

**MEDI-CAL
MAY 2010
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2009-10 and 2010-11**

BUDGET YEAR

Fiscal Forecasting and Data Management Branch
State Department of Health Care Services
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2010-11

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$18,550,824,890	\$9,275,412,440	\$9,275,412,440
B. B/Y BASE POLICY CHANGES	\$19,235,769,000	\$12,174,477,150	\$7,061,291,850
C. BASE ADJUSTMENTS	-\$578,158,000	-\$450,691,300	-\$127,466,700
D. ADJUSTED BASE	<u>\$37,208,435,880</u>	<u>\$20,999,198,290</u>	<u>\$16,209,237,590</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$818,618,090	\$573,831,310	\$244,786,780
B. BENEFITS	-\$247,825,770	\$90,287,260	-\$338,113,030
C. PHARMACY	-\$1,551,377,230	-\$798,476,810	-\$752,900,410
D. MANAGED CARE	\$57,750,000	\$107,066,500	-\$49,316,500
E. PROVIDER RATES	\$378,885,280	\$187,549,530	\$191,335,750
F. HOSPITAL FINANCING	\$3,814,357,000	\$3,416,002,000	\$398,355,000
G. SUPPLEMENTAL PMNTS.	\$9,555,436,000	\$5,511,734,000	\$4,043,702,000
H. OTHER	-\$1,201,259,600	\$1,000,784,050	-\$2,202,043,650
I. TOTAL CHANGE	<u>\$11,624,583,780</u>	<u>\$10,088,777,830</u>	<u>\$1,535,805,950</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$48,833,019,660</u></u>	<u><u>\$31,087,976,120</u></u>	<u><u>\$17,745,043,540</u></u>

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2010-11**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
1	FAMILY PLANNING INITIATIVE	\$676,495,000	\$506,191,200	\$170,303,800
2	BREAST AND CERVICAL CANCER TREATMENT	\$142,622,000	\$78,388,700	\$64,233,300
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$10,895,950	\$5,867,050
4	BRIDGE TO HFP	\$17,290,000	\$11,238,500	\$6,051,500
5	REFUGEES	\$7,713,000	\$0	\$7,713,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	\$21,423,110	\$7,966,210	\$13,456,900
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,148,660	-\$1,148,660
10	NEW QUALIFIED ALIENS	\$0	-\$97,806,000	\$97,806,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$36,335,550	-\$36,335,550
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FAC	\$0	\$0	\$0
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$1,663,550	-\$831,780	-\$831,780
15	DISCONTINUANCE OF EWCP SCREENING FOR THE E	-\$6,371,000	-\$3,519,750	-\$2,851,250
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$11,702,470	-\$3,034,940	-\$8,667,530
163	ELIMINATION OF PRUCOL	-\$23,903,000	\$14,607,000	-\$38,510,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR	-\$20,048,000	\$12,252,000	-\$32,300,000
	ELIGIBILITY SUBTOTAL	\$818,618,090	\$573,831,310	\$244,786,780
<u>BENEFITS</u>				
18	ADULT DAY HEALTH CARE - CDA	\$433,248,000	\$216,624,000	\$216,624,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$100,000,000	\$100,000,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$25,367,000	\$20,097,000
21	H1N1 VACCINE	\$1,207,140	\$603,570	\$603,570
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$5,841,690	\$4,550,540	\$1,291,150
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PR	\$4,430,000	\$4,430,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST B	\$0	\$4,445,500	-\$4,445,500
26	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$107,953,950	-\$107,953,950
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$5,445,500	\$5,445,500
30	PEDIATRIC PALLIATIVE CARE	-\$725,630	-\$362,820	-\$362,820
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC S	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,720,660	-\$4,360,330	-\$4,360,330
33	ADHC ONSITE TAR REVIEWS	-\$1,847,000	-\$923,500	-\$923,500
167	ELIMINATE ADHC SERVICES	-\$267,938,870	-\$133,969,440	-\$133,969,440
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$105,533,000	\$105,533,000	\$0
190	REINSTATEMENT OF OPTOMETRY SERVICES	\$2,620,560	\$1,310,280	\$1,310,280
201	HEARING AID CAP	-\$529,000	-\$264,500	-\$264,500
202	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE V	-\$157,686,000	-\$78,843,000	-\$78,843,000
205	CAP ON PHYSICIAN AND FQHC/RHC OFFICE VISITS	-\$224,526,000	-\$112,263,000	-\$112,263,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2010-11

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
207	DURABLE MEDICAL EQUIPMENT CAP	-\$7,145,000	-\$3,572,500	-\$3,572,500
209	HOSPITAL INPATIENT RATE FREEZE	-\$168,962,000	-\$84,481,000	-\$84,481,000
210	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$70,848,000	-\$35,424,000	-\$35,424,000
211	COPAYMENT FOR EMERGENCY ER VISITS	-\$37,242,000	-\$18,621,000	-\$18,621,000
	BENEFITS SUBTOTAL	-\$247,825,770	\$90,287,260	-\$338,113,030
<u>PHARMACY</u>				
37	NON FFP DRUGS	\$0	-\$1,317,000	\$1,317,000
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$12,840,000	-\$6,420,000	-\$6,420,000
40	ENTERAL NUTRITION PRODUCTS	-\$834,940	-\$417,470	-\$417,470
43	PHARMACY TAR AUTO-ADJUDICATION	-\$2,065,040	-\$1,032,520	-\$1,032,520
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$3,000,000
45	BCCTP DRUG REBATES	-\$6,000,000	-\$3,900,000	-\$2,100,000
46	MEDICAL SUPPLY REBATES	-\$10,000,000	-\$5,000,000	-\$5,000,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$25,000,000	-\$14,500,000	-\$10,500,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,859,200	-\$19,140,800
49	FAMILY PACT DRUG REBATES	-\$44,721,000	-\$38,130,900	-\$6,590,100
50	MEDI-CAL PHARMACY REFORMS	-\$21,396,740	-\$10,698,370	-\$10,698,370
51	ESTIMATED ACQUISITION COST PHARMACY SAVING	-\$22,464,910	-\$11,232,450	-\$11,232,450
52	STATE SUPPLEMENTAL DRUG REBATES	-\$248,288,000	-\$124,530,400	-\$123,757,600
53	FEDERAL DRUG REBATE PROGRAM	-\$999,547,000	-\$501,328,700	-\$498,218,300
195	UBL AND MAIC INJUNCTION	\$83,336,400	\$41,668,200	\$41,668,200
198	ELIMINATION OF SELECTED OVER-THE-COUNTER D	-\$13,291,000	-\$6,645,500	-\$6,645,500
199	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$20,574,000	-\$10,287,000	-\$10,287,000
200	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	-\$10,898,000	-\$5,449,000	-\$5,449,000
206	PHARMACY COPAYMENTS	-\$149,227,000	-\$74,613,500	-\$74,613,500
208	MEDICAL SUPPLIES CAP	-\$1,566,000	-\$783,000	-\$783,000
	PHARMACY SUBTOTAL	-\$1,551,377,230	-\$798,476,820	-\$752,900,410
<u>MANAGED CARE</u>				
57	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$365,969,000	\$207,372,000	\$158,597,000
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE	\$1,347,000	\$673,500	\$673,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$8,995,000	-\$4,497,500	-\$4,497,500
72	MANAGED CARE EXPANSION - VENTURA	\$42,920,000	\$21,460,000	\$21,460,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN	\$14,551,000	\$7,275,500	\$7,275,500
76	FAMILY PLANNING INCREASED FED MATCHING FUN	\$0	\$50,500,000	-\$50,500,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
176	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$546,000	-\$273,000	-\$273,000
185	MANDATORY ENROLLMENT INTO MANAGED CARE F	-\$357,496,000	-\$175,444,000	-\$182,052,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2010-11

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
MANAGED CARE				
MANAGED CARE SUBTOTAL		\$57,750,000	\$107,066,500	-\$49,316,500
PROVIDER RATES				
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$12,590,000	-\$6,295,000	-\$6,295,000
80	NF-B RATE CHANGES AND QA FEE	\$192,012,000	\$96,006,000	\$96,006,000
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$158,283,000	\$79,141,500	\$79,141,500
82	LTC RATE ADJUSTMENT	\$57,991,000	\$28,995,500	\$28,995,500
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FE	\$29,308,000	\$14,654,000	\$14,654,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$26,911,730	\$13,455,870	\$13,455,870
85	HOSPICE RATE INCREASES	\$2,823,910	\$1,411,950	\$1,411,950
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCR	-\$1,118,110	-\$559,050	-\$559,050
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$4,175,880	-\$2,087,940	-\$2,087,940
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$57,616,000	-\$28,808,000	-\$28,808,000
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$191,304,000	-\$95,652,000	-\$95,652,000
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-\$35,159,710	-\$27,530,970	-\$7,628,740
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$10,033,520	\$5,016,760	\$5,016,760
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$56,300,200	\$28,150,100	\$28,150,100
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,500,000	\$17,750,000	\$17,750,000
191	REDUCTION TO RADIOLOGY RATES	-\$27,240,370	-\$13,620,190	-\$13,620,190
193	QA FEE FOR MLRCs	\$40,824,000	\$22,780,000	\$18,044,000
194	AB 1629 QA FEE TRENDING METHODOLOGY	\$88,777,000	\$49,538,000	\$39,239,000
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$9,325,000	\$5,203,000	\$4,122,000
PROVIDER RATES SUBTOTAL		\$378,885,280	\$187,549,530	\$191,335,750
HOSPITAL FINANCING				
93	HOSP FINANCING - DSH PMT	\$1,725,858,000	\$1,129,239,000	\$596,619,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$515,974,000	\$257,987,000	\$257,987,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$516,001,000	\$516,001,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARR	\$125,172,000	\$125,172,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$276,994,000	\$138,497,000	\$138,497,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$245,000,000	\$245,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$180,000,000	\$180,000,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUNC	\$90,000,000	\$90,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	\$67,114,000	\$67,114,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$80,910,000	\$40,455,000	\$40,455,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$64,998,000	\$32,499,000	\$32,499,000
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$63,316,000	\$63,316,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$67,000,000	\$67,000,000	\$0
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,822,000	\$1,911,000	\$1,911,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2010-11**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>HOSPITAL FINANCING</u>				
108	HOSP FINANCING - MIA LTC	\$0	\$8,725,000	-\$8,725,000
109	HOSP FINANCING - BCCTP	\$0	\$500,000	-\$500,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$559,528,500	-\$559,528,500
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	\$0	\$2,500,000	-\$2,500,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEME	-\$51,597,000	-\$25,798,500	-\$25,798,500
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$156,205,000	-\$83,644,000	-\$72,561,000
	HOSPITAL FINANCING SUBTOTAL	\$3,814,357,000	\$3,416,002,000	\$398,355,000
<u>SUPPLEMENTAL PMNTS.</u>				
114	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$270,750,000	\$270,750,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$221,500,000	\$221,500,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$115,087,000	\$65,087,000	\$50,000,000
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$105,382,000	\$57,246,000	\$48,136,000
118	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$33,625,000	\$33,625,000	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$110,861,000	\$110,861,000	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$8,613,101,000	\$4,710,100,000	\$3,903,001,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$9,555,436,000	\$5,511,734,000	\$4,043,702,000
<u>OTHER</u>				
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$234,242,000	\$234,242,000	\$0
137	HEALTHY FAMILIES - CDMH	\$27,939,000	\$27,939,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$7,746,000	\$3,873,000	\$3,873,000
139	MINOR CONSENT SETTLEMENT	\$7,989,000	\$0	\$7,989,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$0	\$0	\$0
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
145	SELF-DIRECTED SERVICES WAIVER - CDDS	\$71,000	\$71,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,000,000	\$2,000,000
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FU	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
152	INDIAN HEALTH SERVICES	\$0	\$8,056,000	-\$8,056,000
153	FQHC/RHC AUDIT STAFFING	-\$2,737,270	-\$1,368,630	-\$1,368,630
154	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$3,250,000
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$12,000,000	\$0	-\$12,000,000
156	EDS COST CONTAINMENT PROJECTS	-\$551,490	-\$275,750	-\$275,740
158	IHSS ANTI-FRAUD INITIATIVE	-\$252,996,000	-\$252,996,000	\$0

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**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2010-11**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<u>OTHER</u>			
160	UNSPECIFIED BUDGET REDUCTION	-\$744,147,000	-\$420,850,000	-\$323,297,000
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$1,462,339,000	-\$1,462,339,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$103,519,000	\$103,519,000	\$0
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	-\$254,188,000	-\$134,211,000	-\$119,977,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$56,517,000	-\$28,258,500	-\$28,258,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVER.	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
178	ARRA HITECH - PROVIDER PAYMENTS	\$3,000,000	\$3,000,000	\$0
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARI	-\$234,978,000	\$0	-\$234,978,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$18,360,000	-\$8,263,500	-\$10,096,500
182	NUVARING COST SHIFT	\$0	\$4,569,600	-\$4,569,600
189	PROVIDER OVERPAYMENT REPAYMENTS	-\$77,794,000	\$0	-\$77,794,000
192	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$1,038,000	\$0	-\$1,038,000
212	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$29,839,160	\$16,648,830	\$13,190,330
213	RECONCILIATION	\$45,202,000	\$0	\$45,202,000
	OTHER SUBTOTAL	-\$1,201,259,600	\$1,000,784,050	-\$2,202,043,650
	GRAND TOTAL	\$11,624,583,780	\$10,088,777,830	\$1,535,805,950

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2010-11

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$4,887,757,980	\$2,974,054,050	\$1,913,703,930
PHYSICIANS	\$1,313,372,730	\$748,587,070	\$564,785,660
OTHER MEDICAL	\$2,435,041,770	\$1,394,766,970	\$1,040,274,800
COUNTY OUTPATIENT	\$362,673,690	\$316,977,190	\$45,696,500
COMMUNITY OUTPATIENT	\$776,669,790	\$513,722,830	\$262,946,960
PHARMACY	\$1,722,683,200	\$1,008,119,560	\$714,563,640
HOSPITAL INPATIENT	\$14,016,073,030	\$8,662,539,090	\$5,353,533,930
COUNTY INPATIENT	\$3,337,990,230	\$2,533,433,450	\$804,556,780
COMMUNITY INPATIENT	\$10,678,082,790	\$6,129,105,650	\$4,548,977,150
LONG TERM CARE	\$4,517,730,050	\$2,473,152,900	\$2,044,577,160
NURSING FACILITIES	\$4,090,293,670	\$2,239,612,630	\$1,850,681,040
ICF-DD	\$427,436,380	\$233,540,270	\$193,896,110
OTHER SERVICES	\$1,174,922,320	\$703,560,190	\$471,362,130
MEDICAL TRANSPORTATION	\$163,075,480	\$86,196,850	\$76,878,640
OTHER SERVICES	\$827,890,800	\$517,243,290	\$310,647,500
HOME HEALTH	\$183,956,040	\$100,120,050	\$83,835,990
TOTAL FEE-FOR-SERVICE	\$26,319,166,580	\$15,821,425,790	\$10,497,740,790
MANAGED CARE	\$11,002,116,780	\$6,112,381,350	\$4,889,735,440
TWO PLAN MODEL	\$5,743,398,610	\$3,198,404,620	\$2,544,993,990
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,993,408,410	\$2,211,010,620	\$1,782,397,790
GEOGRAPHIC MANAGED CARE	\$936,729,510	\$521,966,060	\$414,763,450
PHP & OTHER MANAG. CARE	\$328,580,250	\$181,000,040	\$147,580,210
DENTAL	\$563,863,730	\$308,393,660	\$255,470,070
MENTAL HEALTH	\$1,811,182,830	\$1,810,833,830	\$349,010
AUDITS/ LAWSUITS	\$10,859,230	-\$977,500	\$11,836,730
EPSDT SCREENS	\$63,429,040	\$35,231,580	\$28,197,460
MEDICARE PAYMENTS	\$3,705,499,880	\$1,462,141,830	\$2,243,358,060
STATE HOSP./DEVELOPMENTAL CNTRS.	\$273,986,320	\$273,986,320	\$0
MISC. SERVICES	\$5,379,442,400	\$5,356,568,420	\$22,873,980
RECOVERIES	-\$296,527,140	-\$92,009,140	-\$204,518,000
GRAND TOTAL MEDI-CAL	\$48,833,019,660	\$31,087,976,120	\$17,745,043,540

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

<u>SERVICE CATEGORY</u>	<u>MAY 2010 EST. FOR 2009-10</u>	<u>MAY 2010 EST. FOR 2010-11</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,860,381,680	\$4,887,757,980	\$27,376,300	0.56
PHYSICIANS	\$1,498,564,020	\$1,313,372,730	-\$185,191,290	-12.36
OTHER MEDICAL	\$2,441,849,530	\$2,435,041,770	-\$6,807,760	-0.28
COUNTY OUTPATIENT	\$223,520,470	\$362,673,690	\$139,153,220	62.26
COMMUNITY OUTPATIENT	\$696,447,670	\$776,669,790	\$80,222,120	11.52
PHARMACY	\$1,724,234,970	\$1,722,683,200	-\$1,551,770	-0.09
HOSPITAL INPATIENT	\$8,450,390,560	\$14,016,073,030	\$5,565,682,460	65.86
COUNTY INPATIENT	\$2,544,419,830	\$3,337,990,230	\$793,570,400	31.19
COMMUNITY INPATIENT	\$5,905,970,730	\$10,678,082,790	\$4,772,112,060	80.80
LONG TERM CARE	\$4,411,609,570	\$4,517,730,050	\$106,120,480	2.41
NURSING FACILITIES	\$4,005,810,340	\$4,090,293,670	\$84,483,330	2.11
ICF-DD	\$405,799,230	\$427,436,380	\$21,637,150	5.33
OTHER SERVICES	\$1,466,259,040	\$1,174,922,320	-\$291,336,720	-19.87
MEDICAL TRANSPORTATION	\$164,332,160	\$163,075,480	-\$1,256,680	-0.76
OTHER SERVICES	\$1,106,525,230	\$827,890,800	-\$278,634,430	-25.18
HOME HEALTH	\$195,401,650	\$183,956,040	-\$11,445,610	-5.86
TOTAL FEE-FOR-SERVICE	\$20,912,875,820	\$26,319,166,580	\$5,406,290,760	25.85
MANAGED CARE	\$8,040,697,470	\$11,002,116,780	\$2,961,419,310	36.83
TWO PLAN MODEL	\$4,441,317,740	\$5,743,398,610	\$1,302,080,870	29.32
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,688,158,580	\$3,993,408,410	\$1,305,249,830	48.56
GEOGRAPHIC MANAGED CARE	\$693,956,650	\$936,729,510	\$242,772,860	34.98
PHP & OTHER MANAG. CARE	\$217,264,500	\$328,580,250	\$111,315,750	51.24
DENTAL	\$625,566,360	\$563,863,730	-\$61,702,630	-9.86
MENTAL HEALTH	\$1,397,418,060	\$1,811,182,830	\$413,764,770	29.61
AUDITS/ LAWSUITS	-\$46,417,240	\$10,859,230	\$57,276,470	-123.39
EPSDT SCREENS	\$61,852,690	\$63,429,040	\$1,576,350	2.55
MEDICARE PAYMENTS	\$3,154,614,100	\$3,705,499,880	\$550,885,780	17.46
STATE HOSP./DEVELOPMENTAL CNTRS.	\$320,927,590	\$273,986,320	-\$46,941,270	-14.63
MISC. SERVICES	\$5,499,583,250	\$5,379,442,400	-\$120,140,850	-2.18
RECOVERIES	-\$217,572,000	-\$296,527,140	-\$78,955,130	36.29
GRAND TOTAL MEDI-CAL	\$39,749,546,100	\$48,833,019,660	\$9,083,473,560	22.85
STATE FUNDS	\$12,336,265,700	\$17,745,043,540	\$5,408,777,840	43.84

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

SERVICE CATEGORY	NOV. 2009 EST. FOR 2010-11	MAY 2010 EST. FOR 2010-11	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$5,643,696,200	\$4,887,757,980	-\$755,938,220	-13.39
PHYSICIANS	\$1,221,710,450	\$1,313,372,730	\$91,662,280	7.50
OTHER MEDICAL	\$2,247,926,340	\$2,435,041,770	\$187,115,430	8.32
COUNTY OUTPATIENT	\$263,988,240	\$362,673,690	\$98,685,450	37.38
COMMUNITY OUTPATIENT	\$1,910,071,170	\$776,669,790	-\$1,133,401,380	-59.34
PHARMACY	\$1,470,775,920	\$1,722,683,200	\$251,907,280	17.13
HOSPITAL INPATIENT	\$8,139,503,620	\$14,016,073,030	\$5,876,569,410	72.20
COUNTY INPATIENT	\$2,598,389,460	\$3,337,990,230	\$739,600,770	28.46
COMMUNITY INPATIENT	\$5,541,114,150	\$10,678,082,790	\$5,136,968,640	92.71
LONG TERM CARE	\$3,831,889,920	\$4,517,730,050	\$685,840,140	17.90
NURSING FACILITIES	\$3,464,376,800	\$4,090,293,670	\$625,916,870	18.07
ICF-DD	\$367,513,120	\$427,436,380	\$59,923,260	16.31
OTHER SERVICES	\$893,338,240	\$1,174,922,320	\$281,584,080	31.52
MEDICAL TRANSPORTATION	\$159,762,510	\$163,075,480	\$3,312,970	2.07
OTHER SERVICES	\$577,974,240	\$827,890,800	\$249,916,560	43.24
HOME HEALTH	\$155,601,490	\$183,956,040	\$28,354,550	18.22
TOTAL FEE-FOR-SERVICE	\$19,979,203,890	\$26,319,166,580	\$6,339,962,680	31.73
MANAGED CARE	\$8,506,010,210	\$11,002,116,780	\$2,496,106,570	29.35
TWO PLAN MODEL	\$4,413,120,150	\$5,743,398,610	\$1,330,278,460	30.14
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,152,298,440	\$3,993,408,410	\$841,109,970	26.68
GEOGRAPHIC MANAGED CARE	\$693,694,960	\$936,729,510	\$243,034,550	35.03
PHP & OTHER MANAG. CARE	\$246,896,650	\$328,580,250	\$81,683,600	33.08
DENTAL	\$516,392,050	\$563,863,730	\$47,471,680	9.19
MENTAL HEALTH	\$1,152,710,010	\$1,811,182,830	\$658,472,820	57.12
AUDITS/ LAWSUITS	\$10,867,360	\$10,859,230	-\$8,130	-0.07
EPSDT SCREENS	\$62,335,370	\$63,429,040	\$1,093,670	1.75
MEDICARE PAYMENTS	\$4,037,721,540	\$3,705,499,880	-\$332,221,650	-8.23
STATE HOSP./DEVELOPMENTAL CNTRS.	\$250,082,550	\$273,986,320	\$23,903,770	9.56
MISC. SERVICES	\$2,758,011,210	\$5,379,442,400	\$2,621,431,190	95.05
RECOVERIES	-\$252,842,000	-\$296,527,140	-\$43,685,130	17.28
GRAND TOTAL MEDI-CAL	\$37,020,492,190	\$48,833,019,660	\$11,812,527,480	31.91
STATE FUNDS	\$14,348,875,520	\$17,745,043,540	\$3,396,168,020	23.67

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PLANNING INITIATIVE	\$667,174,000	\$226,874,400	\$676,495,000	\$170,303,800	\$9,321,000	-\$56,570,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,636,000	\$60,722,850	\$142,622,000	\$64,233,300	\$6,986,000	\$3,510,450
3	CHDP GATEWAY - PREENROLLMENT	\$18,763,000	\$6,567,050	\$16,763,000	\$5,867,050	-\$2,000,000	-\$700,000
4	BRIDGE TO HFP	\$20,335,000	\$7,117,250	\$17,290,000	\$6,051,500	-\$3,045,000	-\$1,065,750
5	REFUGEES	\$10,106,000	\$10,106,000	\$7,713,000	\$7,713,000	-\$2,393,000	-\$2,393,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$23,690,000	\$14,938,000	\$24,136,000	\$15,161,000	\$446,000	\$223,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,200,000	\$600,000	\$0	\$0	-\$1,200,000	-\$600,000
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$6,614,200	\$0	-\$15,522,500	\$0	-\$8,908,300
10	NEW QUALIFIED ALIENS	\$0	\$117,063,500	\$0	\$97,806,000	\$0	-\$19,257,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$35,664,000	\$0	-\$36,335,550	\$0	-\$671,550
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACT	\$0	-\$58,240,300	\$0	-\$58,240,300	\$0	\$0
13	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REF	-\$4,941,000	-\$2,470,500	\$0	\$0	\$4,941,000	\$2,470,500
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$204,000	-\$102,000	-\$2,539,000	-\$1,269,500	-\$2,335,000	-\$1,167,500
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BC	-\$6,464,000	-\$2,892,900	-\$6,371,000	-\$2,851,250	\$93,000	\$41,650
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$23,610,000	-\$17,496,500	-\$20,901,000	-\$15,480,500	\$2,709,000	\$2,016,000
163	ELIMINATION OF PRUCOL	-\$39,598,000	-\$63,797,000	-\$23,903,000	-\$38,510,000	\$15,695,000	\$25,287,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR NC	-\$33,424,000	-\$53,849,000	-\$20,048,000	-\$32,300,000	\$13,376,000	\$21,549,000
	ELIGIBILITY SUBTOTAL	\$768,663,000	\$202,862,650	\$811,257,000	\$166,626,050	\$42,594,000	-\$36,236,600
BENEFITS							
18	ADULT DAY HEALTH CARE - CDA	\$433,248,000	\$216,624,000	\$433,248,000	\$216,624,000	\$0	\$0
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$93,706,000	\$0	\$100,000,000	\$0	\$6,294,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$20,097,000	\$0	-\$2,635,000
21	H1N1 VACCINE	\$2,154,000	\$1,077,000	\$2,156,000	\$1,078,000	\$2,000	\$1,000
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$10,383,000	\$2,295,000	\$7,325,000	\$1,619,000	-\$3,058,000	-\$676,000
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$2,712,000	\$0	\$4,430,000	\$0	\$1,718,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BU	\$0	-\$6,445,500	\$0	-\$4,445,500	\$0	\$2,000,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
25	REDUCE ADHC PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0
26	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,357,750	\$0	-\$107,953,950	\$0	\$6,403,800
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$6,445,500	\$0	\$5,445,500	\$0	-\$1,000,000
29	ADULT DAY HEALTH CARE REFORMS	-\$34,775,000	-\$17,387,500	\$0	\$0	\$34,775,000	\$17,387,500
30	PEDIATRIC PALLIATIVE CARE	-\$1,178,000	-\$589,000	-\$1,296,000	-\$648,000	-\$118,000	-\$59,000
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVI	-\$31,803,000	-\$15,901,500	\$0	\$0	\$31,803,000	\$15,901,500
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$10,671,000	-\$5,335,500	-\$10,935,000	-\$5,467,500	-\$264,000	-\$132,000
33	ADHC ONSITE TAR REVIEWS	-\$38,946,000	-\$19,473,000	-\$1,847,000	-\$923,500	\$37,099,000	\$18,549,500
35	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$263,040,000	-\$131,520,000	\$0	\$0	\$263,040,000	\$131,520,000
167	ELIMINATE ADHC SERVICES	-\$350,770,530	-\$175,385,260	-\$267,938,870	-\$133,969,440	\$82,831,660	\$41,415,830
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$133,636,000	\$0	\$105,533,000	\$0	-\$28,103,000	\$0
190	REINSTATEMENT OF OPTOMETRY SERVICES	\$0	\$0	\$2,620,560	\$1,310,280	\$2,620,560	\$1,310,280
201	HEARING AID CAP	\$0	\$0	-\$529,000	-\$264,500	-\$529,000	-\$264,500
202	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	\$0	\$0	-\$157,686,000	-\$78,843,000	-\$157,686,000	-\$78,843,000
205	CAP ON PHYSICIAN AND FQHC/RHC OFFICE VISITS	\$0	\$0	-\$224,526,000	-\$112,263,000	-\$224,526,000	-\$112,263,000
207	DURABLE MEDICAL EQUIPMENT CAP	\$0	\$0	-\$7,145,000	-\$3,572,500	-\$7,145,000	-\$3,572,500
209	HOSPITAL INPATIENT RATE FREEZE	\$0	\$0	-\$168,962,000	-\$84,481,000	-\$168,962,000	-\$84,481,000
210	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$70,848,000	-\$35,424,000	-\$70,848,000	-\$35,424,000
211	COPAYMENT FOR EMERGENCY ER VISITS	\$0	\$0	-\$37,242,000	-\$18,621,000	-\$37,242,000	-\$18,621,000
	BENEFITS SUBTOTAL	-\$9,880,530	-\$235,221,510	-\$248,178,310	-\$338,703,110	-\$238,297,780	-\$103,481,590
PHARMACY							
37	NON FFP DRUGS	\$0	\$433,500	\$0	\$1,317,000	\$0	\$883,500
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$26,340,000	-\$13,170,000	-\$12,840,000	-\$6,420,000	\$13,500,000	\$6,750,000
40	ENTERAL NUTRITION PRODUCTS	-\$16,212,480	-\$8,106,240	-\$16,212,480	-\$8,106,240	\$0	\$0
41	MEDICAL SUPPLY CONTRACTING	-\$1,000,000	-\$500,000	\$0	\$0	\$1,000,000	\$500,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
42	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	-\$2,088,000	-\$1,044,000	\$0	\$0	\$2,088,000	\$1,044,000
43	PHARMACY TAR AUTO-ADJUDICATION	-\$2,697,880	-\$1,348,940	-\$2,440,660	-\$1,220,330	\$257,230	\$128,610
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0
45	BCCTP DRUG REBATES	-\$800,000	-\$280,000	-\$6,000,000	-\$2,100,000	-\$5,200,000	-\$1,820,000
46	MEDICAL SUPPLY REBATES	-\$10,000,000	-\$5,000,000	-\$10,000,000	-\$5,000,000	\$0	\$0
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$25,000,000	-\$10,500,000	-\$25,000,000	-\$10,500,000	\$0	\$0
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,140,800	-\$40,000,000	-\$19,140,800	\$0	\$0
49	FAMILY PACT DRUG REBATES	-\$50,928,000	-\$7,504,400	-\$44,721,000	-\$6,590,100	\$6,207,000	\$914,300
50	MEDI-CAL PHARMACY REFORMS	-\$91,326,880	-\$45,663,440	-\$91,400,000	-\$45,700,000	-\$73,120	-\$36,560
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$219,822,400	-\$109,911,200	-\$218,743,010	-\$109,371,500	\$1,079,400	\$539,700
52	STATE SUPPLEMENTAL DRUG REBATES	-\$281,630,000	-\$140,377,000	-\$248,288,000	-\$123,757,600	\$33,342,000	\$16,619,400
53	FEDERAL DRUG REBATE PROGRAM	-\$986,857,000	-\$491,892,900	-\$999,547,000	-\$498,218,300	-\$12,690,000	-\$6,325,400
195	UBL AND MAIC INJUNCTION	\$0	\$0	\$83,336,400	\$41,668,200	\$83,336,400	\$41,668,200
198	ELIMINATION OF SELECTED OVER-THE-COUNTER DRUGS	\$0	\$0	-\$13,291,000	-\$6,645,500	-\$13,291,000	-\$6,645,500
199	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$20,574,000	-\$10,287,000	-\$20,574,000	-\$10,287,000
200	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	\$0	\$0	-\$10,898,000	-\$5,449,000	-\$10,898,000	-\$5,449,000
206	PHARMACY COPAYMENTS	\$0	\$0	-\$149,227,000	-\$74,613,500	-\$149,227,000	-\$74,613,500
208	MEDICAL SUPPLIES CAP	\$0	\$0	-\$1,566,000	-\$783,000	-\$1,566,000	-\$783,000
	PHARMACY SUBTOTAL	-\$1,760,702,640	-\$857,005,420	-\$1,833,411,740	-\$893,917,670	-\$72,709,100	-\$36,912,250
MANAGED CARE							
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$239,561,000	\$104,078,000	\$365,969,000	\$158,597,000	\$126,408,000	\$54,519,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$162,613,000	\$71,883,000	\$0	\$0	-\$162,613,000	-\$71,883,000
61	MANAGED CARE EXPANSION - MERCED	\$794,000	\$397,000	\$0	\$0	-\$794,000	-\$397,000
62	MANAGED CARE EXPANSION - SONOMA	\$758,000	\$379,000	\$0	\$0	-\$758,000	-\$379,000
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$3,614,000	\$1,807,000	\$1,347,000	\$673,500	-\$2,267,000	-\$1,133,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,412,000	\$2,206,000	-\$8,995,000	-\$4,497,500	-\$13,407,000	-\$6,703,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
72	MANAGED CARE EXPANSION - VENTURA	\$64,788,000	\$32,394,000	\$42,920,000	\$21,460,000	-\$21,868,000	-\$10,934,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$18,206,000	\$9,103,000	\$14,551,000	\$7,275,500	-\$3,655,000	-\$1,827,500
74	MANAGED CARE EXPANSION - MENDOCINO	\$14,104,000	\$7,052,000	\$0	\$0	-\$14,104,000	-\$7,052,000
75	MANAGED CARE EXPANSION - LAKE	\$12,711,000	\$6,355,500	\$0	\$0	-\$12,711,000	-\$6,355,500
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$20,200,000	\$0	-\$50,500,000	\$0	-\$30,300,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
78	WORKING DISABLED IN MANAGED CARE	-\$4,218,000	-\$2,109,000	\$0	\$0	\$4,218,000	\$2,109,000
176	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$546,000	-\$273,000	-\$546,000	-\$273,000
185	MANDATORY ENROLLMENT INTO MANAGED CARE FOR	\$0	\$0	-\$357,496,000	-\$182,052,000	-\$357,496,000	-\$182,052,000
	MANAGED CARE SUBTOTAL	\$517,343,000	\$213,345,500	\$57,750,000	-\$49,316,500	-\$459,593,000	-\$262,662,000
PROVIDER RATES							
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$12,590,000	-\$6,295,000	-\$12,590,000	-\$6,295,000	\$0	\$0
80	NF-B RATE CHANGES AND QA FEE	\$190,930,000	\$95,465,000	\$192,012,000	\$96,006,000	\$1,082,000	\$541,000
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$110,419,000	\$55,209,500	\$158,283,000	\$79,141,500	\$47,864,000	\$23,932,000
82	LTC RATE ADJUSTMENT	\$57,991,000	\$28,995,500	\$57,991,000	\$28,995,500	\$0	\$0
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$26,215,000	\$13,107,500	\$29,308,000	\$14,654,000	\$3,093,000	\$1,546,500
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$32,369,810	\$16,184,910	\$36,230,120	\$18,115,060	\$3,860,310	\$1,930,150
85	HOSPICE RATE INCREASES	\$5,771,480	\$2,885,740	\$5,884,360	\$2,942,180	\$112,880	\$56,440
86	REDUCTION TO NON-CONTRACT HOSPITALS	-\$74,821,000	-\$37,410,500	\$0	\$0	\$74,821,000	\$37,410,500
87	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$137,857,000	\$69,027,500	\$0	\$0	-\$137,857,000	-\$69,027,500
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREA	-\$2,731,000	-\$1,365,500	-\$3,695,000	-\$1,847,500	-\$964,000	-\$482,000
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$10,142,000	-\$5,071,000	-\$13,800,000	-\$6,900,000	-\$3,658,000	-\$1,829,000
90	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$93,725,000	-\$46,862,500	\$0	\$0	\$93,725,000	\$46,862,500
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$57,616,000	-\$28,808,000	-\$57,616,000	-\$28,808,000	\$0	\$0
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$190,223,000	-\$95,111,500	-\$191,304,000	-\$95,652,000	-\$1,081,000	-\$540,500
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-\$55,673,200	-\$12,079,940	-\$35,159,710	-\$7,628,740	\$20,513,490	\$4,451,190

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$0	\$0	\$10,713,850	\$5,356,920	\$10,713,850	\$5,356,920
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$0	\$0	\$56,300,190	\$28,150,100	\$56,300,190	\$28,150,100
186	INDEPENDENT LIVING CENTER INJUNCTION	\$0	\$0	\$35,500,000	\$17,750,000	\$35,500,000	\$17,750,000
191	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$27,240,370	-\$13,620,190	-\$27,240,370	-\$13,620,190
193	QA FEE FOR MLRCs	\$0	\$0	\$40,824,000	\$18,044,000	\$40,824,000	\$18,044,000
194	AB 1629 QA FEE TRENDING METHODOLOGY	\$0	\$0	\$88,777,000	\$39,239,000	\$88,777,000	\$39,239,000
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$0	\$0	\$9,325,000	\$4,122,000	\$9,325,000	\$4,122,000
	PROVIDER RATES SUBTOTAL	\$64,032,100	\$47,871,710	\$379,743,440	\$191,764,830	\$315,711,340	\$143,893,120
HOSPITAL FINANCING							
93	HOSP FINANCING - DSH PMT	\$1,748,638,000	\$615,802,500	\$1,725,858,000	\$596,619,000	-\$22,780,000	-\$19,183,500
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$520,000,000	\$260,000,000	\$515,974,000	\$257,987,000	-\$4,026,000	-\$2,013,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$393,831,000	\$0	\$516,001,000	\$0	\$122,170,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$43,501,000	\$0	\$125,172,000	\$0	\$81,671,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$277,600,000	\$138,800,000	\$276,994,000	\$138,497,000	-\$606,000	-\$303,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$0	\$0	\$245,000,000	\$0	\$245,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI'	\$180,000,000	\$0	\$180,000,000	\$0	\$0	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$97,500,000	\$0	\$90,000,000	\$0	-\$7,500,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$66,850,000	\$0	\$67,114,000	\$0	\$264,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$60,210,000	\$30,105,000	\$80,910,000	\$40,455,000	\$20,700,000	\$10,350,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$96,864,000	\$48,432,000	\$64,998,000	\$32,499,000	-\$31,866,000	-\$15,933,000
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$63,316,000	\$0	\$63,316,000	\$0	\$0	\$0
105	HOSP FINANCING - CCS AND GHPP	\$40,000,000	\$0	\$67,000,000	\$0	\$27,000,000	\$0
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,822,000	\$1,911,000	\$3,822,000	\$1,911,000	\$0	\$0
108	HOSP FINANCING - MIA LTC	\$0	-\$8,725,000	\$0	-\$8,725,000	\$0	\$0
109	HOSP FINANCING - BCCTP	\$0	-\$500,000	\$0	-\$500,000	\$0	\$0
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$480,006,500	\$0	-\$559,528,500	\$0	-\$79,522,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
HOSPITAL FINANCING							
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	-\$2,500,000	\$0	-\$2,500,000	\$0	\$0
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	-\$52,000,000	-\$26,000,000	-\$51,597,000	-\$25,798,500	\$403,000	\$201,500
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$156,205,000	-\$72,561,000	-\$156,205,000	-\$72,561,000
	HOSPITAL FINANCING SUBTOTAL	\$3,540,132,000	\$577,319,000	\$3,814,357,000	\$398,355,000	\$274,225,000	-\$178,964,000
SUPPLEMENTAL PMNTS.							
114	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$72,600,000	\$0	\$270,750,000	\$0	\$198,150,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$221,500,000	\$0	\$221,500,000	\$0	\$0	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$115,087,000	\$50,000,000	\$115,087,000	\$50,000,000	\$0	\$0
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$100,894,000	\$45,892,000	\$105,382,000	\$48,136,000	\$4,488,000	\$2,244,000
118	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$33,625,000	\$0	\$33,625,000	\$0	\$0	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$110,861,000	\$0	\$110,861,000	\$0	\$0	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,009,553,000	\$867,334,000	\$8,613,101,000	\$3,903,001,000	\$6,603,548,000	\$3,035,667,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$2,749,250,000	\$1,005,791,000	\$9,555,436,000	\$4,043,702,000	\$6,806,186,000	\$3,037,911,000
OTHER							
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$49,100,000	\$0	\$234,242,000	\$0	\$185,142,000	\$0
137	HEALTHY FAMILIES - CDMH	\$34,655,000	\$0	\$27,939,000	\$0	-\$6,716,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$11,101,000	\$5,550,500	\$7,746,000	\$3,873,000	-\$3,355,000	-\$1,677,500
139	MINOR CONSENT SETTLEMENT	\$7,989,000	\$7,989,000	\$7,989,000	\$7,989,000	\$0	\$0
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,373,000	\$686,500	\$2,744,000	\$1,372,000	\$1,371,000	\$685,500
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
145	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,649,000	\$0	\$71,000	\$0	-\$3,578,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$3,000,000	\$0	\$2,000,000	\$0	-\$1,000,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	\$0	\$0	\$0	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
152	INDIAN HEALTH SERVICES	\$0	-\$8,056,000	\$0	-\$8,056,000	\$0	\$0
153	FQHC/RHC AUDIT STAFFING	-\$2,737,270	-\$1,368,630	-\$2,737,270	-\$1,368,630	\$0	\$0
154	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000	\$0	\$0
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000	\$0	\$0
156	EDS COST CONTAINMENT PROJECTS	-\$13,203,000	-\$6,601,500	-\$1,029,280	-\$514,640	\$12,173,720	\$6,086,860
158	IHSS ANTI-FRAUD INITIATIVE	-\$114,011,000	\$0	-\$252,996,000	\$0	-\$138,985,000	\$0
160	UNSPECIFIED BUDGET REDUCTION	-\$744,147,000	-\$323,297,000	-\$744,147,000	-\$323,297,000	\$0	\$0
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$1,378,022,000	\$0	-\$1,462,339,000	\$0	-\$84,317,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$249,173,000	\$0	\$103,519,000	\$0	-\$145,654,000	\$0
165	SPECIAL NEEDS TRUST RECOVERY	-\$3,565,000	-\$1,782,500	\$0	\$0	\$3,565,000	\$1,782,500
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$38,500,000	-\$254,188,000	-\$119,977,000	-\$254,188,000	-\$158,477,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$56,600,000	-\$28,300,000	-\$56,517,000	-\$28,258,500	\$83,000	\$41,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVERAG	\$0	\$0	\$0	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	-\$2,387,775,000	-\$1,055,515,500	\$0	\$0	\$2,387,775,000	\$1,055,515,500
178	ARRA HITECH - PROVIDER PAYMENTS	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	\$0	\$0	-\$234,978,000	-\$234,978,000	-\$234,978,000	-\$234,978,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	\$0	\$0	-\$18,360,000	-\$10,096,500	-\$18,360,000	-\$10,096,500
182	NUVARING COST SHIFT	\$0	\$0	\$0	-\$4,569,600	\$0	-\$4,569,600
189	PROVIDER OVERPAYMENT REPAYMENTS	\$0	\$0	-\$77,794,000	-\$77,794,000	-\$77,794,000	-\$77,794,000
192	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	\$0	\$0	-\$1,038,000	-\$1,038,000	-\$1,038,000	-\$1,038,000
212	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$0	\$0	\$29,839,160	\$13,190,330	\$29,839,160	\$13,190,330
213	RECONCILIATION	\$0	\$0	\$45,202,000	\$45,202,000	\$45,202,000	\$45,202,000
	OTHER SUBTOTAL	-\$2,982,498,270	-\$2,749,467,130	-\$1,198,993,390	-\$2,200,910,540	\$1,783,504,880	\$548,556,590

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	GRAND TOTAL	\$2,886,338,660	-\$1,794,504,210	\$11,337,960,000	\$1,317,600,060	\$8,451,621,340	\$3,112,104,270

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PLANNING INITIATIVE	\$608,726,000	\$153,243,100	\$676,495,000	\$170,303,800	\$67,769,000	\$17,060,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,569,000	\$61,126,450	\$142,622,000	\$64,233,300	\$7,053,000	\$3,106,850
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$5,867,050	\$16,763,000	\$5,867,050	\$0	\$0
4	BRIDGE TO HFP	\$18,029,000	\$6,310,150	\$17,290,000	\$6,051,500	-\$739,000	-\$258,650
5	REFUGEES	\$7,950,000	\$7,950,000	\$7,713,000	\$7,713,000	-\$237,000	-\$237,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$3,012,000	\$2,009,500	\$24,136,000	\$15,161,000	\$21,124,000	\$13,151,500
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$15,522,500	\$0	-\$15,522,500	\$0	\$0
9	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEM	\$0	\$1,121,000	\$0	\$0	\$0	-\$1,121,000
10	NEW QUALIFIED ALIENS	\$0	\$90,983,000	\$0	\$97,806,000	\$0	\$6,823,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$34,670,700	\$0	-\$36,335,550	\$0	-\$1,664,850
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACT	\$0	-\$50,828,600	\$0	-\$58,240,300	\$0	-\$7,411,700
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$421,000	-\$210,500	-\$2,539,000	-\$1,269,500	-\$2,118,000	-\$1,059,000
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BC	-\$1,793,000	-\$802,400	-\$6,371,000	-\$2,851,250	-\$4,578,000	-\$2,048,850
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$13,522,000	-\$10,081,000	-\$20,901,000	-\$15,480,500	-\$7,379,000	-\$5,399,500
163	ELIMINATION OF PRUCOL	\$0	\$0	-\$23,903,000	-\$38,510,000	-\$23,903,000	-\$38,510,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR NC	\$0	\$0	-\$20,048,000	-\$32,300,000	-\$20,048,000	-\$32,300,000
	ELIGIBILITY SUBTOTAL	\$774,313,000	\$216,494,550	\$811,257,000	\$166,626,050	\$36,944,000	-\$49,868,500
BENEFITS							
18	ADULT DAY HEALTH CARE - CDA	\$424,338,000	\$212,169,000	\$433,248,000	\$216,624,000	\$8,910,000	\$4,455,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,655,000	\$0	\$100,000,000	\$0	-\$13,655,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$17,463,000	\$45,464,000	\$20,097,000	\$0	\$2,634,000
21	H1N1 VACCINE	\$6,168,830	\$3,084,410	\$2,156,000	\$1,078,000	-\$4,012,830	-\$2,006,410
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,957,000	\$376,000	\$7,325,000	\$1,619,000	\$5,368,000	\$1,243,000
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$0	\$0	\$4,430,000	\$0	\$4,430,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUY	\$0	-\$3,334,000	\$0	-\$4,445,500	\$0	-\$1,111,500

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
26	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$106,512,900	\$0	-\$107,953,950	\$0	-\$1,441,050
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$5,445,500	\$0	\$5,445,500	\$0	\$0
30	PEDIATRIC PALLIATIVE CARE	-\$589,000	-\$294,500	-\$1,296,000	-\$648,000	-\$707,000	-\$353,500
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVI	\$0	\$0	\$0	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,446,000	-\$2,223,000	-\$10,935,000	-\$5,467,500	-\$6,489,000	-\$3,244,500
33	ADHC ONSITE TAR REVIEWS	-\$89,000	-\$44,500	-\$1,847,000	-\$923,500	-\$1,758,000	-\$879,000
167	ELIMINATE ADHC SERVICES	\$0	\$0	-\$267,938,870	-\$133,969,440	-\$267,938,870	-\$133,969,440
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$48,420,000	\$0	\$105,533,000	\$0	\$57,113,000	\$0
190	REINSTATEMENT OF OPTOMETRY SERVICES	\$0	\$0	\$2,620,560	\$1,310,280	\$2,620,560	\$1,310,280
201	HEARING AID CAP	\$0	\$0	-\$529,000	-\$264,500	-\$529,000	-\$264,500
202	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	\$0	\$0	-\$157,686,000	-\$78,843,000	-\$157,686,000	-\$78,843,000
205	CAP ON PHYSICIAN AND FQHC/RHC OFFICE VISITS	\$0	\$0	-\$224,526,000	-\$112,263,000	-\$224,526,000	-\$112,263,000
207	DURABLE MEDICAL EQUIPMENT CAP	\$0	\$0	-\$7,145,000	-\$3,572,500	-\$7,145,000	-\$3,572,500
209	HOSPITAL INPATIENT RATE FREEZE	\$0	\$0	-\$168,962,000	-\$84,481,000	-\$168,962,000	-\$84,481,000
210	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$70,848,000	-\$35,424,000	-\$70,848,000	-\$35,424,000
211	COPAYMENT FOR EMERGENCY ER VISITS	\$0	\$0	-\$37,242,000	-\$18,621,000	-\$37,242,000	-\$18,621,000
	BENEFITS SUBTOTAL	\$634,878,830	\$128,129,010	-\$248,178,310	-\$338,703,110	-\$883,057,140	-\$466,832,120
PHARMACY							
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$879,000	\$0	\$0	\$0	-\$879,000
37	NON FFP DRUGS	\$0	\$1,738,500	\$0	\$1,317,000	\$0	-\$421,500
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	\$0	\$0	-\$12,840,000	-\$6,420,000	-\$12,840,000	-\$6,420,000
40	ENTERAL NUTRITION PRODUCTS	-\$15,434,000	-\$7,717,000	-\$16,212,480	-\$8,106,240	-\$778,470	-\$389,240
43	PHARMACY TAR AUTO-ADJUDICATION	-\$1,835,900	-\$917,950	-\$2,440,660	-\$1,220,330	-\$604,760	-\$302,380
44	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$6,000,000	-\$3,000,000	-\$2,000,000	-\$1,000,000

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 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
45	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$6,000,000	-\$2,100,000	\$10,000,000	\$3,500,000
46	MEDICAL SUPPLY REBATES	-\$8,938,000	-\$4,469,000	-\$10,000,000	-\$5,000,000	-\$1,062,000	-\$531,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$15,000,000	-\$6,000,000	-\$25,000,000	-\$10,500,000	-\$10,000,000	-\$4,500,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$16,269,600	-\$40,000,000	-\$19,140,800	-\$6,000,000	-\$2,871,200
49	FAMILY PACT DRUG REBATES	-\$43,447,000	\$3,097,700	-\$44,721,000	-\$6,590,100	-\$1,274,000	-\$9,687,800
50	MEDI-CAL PHARMACY REFORMS	-\$57,850,000	-\$28,925,000	-\$91,400,000	-\$45,700,000	-\$33,550,000	-\$16,775,000
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$217,638,000	-\$108,819,000	-\$218,743,010	-\$109,371,500	-\$1,105,010	-\$552,500
52	STATE SUPPLEMENTAL DRUG REBATES	-\$256,216,000	-\$127,709,200	-\$248,288,000	-\$123,757,600	\$7,928,000	\$3,951,600
53	FEDERAL DRUG REBATE PROGRAM	-\$1,031,463,000	-\$514,126,700	-\$999,547,000	-\$498,218,300	\$31,916,000	\$15,908,400
195	UBL AND MAIC INJUNCTION	\$6,371,600	\$3,185,800	\$83,336,400	\$41,668,200	\$76,964,800	\$38,482,400
198	ELIMINATION OF SELECTED OVER-THE-COUNTER DRL	\$0	\$0	-\$13,291,000	-\$6,645,500	-\$13,291,000	-\$6,645,500
199	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$20,574,000	-\$10,287,000	-\$20,574,000	-\$10,287,000
200	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	\$0	\$0	-\$10,898,000	-\$5,449,000	-\$10,898,000	-\$5,449,000
206	PHARMACY COPAYMENTS	\$0	\$0	-\$149,227,000	-\$74,613,500	-\$149,227,000	-\$74,613,500
208	MEDICAL SUPPLIES CAP	\$0	\$0	-\$1,566,000	-\$783,000	-\$1,566,000	-\$783,000
	PHARMACY SUBTOTAL	-\$1,695,450,300	-\$813,652,450	-\$1,833,411,740	-\$893,917,670	-\$137,961,440	-\$80,265,220
MANAGED CARE							
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$443,667,000	\$172,700,000	\$365,969,000	\$158,597,000	-\$77,698,000	-\$14,103,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$82,157,000	\$31,557,000	\$0	\$0	-\$82,157,000	-\$31,557,000
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$17,427,000	\$8,713,500	\$0	\$0	-\$17,427,000	-\$8,713,500
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$13,572,000	\$6,786,000	\$1,347,000	\$673,500	-\$12,225,000	-\$6,112,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,543,000	\$6,271,500	-\$8,995,000	-\$4,497,500	-\$21,538,000	-\$10,769,000
70	RISK PAYMENTS FOR MANAGED CARE PLANS	\$192,000	\$96,000	\$0	\$0	-\$192,000	-\$96,000
72	MANAGED CARE EXPANSION - VENTURA	\$0	\$0	\$42,920,000	\$21,460,000	\$42,920,000	\$21,460,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$0	\$0	\$14,551,000	\$7,275,500	\$14,551,000	\$7,275,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$20,846,000	\$0	-\$50,500,000	\$0	-\$29,654,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
79	MATERNITY SUPPLEMENTAL PAYMENT	-\$35,575,000	-\$17,787,500	\$0	\$0	\$35,575,000	\$17,787,500
176	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$546,000	-\$273,000	-\$546,000	-\$273,000
185	MANDATORY ENROLLMENT INTO MANAGED CARE FOR	\$0	\$0	-\$357,496,000	-\$182,052,000	-\$357,496,000	-\$182,052,000
	MANAGED CARE SUBTOTAL	\$533,983,000	\$187,490,500	\$57,750,000	-\$49,316,500	-\$476,233,000	-\$236,807,000
PROVIDER RATES							
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$11,541,000	-\$5,770,500	-\$12,590,000	-\$6,295,000	-\$1,049,000	-\$524,500
80	NF-B RATE CHANGES AND QA FEE	\$154,964,750	\$77,482,380	\$192,012,000	\$96,006,000	\$37,047,250	\$18,523,630
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$119,742,000	\$59,871,000	\$158,283,000	\$79,141,500	\$38,541,000	\$19,270,500
82	LTC RATE ADJUSTMENT	\$46,392,320	\$23,196,160	\$57,991,000	\$28,995,500	\$11,598,680	\$5,799,340
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$29,004,000	\$14,502,000	\$29,308,000	\$14,654,000	\$304,000	\$152,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$12,724,080	\$6,362,040	\$36,230,120	\$18,115,060	\$23,506,040	\$11,753,020
85	HOSPICE RATE INCREASES	\$3,434,020	\$1,717,010	\$5,884,360	\$2,942,180	\$2,450,340	\$1,225,170
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASE	-\$2,784,110	-\$1,392,060	-\$3,695,000	-\$1,847,500	-\$910,890	-\$455,440
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$10,407,960	-\$5,203,980	-\$13,800,000	-\$6,900,000	-\$3,392,040	-\$1,696,020
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$46,054,680	-\$23,027,340	-\$57,616,000	-\$28,808,000	-\$11,561,320	-\$5,780,660
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$151,688,130	-\$75,844,070	-\$191,304,000	-\$95,652,000	-\$39,615,870	-\$19,807,940
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	\$0	\$0	-\$35,159,710	-\$7,628,740	-\$35,159,710	-\$7,628,740
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$4,287,500	\$2,143,750	\$10,713,850	\$5,356,920	\$6,426,350	\$3,213,170
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$12,192,160	\$6,096,080	\$56,300,190	\$28,150,100	\$44,108,040	\$22,054,020
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,700,000	\$17,850,000	\$35,500,000	\$17,750,000	-\$200,000	-\$100,000
191	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$27,240,370	-\$13,620,190	-\$27,240,370	-\$13,620,190
193	QA FEE FOR MLRCs	\$0	\$0	\$40,824,000	\$18,044,000	\$40,824,000	\$18,044,000
194	AB 1629 QA FEE TRENDING METHODOLOGY	\$0	\$0	\$88,777,000	\$39,239,000	\$88,777,000	\$39,239,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$0	\$0	\$9,325,000	\$4,122,000	\$9,325,000	\$4,122,000
	PROVIDER RATES SUBTOTAL	\$195,964,930	\$97,982,470	\$379,743,440	\$191,764,830	\$183,778,510	\$93,782,370
HOSPITAL FINANCING							
93	HOSP FINANCING - DSH PMT	\$1,719,646,000	\$592,475,000	\$1,725,858,000	\$596,619,000	\$6,212,000	\$4,144,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACED	\$528,748,000	\$264,374,000	\$515,974,000	\$257,987,000	-\$12,774,000	-\$6,387,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$313,925,000	\$0	\$516,001,000	\$0	\$202,076,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$298,597,000	\$0	\$125,172,000	\$0	-\$173,425,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$372,080,000	\$186,040,000	\$276,994,000	\$138,497,000	-\$95,086,000	-\$47,543,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$115,000,000	\$0	\$245,000,000	\$0	\$130,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$318,530,000	\$0	\$180,000,000	\$0	-\$138,530,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$95,000,000	\$0	\$90,000,000	\$0	-\$5,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$113,475,000	\$0	\$67,114,000	\$0	-\$46,361,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$54,684,000	\$27,342,000	\$80,910,000	\$40,455,000	\$26,226,000	\$13,113,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$55,031,000	\$27,515,500	\$64,998,000	\$32,499,000	\$9,967,000	\$4,983,500
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$6,000,000	\$0	\$63,316,000	\$0	\$57,316,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$92,975,000	\$0	\$67,000,000	\$0	-\$25,975,000	\$0
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$38,374,000	\$19,187,000	\$0	\$0	-\$38,374,000	-\$19,187,000
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,156,000	\$2,078,000	\$3,822,000	\$1,911,000	-\$334,000	-\$167,000
108	HOSP FINANCING - MIA LTC	\$0	-\$21,040,000	\$0	-\$8,725,000	\$0	\$12,315,000
109	HOSP FINANCING - BCCTP	\$0	-\$1,000,000	\$0	-\$500,000	\$0	\$500,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$530,461,000	\$0	-\$559,528,500	\$0	-\$29,067,500
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	-\$5,100,000	\$0	-\$2,500,000	\$0	\$2,600,000
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING	-\$32,572,000	-\$12,068,000	\$0	\$0	\$32,572,000	\$12,068,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	-\$51,597,000	-\$25,798,500	-\$51,597,000	-\$25,798,500	\$0	\$0
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$156,205,000	-\$72,561,000	-\$156,205,000	-\$72,561,000

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
HOSPITAL FINANCING							
	HOSPITAL FINANCING SUBTOTAL	\$4,042,052,000	\$523,544,000	\$3,814,357,000	\$398,355,000	-\$227,695,000	-\$125,189,000
SUPPLEMENTAL PMNTS.							
114	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$0	\$0	\$270,750,000	\$0	\$270,750,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,380,000	\$0	\$221,500,000	\$0	\$26,120,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$130,174,000	\$50,000,000	\$115,087,000	\$50,000,000	-\$15,087,000	\$0
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,025,000	\$46,083,500	\$105,382,000	\$48,136,000	\$4,357,000	\$2,052,500
118	FFP FOR LOCAL TRAUMA CENTERS	\$74,460,000	\$37,230,000	\$67,130,000	\$33,565,000	-\$7,330,000	-\$3,665,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$31,375,000	\$0	\$33,625,000	\$0	\$2,250,000	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$110,861,000	\$0	\$110,861,000	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$8,613,101,000	\$3,903,001,000	\$8,613,101,000	\$3,903,001,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$550,414,000	\$142,313,500	\$9,555,436,000	\$4,043,702,000	\$9,005,022,000	\$3,901,388,500
OTHER							
132	DENTAL RETROACTIVE RATE CHANGES	\$62,077,000	\$31,038,500	\$0	\$0	-\$62,077,000	-\$31,038,500
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$0	\$0	\$234,242,000	\$0	\$234,242,000	\$0
137	HEALTHY FAMILIES - CDMH	\$24,311,000	\$0	\$27,939,000	\$0	\$3,628,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$10,478,000	\$5,239,000	\$7,746,000	\$3,873,000	-\$2,732,000	-\$1,366,000
139	MINOR CONSENT SETTLEMENT	\$8,359,000	\$8,359,000	\$7,989,000	\$7,989,000	-\$370,000	-\$370,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,372,000	\$686,000	\$2,744,000	\$1,372,000	\$1,372,000	\$686,000
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
145	SELF-DIRECTED SERVICES WAIVER - CDDS	\$0	\$0	\$71,000	\$0	\$71,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
148	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$50,000	\$0	\$0	\$0	-\$50,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	\$0	\$0	\$0	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
152	INDIAN HEALTH SERVICES	\$0	-\$7,828,000	\$0	-\$8,056,000	\$0	-\$228,000
153	FQHC/RHC AUDIT STAFFING	\$0	\$0	-\$2,737,270	-\$1,368,630	-\$2,737,270	-\$1,368,630
154	ANTI-FRAUD INITIATIVE	\$0	\$0	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000
156	EDS COST CONTAINMENT PROJECTS	-\$624,730	-\$312,370	-\$1,029,280	-\$514,640	-\$404,550	-\$202,270
157	PHARMACY LITIGATION SETTLEMENTS	-\$76,700,000	-\$76,700,000	\$0	\$0	\$76,700,000	\$76,700,000
158	IHSS ANTI-FRAUD INITIATIVE	-\$56,699,000	\$0	-\$252,996,000	\$0	-\$196,297,000	\$0
160	UNSPECIFIED BUDGET REDUCTION	\$0	\$0	-\$744,147,000	-\$323,297,000	-\$744,147,000	-\$323,297,000
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$2,909,855,000	\$0	-\$1,462,339,000	\$0	\$1,447,516,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$148,967,000	\$0	\$103,519,000	\$0	-\$45,448,000	\$0
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	-\$254,188,000	-\$119,977,000	-\$254,188,000	-\$119,977,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	\$0	\$0	-\$56,517,000	-\$28,258,500	-\$56,517,000	-\$28,258,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVERAG	\$0	\$0	\$0	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
178	ARRA HITECH - PROVIDER PAYMENTS	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0
179	CEDARS-SINAI MEDICAL CENTER OVERPAYMENT	-\$148,000	-\$74,000	\$0	\$0	\$148,000	\$74,000
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$447,253,000	-\$447,253,000	-\$234,978,000	-\$234,978,000	\$212,275,000	\$212,275,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$6,120,000	-\$3,366,000	-\$18,360,000	-\$10,096,500	-\$12,240,000	-\$6,730,500
182	NUVARING COST SHIFT	\$0	-\$11,112,600	\$0	-\$4,569,600	\$0	\$6,543,000
183	GGNSC HOLDINGS COURT ORDER	\$970,000	\$485,000	\$0	\$0	-\$970,000	-\$485,000
189	PROVIDER OVERPAYMENT REPAYMENTS	\$0	\$0	-\$77,794,000	-\$77,794,000	-\$77,794,000	-\$77,794,000
192	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	\$0	\$0	-\$1,038,000	-\$1,038,000	-\$1,038,000	-\$1,038,000
212	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$0	\$0	\$29,839,160	\$13,190,330	\$29,839,160	\$13,190,330

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
213	RECONCILIATION	\$4,313,000	\$4,313,000	\$45,202,000	\$45,202,000	\$40,889,000	\$40,889,000
	OTHER SUBTOTAL	-\$325,697,730	-\$3,391,330,470	-\$1,198,993,390	-\$2,200,910,540	-\$873,295,660	\$1,190,419,920
	GRAND TOTAL	\$4,710,457,720	-\$2,909,028,890	\$11,337,960,000	\$1,317,600,060	\$6,627,502,280	\$4,226,628,950

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

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

(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>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

(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

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

**ESTIMATED COST OF 1% RATE INCREASE
FISCAL YEAR 2010-11**

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2010 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,198,857,110	0.9660	\$11,580,960	\$5,404,800	0.9167	0.7844	\$8,326,900	\$3,886,140
OTHER MEDICAL	\$2,073,132,670	0.9760	\$20,233,770	\$9,346,020	0.9167	0.8324	\$15,439,000	\$7,131,310
COUNTY OUTPATIENT	\$85,412,910	0.9600	\$819,960	\$382,530	0.9167	0.7398	\$556,090	\$259,430
COMMUNITY OUTPATIENT	\$510,832,310	0.9100	\$4,648,570	\$2,117,360	0.9167	0.8350	\$3,558,090	\$1,620,660
PHARMACY	\$1,731,023,580	0.0793	\$1,373,390	\$581,500	0.9167	0.9300	\$1,170,850	\$495,740
COUNTY INPATIENT	\$864,744,300	1.0000	N/A	N/A	0.9167	0.5865	N/A	N/A
COMMUNITY INPATIENT	\$4,365,915,370	1.0000	N/A	N/A	0.9167	0.7319	N/A	N/A
NURSING FACILITIES	\$4,128,479,380	1.1578	\$47,799,120	\$21,899,520	0.9167	0.8651	\$37,904,810	\$17,366,370
ICF-DD	\$439,585,890	1.1578	\$5,089,480	\$2,305,940	0.9167	0.8999	\$4,198,380	\$1,902,200
MEDICAL TRANSPORTATION	\$170,001,770	0.9660	\$1,642,220	\$770,530	0.9167	0.8062	\$1,213,650	\$569,440
OTHER SERVICES	\$874,944,700	0.9540	\$8,346,970	\$3,151,560	0.9167	0.8218	\$6,287,900	\$2,374,120
HOME HEALTH	\$192,125,020	0.9800	\$1,882,830	\$854,820	0.9167	0.8118	\$1,401,050	\$636,090
DENTAL	\$563,144,050	0.9990	\$5,625,810	\$2,549,440	0.9167	1.0000	\$5,156,990	\$2,336,980
MENTAL HEALTH	\$1,672,382,830	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$4,102,672,820	1.0000	\$41,026,730	\$17,948,880	0.9167	1.0000	\$37,607,830	\$16,453,140
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,050,271,630	1.0000	\$30,502,720	\$13,513,460	0.9167	1.0000	\$27,960,820	\$12,387,340
GEOGRAPHIC MANAGED CARE	\$683,834,290	1.0000	\$6,838,340	\$2,989,920	0.9167	1.0000	\$6,268,480	\$2,740,760
PHP & OTHER MANAG. CARE	\$260,906,530	1.0000	\$2,609,070	\$1,164,960	0.9167	1.0000	\$2,391,640	\$1,067,880
AUDITS/ LAWSUITS	\$2,870,230	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$60,724,840	1.0000	\$607,250	\$272,510	0.9167	1.0000	\$556,640	\$249,800
MEDICARE PAYMENTS (4)	\$3,940,477,880	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$273,986,320	0.9782	\$2,680,110	\$0	0.9167	1.0000	\$2,456,760	\$0
MISC. SERVICES	\$4,758,995,400	1.0000	\$47,589,950	\$228,740	0.9167	1.0000	\$43,624,120	\$209,680
RECOVERIES	-\$296,527,140	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TOTAL	\$35,708,794,660		\$240,897,250	\$85,482,480 (3)			\$206,080,020	\$71,687,070

(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.