,000	\$8,728,000	\$0	\$0	\$0	\$0
128	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$7,168,000	\$3,584,000	\$7,195,000	\$3,597,500	\$7,195,000	\$3,597,500	\$27,000	\$13,500
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$0	\$0	\$6,101,000	\$3,050,500	\$27,880,000	\$13,940,000	\$27,880,000	\$13,940,000	\$21,779,000	\$10,889,500
135	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
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$0	\$0	\$250,000	\$0	\$250,000	\$0	\$250,000	\$0	\$0
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$0	\$0	\$33,723,000	\$0	\$33,279,000	\$0	\$33,279,000	\$0	-\$444,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
142	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0	\$0	\$0
143	INDIAN HEALTH SERVICES	\$0	-\$10,500,000	\$0	-\$9,000,000	\$0	-\$7,600,000	\$0	\$2,900,000	\$0	\$1,400,000
146	EDS COST CONTAINMENT PROJECTS	-\$6,829,000	-\$3,414,500	-\$113,620	-\$56,810	-\$2,859,560	-\$1,429,780	\$3,969,440	\$1,984,720	-\$2,745,940	-\$1,372,970
148	MEDICAL SUPPORT ENHANCEMENTS	-\$1,946,290	-\$973,150	-\$1,956,480	-\$978,240	-\$3,014,400	-\$1,507,200	-\$1,068,110	-\$534,060	-\$1,057,920	-\$528,960
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$24,090,120	-\$12,045,060	-\$39,165,650	-\$19,582,820	-\$39,165,650	-\$19,582,820	-\$15,075,530	-\$7,537,760	\$0	\$0
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$48,367,000	-\$48,367,000	-\$45,854,000	-\$45,854,000	-\$41,774,000	-\$41,774,000	\$6,593,000	\$6,593,000	\$4,080,000	\$4,080,000
182	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$0	\$0	\$0	\$0	-\$2,089,737,000	\$0	-\$2,089,737,000	\$0	-\$2,089,737,000
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$0	\$0	\$0	\$0	\$269,676,000	\$0	\$269,676,000	\$0	\$269,676,000	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$59,050,880	-\$29,525,440	-\$90,699,800	-\$45,349,900	\$0	\$0	\$59,050,880	\$29,525,440	\$90,699,800	\$45,349,900
--	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$513,674,000	-\$243,551,000	-\$513,674,000	-\$243,825,000	\$0	\$0	\$513,674,000	\$243,551,000	\$513,674,000	\$243,825,000
--	DELAY CHECKWRITE JUNE 2009 TO JULY 2009	\$0	\$0	-\$368,000,000	-\$184,000,000	\$0	\$0	\$0	\$0	\$368,000,000	\$184,000,000
--	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$1,986,000	-\$993,000	-\$2,000,000	-\$1,000,000	\$0	\$0	\$1,986,000	\$993,000	\$2,000,000	\$1,000,000
--	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDD	\$79,772,000	\$0	\$79,508,000	\$0	\$0	\$0	-\$79,772,000	\$0	-\$79,508,000	\$0
--	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	\$0	\$0	-\$171,076,000	-\$85,538,000	\$0	\$0	\$0	\$0	\$171,076,000	\$85,538,000
--	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$56,000,000	\$0	\$56,000,000	\$0	\$0	\$0	-\$56,000,000	\$0	-\$56,000,000
--	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$0	\$0	\$0	\$0	-\$18,105,000	-\$9,052,500	\$0	\$0
--	RECONCILIATION WITH BUDGET ACT-OTHER DEPARTM	\$111,251,000	\$0	\$111,251,000	\$0	\$0	\$0	-\$111,251,000	\$0	-\$111,251,000	\$0
--	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-CDAI	-\$6,063,000	\$0	\$0	\$0	\$0	\$0	\$6,063,000	\$0	\$0	\$0
--	REDUCTION TO PERSONAL CARE SERVICES (MISC. SV	-\$107,494,000	\$0	\$0	\$0	\$0	\$0	\$107,494,000	\$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 2009 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		MAY 2009 EST. FOR 2008-09		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										
--	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,754,000	\$0	\$3,726,000	\$0	\$0	\$0	-\$3,754,000	\$0	-\$3,726,000	\$0
	OTHER SUBTOTAL	-\$524,814,290	-\$262,588,640	-\$989,660,540	-\$516,849,270	\$254,067,390	-\$2,088,836,300	\$778,881,680	-\$1,826,247,660	\$1,243,727,940	-\$1,571,987,030
	GRAND TOTAL	\$3,064,275,150	-\$155,151,450	\$3,162,422,900	-\$160,587,810	\$4,570,409,820	-\$1,432,356,070	\$1,506,134,670	-\$1,277,204,620	\$1,407,986,920	-\$1,271,768,260

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 2009 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$35,331,820	\$8,635,830	\$351,861,090	\$73,119,750	\$3,896,930	\$107,750
OTHER MEDICAL	\$69,041,460	\$15,860,170	\$467,226,450	\$201,784,710	\$6,861,790	\$281,810
COUNTY OUTPATIENT	\$544,170	\$486,520	\$28,533,180	\$4,693,710	\$111,270	\$90
COMMUNITY OUTPATIENT	\$15,956,570	\$4,069,550	\$206,282,020	\$43,059,660	\$1,071,450	\$21,850
PHARMACY	\$55,077,450	\$23,477,160	\$1,268,142,540	\$98,526,310	\$10,875,360	\$243,960
COUNTY INPATIENT	\$6,584,330	\$1,774,860	\$146,055,780	\$23,689,300	\$1,528,060	\$4,150
COMMUNITY INPATIENT	\$170,528,630	\$31,897,340	\$1,200,131,470	\$250,663,860	\$29,483,720	\$536,450
NURSING FACILITIES	\$446,640,440	\$25,340,260	\$669,810,650	\$2,333,270	\$1,884,348,090	\$7,669,400
ICF-DD	\$258,350	\$10,055,110	\$181,143,430	\$636,740	\$23,583,550	\$3,515,120
MEDICAL TRANSPORTATION	\$17,404,880	\$4,810,120	\$70,594,850	\$5,216,840	\$4,569,010	\$144,720
OTHER SERVICES	\$155,299,370	\$12,400,740	\$468,135,330	\$24,918,060	\$68,619,770	\$210,510
HOME HEALTH	\$149,210	\$9,942,170	\$92,043,870	\$3,583,500	\$4,310	\$0
FFS SUBTOTAL	\$972,816,650	\$148,749,840	\$5,149,960,660	\$732,225,720	\$2,034,953,300	\$12,735,800
DENTAL	\$40,260,210	\$2,285,570	\$93,207,650	\$132,401,760	\$4,724,630	\$22,580
TWO PLAN MODEL	\$30,595,310	\$8,440,690	\$639,691,460	\$1,070,325,470	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$138,622,410	\$13,406,100	\$548,426,970	\$172,210,570	\$298,649,980	\$845,070
GEOGRAPHIC MANAGED CARE	\$6,697,900	\$1,811,930	\$130,331,120	\$184,486,010	\$0	\$0
PHP & OTHER MANAG. CARE	\$137,274,410	\$2,524,780	\$58,972,920	\$12,091,740	\$4,805,500	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,460,660	\$0	\$0
MEDICARE PAYMENTS	\$1,057,387,550	\$60,409,850	\$1,596,709,550	\$0	\$144,852,470	\$1,904,300
STATE HOSP./DEVELOPMENTAL CNTRS.	\$326,370	\$2,048,520	\$79,197,090	\$777,500	\$17,567,740	\$1,534,320
MISC. SERVICES	\$717,473,620	\$40,932,100	\$2,702,477,010	\$1,588,770	\$3,970	\$20
NON-FFS SUBTOTAL	\$2,128,637,770	\$131,859,550	\$5,849,013,770	\$1,590,342,500	\$470,604,300	\$4,306,290
TOTAL DOLLARS (1)	\$3,101,454,420	\$280,609,390	\$10,998,974,430	\$2,322,568,220	\$2,505,557,590	\$17,042,090
ELIGIBLES ***	402,900	22,900	932,800	1,329,100	47,300	200
ANNUAL \$/ELIGIBLE	\$7,698	\$12,254	\$11,791	\$1,747	\$52,972	\$85,210
AVG. MO. \$/ELIGIBLE	\$641	\$1,021	\$983	\$146	\$4,414	\$7,101

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

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

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

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,991,530	\$60,138,760	\$534,940	\$71,004,430	\$305,892,680	\$37,234,010
OTHER MEDICAL	\$6,872,490	\$87,755,930	\$2,168,600	\$130,520,850	\$517,548,590	\$79,812,550
COUNTY OUTPATIENT	\$488,790	\$4,715,910	\$59,350	\$11,362,200	\$23,535,740	\$2,480,660
COMMUNITY OUTPATIENT	\$1,098,640	\$20,032,210	\$200,480	\$36,913,050	\$128,907,570	\$16,038,570
PHARMACY	\$17,210,390	\$90,485,300	\$887,780	\$117,945,790	\$190,704,390	\$46,075,100
COUNTY INPATIENT	\$13,742,540	\$20,613,920	\$518,400	\$126,068,950	\$172,366,360	\$14,425,970
COMMUNITY INPATIENT	\$42,150,040	\$121,818,440	\$1,311,010	\$336,909,650	\$1,073,124,160	\$116,185,910
NURSING FACILITIES	\$483,620,140	\$220,056,550	\$1,121,610	\$70,894,840	\$16,129,650	\$5,285,970
ICF-DD	\$180,079,130	\$443,400	\$0	\$5,548,320	\$742,090	\$1,957,690
MEDICAL TRANSPORTATION	\$2,768,680	\$13,346,500	\$452,830	\$17,089,630	\$13,617,140	\$1,898,930
OTHER SERVICES	\$14,094,680	\$118,037,420	\$810,740	\$82,198,920	\$68,076,170	\$11,161,840
HOME HEALTH	\$19,000	\$808,410	\$17,430	\$52,120,120	\$7,108,360	\$8,910,380
FFS SUBTOTAL	\$769,136,050	\$758,252,760	\$8,083,160	\$1,058,576,750	\$2,517,752,920	\$341,467,580
DENTAL	\$1,484,480	\$23,130,840	\$62,950	\$12,589,800	\$299,864,260	\$22,378,910
TWO PLAN MODEL	\$0	\$32,215,190	\$218,840	\$37,954,980	\$1,870,611,720	\$39,035,790
COUNTY ORGANIZED HEALTH SYSTEMS	\$115,585,530	\$81,752,530	\$227,840	\$89,741,290	\$435,807,260	\$21,678,070
GEOGRAPHIC MANAGED CARE	\$0	\$4,306,870	\$0	\$7,550,400	\$222,387,630	\$5,357,020
PHP & OTHER MANAG. CARE	\$170,010	\$23,439,920	\$21,180	\$2,736,880	\$26,814,720	\$2,031,360
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,377,580	\$2,818,260
MEDICARE PAYMENTS	\$34,466,510	\$273,503,450	\$2,018,420	\$169,743,600	\$15,426,150	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$218,973,720	\$412,910	\$117,350	\$665,290	\$189,240	\$322,410
MISC. SERVICES	\$1,260	\$411,108,450	\$1,251,200	\$360,020,570	\$3,607,660	\$272,020
NON-FFS SUBTOTAL	\$370,681,510	\$849,870,160	\$3,917,780	\$681,002,820	\$2,912,086,220	\$93,893,840
TOTAL DOLLARS (1)	\$1,139,817,560	\$1,608,122,920	\$12,000,940	\$1,739,579,570	\$5,429,839,130	\$435,361,420
ELIGIBLES ***	14,900	235,600	600	128,700	3,025,800	226,900
ANNUAL \$/ELIGIBLE	\$76,498	\$6,826	\$20,002	\$13,517	\$1,795	\$1,919
AVG. MO. \$/ELIGIBLE	\$6,375	\$569	\$1,667	\$1,126	\$150	\$160

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

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

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

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$3,376,870	\$734,600	\$27,951,740	\$180,557,420	\$4,543,440	\$5,479,420
OTHER MEDICAL	\$2,602,910	\$1,052,520	\$44,976,830	\$182,318,530	\$18,465,290	\$11,390,260
COUNTY OUTPATIENT	\$234,880	\$84,880	\$3,519,220	\$6,453,650	\$416,790	\$453,380
COMMUNITY OUTPATIENT	\$1,111,390	\$204,280	\$7,592,070	\$30,003,830	\$3,361,230	\$3,447,320
PHARMACY	\$2,949,870	\$660,290	\$16,360,940	\$16,359,740	\$3,115,550	\$5,699,060
COUNTY INPATIENT	\$994,690	\$202,230	\$52,368,870	\$55,274,240	\$874,830	\$1,948,250
COMMUNITY INPATIENT	\$10,824,190	\$449,940	\$134,297,450	\$433,289,860	\$11,271,910	\$16,048,690
NURSING FACILITIES	\$32,435,890	\$0	\$18,364,440	\$0	\$0	\$0
ICF-DD	\$1,542,780	\$0	\$268,310	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$251,290	\$16,120	\$3,444,350	\$1,682,880	\$282,520	\$284,100
OTHER SERVICES	\$742,540	\$84,950	\$2,338,010	\$10,754,980	\$2,886,910	\$2,893,040
HOME HEALTH	\$13,600	\$3,480	\$75,430	\$1,163,620	\$980,770	\$664,610
FFS SUBTOTAL	\$57,080,890	\$3,493,290	\$311,557,670	\$917,858,750	\$46,199,240	\$48,308,130
DENTAL	\$294,980	\$1,514,000	\$190,780	\$491,590	\$11,888,070	\$12,411,970
TWO PLAN MODEL	\$2,199,040	\$1,791,930	\$0	\$41,768,980	\$84,441,060	\$70,136,610
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,667,130	\$301,910	\$2,249,370	\$19,753,410	\$28,666,990	\$18,543,810
GEOGRAPHIC MANAGED CARE	\$216,910	\$272,150	\$0	\$6,825,020	\$15,473,070	\$11,397,230
PHP & OTHER MANAG. CARE	\$22,920	\$0	\$0	\$1,560,970	\$1,064,860	\$950,830
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,658,170	\$1,472,810
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$191,620	\$0	\$242,430	\$101,060	\$125,390	\$71,870
MISC. SERVICES	\$2,990	\$0	\$0	\$198,710	\$44,200	\$39,260
NON-FFS SUBTOTAL	\$6,595,590	\$3,879,990	\$2,682,580	\$70,699,750	\$143,361,810	\$115,024,380
TOTAL DOLLARS (1)	\$63,676,480	\$7,373,280	\$314,240,250	\$988,558,500	\$189,561,060	\$163,332,510
ELIGIBLES ***	3,000	3,200	67,700	193,300	132,200	117,400
ANNUAL \$/ELIGIBLE	\$21,225	\$2,304	\$4,642	\$5,114	\$1,434	\$1,391
AVG. MO. \$/ELIGIBLE	\$1,769	\$192	\$387	\$426	\$119	\$116

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

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

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

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,177,393,020
OTHER MEDICAL	\$1,846,541,750
COUNTY OUTPATIENT	\$88,174,400
COMMUNITY OUTPATIENT	\$519,371,730
PHARMACY	\$1,964,796,970
COUNTY INPATIENT	\$639,035,730
COMMUNITY INPATIENT	\$3,980,922,740
NURSING FACILITIES	\$3,884,051,180
ICF-DD	\$409,774,010
MEDICAL TRANSPORTATION	\$157,875,400
OTHER SERVICES	\$1,043,663,960
HOME HEALTH	\$177,608,250
FFS SUBTOTAL	\$15,889,209,140
DENTAL	\$659,205,040
TWO PLAN MODEL	\$3,929,427,070
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,990,136,240
GEOGRAPHIC MANAGED CARE	\$597,113,270
PHP & OTHER MANAG. CARE	\$274,483,000
EPSDT SCREENS	\$59,787,480
MEDICARE PAYMENTS	\$3,356,421,850
STATE HOSP./DEVELOPMENTAL CNTRS.	\$322,864,850
MISC. SERVICES	\$4,239,021,800
NON-FFS SUBTOTAL	\$15,428,460,620
TOTAL DOLLARS (1)	\$31,317,669,760
ELIGIBLES ***	6,884,500
ANNUAL \$/ELIGIBLE	\$4,549
AVG. MO. \$/ELIGIBLE	\$379

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

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

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

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

EXCLUDED POLICY CHANGES: 32

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
30	CDSS IHSS SHARE-OF-COST BUYOUT
35	UNSPECIFIED BUDGET REDUCTION
46	FAMILY PACT DRUG REBATES
87	HOSP FINANCING - DSH PMT
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
89	HOSP FINANCING - SAFETY NET CARE POOL
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND
94	HOSP FINANCING - STABILIZATION FUNDING
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND
97	HOSP FINANCING - CCS AND GHPP
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
102	BASE ADJUSTMENT - DPH INTERIM RATE
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
104	CAPITAL PROJECT DEBT REIMBURSEMENT
106	IGT FOR NON-SB 1100 HOSPITALS
107	FFP FOR LOCAL TRAUMA CENTERS
108	CERTIFICATION PAYMENTS FOR DP-NFS
109	DSH OUTPATIENT PAYMENT METHOD CHANGE
110	SRH OUTPATIENT PAYMENT METHOD CHANGE
122	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
124	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
128	DENTAL RETROACTIVE RATE CHANGES
172	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
185	FEDERAL MEDI-CAL FLEXIBILITY AND STABILIZATION