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

BUDGET YEAR

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MEDI-CAL PROGRAM ESTIMATE SUMMARY
FISCAL YEAR 2009-10

	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
I. BASE ESTIMATES			
A. B/Y FFS BASE	$17,640,846,670	$8,820,423,330	$8,820,423,330
B. B/Y BASE POLICY CHANGES	$17,706,437,000	$11,499,609,000	$6,206,828,000
C. BASE ADJUSTMENTS	-$507,384,000	-$414,968,600	-$92,415,400
D. ADJUSTED BASE	$34,839,899,670	$19,905,063,740	$14,934,835,930
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	$829,947,000	$474,776,000	$355,171,000
B. BENEFITS	$274,999,890	$297,669,980	-$22,670,090
C. PHARMACY	-$1,398,591,580	-$716,805,690	-$681,785,890
D. MANAGED CARE	$528,472,000	$264,235,000	$264,237,000
E. PROVIDER RATES	$608,349,140	$289,568,470	$318,780,680
F. HOSPITAL FINANCING	$3,623,416,000	$3,117,275,000	$506,141,000
G. SUPPLEMENTAL PMNTS.	$740,331,000	$597,268,000	$143,063,000
H. OTHER	-$2,972,999,180	$1,116,313,570	-$4,089,312,750
I. TOTAL CHANGE	$2,233,924,260	$5,440,300,320	-$3,206,376,060
III. TOTAL MEDI-CAL ESTIMATE	**$37,073,823,930**	**$25,345,364,060**	**$11,728,459,870**

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	ELIGIBILITY			
1	FAMILY PLANNING INITIATIVE	$573,951,000	$376,833,100	$197,117,900
2	BREAST AND CERVICAL CANCER TREATMENT	$132,111,000	$72,402,850	$59,708,150
3	CHDP GATEWAY - PREENROLLMENT	$18,701,000	$12,155,650	$6,545,350
4	BRIDGE TO HFP	$19,646,000	$12,769,900	$6,876,100
5	REFUGEES	$8,034,000	$0	$8,034,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	$900,000	$450,000	$450,000
9	CRAIG V. BONTA LAWSUIT	$118,000	$59,000	$59,000
11	NEW QUALIFIED ALIENS	$0	-$128,535,000	$128,535,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	$34,561,800	-$34,561,800
160	ADDITIONAL CASELOAD INCREASE	$242,498,000	$121,249,000	$121,249,000
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-$57,727,000	$67,348,000	-$125,075,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-$204,000	-$102,000	-$102,000
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	$6,614,200	-$6,614,200
179	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSI	$0	-$1,121,000	$1,121,000
183	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	$1,452,000	$726,000	$726,000
195	LIMITATION OF IHSS TO HIGHEST LEVEL OF NEED	-$97,714,000	-$97,714,000	$0
196	REDUCTION IN CDSS IHSS SOC BUYOUT ELIGIBLES	-$11,819,000	-$2,921,500	-$8,897,500
	ELIGIBILITY SUBTOTAL	**$829,947,000**	**$474,776,000**	**$355,171,000**
	BENEFITS			
16	ADULT DAY HEALTH CARE - CDA	$428,966,000	$214,483,000	$214,483,000
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$92,165,000	$92,165,000	$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$45,464,000	$22,732,000	$22,732,000
19	FPACT IMPLANON AND ESSURE	$738,800	$0	$738,800
20	MONEY FOLLOWS THE PERSON DEMONSTRATION C	$19,610,370	$14,708,020	$4,902,350
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	$114,116,600	-$114,116,600
30	CDSS IHSS SHARE-OF-COST BUYOUT	$0	-$6,445,500	$6,445,500
31	DME CONTRACTING PROJECT SAVINGS	-$1,620,000	-$810,000	-$810,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-$20,061,500	-$10,030,750	-$10,030,750
34	ADULT DAY HEALTH CARE REFORMS	-$9,845,260	-$4,922,630	-$4,922,630
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-$244,468,000	-$122,234,000	-$122,234,000
180	PEDIATRIC PALLIATIVE CARE	-$589,000	-$294,500	-$294,500
187	REDUCE ADHC PROGRAM	-$36,624,520	-$18,312,260	-$18,312,260
197	REDUCTION IN CDSS IHSS SHARE-OF-COST BUYOU	$0	$3,883,000	-$3,883,000
	BENEFITS SUBTOTAL	**$274,999,880**	**$297,669,980**	**-$22,670,100**
	PHARMACY			

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	PHARMACY			
36	HIV/AIDS PHARMACY PILOT PROGRAM	$100,000	$0	$100,000
37	NON FFP DRUGS	$0	-$581,500	$581,500
39	COAGULATION FACTOR STATE SUPPLEMENTAL REI	-$1,044,000	-$522,000	-$522,000
40	PHARMACY TAR AUTO-ADJUDICATION	-$1,336,720	-$668,360	-$668,360
41	MEDICAL SUPPLY CONTRACTING	-$1,843,760	-$921,880	-$921,880
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-$1,295,580	-$647,790	-$647,790
43	MEDICAL SUPPLY REBATES	-$6,000,000	-$3,000,000	-$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-$740,520	-$370,260	-$370,260
45	AGED DRUG REBATE RESOLUTION	-$6,000,000	-$3,000,000	-$3,000,000
46	FAMILY PACT DRUG REBATES	-$36,776,000	-$31,220,800	-$5,555,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-$34,000,000	-$17,730,400	-$16,269,600
48	STATE SUPPLEMENTAL DRUG REBATES	-$342,668,000	-$171,867,200	-$170,800,800
49	FEDERAL DRUG REBATE PROGRAM	-$823,812,000	-$413,188,000	-$410,624,000
176	PHYSICIAN-ADMINISTERED DRUGS SAVINGS	-$11,250,000	-$7,125,000	-$4,125,000
188	MEDI-CAL PHARMACY REFORMS	-$58,000,000	-$29,000,000	-$29,000,000
202	ESTIMATED ACQUISITION COST PHARMACY SAVING	-$73,925,000	-$36,962,500	-$36,962,500
	PHARMACY SUBTOTAL	**-$1,398,591,580**	**-$716,805,690**	**-$681,785,890**
	MANAGED CARE			
53	MANAGED CARE INTERGOVERNMENTAL TRANSFER	$435,404,000	$217,701,000	$217,703,000
57	MANAGED CARE EXPANSION - SONOMA	$27,639,000	$13,819,500	$13,819,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	$13,959,000	$6,979,500	$6,979,500
68	MANAGED CARE EXPANSION - MERCED	$31,273,000	$15,636,500	$15,636,500
69	ADDITION OF LTC TO THE HPSM	$13,846,000	$6,923,000	$6,923,000
71	WORKING DISABLED IN MANAGED CARE	$598,000	$299,000	$299,000
72	FFS COSTS FOR MANAGED CARE ENROLLEES	$0	$0	$0
159	QIF SUNSET FOR MANAGED CARE	-$8,847,000	-$4,423,500	-$4,423,500
172	COURT-ORDERED MANAGED CARE RATE ADJUSTMI	$14,600,000	$7,300,000	$7,300,000
	MANAGED CARE SUBTOTAL	**$528,472,000**	**$264,235,000**	**$264,237,000**
	PROVIDER RATES			
74	NF-B RATE CHANGES AND QA FEE	$354,642,860	$177,321,430	$177,321,430
75	FQHC/RHC RECONCILIATION PROCESS	$74,183,000	$37,091,500	$37,091,500
76	LTC RATE ADJUSTMENT	$112,847,860	$56,423,930	$56,423,930
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$28,633,780	$14,316,890	$14,316,890
79	HOSPICE RATE INCREASES	$10,185,680	$5,092,840	$5,092,840
80	MIRENA IUC REIMBURSEMENT	$369,030	$269,130	$99,900
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-$64,967,860	-$32,483,930	-$32,483,930
83	REDUCTION TO NON-CONTRACT HOSPITALS	$0	$0	$0

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	PROVIDER RATES			
84	REDUCTION TO LTC PROVIDER PAYMENTS	$0	$0	$0
86	REDUCTION TO PROVIDER PAYMENTS	$0	$0	$0
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	$137,101,000	$68,451,500	$68,649,500
184	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-$57,446,200	-$43,314,820	-$14,131,390
190	EXPANSION OF REVENUE BASE FOR AB 1629 QA FE	$12,800,000	$6,400,000	$6,400,000
	PROVIDER RATES SUBTOTAL	**$608,349,140**	**$289,568,470**	**$318,780,680**
	HOSPITAL FINANCING			
87	HOSP FINANCING - DSH PMT	$1,684,534,000	$1,140,721,000	$543,813,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	$507,162,000	$253,581,000	$253,581,000
89	HOSP FINANCING - SAFETY NET CARE POOL	$438,366,000	$438,366,000	$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	$257,054,000	$257,054,000	$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	$265,776,000	$132,888,000	$132,888,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	$144,233,000	$144,233,000	$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	$99,674,000	$99,674,000	$0
94	HOSP FINANCING - STABILIZATION FUNDING	$93,390,000	$46,695,000	$46,695,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	$51,193,000	$25,596,500	$25,596,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	$30,026,000	$15,013,000	$15,013,000
97	HOSP FINANCING - CCS AND GHPP	$40,000,000	$40,000,000	$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	$56,080,000	$56,080,000	$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	$3,800,000	$1,900,000	$1,900,000
100	HOSP FINANCING - MIA LTC	$0	$19,464,000	-$19,464,000
101	HOSP FINANCING - BCCTP	$0	$1,000,000	-$1,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	$0	$463,845,500	-$463,845,500
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10	$0	$5,100,000	-$5,100,000
201	REDUCTION TO HOSP FINANCING-DSH REPLACEME	-$47,872,000	-$23,936,000	-$23,936,000
	HOSPITAL FINANCING SUBTOTAL	**$3,623,416,000**	**$3,117,275,000**	**$506,141,000**
	SUPPLEMENTAL PMNTS.			
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	$195,000,000	$195,000,000	$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	$117,051,000	$62,853,000	$54,198,000
105	FREESTANDING CLINICS & VETERANS' HOMES SUPI	$198,150,000	$198,150,000	$0
106	IGT FOR NON-SB 1100 HOSPITALS	$100,000,000	$50,000,000	$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	$59,730,000	$29,865,000	$29,865,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	$52,400,000	$52,400,000	$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	**$740,331,000**	**$597,268,000**	**$143,063,000**

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	OTHER			
35	UNSPECIFIED BUDGET REDUCTION	-$841,700,000	-$518,403,000	-$323,297,000
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- (	$74,008,000	$74,008,000	$0
124	HEALTHY FAMILIES - CDMH	$29,712,000	$29,712,000	$0
127	MINOR CONSENT SETTLEMENT	$8,359,000	$0	$8,359,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	$11,101,000	$5,550,500	$5,550,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	$63,000	$63,000	$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	$1,000,000	$0	$1,000,000
136	ESTATE RECOVERY MEDICARE PREMIUMS	$1,548,000	$774,000	$774,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	$0	-$2,400,000	$2,400,000
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
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	-$39,026,520	-$19,513,260	-$19,513,260
146	EDS COST CONTAINMENT PROJECTS	-$3,504,310	-$1,752,160	-$1,752,160
148	MEDICAL SUPPORT ENHANCEMENTS	$0	$0	$0
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-$71,213,040	-$35,606,520	-$35,606,520
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-$61,534,320	$0	-$61,534,310
182	ARRA-ADDITIONAL FFP FOR DHCS	$0	$2,853,261,000	-$2,853,261,000
185	FEDERAL MEDI-CAL FLEXIBILITY AND STABILIZATIO	-$1,952,616,000	-$1,202,616,000	-$750,000,000
186	ANTI-FRAUD INITIATIVE	-$133,664,000	-$66,832,000	-$66,832,000
191	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FU	$0	$0	$0
199	IHSS ANTI-FRAUD INITIATIVE	-$62,136,000	-$62,136,000	$0
200	REDUCTION IN IHSS RATE TO MINIMUM WAGE	-$402,895,000	-$402,895,000	$0
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	$469,499,000	$469,499,000	$0
	OTHER SUBTOTAL	**-$2,972,999,190**	**$1,116,313,560**	**-$4,089,312,750**
	GRAND TOTAL	**$2,233,924,260**	**$5,440,300,320**	**-$3,206,376,060**

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2009-10

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	$4,285,614,370	$2,793,743,120	$1,491,871,260
PHYSICIANS	$1,146,765,370	$754,557,250	$392,208,120
OTHER MEDICAL	$2,076,605,630	$1,259,008,610	$817,597,030
COUNTY OUTPATIENT	$343,304,190	$303,446,810	$39,857,380
COMMUNITY OUTPATIENT	$718,939,180	$476,730,450	$242,208,720
PHARMACY	$1,674,798,120	$1,115,236,510	$559,561,610
HOSPITAL INPATIENT	$7,840,358,170	$5,430,954,770	$2,409,403,400
COUNTY INPATIENT	$2,441,512,100	$2,037,664,240	$403,847,860
COMMUNITY INPATIENT	$5,398,846,070	$3,393,290,530	$2,005,555,550
LONG TERM CARE	$4,494,720,630	$2,662,083,010	$1,832,637,620
NURSING FACILITIES	$4,087,534,970	$2,421,085,770	$1,666,449,200
ICF-DD	$407,185,660	$240,997,240	$166,188,420
OTHER SERVICES	$1,233,434,800	$793,199,330	$440,235,470
MEDICAL TRANSPORTATION	$151,020,710	$89,113,050	$61,907,660
OTHER SERVICES	$919,526,700	$606,183,960	$313,342,740
HOME HEALTH	$162,887,390	$97,902,320	$64,985,070
TOTAL FEE-FOR-SERVICE	**$19,528,926,100**	**$12,795,216,740**	**$6,733,709,360**
MANAGED CARE	$6,991,035,940	$4,090,242,300	$2,900,793,640
TWO PLAN MODEL	$3,923,643,080	$2,296,867,020	$1,626,776,060
COUNTY ORGANIZED HEALTH SYSTEMS	$2,269,441,480	$1,316,684,110	$952,757,380
GEOGRAPHIC MANAGED CARE	$568,586,800	$340,006,380	$228,580,420
PHP & OTHER MANAG. CARE	$229,364,570	$136,684,790	$92,679,780
DENTAL	$481,675,520	$306,981,530	$174,693,990
MENTAL HEALTH	$1,627,320,660	$1,627,305,980	$14,680
AUDITS/ LAWSUITS	$26,030,150	$6,070,750	$19,959,400
EPSDT SCREENS	$65,608,610	$39,870,780	$25,737,830
MEDICARE PAYMENTS	$3,572,206,600	$1,598,610,460	$1,973,596,140
STATE HOSP./DEVELOPMENTAL CNTRS.	$317,931,480	$317,931,490	$0
MISC. SERVICES	$4,722,409,180	$4,707,064,490	$15,344,680
RECOVERIES	-$259,320,320	-$143,930,470	-$115,389,850
GRAND TOTAL MEDI-CAL	**$37,073,823,930**	**$25,345,364,060**	**$11,728,459,870**

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

SERVICE CATEGORY	MAY 2009 EST. FOR 2008-09	MAY 2009 EST. FOR 2009-10	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$4,484,798,710	$4,285,614,370	-$199,184,330	-4.44
PHYSICIANS	$1,391,899,870	$1,146,765,370	-$245,134,500	-17.61
OTHER MEDICAL	$2,220,142,960	$2,076,605,630	-$143,537,320	-6.47
COUNTY OUTPATIENT	$219,947,560	$343,304,190	$123,356,640	56.08
COMMUNITY OUTPATIENT	$652,808,320	$718,939,180	$66,130,860	10.13
PHARMACY	$2,088,009,630	$1,674,798,120	-$413,211,510	-19.79
HOSPITAL INPATIENT	$8,070,401,460	$7,840,358,170	-$230,043,290	-2.85
COUNTY INPATIENT	$2,376,239,400	$2,441,512,100	$65,272,700	2.75
COMMUNITY INPATIENT	$5,694,162,070	$5,398,846,070	-$295,315,990	-5.19
LONG TERM CARE	$4,343,227,060	$4,494,720,630	$151,493,570	3.49
NURSING FACILITIES	$3,933,451,180	$4,087,534,970	$154,083,790	3.92
ICF-DD	$409,775,880	$407,185,660	-$2,590,220	-0.63
OTHER SERVICES	$1,382,344,140	$1,233,434,800	-$148,909,340	-10.77
MEDICAL TRANSPORTATION	$158,613,420	$151,020,710	-$7,592,700	-4.79
OTHER SERVICES	$1,045,695,070	$919,526,700	-$126,168,370	-12.07
HOME HEALTH	$178,035,650	$162,887,390	-$15,148,270	-8.51
TOTAL FEE-FOR-SERVICE	**$20,368,781,010**	**$19,528,926,100**	**-$839,854,910**	**-4.12**
MANAGED CARE	$6,804,878,590	$6,991,035,940	$186,157,350	2.74
TWO PLAN MODEL	$3,937,379,470	$3,923,643,080	-$13,736,390	-0.35
COUNTY ORGANIZED HEALTH SYSTEMS	$1,993,968,890	$2,269,441,480	$275,472,600	13.82
GEOGRAPHIC MANAGED CARE	$598,364,600	$568,586,800	-$29,777,800	-4.98
PHP & OTHER MANAG. CARE	$275,165,620	$229,364,570	-$45,801,050	-16.64
DENTAL	$668,181,320	$481,675,520	-$186,505,800	-27.91
MENTAL HEALTH	$1,408,253,230	$1,627,320,660	$219,067,440	15.56
AUDITS/ LAWSUITS	$17,035,150	$26,030,150	$8,995,010	52.80
EPSDT SCREENS	$63,144,340	$65,608,610	$2,464,270	3.90
MEDICARE PAYMENTS	$3,356,421,850	$3,572,206,600	$215,784,750	6.43
STATE HOSP./DEVELOPMENTAL CNTRS.	$322,864,850	$317,931,480	-$4,933,360	-1.53
MISC. SERVICES	$4,554,227,810	$4,722,409,180	$168,181,370	3.69
RECOVERIES	-$264,196,180	-$259,320,320	$4,875,860	-1.85
GRAND TOTAL MEDI-CAL	**$37,299,591,960**	**$37,073,823,930**	**-$225,768,030**	**-0.61**
STATE FUNDS	**$12,812,985,730**	**$11,728,459,870**	**-$1,084,525,850**	**-8.46**

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

SERVICE CATEGORY	NOV. 2008 EST. FOR 2009-10	MAY 2009 EST. FOR 2009-10	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$4,255,014,620	$4,285,614,370	$30,599,760	0.72
PHYSICIANS	$1,203,708,980	$1,146,765,370	-$56,943,610	-4.73
OTHER MEDICAL	$2,073,032,870	$2,076,605,630	$3,572,770	0.17
COUNTY OUTPATIENT	$259,608,490	$343,304,190	$83,695,710	32.24
COMMUNITY OUTPATIENT	$718,664,280	$718,939,180	$274,890	0.04
PHARMACY	$2,001,528,710	$1,674,798,120	-$326,730,590	-16.32
HOSPITAL INPATIENT	$7,933,098,860	$7,840,358,170	-$92,740,690	-1.17
COUNTY INPATIENT	$2,415,018,950	$2,441,512,100	$26,493,150	1.10
COMMUNITY INPATIENT	$5,518,079,910	$5,398,846,070	-$119,233,840	-2.16
LONG TERM CARE	$4,584,741,060	$4,494,720,630	-$90,020,430	-1.96
NURSING FACILITIES	$4,184,541,770	$4,087,534,970	-$97,006,800	-2.32
ICF-DD	$400,199,300	$407,185,660	$6,986,360	1.75
OTHER SERVICES	$1,351,274,010	$1,233,434,800	-$117,839,210	-8.72
MEDICAL TRANSPORTATION	$149,475,980	$151,020,710	$1,544,740	1.03
OTHER SERVICES	$1,019,792,400	$919,526,700	-$100,265,700	-9.83
HOME HEALTH	$182,005,630	$162,887,390	-$19,118,250	-10.50
TOTAL FEE-FOR-SERVICE	**$20,125,657,270**	**$19,528,926,100**	**-$596,731,170**	**-2.97**
MANAGED CARE	$7,787,798,050	$6,991,035,940	-$796,762,110	-10.23
TWO PLAN MODEL	$4,036,583,230	$3,923,643,080	-$112,940,150	-2.80
COUNTY ORGANIZED HEALTH SYSTEMS	$2,765,255,270	$2,269,441,480	-$495,813,790	-17.93
GEOGRAPHIC MANAGED CARE	$619,821,960	$568,586,800	-$51,235,160	-8.27
PHP & OTHER MANAG. CARE	$366,137,590	$229,364,570	-$136,773,020	-37.36
DENTAL	$440,088,480	$481,675,520	$41,587,040	9.45
MENTAL HEALTH	$1,371,008,000	$1,627,320,660	$256,312,660	18.70
AUDITS/ LAWSUITS	$11,403,000	$26,030,150	$14,627,150	128.27
EPSDT SCREENS	$63,762,310	$65,608,610	$1,846,300	2.90
MEDICARE PAYMENTS	$3,579,400,000	$3,572,206,600	-$7,193,400	-0.20
STATE HOSP./DEVELOPMENTAL CNTRS.	$304,742,000	$317,931,480	$13,189,480	4.33
MISC. SERVICES	$3,911,750,000	$4,722,409,180	$810,659,170	20.72
RECOVERIES	-$260,388,000	-$259,320,320	$1,067,680	-0.41
GRAND TOTAL MEDI-CAL	**$37,335,221,110**	**$37,073,823,930**	**-$261,397,180**	**-0.70**
STATE FUNDS	**$15,323,621,920**	**$11,728,459,870**	**-$3,595,162,050**	**-23.46**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	ELIGIBILITY						
1	FAMILY PLANNING INITIATIVE	$516,404,000	$178,423,100	$573,951,000	$197,117,900	$57,547,000	$18,694,800
2	BREAST AND CERVICAL CANCER TREATMENT	$135,156,000	$63,713,200	$132,111,000	$59,708,150	-$3,045,000	-$4,005,050
3	CHDP GATEWAY - PREENROLLMENT	$18,721,000	$6,552,350	$18,701,000	$6,545,350	-$20,000	-$7,000
4	BRIDGE TO HFP	$15,588,000	$5,455,800	$19,646,000	$6,876,100	$4,058,000	$1,420,300
5	REFUGEES	$7,103,000	$7,103,000	$8,034,000	$8,034,000	$931,000	$931,000
6	PE FOR HFP DISENROLLEES	$8,049,000	$4,024,500	$0	$0	-$8,049,000	-$4,024,500
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	$900,000	$450,000	$900,000	$450,000	$0	$0
8	STATE-FUNDED KINGAP	$2,000	$2,000	$0	$0	-$2,000	-$2,000
9	CRAIG V. BONTA LAWSUIT	$220,000	$110,000	$118,000	$59,000	-$102,000	-$51,000
10	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUST.	$0	$0	$0	$0	$0	$0
11	NEW QUALIFIED ALIENS	$0	$121,577,000	$0	$128,535,000	$0	$6,958,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	-$28,923,150	$0	-$34,561,800	$0	-$5,638,650
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	$0	$0	$0	$0	$0	$0
14	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REF	-$183,804,000	-$91,902,000	$0	$0	$183,804,000	$91,902,000
160	ADDITIONAL CASELOAD INCREASE	$211,687,140	$105,843,570	$242,498,000	$121,249,000	$30,810,860	$15,405,430
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	$0	$0	-$57,727,000	-$125,075,000	-$57,727,000	-$125,075,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-$204,000	-$102,000	-$204,000	-$102,000	$0	$0
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	$0	$0	-$6,614,200	$0	-$6,614,200
179	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEM	$0	$0	$0	$1,121,000	$0	$1,121,000
183	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	$0	$0	$1,452,000	$726,000	$1,452,000	$726,000
195	LIMITATION OF IHSS TO HIGHEST LEVEL OF NEED	$0	$0	-$97,714,000	$0	-$97,714,000	$0
196	REDUCTION IN CDSS IHSS SOC BUYOUT ELIGIBLES	$0	$0	-$11,819,000	-$8,897,500	-$11,819,000	-$8,897,500
	ELIGIBILITY SUBTOTAL	**$729,822,140**	**$372,327,370**	**$829,947,000**	**$355,171,000**	**$100,124,860**	**-$17,156,370**
	BENEFITS						
16	ADULT DAY HEALTH CARE - CDA	$423,494,000	$211,747,000	$428,966,000	$214,483,000	$5,472,000	$2,736,000
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$92,165,000	$0	$92,165,000	$0	$0	$0

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$45,464,000	$22,732,000	$45,464,000	$22,732,000	$0	$0
19	FPACT IMPLANON AND ESSURE	$4,000,000	$4,000,000	$4,000,000	$4,000,000	$0	$0
20	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	$17,259,000	$4,508,000	$19,909,000	$4,977,000	$2,650,000	$469,000
21	CONLAN V. BONTA	$1,322,000	$682,000	$1,264,000	$632,000	-$58,000	-$50,000
22	HOME TOCOLYTIC THERAPY	$1,536,920	$768,460	$0	$0	-$1,536,920	-$768,460
23	NEWBORN HEARING SCREENS EXPANSION	$2,857,000	$1,428,500	$0	$0	-$2,857,000	-$1,428,500
24	NF A/B LEVEL OF CARE GROWTH	$2,752,000	$1,376,000	$0	$0	-$2,752,000	-$1,376,000
28	FAMILY PACT STATE ONLY SERVICES	$0	$2,000,000	$0	$2,000,000	$0	$0
29	SCHIP FUNDING FOR PRENATAL CARE	$0	-$114,116,600	$0	-$114,116,600	$0	$0
30	CDSS IHSS SHARE-OF-COST BUYOUT	$0	$4,287,000	$0	$6,445,500	$0	$2,158,500
31	DME CONTRACTING PROJECT SAVINGS	-$1,620,000	-$810,000	-$1,620,000	-$810,000	$0	$0
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-$20,651,000	-$10,325,500	-$20,367,000	-$10,183,500	$284,000	$142,000
33	EXPANSION OF NF/AH WAIVER (SB 643)	-$2,549,000	-$1,274,500	$0	$0	$2,549,000	$1,274,500
34	ADULT DAY HEALTH CARE REFORMS	-$33,985,000	-$16,992,500	-$34,424,000	-$17,212,000	-$439,000	-$219,500
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-$258,782,000	-$129,391,000	-$244,468,000	-$122,234,000	$14,314,000	$7,157,000
180	PEDIATRIC PALLIATIVE CARE	$0	$0	-$589,000	-$294,500	-$589,000	-$294,500
187	REDUCE ADHC PROGRAM	$0	$0	-$36,624,520	-$18,312,260	-$36,624,520	-$18,312,260
197	REDUCTION IN CDSS IHSS SHARE-OF-COST BUYOUT	$0	$0	$0	-$3,883,000	$0	-$3,883,000
	BENEFITS SUBTOTAL	**$273,262,920**	**-$19,381,140**	**$253,675,480**	**-$31,776,360**	**-$19,587,440**	**-$12,395,220**
	PHARMACY						
36	HIV/AIDS PHARMACY PILOT PROGRAM	$99,000	$99,000	$100,000	$100,000	$1,000	$1,000
37	NON FFP DRUGS	$0	$417,000	$0	$581,500	$0	$164,500
38	MAXIMUM ALLOWABLE INGREDIENT COST FOR GENEF	-$2,000,000	-$1,000,000	$0	$0	$2,000,000	$1,000,000
39	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	-$2,088,000	-$1,044,000	-$1,044,000	-$522,000	$1,044,000	$522,000
40	PHARMACY TAR AUTO-ADJUDICATION	-$3,156,000	-$1,578,000	-$1,336,720	-$668,360	$1,819,280	$909,640
41	MEDICAL SUPPLY CONTRACTING	-$5,957,440	-$2,978,720	-$4,998,000	-$2,499,000	$959,440	$479,720

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PHARMACY						
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-$5,200,160	-$2,600,080	-$5,598,880	-$2,799,440	-$398,720	-$199,360
43	MEDICAL SUPPLY REBATES	-$6,000,000	-$3,000,000	-$6,000,000	-$3,000,000	$0	$0
44	ENTERAL NUTRITION PRODUCTS	-$13,500,000	-$6,750,000	-$15,300,000	-$7,650,000	-$1,800,000	-$900,000
45	AGED DRUG REBATE RESOLUTION	-$8,000,000	-$4,000,000	-$6,000,000	-$3,000,000	$2,000,000	$1,000,000
46	FAMILY PACT DRUG REBATES	-$43,958,000	-$25,548,400	-$36,776,000	-$5,555,200	$7,182,000	$19,993,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-$44,000,000	-$21,687,900	-$34,000,000	-$16,269,600	$10,000,000	$5,418,300
48	STATE SUPPLEMENTAL DRUG REBATES	-$350,539,000	-$174,723,900	-$342,668,000	-$170,800,800	$7,871,000	$3,923,100
49	FEDERAL DRUG REBATE PROGRAM	-$842,735,000	-$420,056,300	-$823,812,000	-$410,624,000	$18,923,000	$9,432,300
176	PHYSICIAN-ADMINISTERED DRUGS SAVINGS	$0	$0	-$11,250,000	-$4,125,000	-$11,250,000	-$4,125,000
188	MEDI-CAL PHARMACY REFORMS	$0	$0	-$58,000,000	-$29,000,000	-$58,000,000	-$29,000,000
202	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	$0	$0	-$73,925,000	-$36,962,500	-$73,925,000	-$36,962,500
	PHARMACY SUBTOTAL	**-$1,327,034,600**	**-$664,451,300**	**-$1,420,608,600**	**-$692,794,400**	**-$93,574,000**	**-$28,343,100**
	MANAGED CARE						
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	$360,554,000	$182,777,000	$435,404,000	$217,703,000	$74,850,000	$34,926,000
57	MANAGED CARE EXPANSION - SONOMA	$28,429,000	$14,214,500	$27,639,000	$13,819,500	-$790,000	-$395,000
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	$17,092,000	$8,546,000	$13,959,000	$6,979,500	-$3,133,000	-$1,566,500
64	MANAGED CARE EXPANSION - PLACER	$590,000	$295,000	$0	$0	-$590,000	-$295,000
65	MANAGED CARE EXPANSION - SAN LUIS OBISPO	-$75,568,000	-$37,784,000	$0	$0	$75,568,000	$37,784,000
67	HEALTH INSURANCE ORGANIZATION	$50,706,000	$25,353,000	$0	$0	-$50,706,000	-$25,353,000
68	MANAGED CARE EXPANSION - MERCED	$32,167,000	$16,083,500	$31,273,000	$15,636,500	-$894,000	-$447,000
69	ADDITION OF LTC TO THE HPSM	$13,189,000	$6,594,500	$13,846,000	$6,923,000	$657,000	$328,500
70	AIDS HEALTHCARE CENTERS (FULL RISK)	-$5,083,000	-$2,541,500	$0	$0	$5,083,000	$2,541,500
71	WORKING DISABLED IN MANAGED CARE	$569,000	$284,500	$598,000	$299,000	$29,000	$14,500
72	FFS COSTS FOR MANAGED CARE ENROLLEES	$0	$0	$0	$0	$0	$0
159	QIF SUNSET FOR MANAGED CARE	-$171,992,000	-$85,996,000	-$8,847,000	-$4,423,500	$163,145,000	$81,572,500
172	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	$0	$0	$14,600,000	$7,300,000	$14,600,000	$7,300,000

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MANAGED CARE						
	MANAGED CARE SUBTOTAL	**$250,653,000**	**$127,826,500**	**$528,472,000**	**$264,237,000**	**$277,819,000**	**$136,410,500**
	PROVIDER RATES						
74	NF-B RATE CHANGES AND QA FEE	$365,637,590	$182,818,800	$354,642,860	$177,321,430	-$10,994,730	-$5,497,370
75	FQHC/RHC RECONCILIATION PROCESS	$74,183,000	$37,091,500	$74,183,000	$37,091,500	$0	$0
76	LTC RATE ADJUSTMENT	$115,346,180	$57,673,090	$112,847,860	$56,423,930	-$2,498,320	-$1,249,160
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$42,734,160	$21,367,080	$39,489,430	$19,744,710	-$3,244,730	-$1,622,360
78	FAMILY PLANNING RATE INCREASE	$33,685,000	$16,842,500	$0	$0	-$33,685,000	-$16,842,500
79	HOSPICE RATE INCREASES	$17,438,140	$8,719,070	$15,942,520	$7,971,260	-$1,495,620	-$747,810
80	MIRENA IUC REIMBURSEMENT	$1,352,000	$479,200	$1,998,000	$540,900	$646,000	$61,700
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-$43,418,930	-$21,709,460	-$92,890,850	-$46,445,420	-$49,471,920	-$24,735,960
83	REDUCTION TO NON-CONTRACT HOSPITALS	-$23,731,000	-$11,865,500	-$65,512,000	-$32,756,000	-$41,781,000	-$20,890,500
84	REDUCTION TO LTC PROVIDER PAYMENTS	-$40,303,000	-$20,151,500	-$58,090,000	-$29,045,000	-$17,787,000	-$8,893,500
86	REDUCTION TO PROVIDER PAYMENTS	-$22,615,000	-$11,481,500	-$193,241,000	-$100,764,500	-$170,626,000	-$89,283,000
158	FQHC ADHC REIMBURSEMENT METHODOLOGY	-$5,169,020	-$2,584,510	$0	$0	$5,169,020	$2,584,510
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	$0	$0	$137,101,000	$68,649,500	$137,101,000	$68,649,500
184	ROLLBACK OF FAMILY PLANNING RATE INCREASE	$0	$0	-$57,446,200	-$14,131,390	-$57,446,200	-$14,131,390
190	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	$0	$0	$12,800,000	$6,400,000	$12,800,000	$6,400,000
	PROVIDER RATES SUBTOTAL	**$515,139,120**	**$257,198,760**	**$281,824,610**	**$151,000,920**	**-$233,314,510**	**-$106,197,840**
	HOSPITAL FINANCING						
87	HOSP FINANCING - DSH PMT	$1,621,250,000	$507,990,000	$1,684,534,000	$543,813,000	$63,284,000	$35,823,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	$503,464,000	$251,732,000	$507,162,000	$253,581,000	$3,698,000	$1,849,000
89	HOSP FINANCING - SAFETY NET CARE POOL	$434,021,000	$0	$438,366,000	$0	$4,345,000	$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI'	$180,000,000	$0	$257,054,000	$0	$77,054,000	$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	$245,336,000	$122,668,000	$265,776,000	$132,888,000	$20,440,000	$10,220,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN (	$77,625,000	$0	$144,233,000	$0	$66,608,000	$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	$100,000,000	$0	$99,674,000	$0	-$326,000	$0

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	HOSPITAL FINANCING						
94	HOSP FINANCING - STABILIZATION FUNDING	$43,500,000	$21,750,000	$93,390,000	$46,695,000	$49,890,000	$24,945,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	$51,009,000	$25,504,500	$51,193,000	$25,596,500	$184,000	$92,000
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	$30,026,000	$15,013,000	$30,026,000	$15,013,000	$0	$0
97	HOSP FINANCING - CCS AND GHPP	$40,000,000	$0	$40,000,000	$0	$0	$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	$31,000,000	$0	$56,080,000	$0	$25,080,000	$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	$3,800,000	$1,900,000	$3,800,000	$1,900,000	$0	$0
100	HOSP FINANCING - MIA LTC	$0	-$20,675,000	$0	-$19,464,000	$0	$1,211,000
101	HOSP FINANCING - BCCTP	$0	-$1,000,000	$0	-$1,000,000	$0	$0
102	BASE ADJUSTMENT - DPH INTERIM RATE	$0	-$489,626,000	$0	-$463,845,500	$0	$25,780,500
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	-$6,943,000	-$6,943,000	$0	-$5,100,000	$6,943,000	$1,843,000
201	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	$0	$0	-$47,872,000	-$23,936,000	-$47,872,000	-$23,936,000
	HOSPITAL FINANCING SUBTOTAL	**$3,354,088,000**	**$428,313,500**	**$3,623,416,000**	**$506,141,000**	**$269,328,000**	**$77,827,500**
	SUPPLEMENTAL PMNTS.						
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	$195,000,000	$0	$195,000,000	$0	$0	$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	$107,558,000	$51,604,000	$117,051,000	$54,198,000	$9,493,000	$2,594,000
105	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	$68,150,000	$0	$198,150,000	$0	$130,000,000	$0
106	IGT FOR NON-SB 1100 HOSPITALS	$100,000,000	$50,000,000	$100,000,000	$50,000,000	$0	$0
107	FFP FOR LOCAL TRAUMA CENTERS	$59,730,000	$29,865,000	$59,730,000	$29,865,000	$0	$0
108	CERTIFICATION PAYMENTS FOR DP-NFS	$52,400,000	$0	$52,400,000	$0	$0	$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	$10,000,000	$5,000,000	$10,000,000	$5,000,000	$0	$0
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	$8,000,000	$4,000,000	$8,000,000	$4,000,000	$0	$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$600,838,000**	**$140,469,000**	**$740,331,000**	**$143,063,000**	**$139,493,000**	**$2,594,000**
	OTHER						
35	UNSPECIFIED BUDGET REDUCTION	-$646,594,000	-$323,297,000	-$841,700,000	-$323,297,000	-$195,106,000	$0
119	RECONCILIATION WITH BUDGET ACT-OTHER DEPARTI	$111,251,000	$0	$0	$0	-$111,251,000	$0
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	$44,000,000	$0	$74,008,000	$0	$30,008,000	$0

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
124	HEALTHY FAMILIES - CDMH	$28,434,000	$0	$29,712,000	$0	$1,278,000	$0
127	MINOR CONSENT SETTLEMENT	$8,359,000	$8,359,000	$8,359,000	$8,359,000	$0	$0
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	$11,101,000	$5,550,500	$11,101,000	$5,550,500	$0	$0
131	SELF-DIRECTED SERVICES WAIVER - CDDS	$4,617,000	$0	$63,000	$0	-$4,554,000	$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$0	$0
136	ESTATE RECOVERY MEDICARE PREMIUMS	$2,092,000	$1,046,000	$1,548,000	$774,000	-$544,000	-$272,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	$0	$2,400,000	$0	$2,400,000	$0	$0
139	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	$0	$0	$0	$0	$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	$0	$0	$0	$0	$0	$0
141	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	$0	$56,000,000	$0	$0	$0	-$56,000,000
142	IMD ANCILLARY SERVICES	$0	$12,000,000	$0	$12,000,000	$0	$0
143	INDIAN HEALTH SERVICES	$0	-$10,500,000	$0	-$7,600,000	$0	$2,900,000
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	-$39,026,520	-$19,513,260	-$39,026,520	-$19,513,260	$0	$0
146	EDS COST CONTAINMENT PROJECTS	-$281,660	-$140,830	-$5,309,560	-$2,654,780	-$5,027,900	-$2,513,950
147	ENHANCED RECOVERIES GENERATED BY DRA OF 200	$0	$0	$0	$0	$0	$0
148	MEDICAL SUPPORT ENHANCEMENTS	-$2,038,000	-$1,019,000	-$3,140,000	-$1,570,000	-$1,102,000	-$551,000
151	ANTI-FRAUD EXPANSION FOR FY 2007-08	-$92,835,000	-$46,417,500	$0	$0	$92,835,000	$46,417,500
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-$94,950,720	-$47,475,360	-$94,950,720	-$47,475,360	$0	$0
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-$69,852,000	-$69,852,000	-$72,727,000	-$72,727,000	-$2,875,000	-$2,875,000
170	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	$171,076,000	$85,538,000	$0	$0	-$171,076,000	-$85,538,000
171	RECONCILIATION WITH BUDGET ACT	-$13,886,000	$0	$0	$0	$13,886,000	$0
182	ARRA-ADDITIONAL FFP FOR DHCS	$0	$0	$0	-$2,853,261,000	$0	-$2,853,261,000
185	FEDERAL MEDI-CAL FLEXIBILITY AND STABILIZATION	$0	$0	-$1,952,616,000	-$750,000,000	-$1,952,616,000	-$750,000,000
186	ANTI-FRAUD INITIATIVE	$0	$0	-$133,664,000	-$66,832,000	-$133,664,000	-$66,832,000
191	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	$0	$0	$0	$0	$0	$0
199	IHSS ANTI-FRAUD INITIATIVE	$0	$0	-$62,136,000	$0	-$62,136,000	$0

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2009 ESTIMATE COMPARED TO NOVEMBER 2008 ESTIMATE
FISCAL YEAR 2009-10

		NOV. 2008 EST. FOR 2009-10		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
200	REDUCTION IN IHSS RATE TO MINIMUM WAGE	$0	$0	-$402,895,000	$0	-$402,895,000	$0
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	$0	$0	$469,499,000	$0	$469,499,000	$0
	OTHER SUBTOTAL	**-$577,533,900**	**-$346,321,450**	**-$3,012,874,800**	**-$4,114,846,900**	**-$2,435,340,900**	**-$3,768,525,450**
	GRAND TOTAL	**$3,819,234,680**	**$295,981,240**	**$1,824,182,690**	**-$3,419,804,740**	**-$1,995,051,990**	**-$3,715,785,980**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	ELIGIBILITY						
1	FAMILY PLANNING INITIATIVE	$566,681,000	$184,967,600	$573,951,000	$197,117,900	$7,270,000	$12,150,300
2	BREAST AND CERVICAL CANCER TREATMENT	$124,238,000	$55,943,800	$132,111,000	$59,708,150	$7,873,000	$3,764,350
3	CHDP GATEWAY - PREENROLLMENT	$18,701,000	$6,545,350	$18,701,000	$6,545,350	$0	$0
4	BRIDGE TO HFP	$16,998,000	$5,949,300	$19,646,000	$6,876,100	$2,648,000	$926,800
5	REFUGEES	$7,574,000	$7,574,000	$8,034,000	$8,034,000	$460,000	$460,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	$1,500,000	$750,000	$900,000	$450,000	-$600,000	-$300,000
9	CRAIG V. BONTA LAWSUIT	$0	$0	$118,000	$59,000	$118,000	$59,000
11	NEW QUALIFIED ALIENS	$0	$121,300,000	$0	$128,535,000	$0	$7,235,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	-$30,861,000	$0	-$34,561,800	$0	-$3,700,800
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	$0	$0	$0	$0	$0	$0
160	ADDITIONAL CASELOAD INCREASE	$49,521,000	$24,760,500	$242,498,000	$121,249,000	$192,977,000	$96,488,500
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	$0	$0	-$57,727,000	-$125,075,000	-$57,727,000	-$125,075,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	$0	$0	-$204,000	-$102,000	-$204,000	-$102,000
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	-$1,653,550	$0	-$6,614,200	$0	-$4,960,650
179	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEM	$0	$0	$0	$1,121,000	$0	$1,121,000
183	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	$0	$0	$1,452,000	$726,000	$1,452,000	$726,000
195	LIMITATION OF IHSS TO HIGHEST LEVEL OF NEED	$0	$0	-$97,714,000	$0	-$97,714,000	$0
196	REDUCTION IN CDSS IHSS SOC BUYOUT ELIGIBLES	$0	$0	-$11,819,000	-$8,897,500	-$11,819,000	-$8,897,500
	ELIGIBILITY SUBTOTAL	**$785,213,000**	**$375,276,000**	**$829,947,000**	**$355,171,000**	**$44,734,000**	**-$20,105,000**
	BENEFITS						
16	ADULT DAY HEALTH CARE - CDA	$409,529,000	$204,764,500	$428,966,000	$214,483,000	$19,437,000	$9,718,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$80,144,000	$0	$92,165,000	$0	$12,021,000	$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$45,464,000	$22,732,000	$45,464,000	$22,732,000	$0	$0
19	FPACT IMPLANON AND ESSURE	$4,000,000	$4,000,000	$4,000,000	$4,000,000	$0	$0
20	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	$1,198,000	$300,000	$19,909,000	$4,977,000	$18,711,000	$4,677,000

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
21	CONLAN V. BONTA	$1,264,000	$632,000	$1,264,000	$632,000	$0	$0
28	FAMILY PACT STATE ONLY SERVICES	$0	$2,000,000	$0	$2,000,000	$0	$0
29	SCHIP FUNDING FOR PRENATAL CARE	$0	-$121,421,300	$0	-$114,116,600	$0	$7,304,700
30	CDSS IHSS SHARE-OF-COST BUYOUT	$0	$6,445,500	$0	$6,445,500	$0	$0
31	DME CONTRACTING PROJECT SAVINGS	$0	$0	-$1,620,000	-$810,000	-$1,620,000	-$810,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SA\	-$1,020,000	-$510,000	-$20,367,000	-$10,183,500	-$19,347,000	-$9,673,500
34	ADULT DAY HEALTH CARE REFORMS	-$24,568,140	-$12,284,070	-$34,424,000	-$17,212,000	-$9,855,860	-$4,927,930
164	DISCONTINUE ADULT OPTIONAL BENEFITS	$0	$0	-$244,468,000	-$122,234,000	-$244,468,000	-$122,234,000
180	PEDIATRIC PALLIATIVE CARE	$0	$0	-$589,000	-$294,500	-$589,000	-$294,500
187	REDUCE ADHC PROGRAM	$0	$0	-$36,624,520	-$18,312,260	-$36,624,520	-$18,312,260
197	REDUCTION IN CDSS IHSS SHARE-OF-COST BUYOUT	$0	$0	$0	-$3,883,000	$0	-$3,883,000
	BENEFITS SUBTOTAL	**$516,010,860**	**$106,658,630**	**$253,675,480**	**-$31,776,360**	**-$262,335,380**	**-$138,434,990**
	PHARMACY						
36	HIV/AIDS PHARMACY PILOT PROGRAM	$1,022,000	$986,000	$100,000	$100,000	-$922,000	-$886,000
37	NON FFP DRUGS	$0	$399,000	$0	$581,500	$0	$182,500
39	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	$0	$0	-$1,044,000	-$522,000	-$1,044,000	-$522,000
40	PHARMACY TAR AUTO-ADJUDICATION	$0	$0	-$1,336,720	-$668,360	-$1,336,720	-$668,360
41	MEDICAL SUPPLY CONTRACTING	-$3,631,890	-$1,815,950	-$4,998,000	-$2,499,000	-$1,366,110	-$683,050
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-$4,609,950	-$2,304,970	-$5,598,880	-$2,799,440	-$988,930	-$494,470
43	MEDICAL SUPPLY REBATES	-$6,000,000	-$3,000,000	-$6,000,000	-$3,000,000	$0	$0
44	ENTERAL NUTRITION PRODUCTS	-$14,677,290	-$7,338,650	-$15,300,000	-$7,650,000	-$622,710	-$311,360
45	AGED DRUG REBATE RESOLUTION	-$4,000,000	-$2,000,000	-$6,000,000	-$3,000,000	-$2,000,000	-$1,000,000
46	FAMILY PACT DRUG REBATES	-$36,423,000	-$6,853,200	-$36,776,000	-$5,555,200	-$353,000	$1,298,000
47	DISPUTED DRUG REBATE RESOLUTIONS	-$40,000,000	-$19,203,800	-$34,000,000	-$16,269,600	$6,000,000	$2,934,200
48	STATE SUPPLEMENTAL DRUG REBATES	-$306,924,000	-$152,984,400	-$342,668,000	-$170,800,800	-$35,744,000	-$17,816,400

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PHARMACY						
49	FEDERAL DRUG REBATE PROGRAM	-$737,878,000	-$367,791,000	-$823,812,000	-$410,624,000	-$85,934,000	-$42,833,000
176	PHYSICIAN-ADMINISTERED DRUGS SAVINGS	$0	$0	-$11,250,000	-$4,125,000	-$11,250,000	-$4,125,000
188	MEDI-CAL PHARMACY REFORMS	$0	$0	-$58,000,000	-$29,000,000	-$58,000,000	-$29,000,000
202	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	$0	$0	-$73,925,000	-$36,962,500	-$73,925,000	-$36,962,500
	PHARMACY SUBTOTAL	**-$1,153,122,130**	**-$561,906,970**	**-$1,420,608,600**	**-$692,794,400**	**-$267,486,470**	**-$130,887,430**
	MANAGED CARE						
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	$177,010,000	$88,505,000	$435,404,000	$217,703,000	$258,394,000	$129,198,000
57	MANAGED CARE EXPANSION - SONOMA	$0	$0	$27,639,000	$13,819,500	$27,639,000	$13,819,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	$10,301,000	$5,150,500	$13,959,000	$6,979,500	$3,658,000	$1,829,000
61	RISK PAYMENTS FOR MANAGED CARE PLANS	$8,000,000	$4,000,000	$0	$0	-$8,000,000	-$4,000,000
68	MANAGED CARE EXPANSION - MERCED	$0	$0	$31,273,000	$15,636,500	$31,273,000	$15,636,500
69	ADDITION OF LTC TO THE HPSM	$0	$0	$13,846,000	$6,923,000	$13,846,000	$6,923,000
71	WORKING DISABLED IN MANAGED CARE	$0	$0	$598,000	$299,000	$598,000	$299,000
72	FFS COSTS FOR MANAGED CARE ENROLLEES	$0	$0	$0	$0	$0	$0
159	QIF SUNSET FOR MANAGED CARE	$0	$0	-$8,847,000	-$4,423,500	-$8,847,000	-$4,423,500
172	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	$0	$0	$14,600,000	$7,300,000	$14,600,000	$7,300,000
	MANAGED CARE SUBTOTAL	**$195,311,000**	**$97,655,500**	**$528,472,000**	**$264,237,000**	**$333,161,000**	**$166,581,500**
	PROVIDER RATES						
15	PROVIDER PAYMENT REDUCTION LITIGATION	$294,999,000	$151,309,500	$0	$0	-$294,999,000	-$151,309,500
74	NF-B RATE CHANGES AND QA FEE	$157,528,860	$78,764,430	$354,642,860	$177,321,430	$197,113,990	$98,557,000
75	FQHC/RHC RECONCILIATION PROCESS	$74,183,000	$37,091,500	$74,183,000	$37,091,500	$0	$0
76	LTC RATE ADJUSTMENT	$53,646,520	$26,823,260	$112,847,860	$56,423,930	$59,201,330	$29,600,670
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$14,619,310	$7,309,660	$39,489,430	$19,744,710	$24,870,110	$12,435,060
79	HOSPICE RATE INCREASES	$6,463,050	$3,231,520	$15,942,520	$7,971,260	$9,479,470	$4,739,740
80	MIRENA IUC REIMBURSEMENT	$1,598,400	$403,920	$1,998,000	$540,900	$399,600	$136,980

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PROVIDER RATES						
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-$46,970,450	-$23,485,230	-$92,890,850	-$46,445,420	-$45,920,400	-$22,960,200
83	REDUCTION TO NON-CONTRACT HOSPITALS	-$55,410,000	-$27,705,000	-$65,512,000	-$32,756,000	-$10,102,000	-$5,051,000
84	REDUCTION TO LTC PROVIDER PAYMENTS	-$85,127,000	-$42,563,500	-$58,090,000	-$29,045,000	$27,037,000	$13,518,500
86	REDUCTION TO PROVIDER PAYMENTS	-$518,198,000	-$268,784,000	-$193,241,000	-$100,764,500	$324,957,000	$168,019,500
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	$29,417,000	$14,719,500	$137,101,000	$68,649,500	$107,684,000	$53,930,000
184	ROLLBACK OF FAMILY PLANNING RATE INCREASE	$0	$0	-$57,446,200	-$14,131,390	-$57,446,200	-$14,131,390
190	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	$0	$0	$12,800,000	$6,400,000	$12,800,000	$6,400,000
	PROVIDER RATES SUBTOTAL	**-$73,250,310**	**-$42,884,430**	**$281,824,610**	**$151,000,920**	**$355,074,920**	**$193,885,350**
	HOSPITAL FINANCING						
87	HOSP FINANCING - DSH PMT	$1,639,467,000	$533,733,000	$1,684,534,000	$543,813,000	$45,067,000	$10,080,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	$496,470,000	$248,235,000	$507,162,000	$253,581,000	$10,692,000	$5,346,000
89	HOSP FINANCING - SAFETY NET CARE POOL	$414,990,000	$0	$438,366,000	$0	$23,376,000	$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI	$237,946,000	$0	$257,054,000	$0	$19,108,000	$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	$265,776,000	$132,888,000	$265,776,000	$132,888,000	$0	$0
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN (	$124,600,000	$0	$144,233,000	$0	$19,633,000	$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	$137,705,000	$0	$99,674,000	$0	-$38,031,000	$0
94	HOSP FINANCING - STABILIZATION FUNDING	$130,514,000	$65,257,000	$93,390,000	$46,695,000	-$37,124,000	-$18,562,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	$0	$0	$51,193,000	$25,596,500	$51,193,000	$25,596,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	$46,690,000	$23,345,000	$30,026,000	$15,013,000	-$16,664,000	-$8,332,000
97	HOSP FINANCING - CCS AND GHPP	$41,096,000	$0	$40,000,000	$0	-$1,096,000	$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	$0	$0	$56,080,000	$0	$56,080,000	$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	$3,800,000	$1,900,000	$3,800,000	$1,900,000	$0	$0
100	HOSP FINANCING - MIA LTC	$0	-$21,355,000	$0	-$19,464,000	$0	$1,891,000
101	HOSP FINANCING - BCCTP	$0	-$1,211,000	$0	-$1,000,000	$0	$211,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	$0	-$440,473,500	$0	-$463,845,500	$0	-$23,372,000

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	HOSPITAL FINANCING						
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	$0	$0	$0	-$5,100,000	$0	-$5,100,000
201	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	$0	$0	-$47,872,000	-$23,936,000	-$47,872,000	-$23,936,000
	HOSPITAL FINANCING SUBTOTAL	**$3,539,054,000**	**$542,318,500**	**$3,623,416,000**	**$506,141,000**	**$84,362,000**	**-$36,177,500**
	SUPPLEMENTAL PMNTS.						
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	$179,000,000	$0	$195,000,000	$0	$16,000,000	$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	$108,396,000	$54,198,000	$117,051,000	$54,198,000	$8,655,000	$0
105	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	$0	$0	$198,150,000	$0	$198,150,000	$0
106	IGT FOR NON-SB 1100 HOSPITALS	$100,000,000	$50,000,000	$100,000,000	$50,000,000	$0	$0
107	FFP FOR LOCAL TRAUMA CENTERS	$52,330,000	$26,165,000	$59,730,000	$29,865,000	$7,400,000	$3,700,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	$49,400,000	$0	$52,400,000	$0	$3,000,000	$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	$10,000,000	$5,000,000	$10,000,000	$5,000,000	$0	$0
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	$8,000,000	$4,000,000	$8,000,000	$4,000,000	$0	$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$507,126,000**	**$139,363,000**	**$740,331,000**	**$143,063,000**	**$233,205,000**	**$3,700,000**
	OTHER						
35	UNSPECIFIED BUDGET REDUCTION	$0	$0	-$841,700,000	-$323,297,000	-$841,700,000	-$323,297,000
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	$0	$0	$74,008,000	$0	$74,008,000	$0
124	HEALTHY FAMILIES - CDMH	$26,402,000	$0	$29,712,000	$0	$3,310,000	$0
127	MINOR CONSENT SETTLEMENT	$8,728,000	$8,728,000	$8,359,000	$8,359,000	-$369,000	-$369,000
128	DENTAL RETROACTIVE RATE CHANGES	$7,195,000	$3,597,500	$0	$0	-$7,195,000	-$3,597,500
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	$27,880,000	$13,940,000	$11,101,000	$5,550,500	-$16,779,000	-$8,389,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	$0	$0	$63,000	$0	$63,000	$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$0	$0
136	ESTATE RECOVERY MEDICARE PREMIUMS	$0	$0	$1,548,000	$774,000	$1,548,000	$774,000
137	DENTAL MANAGED CARE DISALLOWANCE	$0	$250,000	$0	$0	$0	-$250,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	$0	$33,279,000	$0	$2,400,000	$0	-$30,879,000

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2008-09 AND 2009-10

		MAY 2009 EST. FOR 2008-09		MAY 2009 EST. FOR 2009-10		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
139	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	$0	$0	$0	$0	$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	$0	$0	$0	$0	$0	$0
142	IMD ANCILLARY SERVICES	$0	$12,000,000	$0	$12,000,000	$0	$0
143	INDIAN HEALTH SERVICES	$0	-$7,600,000	$0	-$7,600,000	$0	$0
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	$0	$0	-$39,026,520	-$19,513,260	-$39,026,520	-$19,513,260
146	EDS COST CONTAINMENT PROJECTS	-$2,859,560	-$1,429,780	-$5,309,560	-$2,654,780	-$2,450,000	-$1,225,000
148	MEDICAL SUPPORT ENHANCEMENTS	-$3,014,400	-$1,507,200	-$3,140,000	-$1,570,000	-$125,600	-$62,800
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-$39,165,650	-$19,582,820	-$94,950,720	-$47,475,360	-$55,785,070	-$27,892,540
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-$41,774,000	-$41,774,000	-$72,727,000	-$72,727,000	-$30,953,000	-$30,953,000
182	ARRA-ADDITIONAL FFP FOR DHCS	$0	-$2,089,737,000	$0	-$2,853,261,000	$0	-$763,524,000
185	FEDERAL MEDI-CAL FLEXIBILITY AND STABILIZATION	$0	$0	-$1,952,616,000	-$750,000,000	-$1,952,616,000	-$750,000,000
186	ANTI-FRAUD INITIATIVE	$0	$0	-$133,664,000	-$66,832,000	-$133,664,000	-$66,832,000
191	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	$0	$0	$0	$0	$0	$0
199	IHSS ANTI-FRAUD INITIATIVE	$0	$0	-$62,136,000	$0	-$62,136,000	$0
200	REDUCTION IN IHSS RATE TO MINIMUM WAGE	$0	$0	-$402,895,000	$0	-$402,895,000	$0
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	$269,676,000	$0	$469,499,000	$0	$199,823,000	$0
	OTHER SUBTOTAL	**$254,067,390**	**-$2,088,836,300**	**-$3,012,874,800**	**-$4,114,846,900**	**-$3,266,942,200**	**-$2,026,010,600**
	GRAND TOTAL	**$4,570,409,820**	**-$1,432,356,070**	**$1,824,182,690**	**-$3,419,804,740**	**-$2,746,227,130**	**-$1,987,448,670**

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

FISCAL YEAR 2009-10 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	$32,710,800	$8,148,040	$333,209,600	$64,540,540	$3,669,390	$96,310
OTHER MEDICAL	$74,475,480	$15,314,650	$475,209,670	$225,972,320	$7,288,420	$259,420
COUNTY OUTPATIENT	$2,164,650	$1,348,700	$70,570,350	$11,755,750	$235,070	$60
COMMUNITY OUTPATIENT	$21,351,420	$4,870,100	$249,931,330	$56,343,670	$1,229,380	$27,210
PHARMACY	$55,339,210	$22,901,300	$1,263,977,360	$105,599,250	$10,057,540	$212,550
COUNTY INPATIENT	$8,098,600	$2,227,840	$179,353,630	$26,974,830	$1,238,110	$1,680
COMMUNITY INPATIENT	$184,570,010	$33,726,880	$1,265,942,890	$270,773,490	$32,660,830	$293,670
NURSING FACILITIES	$480,874,420	$27,341,000	$723,701,190	$2,550,160	$2,048,146,580	$8,057,770
ICF-DD	$270,790	$10,671,400	$188,714,370	$727,880	$28,130,030	$3,846,050
MEDICAL TRANSPORTATION	$18,646,960	$5,120,390	$75,481,090	$6,777,420	$4,841,590	$148,070
OTHER SERVICES	$162,383,330	$12,599,710	$456,525,600	$29,508,380	$64,884,430	$189,270
HOME HEALTH	$144,080	$10,799,850	$94,934,070	$3,913,500	$2,550	$0
FFS SUBTOTAL	**$1,041,029,750**	**$155,069,860**	**$5,377,551,150**	**$805,437,200**	**$2,202,383,930**	**$13,132,050**
DENTAL	$28,200,910	$1,578,520	$65,171,710	$97,838,270	$4,827,450	$23,160
TWO PLAN MODEL	$33,697,960	$9,065,540	$703,185,360	$1,268,395,480	$0	$0
COUNTY ORGANIZED HEALTH SYSTEMS	$153,925,580	$17,912,310	$744,074,260	$225,301,630	$339,996,050	$868,070
GEOGRAPHIC MANAGED CARE	$6,873,800	$1,785,260	$129,830,820	$213,414,510	$0	$0
PHP & OTHER MANAG. CARE	$124,421,590	$2,562,630	$53,338,970	$13,065,420	$6,009,170	$0
EPSDT SCREENS	$0	$0	$0	$18,694,620	$0	$0
MEDICARE PAYMENTS	$1,133,646,510	$64,572,000	$1,697,989,330	$0	$155,155,960	$2,033,730
STATE HOSP./DEVELOPMENTAL CNTRS.	$325,970	$2,045,970	$77,087,870	$672,450	$15,391,550	$1,532,440
MISC. SERVICES	$724,977,600	$40,861,400	$2,952,348,640	$2,241,130	$6,490	$30
NON-FFS SUBTOTAL	**$2,206,069,910**	**$140,383,640**	**$6,423,026,970**	**$1,839,623,510**	**$521,386,670**	**$4,457,420**
TOTAL DOLLARS (1)	**$3,247,099,660**	**$295,453,500**	**$11,800,578,120**	**$2,645,060,710**	**$2,723,770,600**	**$17,589,480**
ELIGIBLES ***	**408,900**	**22,900**	**950,900**	**1,477,400**	**47,300**	**200**
ANNUAL $/ELIGIBLE	**$7,941**	**$12,902**	**$12,410**	**$1,790**	**$57,585**	**$87,947**
AVG. MO. $/ELIGIBLE	**$662**	**$1,075**	**$1,034**	**$149**	**$4,799**	**$7,329**

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	$6,756,230	$58,676,460	$516,140	$73,591,360	$247,549,270	$37,720,600
OTHER MEDICAL	$6,783,200	$94,667,570	$2,419,970	$139,374,050	$538,485,090	$84,489,950
COUNTY OUTPATIENT	$1,078,070	$12,787,070	$125,050	$25,669,690	$55,627,160	$6,151,610
COMMUNITY OUTPATIENT	$1,232,410	$25,612,330	$180,110	$54,145,860	$160,367,980	$19,619,990
PHARMACY	$16,181,500	$93,257,740	$886,770	$123,881,870	$190,255,640	$49,971,200
COUNTY INPATIENT	$14,822,230	$23,557,180	$399,960	$146,950,730	$195,541,620	$16,558,330
COMMUNITY INPATIENT	$44,253,670	$130,351,570	$1,433,950	$355,187,340	$1,164,361,270	$127,236,630
NURSING FACILITIES	$531,452,130	$238,127,570	$1,185,120	$77,838,960	$20,644,220	$6,156,300
ICF-DD	$189,226,570	$416,410	$0	$6,064,310	$811,480	$2,025,760
MEDICAL TRANSPORTATION	$2,861,200	$14,232,350	$491,790	$19,190,600	$15,582,860	$2,074,680
OTHER SERVICES	$14,628,540	$120,226,990	$710,290	$83,596,250	$72,432,300	$11,997,960
HOME HEALTH	$23,080	$780,360	$17,920	$57,161,710	$6,799,400	$8,917,530
FFS SUBTOTAL	**$829,298,840**	**$812,693,600**	**$8,367,070**	**$1,162,652,740**	**$2,668,458,290**	**$372,920,530**
DENTAL	$1,319,090	$16,673,200	$42,970	$9,236,550	$207,341,290	$22,851,120
TWO PLAN MODEL	$0	$37,261,910	$232,380	$44,656,470	$2,062,205,040	$43,885,710
COUNTY ORGANIZED HEALTH SYSTEMS	$128,127,380	$93,502,170	$317,660	$128,687,730	$532,804,310	$26,857,170
GEOGRAPHIC MANAGED CARE	$0	$4,513,620	$0	$8,101,190	$242,875,280	$6,037,280
PHP & OTHER MANAG. CARE	$218,050	$26,462,010	$13,050	$2,974,320	$26,990,800	$2,055,430
EPSDT SCREENS	$0	$0	$0	$0	$37,092,470	$2,883,220
MEDICARE PAYMENTS	$36,864,450	$286,087,080	$2,097,710	$176,858,010	$16,901,810	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$218,569,680	$408,620	$117,210	$593,310	$189,010	$294,290
MISC. SERVICES	$2,090	$335,061,520	$1,115,810	$335,065,340	$4,446,680	$345,640
NON-FFS SUBTOTAL	**$385,100,750**	**$799,970,130**	**$3,936,790**	**$706,172,920**	**$3,130,846,700**	**$105,209,880**
TOTAL DOLLARS (1)	**$1,214,399,590**	**$1,612,663,730**	**$12,303,860**	**$1,868,825,660**	**$5,799,304,990**	**$478,130,410**
ELIGIBLES ***	**14,900**	**247,700**	**600**	**137,700**	**3,093,400**	**234,400**
ANNUAL $/ELIGIBLE	**$81,503**	**$6,511**	**$20,506**	**$13,572**	**$1,875**	**$2,040**
AVG. MO. $/ELIGIBLE	**$6,792**	**$543**	**$1,709**	**$1,131**	**$156**	**$170**

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	$2,662,390	$804,450	$22,723,600	$170,394,690	$4,776,220	$6,285,370
OTHER MEDICAL	$2,542,050	$1,216,510	$52,355,080	$183,300,690	$21,009,020	$13,329,540
COUNTY OUTPATIENT	$564,090	$103,150	$8,214,040	$13,733,180	$1,218,320	$1,247,270
COMMUNITY OUTPATIENT	$1,174,360	$181,000	$8,709,070	$32,885,020	$4,533,960	$4,978,290
PHARMACY	$2,588,490	$786,470	$19,104,560	$15,529,300	$3,530,810	$7,051,600
COUNTY INPATIENT	$1,051,640	$67,060	$58,078,480	$64,125,040	$999,760	$2,637,680
COMMUNITY INPATIENT	$11,439,970	$419,280	$149,353,650	$471,518,700	$12,025,130	$17,459,870
NURSING FACILITIES	$37,412,860	$0	$20,724,460	$0	$0	$0
ICF-DD	$1,603,050	$0	$283,370	$0	$0	$0
MEDICAL TRANSPORTATION	$283,080	$15,100	$3,727,540	$1,692,860	$383,090	$361,090
OTHER SERVICES	$748,240	$97,060	$2,327,910	$10,669,940	$3,599,750	$3,736,040
HOME HEALTH	$13,890	$2,520	$82,380	$1,088,390	$1,078,060	$799,410
FFS SUBTOTAL	**$62,084,120**	**$3,692,600**	**$345,684,140**	**$964,937,800**	**$53,154,110**	**$57,886,160**
DENTAL	$197,890	$1,651,000	$119,400	$321,340	$10,932,420	$11,534,390
TWO PLAN MODEL	$987,550	$1,894,600	$0	$45,465,520	$97,090,560	$79,783,120
COUNTY ORGANIZED HEALTH SYSTEMS	$5,109,400	$313,220	$3,844,340	$23,663,570	$36,022,960	$23,559,740
GEOGRAPHIC MANAGED CARE	$142,530	$365,900	$0	$7,142,510	$17,341,360	$13,142,770
PHP & OTHER MANAG. CARE	$23,070	$0	$0	$1,608,460	$1,177,800	$1,060,980
EPSDT SCREENS	$0	$0	$0	$0	$1,886,790	$1,692,060
MEDICARE PAYMENTS	$0	$0	$0	$0	$0	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$191,380	$0	$232,810	$100,940	$125,230	$52,760
MISC. SERVICES	$4,190	$0	$0	$286,920	$55,720	$49,970
NON-FFS SUBTOTAL	**$6,656,010**	**$4,224,720**	**$4,196,550**	**$78,589,260**	**$164,632,840**	**$130,875,810**
TOTAL DOLLARS (1)	**$68,740,130**	**$7,917,330**	**$349,880,690**	**$1,043,527,070**	**$217,786,950**	**$188,761,970**
ELIGIBLES ***	**2,900**	**3,500**	**68,000**	**197,700**	**146,200**	**131,100**
ANNUAL $/ELIGIBLE	**$23,703**	**$2,262**	**$5,145**	**$5,278**	**$1,490**	**$1,440**
AVG. MO. $/ELIGIBLE	**$1,975**	**$189**	**$429**	**$440**	**$124**	**$120**

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2009 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	$1,074,831,430
OTHER MEDICAL	$1,938,492,680
COUNTY OUTPATIENT	$212,593,280
COMMUNITY OUTPATIENT	$647,373,480
PHARMACY	$1,981,113,150
COUNTY INPATIENT	$742,684,410
COMMUNITY INPATIENT	$4,273,008,810
NURSING FACILITIES	$4,224,212,760
ICF-DD	$432,791,460
MEDICAL TRANSPORTATION	$171,911,770
OTHER SERVICES	$1,050,862,000
HOME HEALTH	$186,558,710
FFS SUBTOTAL	$16,936,433,940
DENTAL	$479,860,690
TWO PLAN MODEL	$4,427,807,190
COUNTY ORGANIZED HEALTH SYSTEMS	$2,484,887,580
GEOGRAPHIC MANAGED CARE	$651,566,830
PHP & OTHER MANAG. CARE	$261,981,770
EPSDT SCREENS	$62,249,160
MEDICARE PAYMENTS	$3,572,206,600
STATE HOSP./DEVELOPMENTAL CNTRS.	$317,931,480
MISC. SERVICES	$4,396,869,170
NON-FFS SUBTOTAL	$16,655,360,480
TOTAL DOLLARS (1)	$33,591,794,420
ELIGIBLES ***	7,185,700
ANNUAL $/ELIGIBLE	$4,675
AVG. MO. $/ELIGIBLE	$390

(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 2009-10 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

ESTIMATED COST OF 1% RATE INCREASE
FISCAL YEAR 2009-10

					ASSUMING AUG. 2009 IMPLEMENTATION			
			FULL YEAR COST FOR EACH 1% RATE INCREASE				LAGGED COST FOR EACH 1% RATE INCREASE	
SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	TOTAL	STATE
PHYSICIANS	$1,074,831,430	0.9660	$10,382,870	$4,069,320	0.9167	0.7815	$7,437,960	$2,915,130
OTHER MEDICAL	$1,938,492,680	0.9760	$18,919,690	$7,573,950	0.9167	0.8213	$14,243,700	$5,702,060
COUNTY OUTPATIENT	$212,593,280	0.9600	$2,040,900	$356,090	0.9167	0.7685	$1,437,680	$250,850
COMMUNITY OUTPATIENT	$647,373,480	0.9100	$5,891,100	$2,116,330	0.9167	0.8133	$4,392,000	$1,577,790
PHARMACY	$1,981,113,150	0.0793	$1,571,820	$533,290	0.9167	0.9320	$1,342,850	$455,600
COUNTY INPATIENT	$742,684,410	1.0000	N/A	N/A	0.9167	0.6040	N/A	N/A
COMMUNITY INPATIENT	$4,273,008,810	1.0000	N/A	N/A	0.9167	0.7383	N/A	N/A
NURSING FACILITIES	$4,224,212,760	1.1578	$48,907,510	$20,134,820	0.9167	0.8662	$38,833,120	$15,987,280
ICF-DD	$432,791,460	1.1578	$5,010,820	$2,037,980	0.9167	0.9119	$4,188,410	$1,703,500
MEDICAL TRANSPORTATION	$171,911,770	0.9660	$1,660,670	$673,580	0.9167	0.8203	$1,248,660	$506,470
OTHER SERVICES	$1,050,862,000	0.9540	$10,025,220	$3,461,790	0.9167	0.8270	$7,599,840	$2,624,290
HOME HEALTH	$186,558,710	0.9800	$1,828,280	$723,240	0.9167	0.7962	$1,334,430	$527,880
DENTAL	$479,860,690	0.9990	$4,793,810	$1,736,340	0.9167	1.0000	$4,394,320	$1,591,650
MENTAL HEALTH	$1,597,608,660	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	$4,427,807,190	1.0000	$44,278,070	$18,203,860	0.9167	1.0000	$40,588,230	$16,686,870
COUNTY ORGANIZED HEALTH SYSTEMS	$2,484,887,580	1.0000	$24,848,880	$10,348,760	0.9167	1.0000	$22,778,140	$9,486,360
GEOGRAPHIC MANAGED CARE	$651,566,830	1.0000	$6,515,670	$2,604,420	0.9167	1.0000	$5,972,700	$2,387,390
PHP & OTHER MANAG. CARE	$261,981,770	1.0000	$2,619,820	$1,051,060	0.9167	1.0000	$2,401,500	$963,470
AUDITS/ LAWSUITS	$3,071,160	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	$62,249,160	1.0000	$622,490	$245,620	0.9167	1.0000	$570,620	$225,150
MEDICARE PAYMENTS (4)	$3,572,206,600	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	$317,931,480	0.9782	$3,109,970	$0	0.9167	1.0000	$2,850,810	$0
MISC. SERVICES	$4,396,869,170	1.0000	$43,968,690	$153,450	0.9167	1.0000	$40,304,630	$140,660
RECOVERIES	-$259,320,320	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TOTAL	**$34,933,153,930**		**$236,996,260**	**$76,023,910** (3)			**$201,919,610**	**$63,732,390**

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

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

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

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