

FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>PA-OAS</u>	<u>PA-AB</u>	<u>PA-ATD</u>	<u>PA-AFDC</u>	<u>LT-OAS</u>	<u>LT-AB</u>
PHYSICIANS	\$43,244,110	\$7,992,770	\$366,458,080	\$68,099,650	\$4,335,850	\$127,540
OTHER MEDICAL	\$66,726,870	\$16,072,340	\$476,150,040	\$246,934,310	\$7,987,330	\$389,460
COUNTY OUTPATIENT	\$484,460	\$451,970	\$24,823,380	\$4,606,060	\$66,050	\$1,550
COMMUNITY OUTPATIENT	\$10,509,290	\$3,052,700	\$200,342,450	\$41,820,750	\$696,200	\$7,320
PHARMACY	\$48,777,270	\$18,332,930	\$1,107,923,330	\$81,897,520	\$9,733,490	\$191,410
COUNTY INPATIENT	\$8,916,520	\$2,840,760	\$202,240,260	\$30,375,990	\$1,074,860	\$40
COMMUNITY INPATIENT	\$202,806,840	\$28,739,490	\$1,376,415,270	\$304,371,170	\$28,447,090	\$244,640
NURSING FACILITIES	\$467,399,550	\$22,683,950	\$694,031,640	\$3,555,280	\$2,054,175,770	\$7,734,220
ICF-DD	\$280,000	\$10,268,160	\$208,877,960	\$430,550	\$25,820,470	\$3,419,140
MEDICAL TRANSPORTATION	\$18,346,860	\$5,045,210	\$72,636,940	\$5,221,530	\$4,569,860	\$182,650
OTHER SERVICES	\$86,541,850	\$8,822,730	\$362,728,970	\$23,370,300	\$83,710,680	\$332,310
HOME HEALTH	\$262,120	\$9,856,570	\$106,306,760	\$3,797,660	\$3,350	\$0
FFS SUBTOTAL	\$954,295,740	\$134,159,590	\$5,198,935,090	\$814,480,770	\$2,220,620,990	\$12,630,270
DENTAL	\$30,801,090	\$1,675,240	\$72,455,250	\$112,828,180	\$3,639,030	\$16,440
TWO PLAN MODEL	\$29,625,680	\$7,217,540	\$561,601,730	\$1,173,549,780	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$170,341,380	\$18,777,090	\$832,294,950	\$285,413,580	\$464,395,580	\$1,204,630
GEOGRAPHIC MANAGED CARE	\$6,810,800	\$1,495,950	\$117,820,980	\$218,942,610	\$0	\$0
PHP & OTHER MANAG. CARE	\$92,794,040	\$2,482,560	\$55,323,570	\$11,696,980	\$5,102,080	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,734,340	\$0	\$0
MEDICARE PAYMENTS	\$1,230,909,410	\$65,937,380	\$1,890,992,370	\$0	\$168,095,550	\$2,258,680
STATE HOSP./DEVELOPMENTAL CNTRS.	\$153,320	\$1,572,550	\$63,800,230	\$617,530	\$13,840,660	\$1,361,640
MISC. SERVICES	\$792,920,500	\$43,000,030	\$3,205,073,720	\$1,272,260	\$130	\$10
NON-FFS SUBTOTAL	\$2,354,356,210	\$142,158,330	\$6,799,362,790	\$1,821,055,260	\$655,073,030	\$4,841,400
TOTAL DOLLARS (1)	\$3,308,651,950	\$276,317,930	\$11,998,297,880	\$2,635,536,030	\$2,875,694,020	\$17,471,670
ELIGIBLES ***	405,800	22,100	956,400	1,489,400	48,000	200
ANNUAL \$/ELIGIBLE	\$8,153	\$12,503	\$12,545	\$1,770	\$59,910	\$87,358
AVG. MO. \$/ELIGIBLE	\$679	\$1,042	\$1,045	\$147	\$4,993	\$7,280

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

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

Excluded policy changes: 43. Refer to page following report for listing.

FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>LT-ATD</u>	<u>MN-OAS</u>	<u>MN-AB</u>	<u>MN-ATD</u>	<u>MN-AFDC</u>	<u>MI-C</u>
PHYSICIANS	\$7,481,720	\$66,310,900	\$593,630	\$88,148,110	\$293,297,210	\$36,135,990
OTHER MEDICAL	\$7,475,640	\$92,877,520	\$2,185,490	\$153,303,660	\$610,910,590	\$91,982,030
COUNTY OUTPATIENT	\$473,520	\$4,151,920	\$26,670	\$12,077,050	\$24,729,630	\$2,476,690
COMMUNITY OUTPATIENT	\$1,027,420	\$19,451,230	\$135,590	\$41,566,180	\$136,432,870	\$14,997,270
PHARMACY	\$14,155,900	\$79,381,910	\$696,340	\$109,732,640	\$177,531,510	\$43,617,380
COUNTY INPATIENT	\$14,092,170	\$35,772,340	\$289,100	\$169,998,110	\$242,201,430	\$19,563,590
COMMUNITY INPATIENT	\$43,588,210	\$133,630,050	\$1,902,710	\$373,031,600	\$1,166,321,800	\$113,724,250
NURSING FACILITIES	\$536,293,020	\$201,776,750	\$802,780	\$71,581,660	\$14,003,760	\$3,746,980
ICF-DD	\$180,035,760	\$478,850	\$0	\$5,848,870	\$790,420	\$2,373,270
MEDICAL TRANSPORTATION	\$3,163,120	\$14,698,650	\$372,010	\$22,140,130	\$15,666,770	\$1,833,680
OTHER SERVICES	\$16,069,370	\$89,652,130	\$455,660	\$90,271,280	\$77,922,400	\$12,166,060
HOME HEALTH	\$334,380	\$869,580	\$7,040	\$50,527,740	\$8,083,640	\$9,904,450
FFS SUBTOTAL	\$824,190,240	\$739,051,810	\$7,467,020	\$1,188,227,020	\$2,767,892,020	\$352,521,630
DENTAL	\$1,148,920	\$19,726,320	\$42,650	\$11,759,640	\$255,434,100	\$17,245,910
TWO PLAN MODEL	\$0	\$34,907,490	\$164,610	\$40,198,460	\$1,982,833,170	\$38,730,290
COUNTY ORGANIZED HEALTH SYSTEMS	\$188,152,470	\$123,082,310	\$362,840	\$174,775,540	\$646,819,530	\$30,133,010
GEOGRAPHIC MANAGED CARE	\$0	\$5,096,510	\$0	\$8,438,960	\$272,761,480	\$6,441,690
PHP & OTHER MANAG. CARE	\$267,360	\$56,637,390	\$8,560	\$5,514,450	\$25,977,600	\$1,754,200
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,885,220	\$2,557,860
MEDICARE PAYMENTS	\$39,935,000	\$320,144,490	\$2,209,150	\$201,775,500	\$18,220,370	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$190,951,650	-\$187,820	\$86,490	\$368,130	\$286,180	\$247,540
MISC. SERVICES	\$410	\$320,597,170	\$770,050	\$392,023,450	\$2,940,440	\$199,210
NON-FFS SUBTOTAL	\$420,455,800	\$880,003,870	\$3,644,340	\$834,854,130	\$3,243,158,090	\$97,309,700
TOTAL DOLLARS (1)	\$1,244,646,040	\$1,619,055,680	\$11,111,360	\$2,023,081,160	\$6,011,050,110	\$449,831,340
ELIGIBLES ***	15,200	266,800	600	159,300	3,371,800	227,700
ANNUAL \$/ELIGIBLE	\$81,885	\$6,068	\$18,519	\$12,700	\$1,783	\$1,976
AVG. MO. \$/ELIGIBLE	\$6,824	\$506	\$1,543	\$1,058	\$149	\$165

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

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

Excluded policy changes: 43. Refer to page following report for listing.

FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>MI-A</u>	<u>REFUGEE</u>	<u>OBRA</u>	<u>POV 185</u>	<u>POV 133</u>	<u>POV 100</u>
PHYSICIANS	\$2,718,620	\$816,590	\$24,597,180	\$177,720,560	\$4,946,870	\$5,831,730
OTHER MEDICAL	\$2,519,550	\$1,439,010	\$43,170,790	\$211,827,340	\$24,759,890	\$16,420,790
COUNTY OUTPATIENT	\$184,010	\$218,410	\$3,763,710	\$5,884,280	\$453,210	\$540,340
COMMUNITY OUTPATIENT	\$726,720	\$151,980	\$6,601,130	\$26,916,470	\$3,184,260	\$3,212,480
PHARMACY	\$1,991,870	\$702,880	\$13,743,710	\$13,622,030	\$2,896,250	\$6,095,200
COUNTY INPATIENT	\$1,660,940	\$53,730	\$63,266,550	\$68,485,260	\$936,940	\$2,975,740
COMMUNITY INPATIENT	\$9,675,390	\$658,610	\$118,022,140	\$433,193,140	\$12,329,200	\$18,813,790
NURSING FACILITIES	\$30,225,940	\$0	\$20,468,080	\$0	\$0	\$0
ICF-DD	\$682,140	\$0	\$280,310	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$172,700	\$20,360	\$3,621,330	\$1,776,160	\$236,580	\$297,240
OTHER SERVICES	\$430,290	\$84,140	\$1,912,040	\$12,918,190	\$3,841,070	\$3,715,240
HOME HEALTH	\$12,650	\$3,220	\$45,230	\$666,590	\$718,500	\$725,530
FFS SUBTOTAL	\$51,000,810	\$4,148,930	\$299,492,200	\$953,010,020	\$54,302,760	\$58,628,080
DENTAL	\$195,530	\$414,030	\$313,880	\$657,520	\$16,714,130	\$18,076,200
TWO PLAN MODEL	\$342,170	\$2,168,150	\$0	\$38,236,700	\$100,124,720	\$92,972,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$713,240	\$391,910	\$1,383,780	\$25,042,690	\$50,993,360	\$35,993,720
GEOGRAPHIC MANAGED CARE	\$21,740	\$513,490	\$0	\$7,348,610	\$21,175,000	\$16,966,490
PHP & OTHER MANAG. CARE	\$18,200	\$0	\$0	\$1,087,660	\$1,136,530	\$1,105,350
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,797,750	\$1,749,670
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,730	\$0	\$359,590	\$131,230	\$56,810	\$92,850
MISC. SERVICES	\$1,820	\$0	\$0	\$131,980	\$33,520	\$30,710
NON-FFS SUBTOTAL	\$1,540,440	\$3,487,580	\$2,057,250	\$72,636,390	\$192,031,830	\$166,987,310
TOTAL DOLLARS (1)	\$52,541,250	\$7,636,510	\$301,549,440	\$1,025,646,410	\$246,334,590	\$225,615,380
ELIGIBLES ***	2,600	3,600	66,800	186,700	160,000	155,700
ANNUAL \$/ELIGIBLE	\$20,208	\$2,121	\$4,514	\$5,494	\$1,540	\$1,449
AVG. MO. \$/ELIGIBLE	\$1,684	\$177	\$376	\$458	\$128	\$121

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<u>SERVICE CATEGORY</u>	<u>TOTAL</u>
PHYSICIANS	\$1,198,857,110
OTHER MEDICAL	\$2,073,132,670
COUNTY OUTPATIENT	\$85,412,910
COMMUNITY OUTPATIENT	\$510,832,310
PHARMACY	\$1,731,023,580
COUNTY INPATIENT	\$864,744,300
COMMUNITY INPATIENT	\$4,365,915,370
NURSING FACILITIES	\$4,128,479,380
ICF-DD	\$439,585,890
MEDICAL TRANSPORTATION	\$170,001,770
OTHER SERVICES	\$874,944,700
HOME HEALTH	\$192,125,020
FFS SUBTOTAL	\$16,635,054,980
DENTAL	\$563,144,050
TWO PLAN MODEL	\$4,102,672,820
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,050,271,630
GEOGRAPHIC MANAGED CARE	\$683,834,290
PHP & OTHER MANAG. CARE	\$260,906,530
EPSDT SCREENS	\$60,724,840
MEDICARE PAYMENTS	\$3,940,477,880
STATE HOSP./DEVELOPMENTAL CNTRS.	\$273,986,320
MISC. SERVICES	\$4,758,995,400
NON-FFS SUBTOTAL	\$17,695,013,750
TOTAL DOLLARS (1)	\$34,330,068,730
ELIGIBLES ***	7,538,700
ANNUAL \$/ELIGIBLE	\$4,554
AVG. MO. \$/ELIGIBLE	\$379

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FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

EXCLUDED POLICY CHANGES: 43

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUYOUT
28	CDSS IHSS SHARE-OF-COST BUYOUT
49	FAMILY PACT DRUG REBATES
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
93	HOSP FINANCING - DSH PMT
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
95	HOSP FINANCING - SAFETY NET CARE POOL
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
102	HOSP FINANCING - STABILIZATION FUNDING
105	HOSP FINANCING - CCS AND GHPP
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
110	BASE ADJUSTMENT - DPH INTERIM RATE
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT BY 10%
114	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
116	IGT FOR NON-SB 1100 HOSPITALS
117	CAPITAL PROJECT DEBT REIMBURSEMENT
118	FFP FOR LOCAL TRAUMA CENTERS
119	CERTIFICATION PAYMENTS FOR DP-NFS
120	DSH OUTPATIENT PAYMENT METHOD CHANGE
121	SRH OUTPATIENT PAYMENT METHOD CHANGE

FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

EXCLUDED POLICY CHANGES: 43

122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
132	DENTAL RETROACTIVE RATE CHANGES
134	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
137	HEALTHY FAMILIES - CDMH
139	MINOR CONSENT SETTLEMENT
160	UNSPECIFIED BUDGET REDUCTION
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011
170	HOSPITAL QAF - HOSPITAL PAYMENTS
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVERAGE
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
213	RECONCILIATION