

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

CURRENT YEAR

Fiscal Forecasting and Data Management Branch
State Department of Health Care Services
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2009-10

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$17,440,379,470	\$8,720,189,730	\$8,720,189,730
B. C/Y BASE POLICY CHANGES	\$17,874,533,000	\$11,440,618,200	\$6,433,914,800
C. BASE ADJUSTMENTS	-\$568,275,000	-\$446,267,800	-\$122,007,200
D. ADJUSTED BASE	<u>\$34,746,637,460</u>	<u>\$19,714,540,130</u>	<u>\$15,032,097,330</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$782,328,400	\$495,116,190	\$287,212,210
B. BENEFITS	\$633,438,010	\$505,767,560	\$127,670,450
C. PHARMACY	-\$1,409,408,570	-\$738,776,990	-\$670,631,590
D. MANAGED CARE	\$533,983,000	\$346,492,500	\$187,490,500
E. PROVIDER RATES	\$195,398,640	\$97,699,320	\$97,699,320
F. HOSPITAL FINANCING	\$4,042,052,000	\$3,518,508,000	\$523,544,000
G. SUPPLEMENTAL PMNTS.	\$550,414,000	\$408,100,500	\$142,313,500
H. OTHER	-\$325,296,840	\$3,065,833,180	-\$3,391,130,020
I. TOTAL CHANGES	<u>\$5,002,908,640</u>	<u>\$7,698,740,260</u>	<u>-\$2,695,831,630</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$39,749,546,100</u></u>	<u><u>\$27,413,280,400</u></u>	<u><u>\$12,336,265,700</u></u>

**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	\$608,726,000	\$455,482,900	\$153,243,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,569,000	\$74,442,550	\$61,126,450
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$10,895,950	\$5,867,050
4	BRIDGE TO HFP	\$18,029,000	\$11,718,850	\$6,310,150
5	REFUGEES	\$7,950,000	\$0	\$7,950,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$2,364,420	\$786,960	\$1,577,460
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,597,270	-\$1,597,270
9	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEMENT	\$0	-\$1,121,000	\$1,121,000
10	NEW QUALIFIED ALIENS	\$0	-\$90,983,000	\$90,983,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$34,670,700	-\$34,670,700
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACTOR	\$0	\$0	\$0
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$166,000	-\$83,000	-\$83,000
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BCCT	-\$1,793,000	-\$990,600	-\$802,400
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$5,114,020	-\$1,301,390	-\$3,812,630
	ELIGIBILITY SUBTOTAL	\$782,328,400	\$495,116,190	\$287,212,210
BENEFITS				
18	ADULT DAY HEALTH CARE - CDA	\$424,338,000	\$212,169,000	\$212,169,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,655,000	\$113,655,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$28,001,000	\$17,463,000
21	H1N1 VACCINE	\$2,333,050	\$1,166,530	\$1,166,520
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,106,490	\$893,900	\$212,590
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUYO	\$0	\$3,334,000	-\$3,334,000
26	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$106,512,900	-\$106,512,900
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$5,445,500	\$5,445,500
30	PEDIATRIC PALLIATIVE CARE	-\$222,760	-\$111,380	-\$111,380
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVCS	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$1,566,770	-\$783,390	-\$783,390
33	ADHC ONSITE TAR REVIEWS	-\$89,000	-\$44,500	-\$44,500
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$48,420,000	\$48,420,000	\$0
	BENEFITS SUBTOTAL	\$633,438,010	\$505,767,560	\$127,670,450
PHARMACY				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$879,000	\$879,000
37	NON FFP DRUGS	\$0	-\$1,738,500	\$1,738,500
40	ENTERAL NUTRITION PRODUCTS	-\$69,450	-\$34,730	-\$34,730
43	PHARMACY TAR AUTO-ADJUDICATION	-\$1,295,590	-\$647,800	-\$647,800
44	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$2,000,000
45	BCCTP DRUG REBATES	-\$16,000,000	-\$10,400,000	-\$5,600,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>PHARMACY</u>				
46	MEDICAL SUPPLY REBATES	-\$8,938,000	-\$4,469,000	-\$4,469,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$15,000,000	-\$9,000,000	-\$6,000,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$17,730,400	-\$16,269,600
49	FAMILY PACT DRUG REBATES	-\$43,447,000	-\$46,544,700	\$3,097,700
50	MEDI-CAL PHARMACY REFORMS	-\$5,351,130	-\$2,675,560	-\$2,675,560
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	\$0	\$0	\$0
52	STATE SUPPLEMENTAL DRUG REBATES	-\$256,216,000	-\$128,506,800	-\$127,709,200
53	FEDERAL DRUG REBATE PROGRAM	-\$1,031,463,000	-\$517,336,300	-\$514,126,700
195	UBL AND MAIC INJUNCTION	\$6,371,600	\$3,185,800	\$3,185,800
	PHARMACY SUBTOTAL	-\$1,409,408,570	-\$738,776,990	-\$670,631,580
<u>MANAGED CARE</u>				
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$443,667,000	\$270,967,000	\$172,700,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$82,157,000	\$50,600,000	\$31,557,000
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS	\$17,427,000	\$8,713,500	\$8,713,500
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HPS	\$13,572,000	\$6,786,000	\$6,786,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,543,000	\$6,271,500	\$6,271,500
70	RISK PAYMENTS FOR MANAGED CARE PLANS	\$192,000	\$96,000	\$96,000
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	\$20,846,000	-\$20,846,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
79	MATERNITY SUPPLEMENTAL PAYMENT	-\$35,575,000	-\$17,787,500	-\$17,787,500
	MANAGED CARE SUBTOTAL	\$533,983,000	\$346,492,500	\$187,490,500
<u>PROVIDER RATES</u>				
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$11,541,000	-\$5,770,500	-\$5,770,500
80	NF-B RATE CHANGES AND QA FEE	\$154,964,750	\$77,482,380	\$77,482,380
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$119,742,000	\$59,871,000	\$59,871,000
82	LTC RATE ADJUSTMENT	\$46,392,320	\$23,196,160	\$23,196,160
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$29,004,000	\$14,502,000	\$14,502,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$4,812,250	\$2,406,120	\$2,406,120
85	HOSPICE RATE INCREASES	\$817,640	\$408,820	\$408,820
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASE	-\$571,860	-\$285,930	-\$285,930
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$2,137,800	-\$1,068,900	-\$1,068,900
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$46,054,680	-\$23,027,340	-\$23,027,340
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$151,688,130	-\$75,844,070	-\$75,844,070
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$3,767,000	\$1,883,500	\$1,883,500
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$12,192,160	\$6,096,080	\$6,096,080
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,700,000	\$17,850,000	\$17,850,000
	PROVIDER RATES SUBTOTAL	\$195,398,640	\$97,699,320	\$97,699,320
<u>HOSPITAL FINANCING</u>				

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<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>				
93	HOSP FINANCING - DSH PMT	\$1,719,646,000	\$1,127,171,000	\$592,475,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$528,748,000	\$264,374,000	\$264,374,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$313,925,000	\$313,925,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$298,597,000	\$298,597,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$372,080,000	\$186,040,000	\$186,040,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$115,000,000	\$115,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$318,530,000	\$318,530,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$95,000,000	\$95,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$113,475,000	\$113,475,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$54,684,000	\$27,342,000	\$27,342,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$55,031,000	\$27,515,500	\$27,515,500
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$6,000,000	\$6,000,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$92,975,000	\$92,975,000	\$0
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$38,374,000	\$19,187,000	\$19,187,000
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,156,000	\$2,078,000	\$2,078,000
108	HOSP FINANCING - MIA LTC	\$0	\$21,040,000	-\$21,040,000
109	HOSP FINANCING - BCCTP	\$0	\$1,000,000	-\$1,000,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$530,461,000	-\$530,461,000
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	\$5,100,000	-\$5,100,000
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING	-\$32,572,000	-\$20,504,000	-\$12,068,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT B	-\$51,597,000	-\$25,798,500	-\$25,798,500
	HOSPITAL FINANCING SUBTOTAL	\$4,042,052,000	\$3,518,508,000	\$523,544,000
<u>SUPPLEMENTAL PMNTS.</u>				
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,380,000	\$195,380,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$130,174,000	\$80,174,000	\$50,000,000
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,025,000	\$54,941,500	\$46,083,500
118	FFP FOR LOCAL TRAUMA CENTERS	\$74,460,000	\$37,230,000	\$37,230,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$31,375,000	\$31,375,000	\$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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$550,414,000	\$408,100,500	\$142,313,500
<u>OTHER</u>				
132	DENTAL RETROACTIVE RATE CHANGES	\$62,077,000	\$31,038,500	\$31,038,500
137	HEALTHY FAMILIES - CDMH	\$24,311,000	\$24,311,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$10,478,000	\$5,239,000	\$5,239,000
139	MINOR CONSENT SETTLEMENT	\$8,359,000	\$0	\$8,359,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,372,000	\$686,000	\$686,000
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,000,000	\$2,000,000
148	DENTAL MANAGED CARE DISALLOWANCE	\$0	-\$50,000	\$50,000
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
152	INDIAN HEALTH SERVICES	\$0	\$7,828,000	-\$7,828,000
156	EDS COST CONTAINMENT PROJECTS	-\$223,840	-\$111,920	-\$111,920
157	PHARMACY LITIGATION SETTLEMENTS	-\$76,700,000	\$0	-\$76,700,000
158	IHSS ANTI-FRAUD INITIATIVE	-\$56,699,000	-\$56,699,000	\$0
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,909,855,000	-\$2,909,855,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$148,967,000	\$148,967,000	\$0
179	CEDARS-SINAI MEDICAL CENTER OVERPAYMENT	-\$148,000	-\$74,000	-\$74,000
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$447,253,000	\$0	-\$447,253,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$6,120,000	-\$2,754,000	-\$3,366,000
182	NUVARING COST SHIFT	\$0	\$11,112,600	-\$11,112,600
183	GGNSC HOLDINGS COURT ORDER	\$970,000	\$485,000	\$485,000
213	RECONCILIATION	\$4,313,000	\$0	\$4,313,000
	OTHER SUBTOTAL	-\$325,296,840	\$3,065,833,180	-\$3,391,130,020
	GRAND TOTAL	\$5,002,908,640	\$7,698,740,260	-\$2,695,831,630

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	\$4,860,381,680	\$3,018,295,000	\$1,842,086,680
PHYSICIANS	\$1,498,564,020	\$930,492,600	\$568,071,420
OTHER MEDICAL	\$2,441,849,530	\$1,474,479,510	\$967,370,020
COUNTY OUTPATIENT	\$223,520,470	\$174,201,760	\$49,318,710
COMMUNITY OUTPATIENT	\$696,447,670	\$439,121,130	\$257,326,540
PHARMACY	\$1,724,234,970	\$1,137,769,490	\$586,465,480
HOSPITAL INPATIENT	\$8,450,390,560	\$5,710,943,770	\$2,739,446,790
COUNTY INPATIENT	\$2,544,419,830	\$1,987,295,880	\$557,123,950
COMMUNITY INPATIENT	\$5,905,970,730	\$3,723,647,890	\$2,182,322,840
LONG TERM CARE	\$4,411,609,570	\$2,617,850,220	\$1,793,759,350
NURSING FACILITIES	\$4,005,810,340	\$2,376,947,640	\$1,628,862,700
ICF-DD	\$405,799,230	\$240,902,580	\$164,896,650
OTHER SERVICES	\$1,466,259,040	\$925,049,170	\$541,209,870
MEDICAL TRANSPORTATION	\$164,332,160	\$93,455,220	\$70,876,940
OTHER SERVICES	\$1,106,525,230	\$716,505,680	\$390,019,550
HOME HEALTH	\$195,401,650	\$115,088,260	\$80,313,390
TOTAL FEE-FOR-SERVICE	\$20,912,875,820	\$13,409,907,650	\$7,502,968,170
MANAGED CARE	\$8,040,697,470	\$4,891,848,090	\$3,148,849,380
TWO PLAN MODEL	\$4,441,317,740	\$2,704,078,140	\$1,737,239,590
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,688,158,580	\$1,629,105,310	\$1,059,053,270
GEOGRAPHIC MANAGED CARE	\$693,956,650	\$422,850,990	\$271,105,670
PHP & OTHER MANAG. CARE	\$217,264,500	\$135,813,650	\$81,450,850
DENTAL	\$625,566,360	\$346,004,130	\$279,562,230
MENTAL HEALTH	\$1,397,418,060	\$1,397,386,560	\$31,510
AUDITS/ LAWSUITS	-\$46,417,240	\$8,668,110	-\$55,085,350
EPSDT SCREENS	\$61,852,690	\$37,683,980	\$24,168,710
MEDICARE PAYMENTS	\$3,154,614,100	\$1,607,917,020	\$1,546,697,080
STATE HOSP./DEVELOPMENTAL CNTRS.	\$320,927,590	\$320,927,600	-\$10
MISC. SERVICES	\$5,499,583,250	\$5,484,338,770	\$15,244,480
RECOVERIES	-\$217,572,000	-\$91,401,500	-\$126,170,500
GRAND TOTAL MEDI-CAL	\$39,749,546,100	\$27,413,280,400	\$12,336,265,700

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2009-10**

SERVICE CATEGORY	2009-10 APPROPRIATION	MAY 2010 EST. FOR 2009-10	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,653,009,050	\$4,860,381,680	\$207,372,630	4.46
PHYSICIANS	\$1,308,902,010	\$1,498,564,020	\$189,662,010	14.49
OTHER MEDICAL	\$2,226,336,340	\$2,441,849,530	\$215,513,190	9.68
COUNTY OUTPATIENT	\$351,286,400	\$223,520,470	-\$127,765,930	-36.37
COMMUNITY OUTPATIENT	\$766,484,300	\$696,447,670	-\$70,036,640	-9.14
PHARMACY	\$1,939,169,940	\$1,724,234,970	-\$214,934,980	-11.08
HOSPITAL INPATIENT	\$8,172,472,040	\$8,450,390,560	\$277,918,530	3.40
COUNTY INPATIENT	\$2,488,003,470	\$2,544,419,830	\$56,416,360	2.27
COMMUNITY INPATIENT	\$5,684,468,560	\$5,905,970,730	\$221,502,170	3.90
LONG TERM CARE	\$4,393,428,340	\$4,411,609,570	\$18,181,230	0.41
NURSING FACILITIES	\$3,978,090,930	\$4,005,810,340	\$27,719,410	0.70
ICF-DD	\$415,337,410	\$405,799,230	-\$9,538,180	-2.30
OTHER SERVICES	\$1,368,071,740	\$1,466,259,040	\$98,187,300	7.18
MEDICAL TRANSPORTATION	\$165,672,120	\$164,332,160	-\$1,339,950	-0.81
OTHER SERVICES	\$1,024,679,100	\$1,106,525,230	\$81,846,120	7.99
HOME HEALTH	\$177,720,520	\$195,401,650	\$17,681,130	9.95
TOTAL FEE-FOR-SERVICE	\$20,526,151,110	\$20,912,875,820	\$386,724,710	1.88
MANAGED CARE	\$7,506,087,520	\$8,040,697,470	\$534,609,950	7.12
TWO PLAN MODEL	\$4,236,549,570	\$4,441,317,740	\$204,768,170	4.83
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,399,614,720	\$2,688,158,580	\$288,543,860	12.02
GEOGRAPHIC MANAGED CARE	\$620,044,480	\$693,956,650	\$73,912,170	11.92
PHP & OTHER MANAG. CARE	\$249,878,750	\$217,264,500	-\$32,614,240	-13.05
DENTAL	\$475,687,740	\$625,566,360	\$149,878,620	31.51
MENTAL HEALTH	\$1,607,014,070	\$1,397,418,060	-\$209,596,010	-13.04
AUDITS/ LAWSUITS	\$26,003,830	-\$46,417,240	-\$72,421,070	-278.50
EPSDT SCREENS	\$64,817,380	\$61,852,690	-\$2,964,690	-4.57
MEDICARE PAYMENTS	\$3,525,868,450	\$3,154,614,100	-\$371,254,350	-10.53
STATE HOSP./DEVELOPMENTAL CNTRS.	\$313,890,310	\$320,927,590	\$7,037,280	2.24
MISC. SERVICES	\$4,662,756,180	\$5,499,583,250	\$836,827,070	17.95
RECOVERIES	-\$256,004,460	-\$217,572,000	\$38,432,460	-15.01
GRAND TOTAL MEDI-CAL	\$38,452,272,130	\$39,749,546,100	\$1,297,273,970	3.37
STATE FUNDS	\$12,491,889,260	\$12,336,265,700	-\$155,623,550	-1.25

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

<u>SERVICE CATEGORY</u>	<u>NOV. 2009 EST. FOR 2009-10</u>	<u>MAY 2010 EST. FOR 2009-10</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$7,847,771,990	\$4,860,381,680	-\$2,987,390,310	-38.07
PHYSICIANS	\$1,469,152,930	\$1,498,564,020	\$29,411,090	2.00
OTHER MEDICAL	\$2,338,791,320	\$2,441,849,530	\$103,058,210	4.41
COUNTY OUTPATIENT	\$325,122,490	\$223,520,470	-\$101,602,020	-31.25
COMMUNITY OUTPATIENT	\$3,714,705,250	\$696,447,670	-\$3,018,257,590	-81.25
PHARMACY	\$1,728,560,450	\$1,724,234,970	-\$4,325,490	-0.25
HOSPITAL INPATIENT	\$8,681,686,930	\$8,450,390,560	-\$231,296,370	-2.66
COUNTY INPATIENT	\$2,833,866,690	\$2,544,419,830	-\$289,446,860	-10.21
COMMUNITY INPATIENT	\$5,847,820,250	\$5,905,970,730	\$58,150,490	0.99
LONG TERM CARE	\$4,345,139,780	\$4,411,609,570	\$66,469,790	1.53
NURSING FACILITIES	\$3,940,442,700	\$4,005,810,340	\$65,367,640	1.66
ICF-DD	\$404,697,080	\$405,799,230	\$1,102,150	0.27
OTHER SERVICES	\$1,423,321,540	\$1,466,259,040	\$42,937,500	3.02
MEDICAL TRANSPORTATION	\$169,217,060	\$164,332,160	-\$4,884,890	-2.89
OTHER SERVICES	\$1,077,881,940	\$1,106,525,230	\$28,643,280	2.66
HOME HEALTH	\$176,222,540	\$195,401,650	\$19,179,110	10.88
TOTAL FEE-FOR-SERVICE	\$24,026,480,700	\$20,912,875,820	-\$3,113,604,880	-12.96
MANAGED CARE	\$9,770,114,180	\$8,040,697,470	-\$1,729,416,710	-17.70
TWO PLAN MODEL	\$5,521,860,690	\$4,441,317,740	-\$1,080,542,960	-19.57
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,160,212,590	\$2,688,158,580	-\$472,054,010	-14.94
GEOGRAPHIC MANAGED CARE	\$857,595,050	\$693,956,650	-\$163,638,390	-19.08
PHP & OTHER MANAG. CARE	\$230,445,850	\$217,264,500	-\$13,181,350	-5.72
DENTAL	\$613,469,280	\$625,566,360	\$12,097,080	1.97
MENTAL HEALTH	\$1,713,079,470	\$1,397,418,060	-\$315,661,410	-18.43
AUDITS/ LAWSUITS	-\$25,506,020	-\$46,417,240	-\$20,911,220	81.99
EPSDT SCREENS	\$62,542,720	\$61,852,690	-\$690,030	-1.10
MEDICARE PAYMENTS	\$3,660,986,610	\$3,154,614,100	-\$506,372,510	-13.83
STATE HOSP./DEVELOPMENTAL CNTRS.	\$278,503,560	\$320,927,590	\$42,424,030	15.23
MISC. SERVICES	\$5,893,981,000	\$5,499,583,250	-\$394,397,750	-6.69
RECOVERIES	-\$241,063,000	-\$217,572,000	\$23,491,000	-9.74
GRAND TOTAL MEDI-CAL	\$45,752,588,510	\$39,749,546,100	-\$6,003,042,410	-13.12
STATE FUNDS	\$14,583,187,040	\$12,336,265,700	-\$2,246,921,340	-15.41

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY											
1	FAMILY PLANNING INITIATIVE	\$573,951,000	\$197,117,900	\$613,603,000	\$208,657,600	\$608,726,000	\$153,243,100	\$34,775,000	-\$43,874,800	-\$4,877,000	-\$55,414,500
2	BREAST AND CERVICAL CANCER TREATMENT	\$132,111,000	\$59,708,150	\$128,477,000	\$57,794,700	\$135,569,000	\$61,126,450	\$3,458,000	\$1,418,300	\$7,092,000	\$3,331,750
3	CHDP GATEWAY - PREENROLLMENT	\$18,701,000	\$6,545,350	\$18,763,000	\$6,567,050	\$16,763,000	\$5,867,050	-\$1,938,000	-\$678,300	-\$2,000,000	-\$700,000
4	BRIDGE TO HFP	\$19,646,000	\$6,876,100	\$18,702,000	\$6,545,700	\$18,029,000	\$6,310,150	-\$1,617,000	-\$565,950	-\$673,000	-\$235,550
5	REFUGEES	\$8,034,000	\$8,034,000	\$9,952,000	\$9,952,000	\$7,950,000	\$7,950,000	-\$84,000	-\$84,000	-\$2,002,000	-\$2,002,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$1,452,000	\$726,000	\$2,982,000	\$1,994,500	\$3,012,000	\$2,009,500	\$1,560,000	\$1,283,500	\$30,000	\$15,000
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$6,614,200	\$0	-\$6,614,200	\$0	-\$15,522,500	\$0	-\$8,908,300	\$0	-\$8,908,300
9	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEME	\$0	\$1,121,000	\$0	\$1,121,000	\$0	\$1,121,000	\$0	\$0	\$0	\$0
10	NEW QUALIFIED ALIENS	\$0	\$128,535,000	\$0	\$110,388,000	\$0	\$90,983,000	\$0	-\$37,552,000	\$0	-\$19,405,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$34,561,800	\$0	-\$32,845,950	\$0	-\$34,670,700	\$0	-\$108,900	\$0	-\$1,824,750
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACTO	\$0	\$0	\$0	-\$50,828,600	\$0	-\$50,828,600	\$0	-\$50,828,600	\$0	\$0
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$204,000	-\$102,000	-\$204,000	-\$102,000	-\$421,000	-\$210,500	-\$217,000	-\$108,500	-\$217,000	-\$108,500
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BCC	\$0	\$0	-\$1,053,000	-\$471,250	-\$1,793,000	-\$802,400	-\$1,793,000	-\$802,400	-\$740,000	-\$331,150
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$11,819,000	-\$8,897,500	-\$15,299,000	-\$11,406,000	-\$13,522,000	-\$10,081,000	-\$1,703,000	-\$1,183,500	\$1,777,000	\$1,325,000
--	ADDITIONAL CASELOAD INCREASE	\$242,498,000	\$121,249,000	\$0	\$0	\$0	\$0	-\$242,498,000	-\$121,249,000	\$0	\$0
--	CRAIG V. BONTA LAWSUIT	\$118,000	\$59,000	\$0	\$0	\$0	\$0	-\$118,000	-\$59,000	\$0	\$0
--	ELIMINATION OF NON-EMERGENCY SERVICES FOR NQ/	\$0	\$0	-\$433,000	-\$697,000	\$0	\$0	\$0	\$0	\$433,000	\$697,000
--	ELIMINATION OF PRUCOL	\$0	\$0	-\$289,000	-\$465,000	\$0	\$0	\$0	\$0	\$289,000	\$465,000
--	LIMITATION OF IHSS TO HIGHEST LEVEL OF NEED	-\$97,714,000	\$0	\$0	\$0	\$0	\$0	\$97,714,000	\$0	\$0	\$0
--	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$900,000	\$450,000	\$1,000,000	\$500,000	\$0	\$0	-\$900,000	-\$450,000	-\$1,000,000	-\$500,000
	ELIGIBILITY SUBTOTAL	\$887,674,000	\$480,246,000	\$776,201,000	\$300,090,550	\$774,313,000	\$216,494,550	-\$113,361,000	-\$263,751,450	-\$1,888,000	-\$83,596,000
BENEFITS											
18	ADULT DAY HEALTH CARE - CDA	\$428,966,000	\$214,483,000	\$424,338,000	\$212,169,000	\$424,338,000	\$212,169,000	-\$4,628,000	-\$2,314,000	\$0	\$0
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$92,165,000	\$0	\$102,289,000	\$0	\$113,655,000	\$0	\$21,490,000	\$0	\$11,366,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$17,463,000	\$45,464,000	\$17,463,000	\$0	-\$5,269,000	\$0	\$0
21	H1N1 VACCINE	\$0	\$0	\$6,163,640	\$3,081,820	\$6,168,830	\$3,084,410	\$6,168,830	\$3,084,410	\$5,190	\$2,590
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$19,909,000	\$4,977,000	\$3,208,000	\$616,000	\$1,957,000	\$376,000	-\$17,952,000	-\$4,601,000	-\$1,251,000	-\$240,000
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUYO	\$0	-\$3,883,000	\$0	-\$4,834,000	\$0	-\$3,334,000	\$0	\$549,000	\$0	\$1,500,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
26	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0	\$0	\$0
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,116,600	\$0	-\$115,239,150	\$0	-\$106,512,900	\$0	\$7,603,700	\$0	\$8,726,250
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$6,445,500	\$0	\$6,445,500	\$0	\$5,445,500	\$0	-\$1,000,000	\$0	-\$1,000,000
30	PEDIATRIC PALLIATIVE CARE	-\$589,000	-\$294,500	-\$589,000	-\$294,500	-\$589,000	-\$294,500	\$0	\$0	\$0	\$0
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVC	\$0	\$0	-\$839,000	-\$419,500	\$0	\$0	\$0	\$0	\$839,000	\$419,500
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$20,367,000	-\$10,183,500	-\$3,687,000	-\$1,843,500	-\$4,446,000	-\$2,223,000	\$15,921,000	\$7,960,500	-\$759,000	-\$379,500
33	ADHC ONSITE TAR REVIEWS	\$0	\$0	-\$3,625,000	-\$1,812,500	-\$89,000	-\$44,500	-\$89,000	-\$44,500	\$3,536,000	\$1,768,000
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$0	\$0	\$90,124,000	\$0	\$48,420,000	\$0	\$48,420,000	\$0	-\$41,704,000	\$0
--	ADULT DAY HEALTH CARE REFORMS	-\$34,424,000	-\$17,212,000	-\$34,055,000	-\$17,027,500	\$0	\$0	\$34,424,000	\$17,212,000	\$34,055,000	\$17,027,500
--	CONLAN V. BONTA	\$1,264,000	\$632,000	\$0	\$0	\$0	\$0	-\$1,264,000	-\$632,000	\$0	\$0
--	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$244,468,000	-\$122,234,000	-\$225,465,000	-\$112,732,500	\$0	\$0	\$244,468,000	\$122,234,000	\$225,465,000	\$112,732,500
--	DME CONTRACTING PROJECT SAVINGS	-\$1,620,000	-\$810,000	\$0	\$0	\$0	\$0	\$1,620,000	\$810,000	\$0	\$0
--	ELIMINATE ADHC SERVICES	\$0	\$0	-\$3,954,190	-\$1,977,090	\$0	\$0	\$0	\$0	\$3,954,190	\$1,977,090
--	FPACT IMPLANON AND ESSURE	\$4,000,000	\$4,000,000	\$0	\$0	\$0	\$0	-\$4,000,000	-\$4,000,000	\$0	\$0
--	REDUCE ADHC PROGRAM	-\$36,624,520	-\$18,312,260	\$0	\$0	\$0	\$0	\$36,624,520	\$18,312,260	\$0	\$0
--	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PROJE	\$0	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0	-\$5,000	\$0
	BENEFITS SUBTOTAL	\$253,675,480	-\$31,776,360	\$399,377,450	-\$14,404,920	\$634,878,830	\$128,129,010	\$381,203,350	\$159,905,370	\$235,501,370	\$142,533,940
PHARMACY											
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$100,000	\$100,000	\$36,000	\$36,000	\$0	\$879,000	-\$100,000	\$779,000	-\$36,000	\$843,000
37	NON FFP DRUGS	\$0	\$581,500	\$0	\$565,000	\$0	\$1,738,500	\$0	\$1,157,000	\$0	\$1,173,500
40	ENTERAL NUTRITION PRODUCTS	-\$15,300,000	-\$7,650,000	-\$15,434,000	-\$7,717,000	-\$15,434,000	-\$7,717,000	-\$134,000	-\$67,000	\$0	\$0
43	PHARMACY TAR AUTO-ADJUDICATION	-\$1,336,720	-\$668,360	-\$1,187,930	-\$593,970	-\$1,835,900	-\$917,950	-\$499,180	-\$249,590	-\$647,960	-\$323,980
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	-\$4,000,000	-\$2,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000
45	BCCTP DRUG REBATES	\$0	\$0	-\$6,400,000	-\$2,240,000	-\$16,000,000	-\$5,600,000	-\$16,000,000	-\$5,600,000	-\$9,600,000	-\$3,360,000
46	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$7,267,000	-\$3,633,500	-\$8,938,000	-\$4,469,000	-\$2,938,000	-\$1,469,000	-\$1,671,000	-\$835,500
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$11,250,000	-\$4,125,000	-\$15,000,000	-\$6,000,000	-\$15,000,000	-\$6,000,000	-\$3,750,000	-\$1,875,000	\$0	\$0
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$16,269,600	-\$34,000,000	-\$16,269,600	-\$34,000,000	-\$16,269,600	\$0	\$0	\$0	\$0
49	FAMILY PACT DRUG REBATES	-\$36,776,000	-\$5,555,200	-\$36,418,000	-\$5,816,600	-\$43,447,000	\$3,097,700	-\$6,671,000	\$8,652,900	-\$7,029,000	\$8,914,300

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY											
50	MEDI-CAL PHARMACY REFORMS	-\$58,000,000	-\$29,000,000	-\$53,436,050	-\$26,718,020	-\$57,850,000	-\$28,925,000	\$150,000	\$75,000	-\$4,413,960	-\$2,206,980
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$73,925,000	-\$36,962,500	-\$210,501,060	-\$105,250,530	-\$217,638,000	-\$108,819,000	-\$143,713,000	-\$71,856,500	-\$7,136,940	-\$3,568,470
52	STATE SUPPLEMENTAL DRUG REBATES	-\$342,668,000	-\$170,800,800	-\$284,367,000	-\$141,740,700	-\$256,216,000	-\$127,709,200	\$86,452,000	\$43,091,600	\$28,151,000	\$14,031,500
53	FEDERAL DRUG REBATE PROGRAM	-\$823,812,000	-\$410,624,000	-\$997,392,000	-\$497,144,000	-\$1,031,463,000	-\$514,126,700	-\$207,651,000	-\$103,502,700	-\$34,071,000	-\$16,982,700
195	UBL AND MAIC INJUNCTION	\$0	\$0	\$0	\$0	\$6,371,600	\$3,185,800	\$6,371,600	\$3,185,800	\$6,371,600	\$3,185,800
--	COAGULATION FACTOR STATE SUPPLEMENTAL REBAT	-\$1,044,000	-\$522,000	-\$1,044,000	-\$522,000	\$0	\$0	\$1,044,000	\$522,000	\$1,044,000	\$522,000
--	MEDICAL SUPPLY CONTRACTING	-\$4,998,000	-\$2,499,000	-\$996,000	-\$498,000	\$0	\$0	\$4,998,000	\$2,499,000	\$996,000	\$498,000
--	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$5,598,880	-\$2,799,440	\$0	\$0	\$0	\$0	\$5,598,880	\$2,799,440	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,420,608,600	-\$692,794,400	-\$1,669,407,040	-\$816,542,920	-\$1,695,450,300	-\$813,652,450	-\$274,841,700	-\$120,858,050	-\$26,043,260	\$2,890,470
MANAGED CARE											
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$435,404,000	\$217,703,000	\$457,620,000	\$178,058,000	\$443,667,000	\$172,700,000	\$8,263,000	-\$45,003,000	-\$13,953,000	-\$5,358,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$0	\$0	\$239,209,000	\$91,880,000	\$82,157,000	\$31,557,000	\$82,157,000	\$31,557,000	-\$157,052,000	-\$60,323,000
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMENT	\$14,600,000	\$7,300,000	\$17,427,000	\$8,713,500	\$17,427,000	\$8,713,500	\$2,827,000	\$1,413,500	\$0	\$0
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HP:	\$13,846,000	\$6,923,000	\$14,152,000	\$7,076,000	\$13,572,000	\$6,786,000	-\$274,000	-\$137,000	-\$580,000	-\$290,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$13,959,000	\$6,979,500	\$7,118,000	\$3,559,000	\$12,543,000	\$6,271,500	-\$1,416,000	-\$708,000	\$5,425,000	\$2,712,500
70	RISK PAYMENTS FOR MANAGED CARE PLANS	\$0	\$0	\$500,000	\$250,000	\$192,000	\$96,000	\$192,000	\$96,000	-\$308,000	-\$154,000
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	\$0	\$0	-\$50,500,000	\$0	-\$20,846,000	\$0	-\$20,846,000	\$0	\$29,654,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
79	MATERNITY SUPPLEMENTAL PAYMENT	\$0	\$0	-\$34,193,000	-\$17,096,500	-\$35,575,000	-\$17,787,500	-\$35,575,000	-\$17,787,500	-\$1,382,000	-\$691,000
--	MANAGED CARE EXPANSION - MERCED	\$31,273,000	\$15,636,500	\$31,719,000	\$15,859,500	\$0	\$0	-\$31,273,000	-\$15,636,500	-\$31,719,000	-\$15,859,500
--	MANAGED CARE EXPANSION - SONOMA	\$27,639,000	\$13,819,500	\$30,261,000	\$15,130,500	\$0	\$0	-\$27,639,000	-\$13,819,500	-\$30,261,000	-\$15,130,500
--	QIF SUNSET FOR MANAGED CARE	-\$8,847,000	-\$4,423,500	\$0	\$0	\$0	\$0	\$8,847,000	\$4,423,500	\$0	\$0
--	WORKING DISABLED IN MANAGED CARE	\$598,000	\$299,000	-\$3,694,970	-\$1,847,480	\$0	\$0	-\$598,000	-\$299,000	\$3,694,970	\$1,847,480
	MANAGED CARE SUBTOTAL	\$528,472,000	\$264,237,000	\$760,118,030	\$251,082,520	\$533,983,000	\$187,490,500	\$5,511,000	-\$76,746,500	-\$226,135,030	-\$63,592,020
PROVIDER RATES											
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$9,648,000	-\$4,824,000	-\$11,541,000	-\$5,770,500	-\$11,541,000	-\$5,770,500	-\$1,893,000	-\$946,500	\$0	\$0
80	NF-B RATE CHANGES AND QA FEE	\$354,642,860	\$177,321,430	\$154,107,540	\$77,053,770	\$154,964,750	\$77,482,380	-\$199,678,110	-\$99,839,050	\$857,220	\$428,610
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$91,504,000	\$45,752,000	\$119,742,000	\$59,871,000	\$45,559,000	\$22,779,500	\$28,238,000	\$14,119,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES											
82	LTC RATE ADJUSTMENT	\$112,847,860	\$56,423,930	\$46,392,320	\$23,196,160	\$46,392,320	\$23,196,160	-\$66,455,540	-\$33,227,770	\$0	\$0
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$12,800,000	\$6,400,000	\$20,811,000	\$10,405,500	\$29,004,000	\$14,502,000	\$16,204,000	\$8,102,000	\$8,193,000	\$4,096,500
84	ANNUAL MEI INCREASE FOR FQHC/S/RHCS	\$39,489,430	\$19,744,710	\$31,416,530	\$15,708,260	\$12,724,080	\$6,362,040	-\$26,765,350	-\$13,382,680	-\$18,692,450	-\$9,346,230
85	HOSPICE RATE INCREASES	\$15,942,520	\$7,971,260	\$7,983,630	\$3,991,810	\$3,434,020	\$1,717,010	-\$12,508,500	-\$6,254,250	-\$4,549,610	-\$2,274,810
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASE	\$0	\$0	-\$2,058,290	-\$1,029,140	-\$2,784,110	-\$1,392,060	-\$2,784,110	-\$1,392,060	-\$725,830	-\$362,910
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$13,969,000	-\$6,984,500	-\$7,649,100	-\$3,824,550	-\$10,407,960	-\$5,203,980	\$3,561,040	\$1,780,520	-\$2,758,860	-\$1,379,430
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$46,225,000	-\$23,112,500	-\$46,054,680	-\$23,027,340	-\$46,054,680	-\$23,027,340	\$170,320	\$85,160	\$0	\$0
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$151,005,000	-\$75,502,500	-\$150,830,920	-\$75,415,460	-\$151,688,130	-\$75,844,070	-\$683,130	-\$341,570	-\$857,220	-\$428,610
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$0	\$0	\$0	\$0	\$4,287,500	\$2,143,750	\$4,287,500	\$2,143,750	\$4,287,500	\$2,143,750
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$0	\$0	\$0	\$0	\$12,192,160	\$6,096,080	\$12,192,160	\$6,096,080	\$12,192,160	\$6,096,080
186	INDEPENDENT LIVING CENTER INJUNCTION	\$0	\$0	\$0	\$0	\$35,700,000	\$17,850,000	\$35,700,000	\$17,850,000	\$35,700,000	\$17,850,000
--	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$137,101,000	\$68,649,500	\$137,101,000	\$68,649,500	\$0	\$0	-\$137,101,000	-\$68,649,500	-\$137,101,000	-\$68,649,500
--	MIRENA IUC REIMBURSEMENT	\$1,998,000	\$540,900	\$0	\$0	\$0	\$0	-\$1,998,000	-\$540,900	\$0	\$0
--	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$92,890,850	-\$46,445,420	-\$93,068,930	-\$46,534,460	\$0	\$0	\$92,890,850	\$46,445,420	\$93,068,930	\$46,534,460
--	REDUCTION TO LTC PROVIDER PAYMENTS	-\$58,090,000	-\$29,045,000	\$0	\$0	\$0	\$0	\$58,090,000	\$29,045,000	\$0	\$0
--	REDUCTION TO NON-CONTRACT HOSPITALS	-\$65,512,000	-\$32,756,000	-\$74,821,000	-\$37,410,500	\$0	\$0	\$65,512,000	\$32,756,000	\$74,821,000	\$37,410,500
--	REDUCTION TO PROVIDER PAYMENTS	-\$193,241,000	-\$100,764,500	\$0	\$0	\$0	\$0	\$193,241,000	\$100,764,500	\$0	\$0
--	ROLLBACK OF FAMILY PLANNING RATE INCREASE	\$0	\$0	-\$342,680	-\$74,340	\$0	\$0	\$0	\$0	\$342,680	\$74,340
	PROVIDER RATES SUBTOTAL	\$118,423,810	\$54,708,810	\$102,949,420	\$51,670,710	\$195,964,930	\$97,982,470	\$77,541,120	\$43,273,660	\$93,015,510	\$46,311,750
HOSPITAL FINANCING											
93	HOSP FINANCING - DSH PMT	\$1,684,534,000	\$543,813,000	\$1,740,226,000	\$609,909,500	\$1,719,646,000	\$592,475,000	\$35,112,000	\$48,662,000	-\$20,580,000	-\$17,434,500
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT	\$507,162,000	\$253,581,000	\$532,210,000	\$266,105,000	\$528,748,000	\$264,374,000	\$21,586,000	\$10,793,000	-\$3,462,000	-\$1,731,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$438,366,000	\$0	\$461,492,000	\$0	\$313,925,000	\$0	-\$124,441,000	\$0	-\$147,567,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$0	\$0	\$380,268,000	\$0	\$298,597,000	\$0	\$298,597,000	\$0	-\$81,671,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$265,776,000	\$132,888,000	\$308,210,000	\$154,105,000	\$372,080,000	\$186,040,000	\$106,304,000	\$53,152,000	\$63,870,000	\$31,935,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$0	\$0	\$360,000,000	\$0	\$115,000,000	\$0	\$115,000,000	\$0	-\$245,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$257,054,000	\$0	\$318,529,000	\$0	\$318,530,000	\$0	\$61,476,000	\$0	\$1,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$99,674,000	\$0	\$117,500,000	\$0	\$95,000,000	\$0	-\$4,674,000	\$0	-\$22,500,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2010 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2009 ESTIMATE
FISCAL YEAR 2009-10**

NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
HOSPITAL FINANCING											
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$144,233,000	\$0	\$113,225,000	\$0	\$113,475,000	\$0	-\$30,758,000	\$0	\$250,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$93,390,000	\$46,695,000	\$104,102,000	\$52,051,000	\$54,684,000	\$27,342,000	-\$38,706,000	-\$19,353,000	-\$49,418,000	-\$24,709,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$51,193,000	\$25,596,500	\$55,031,000	\$27,515,500	\$55,031,000	\$27,515,500	\$3,838,000	\$1,919,000	\$0	\$0
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$56,080,000	\$0	\$42,621,000	\$0	\$6,000,000	\$0	-\$50,080,000	\$0	-\$36,621,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$40,000,000	\$0	\$40,000,000	\$0	\$92,975,000	\$0	\$52,975,000	\$0	\$52,975,000	\$0
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$30,026,000	\$15,013,000	\$38,374,000	\$19,187,000	\$38,374,000	\$19,187,000	\$8,348,000	\$4,174,000	\$0	\$0
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$4,156,000	\$2,078,000	\$4,156,000	\$2,078,000	\$356,000	\$178,000	\$0	\$0
108	HOSP FINANCING - MIA LTC	\$0	-\$19,464,000	\$0	-\$19,464,000	\$0	-\$21,040,000	\$0	-\$1,576,000	\$0	-\$1,576,000
109	HOSP FINANCING - BCCTP	\$0	-\$1,000,000	\$0	-\$1,000,000	\$0	-\$1,000,000	\$0	\$0	\$0	\$0
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$463,845,500	\$0	-\$451,021,000	\$0	-\$530,461,000	\$0	-\$66,615,500	\$0	-\$79,440,000
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	-\$5,100,000	\$0	-\$5,100,000	\$0	-\$5,100,000	\$0	\$0	\$0	\$0
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING	-\$32,572,000	-\$16,286,000	-\$32,572,000	-\$12,068,000	-\$32,572,000	-\$12,068,000	\$0	\$4,218,000	\$0	\$0
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT I	-\$47,872,000	-\$23,936,000	-\$52,000,000	-\$26,000,000	-\$51,597,000	-\$25,798,500	-\$3,725,000	-\$1,862,500	\$403,000	\$201,500
	HOSPITAL FINANCING SUBTOTAL	\$3,590,844,000	\$489,855,000	\$4,531,372,000	\$616,298,000	\$4,042,052,000	\$523,544,000	\$451,208,000	\$33,689,000	-\$489,320,000	-\$92,754,000
SUPPLEMENTAL PMNTS.											
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,000,000	\$0	\$195,380,000	\$0	\$195,380,000	\$0	\$380,000	\$0	\$0	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$130,174,000	\$50,000,000	\$130,174,000	\$50,000,000	\$30,174,000	\$0	\$0	\$0
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$117,051,000	\$54,198,000	\$95,680,000	\$46,083,500	\$101,025,000	\$46,083,500	-\$16,026,000	-\$8,114,500	\$5,345,000	\$0
118	FFP FOR LOCAL TRAUMA CENTERS	\$59,730,000	\$29,865,000	\$74,460,000	\$37,230,000	\$74,460,000	\$37,230,000	\$14,730,000	\$7,365,000	\$0	\$0
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$52,400,000	\$0	\$31,375,000	\$0	\$31,375,000	\$0	-\$21,025,000	\$0	\$0	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0	\$0	\$0
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0	\$0	\$0
--	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$198,150,000	\$0	\$198,150,000	\$0	\$0	\$0	-\$198,150,000	\$0	-\$198,150,000	\$0
--	HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$5,023,882,000	\$2,168,334,000	\$0	\$0	\$0	\$0	-\$5,023,882,000	-\$2,168,334,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$740,331,000	\$143,063,000	\$5,767,101,000	\$2,310,647,500	\$550,414,000	\$142,313,500	-\$189,917,000	-\$749,500	-\$5,216,687,000	-\$2,168,334,000
OTHER											
132	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$84,094,000	\$42,047,000	\$62,077,000	\$31,038,500	\$62,077,000	\$31,038,500	-\$22,017,000	-\$11,008,500
137	HEALTHY FAMILIES - CDMH	\$29,712,000	\$0	\$29,492,000	\$0	\$24,311,000	\$0	-\$5,401,000	\$0	-\$5,181,000	\$0

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NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER											
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$11,101,000	\$5,550,500	\$20,949,000	\$10,474,500	\$10,478,000	\$5,239,000	-\$623,000	-\$311,500	-\$10,471,000	-\$5,235,500
139	MINOR CONSENT SETTLEMENT	\$8,359,000	\$8,359,000	\$8,359,000	\$8,359,000	\$8,359,000	\$8,359,000	\$0	\$0	\$0	\$0
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,548,000	\$774,000	\$1,373,000	\$686,500	\$1,372,000	\$686,000	-\$176,000	-\$88,000	-\$1,000	-\$500
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0	\$0	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$2,400,000	\$0	\$3,000,000	\$0	\$2,000,000	\$0	-\$400,000	\$0	-\$1,000,000
148	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$0	\$0	\$50,000	\$0	\$50,000	\$0	\$50,000	\$0	\$0
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUND:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0	\$0	\$0
152	INDIAN HEALTH SERVICES	\$0	-\$7,600,000	\$0	-\$7,828,000	\$0	-\$7,828,000	\$0	-\$228,000	\$0	\$0
156	EDS COST CONTAINMENT PROJECTS	-\$5,309,560	-\$2,654,780	-\$13,123,780	-\$6,561,890	-\$624,730	-\$312,370	\$4,684,830	\$2,342,420	\$12,499,050	\$6,249,530
157	PHARMACY LITIGATION SETTLEMENTS	\$0	\$0	-\$54,550,000	-\$54,550,000	-\$76,700,000	-\$76,700,000	-\$76,700,000	-\$76,700,000	-\$22,150,000	-\$22,150,000
158	IHSS ANTI-FRAUD INITIATIVE	-\$62,136,000	\$0	-\$186,867,000	\$0	-\$56,699,000	\$0	\$5,437,000	\$0	\$130,168,000	\$0
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$2,814,145,000	\$0	-\$2,908,221,000	\$0	-\$2,909,855,000	\$0	-\$95,710,000	\$0	-\$1,634,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$469,499,000	\$0	\$395,566,000	\$0	\$148,967,000	\$0	-\$320,532,000	\$0	-\$246,599,000	\$0
179	CEDARS-SINAI MEDICAL CENTER OVERPAYMENT	\$0	\$0	\$0	\$0	-\$148,000	-\$74,000	-\$148,000	-\$74,000	-\$148,000	-\$74,000
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	\$0	\$0	\$0	\$0	-\$447,253,000	-\$447,253,000	-\$447,253,000	-\$447,253,000	-\$447,253,000	-\$447,253,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	\$0	\$0	\$0	\$0	-\$6,120,000	-\$3,366,000	-\$6,120,000	-\$3,366,000	-\$6,120,000	-\$3,366,000
182	NUVARING COST SHIFT	\$0	\$0	\$0	\$0	\$0	-\$11,112,600	\$0	-\$11,112,600	\$0	-\$11,112,600
183	GGNSC HOLDINGS COURT ORDER	\$0	\$0	\$0	\$0	\$970,000	\$485,000	\$970,000	\$485,000	\$970,000	\$485,000
213	RECONCILIATION	\$0	\$0	\$0	\$0	\$4,313,000	\$4,313,000	\$4,313,000	\$4,313,000	\$4,313,000	\$4,313,000
--	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$94,950,720	-\$47,475,360	\$0	\$0	\$0	\$0	\$94,950,720	\$47,475,360	\$0	\$0
--	ANTI-FRAUD EXPANSION FOR FY 2009-10	-\$39,026,520	-\$19,513,260	\$0	\$0	\$0	\$0	\$39,026,520	\$19,513,260	\$0	\$0
--	ANTI-FRAUD INITIATIVE	-\$103,572,000	-\$51,786,000	\$0	\$0	\$0	\$0	\$103,572,000	\$51,786,000	\$0	\$0
--	DELAY CHECKWRITE JUNE 2010 TO JULY 2010	\$0	\$0	-\$256,856,000	-\$94,266,000	\$0	\$0	\$0	\$0	\$256,856,000	\$94,266,000
--	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$72,727,000	-\$72,727,000	\$0	\$0	\$0	\$0	\$72,727,000	\$72,727,000	\$0	\$0
--	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDD	\$74,008,000	\$0	\$136,299,000	\$0	\$0	\$0	-\$74,008,000	\$0	-\$136,299,000	\$0
--	MEDICAL SUPPORT ENHANCEMENTS	-\$3,140,000	-\$1,570,000	\$0	\$0	\$0	\$0	\$3,140,000	\$1,570,000	\$0	\$0

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NO.	POLICY CHANGE TITLE	2009-10 APPROPRIATION		NOV. 2009 EST. FOR 2009-10		MAY 2010 EST. FOR 2009-10		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER										
--	RECONCILIATION WITH THE BUDGET ACT	-\$455,159,000	-\$40,719,000	\$0	\$0	\$0	\$0	\$455,159,000	\$40,719,000	\$0	\$0
--	REDUCTION IN IHSS RATE TO MINIMUM WAGE	-\$402,895,000	\$0	\$0	\$0	\$0	\$0	\$402,895,000	\$0	\$0	\$0
--	REIMBURSEMENT FOR IMD ANCILLARY SERVICES	-\$14,166,000	-\$14,166,000	\$0	\$0	\$0	\$0	\$14,166,000	\$14,166,000	\$0	\$0
--	SELF-DIRECTED SERVICES WAIVER - CDDS	\$63,000	\$0	\$92,000	\$0	\$0	\$0	-\$63,000	\$0	-\$92,000	\$0
--	UNSPECIFIED BUDGET REDUCTION	-\$841,700,000	-\$323,297,000	-\$323,297,000	-\$323,297,000	\$0	\$0	\$841,700,000	\$323,297,000	\$323,297,000	\$323,297,000
	OTHER SUBTOTAL	-\$1,499,491,800	-\$3,365,569,900	-\$157,469,780	-\$3,317,106,890	-\$325,697,730	-\$3,391,330,470	\$1,173,794,070	-\$25,760,560	-\$168,227,950	-\$74,223,580
	GRAND TOTAL	\$3,199,319,890	-\$2,658,030,860	\$10,510,242,080	-\$618,265,460	\$4,710,457,720	-\$2,909,028,890	\$1,511,137,830	-\$250,998,030	-\$5,799,784,360	-\$2,290,763,430

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FISCAL YEAR 2009-10 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$44,057,510	\$8,731,260	\$389,949,910	\$82,034,050	\$4,183,700	\$128,830
OTHER MEDICAL	\$69,760,350	\$16,511,120	\$484,028,440	\$240,993,890	\$7,731,660	\$391,470
COUNTY OUTPATIENT	\$610,850	\$540,450	\$28,406,210	\$5,364,010	\$76,990	\$4,100
COMMUNITY OUTPATIENT	\$12,815,180	\$3,231,510	\$204,619,980	\$44,731,550	\$766,300	\$8,050
PHARMACY	\$45,993,170	\$18,348,850	\$1,034,159,110	\$79,528,060	\$8,829,240	\$180,240
COUNTY INPATIENT	\$8,806,140	\$2,985,980	\$181,263,260	\$29,124,400	\$958,580	\$3,100
COMMUNITY INPATIENT	\$193,447,810	\$28,492,750	\$1,317,440,350	\$293,051,920	\$27,737,310	\$477,380
NURSING FACILITIES	\$460,743,440	\$23,088,450	\$687,757,540	\$3,243,920	\$1,940,526,730	\$7,409,760
ICF-DD	\$333,140	\$10,235,980	\$179,235,050	\$423,340	\$23,903,250	\$3,354,830
MEDICAL TRANSPORTATION	\$17,629,720	\$4,823,810	\$71,557,650	\$5,550,690	\$4,469,820	\$169,540
OTHER SERVICES	\$157,180,880	\$12,365,590	\$483,064,350	\$23,525,590	\$74,983,620	\$300,390
HOME HEALTH	\$249,230	\$10,341,960	\$108,180,830	\$3,687,110	\$4,760	\$0
FFS SUBTOTAL	\$1,011,627,420	\$139,697,720	\$5,169,662,680	\$811,258,520	\$2,094,171,950	\$12,427,700
DENTAL	\$31,886,240	\$760,830	\$73,707,940	\$112,144,670	\$3,729,850	\$16,870
TWO PLAN MODEL	\$38,388,720	\$9,679,050	\$746,912,020	\$1,212,416,190	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$157,893,320	\$17,722,300	\$765,765,020	\$250,528,240	\$386,522,570	\$967,510
GEOGRAPHIC MANAGED CARE	\$7,868,930	\$1,881,930	\$141,537,670	\$214,909,710	\$0	\$0
PHP & OTHER MANAG. CARE	\$74,016,340	\$2,065,770	\$46,325,920	\$10,965,580	\$4,306,950	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,348,670	\$0	\$0
MEDICARE PAYMENTS	\$1,128,800,890	\$59,719,820	\$1,712,986,000	\$0	\$153,301,740	\$2,025,680
STATE HOSP./DEVELOPMENTAL CNTRS.	\$179,590	\$1,841,970	\$74,730,940	\$723,330	\$16,211,940	\$1,594,920
MISC. SERVICES	\$759,015,940	\$41,920,240	\$3,077,100,560	\$1,434,250	\$1,730	\$10
NON-FFS SUBTOTAL	\$2,198,049,960	\$135,591,920	\$6,639,066,070	\$1,819,470,640	\$564,074,780	\$4,604,980
TOTAL DOLLARS (1)	\$3,209,677,380	\$275,289,640	\$11,808,728,740	\$2,630,729,170	\$2,658,246,730	\$17,032,680
ELIGIBLES ***	402,700	22,300	940,800	1,435,300	48,000	200
ANNUAL \$/ELIGIBLE	\$7,970	\$12,345	\$12,552	\$1,833	\$55,380	\$85,163
AVG. MO. \$/ELIGIBLE	\$664	\$1,029	\$1,046	\$153	\$4,615	\$7,097

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,672,690	\$66,661,770	\$652,810	\$86,027,250	\$335,296,860	\$37,869,940
OTHER MEDICAL	\$7,442,500	\$90,174,130	\$2,194,260	\$141,142,850	\$605,211,420	\$90,912,840
COUNTY OUTPATIENT	\$528,180	\$4,732,910	\$36,620	\$12,554,550	\$27,034,510	\$2,728,980
COMMUNITY OUTPATIENT	\$1,058,020	\$18,352,890	\$166,480	\$38,793,490	\$136,605,710	\$16,037,260
PHARMACY	\$13,376,060	\$73,383,250	\$668,220	\$99,833,500	\$150,858,070	\$38,230,100
COUNTY INPATIENT	\$13,702,980	\$31,099,870	\$379,700	\$160,511,230	\$232,905,230	\$19,205,430
COMMUNITY INPATIENT	\$42,115,260	\$129,835,440	\$1,356,860	\$360,748,110	\$1,141,167,430	\$110,038,520
NURSING FACILITIES	\$508,271,690	\$198,073,440	\$875,050	\$69,015,490	\$13,579,160	\$4,041,210
ICF-DD	\$178,669,190	\$455,830	\$0	\$4,882,910	\$789,500	\$2,339,930
MEDICAL TRANSPORTATION	\$2,892,600	\$13,847,610	\$392,700	\$19,577,380	\$14,694,940	\$1,912,050
OTHER SERVICES	\$15,759,750	\$115,739,260	\$501,280	\$102,638,140	\$80,042,090	\$14,110,220
HOME HEALTH	\$243,970	\$917,250	\$11,020	\$50,930,010	\$7,989,100	\$10,189,030
FFS SUBTOTAL	\$791,732,880	\$743,273,660	\$7,235,010	\$1,146,654,900	\$2,746,174,020	\$347,615,510
DENTAL	\$1,167,370	\$19,822,650	\$629,940	\$11,757,390	\$252,443,610	\$18,324,090
TWO PLAN MODEL	\$0	\$43,005,500	\$223,040	\$49,625,910	\$2,061,639,330	\$40,745,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$154,506,930	\$108,296,150	\$352,270	\$151,248,410	\$566,864,920	\$27,013,160
GEOGRAPHIC MANAGED CARE	\$0	\$5,559,590	\$0	\$9,516,140	\$262,233,530	\$6,430,120
PHP & OTHER MANAG. CARE	\$228,620	\$44,932,000	\$6,730	\$4,790,690	\$24,265,760	\$1,713,160
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$36,909,120	\$2,599,480
MEDICARE PAYMENTS	\$36,464,210	\$301,617,140	\$2,004,690	\$187,551,420	\$17,395,510	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$223,666,840	-\$220,000	\$101,300	\$431,200	\$335,200	\$289,950
MISC. SERVICES	\$550	\$403,189,690	\$1,022,460	\$419,453,590	\$3,283,360	\$232,020
NON-FFS SUBTOTAL	\$416,034,510	\$926,202,740	\$4,340,430	\$834,374,750	\$3,225,370,340	\$97,347,290
TOTAL DOLLARS (1)	\$1,207,767,400	\$1,669,476,390	\$11,575,440	\$1,981,029,650	\$5,971,544,360	\$444,962,800
ELIGIBLES ***	15,000	251,900	600	146,600	3,240,300	228,200
ANNUAL \$/ELIGIBLE	\$80,518	\$6,628	\$19,292	\$13,513	\$1,843	\$1,950
AVG. MO. \$/ELIGIBLE	\$6,710	\$552	\$1,608	\$1,126	\$154	\$162

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,999,750	\$816,330	\$27,536,530	\$179,774,560	\$5,145,940	\$5,659,730
OTHER MEDICAL	\$2,558,830	\$1,427,330	\$42,204,540	\$197,189,630	\$24,607,130	\$15,377,450
COUNTY OUTPATIENT	\$225,430	\$203,120	\$4,149,710	\$6,483,500	\$517,110	\$533,610
COMMUNITY OUTPATIENT	\$838,440	\$165,750	\$7,001,280	\$28,476,880	\$3,309,530	\$3,326,160
PHARMACY	\$2,077,240	\$689,360	\$11,814,660	\$12,519,990	\$2,747,100	\$5,403,950
COUNTY INPATIENT	\$1,635,840	\$106,060	\$56,261,660	\$65,049,260	\$1,003,050	\$2,575,010
COMMUNITY INPATIENT	\$9,119,870	\$565,220	\$113,458,410	\$414,564,070	\$11,860,160	\$18,411,980
NURSING FACILITIES	\$28,793,690	\$0	\$19,859,530	\$0	\$0	\$0
ICF-DD	\$852,150	\$0	\$284,440	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$205,610	\$24,560	\$3,506,290	\$1,733,220	\$245,480	\$283,560
OTHER SERVICES	\$403,840	\$63,690	\$1,882,250	\$12,778,950	\$4,608,760	\$3,688,010
HOME HEALTH	\$11,680	\$4,060	\$41,320	\$687,280	\$728,270	\$663,580
FFS SUBTOTAL	\$49,722,380	\$4,065,490	\$288,000,620	\$919,257,330	\$54,772,520	\$55,923,060
DENTAL	\$791,380	\$421,000	\$854,420	\$1,187,290	\$15,747,430	\$17,361,660
TWO PLAN MODEL	\$803,230	\$2,169,350	\$0	\$40,392,780	\$98,118,660	\$86,927,000
COUNTY ORGANIZED HEALTH SYSTEMS	\$689,240	\$343,330	\$2,398,900	\$22,578,040	\$42,109,060	\$28,743,760
GEOGRAPHIC MANAGED CARE	\$76,340	\$471,400	\$0	\$7,139,190	\$19,356,870	\$15,246,450
PHP & OTHER MANAG. CARE	\$18,050	\$0	\$0	\$1,024,370	\$1,033,320	\$969,770
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,696,700	\$1,592,270
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$290,170	\$0	\$421,200	\$153,710	\$66,540	\$108,760
MISC. SERVICES	\$2,190	\$0	\$0	\$153,280	\$34,160	\$31,240
NON-FFS SUBTOTAL	\$2,670,610	\$3,405,090	\$3,674,520	\$72,628,660	\$178,162,740	\$150,980,890
TOTAL DOLLARS (1)	\$52,392,990	\$7,470,570	\$291,675,140	\$991,885,980	\$232,935,260	\$206,903,950
ELIGIBLES ***	2,600	3,700	66,400	183,000	149,000	139,800
ANNUAL \$/ELIGIBLE	\$20,151	\$2,019	\$4,393	\$5,420	\$1,563	\$1,480
AVG. MO. \$/ELIGIBLE	\$1,679	\$168	\$366	\$452	\$130	\$123

(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 2009-10 COST PER ELIGIBLE BASED ON MAY 2010 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,285,199,400
OTHER MEDICAL	\$2,039,859,850
COUNTY OUTPATIENT	\$94,730,860
COMMUNITY OUTPATIENT	\$520,304,430
PHARMACY	\$1,598,640,160
COUNTY INPATIENT	\$807,576,790
COMMUNITY INPATIENT	\$4,213,888,870
NURSING FACILITIES	\$3,965,279,100
ICF-DD	\$405,759,530
MEDICAL TRANSPORTATION	\$163,517,250
OTHER SERVICES	\$1,103,636,650
HOME HEALTH	\$194,880,440
FFS SUBTOTAL	\$16,393,273,360
DENTAL	\$562,754,630
TWO PLAN MODEL	\$4,431,046,100
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,684,543,130
GEOGRAPHIC MANAGED CARE	\$692,227,870
PHP & OTHER MANAG. CARE	\$216,663,010
EPSDT SCREENS	\$59,146,230
MEDICARE PAYMENTS	\$3,601,867,100
STATE HOSP./DEVELOPMENTAL CNTRS.	\$320,927,590
MISC. SERVICES	\$4,706,875,250
NON-FFS SUBTOTAL	\$17,276,050,920
TOTAL DOLLARS (1)	\$33,669,324,280
ELIGIBLES ***	7,276,400
ANNUAL \$/ELIGIBLE	\$4,627
AVG. MO. \$/ELIGIBLE	\$386

(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 2009-10 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 2009-10 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