

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 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	\$31,684,020	\$6,240,870	\$299,067,500	\$71,977,230	\$4,062,340	\$113,730
OTHER MEDICAL	\$55,923,650	\$13,590,700	\$430,312,310	\$277,972,920	\$7,951,480	\$410,870
COUNTY OUTPATIENT	\$512,150	\$294,610	\$19,481,800	\$2,944,710	\$93,470	\$1,350
COMMUNITY OUTPATIENT	\$4,632,190	\$1,674,210	\$103,823,170	\$28,401,150	\$499,340	\$5,380
PHARMACY	\$21,915,860	\$9,568,490	\$528,185,870	\$55,058,580	\$6,711,080	\$134,260
COUNTY INPATIENT	\$6,338,890	\$1,976,200	\$142,631,140	\$29,575,810	\$1,620,560	\$150
COMMUNITY INPATIENT	\$147,727,510	\$25,341,830	\$1,127,407,650	\$291,912,780	\$31,042,630	\$1,154,010
NURSING FACILITIES	\$457,731,260	\$25,263,970	\$747,430,520	\$3,258,520	\$1,766,505,170	\$8,512,530
ICF-DD	\$353,340	\$8,879,830	\$169,203,960	\$416,440	\$20,074,690	\$2,460,510
MEDICAL TRANSPORTATION	\$15,780,520	\$3,984,970	\$62,767,280	\$4,822,280	\$4,727,970	\$144,170
OTHER SERVICES	\$19,289,210	\$6,437,580	\$269,670,730	\$34,764,480	\$65,332,080	\$205,370
HOME HEALTH	\$302,640	\$8,968,920	\$96,233,650	\$3,345,360	\$1,560	\$0
FFS SUBTOTAL	\$762,191,260	\$112,222,190	\$3,996,215,580	\$804,450,260	\$1,908,622,370	\$13,142,340
DENTAL	\$25,013,100	\$1,355,230	\$60,162,330	\$97,160,390	\$3,362,420	\$17,140
TWO PLAN MODEL	\$87,154,400	\$20,235,770	\$1,660,078,620	\$1,327,624,680	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$192,262,630	\$21,345,960	\$974,349,010	\$353,868,380	\$551,656,440	\$1,381,840
GEOGRAPHIC MANAGED CARE	\$16,526,870	\$3,512,400	\$291,673,060	\$237,203,470	\$0	\$0
PHP & OTHER MANAG. CARE	\$95,875,000	\$2,640,970	\$57,539,080	\$14,103,100	\$4,901,000	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$15,971,880	\$0	\$0
MEDICARE PAYMENTS	\$1,228,873,020	\$65,601,550	\$1,887,761,960	\$0	\$169,141,030	\$2,272,540
STATE HOSP./DEVELOPMENTAL CNTRS.	\$81,010	\$1,336,510	\$54,086,360	\$372,830	\$11,857,060	\$1,192,350
MISC. SERVICES	\$596,384,480	\$32,304,770	\$2,834,132,360	\$987,450	\$40	\$0
NON-FFS SUBTOTAL	\$2,242,170,510	\$148,333,160	\$7,819,782,790	\$2,047,292,180	\$740,917,990	\$4,863,860
TOTAL DOLLARS (1)	\$3,004,361,770	\$260,555,350	\$11,815,998,370	\$2,851,742,440	\$2,649,540,360	\$18,006,200
ELIGIBLES ***	401,900	21,800	966,700	1,563,900	47,900	200
ANNUAL \$/ELIGIBLE	\$7,475	\$11,952	\$12,223	\$1,823	\$55,314	\$90,031
AVG. MO. \$/ELIGIBLE	\$623	\$996	\$1,019	\$152	\$4,609	\$7,503

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

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

Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 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	\$7,365,000	\$49,627,980	\$537,570	\$71,804,920	\$295,013,480	\$35,228,100
OTHER MEDICAL	\$7,668,410	\$89,327,570	\$1,800,620	\$134,759,610	\$612,160,030	\$102,783,510
COUNTY OUTPATIENT	\$378,100	\$3,566,040	\$16,560	\$9,955,060	\$20,324,680	\$2,183,050
COMMUNITY OUTPATIENT	\$752,470	\$10,020,760	\$83,840	\$21,752,780	\$86,400,330	\$11,127,580
PHARMACY	\$10,703,880	\$34,774,360	\$361,170	\$50,544,060	\$105,535,630	\$36,478,160
COUNTY INPATIENT	\$12,705,430	\$23,430,170	\$420,730	\$146,719,070	\$205,999,790	\$14,693,800
COMMUNITY INPATIENT	\$42,869,070	\$124,288,200	\$1,682,790	\$389,477,870	\$1,159,114,250	\$122,047,890
NURSING FACILITIES	\$506,736,170	\$235,271,130	\$892,690	\$80,596,410	\$15,801,840	\$6,331,860
ICF-DD	\$129,964,100	\$293,550	\$430	\$4,943,250	\$375,960	\$2,118,130
MEDICAL TRANSPORTATION	\$2,872,870	\$13,467,600	\$274,030	\$20,749,690	\$14,747,720	\$1,913,410
OTHER SERVICES	\$15,208,240	\$213,542,570	\$532,640	\$218,009,850	\$82,048,940	\$11,535,540
HOME HEALTH	\$71,040	\$706,770	\$41,060	\$41,985,380	\$8,145,130	\$12,210,300
FFS SUBTOTAL	\$737,294,790	\$798,316,690	\$6,644,120	\$1,191,297,950	\$2,605,667,790	\$358,651,330
DENTAL	\$1,060,400	\$17,431,580	\$37,720	\$10,414,910	\$212,558,870	\$23,886,270
TWO PLAN MODEL	\$0	\$107,381,720	\$418,770	\$124,365,920	\$2,185,128,970	\$75,354,010
COUNTY ORGANIZED HEALTH SYSTEMS	\$220,950,350	\$148,840,280	\$504,180	\$219,624,600	\$802,055,130	\$50,258,570
GEOGRAPHIC MANAGED CARE	\$0	\$12,956,620	\$0	\$21,973,370	\$301,054,960	\$12,692,530
PHP & OTHER MANAG. CARE	\$238,910	\$64,773,180	\$68,740	\$6,224,840	\$30,637,980	\$8,859,240
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$34,941,870	\$2,331,270
MEDICARE PAYMENTS	\$40,149,950	\$348,822,690	\$2,302,080	\$229,063,490	\$20,393,520	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$165,141,140	\$114,140	\$79,470	\$245,210	\$246,700	\$241,120
MISC. SERVICES	\$10	\$409,682,890	\$883,250	\$494,261,200	\$2,201,100	\$147,970
NON-FFS SUBTOTAL	\$427,540,780	\$1,110,003,090	\$4,294,210	\$1,106,173,530	\$3,589,219,080	\$173,770,990
TOTAL DOLLARS (1)	\$1,164,835,570	\$1,908,319,780	\$10,938,330	\$2,297,471,480	\$6,194,886,880	\$532,422,320
ELIGIBLES ***	15,100	283,700	600	169,800	3,421,300	421,000
ANNUAL \$/ELIGIBLE	\$77,141	\$6,727	\$18,231	\$13,530	\$1,811	\$1,265
AVG. MO. \$/ELIGIBLE	\$6,428	\$561	\$1,519	\$1,128	\$151	\$105

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

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Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 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	\$1,776,400	\$663,160	\$21,253,450	\$169,720,670	\$5,207,170	\$4,729,140
OTHER MEDICAL	\$1,693,800	\$1,504,470	\$42,940,890	\$215,110,040	\$28,234,810	\$15,870,880
COUNTY OUTPATIENT	\$136,000	\$338,120	\$3,195,380	\$3,931,970	\$278,620	\$265,750
COMMUNITY OUTPATIENT	\$344,440	\$215,890	\$4,221,000	\$17,750,100	\$2,472,250	\$1,943,100
PHARMACY	\$1,488,240	\$533,520	\$8,762,000	\$8,428,840	\$2,954,680	\$5,411,410
COUNTY INPATIENT	\$479,060	\$75,710	\$47,370,220	\$50,660,120	\$771,580	\$1,666,480
COMMUNITY INPATIENT	\$5,961,430	\$798,110	\$112,777,840	\$402,057,790	\$16,129,300	\$17,571,170
NURSING FACILITIES	\$30,034,450	\$6,290	\$23,999,570	\$517,190	\$876,270	\$807,080
ICF-DD	\$454,890	\$0	\$404,270	\$3,250	\$50	\$402,200
MEDICAL TRANSPORTATION	\$252,210	\$13,830	\$3,690,810	\$1,613,780	\$215,930	\$211,490
OTHER SERVICES	\$472,190	\$19,330	\$1,425,920	\$14,433,060	\$3,302,180	\$3,751,110
HOME HEALTH	\$5,890	\$1,970	\$28,630	\$790,370	\$505,910	\$953,850
FFS SUBTOTAL	\$43,099,000	\$4,170,400	\$270,069,970	\$885,017,190	\$60,948,750	\$53,583,670
DENTAL	\$132,120	\$223,000	\$245,480	\$566,490	\$24,723,970	\$19,929,360
TWO PLAN MODEL	\$248,180	\$1,327,250	\$0	\$39,944,190	\$187,504,670	\$100,361,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$736,510	\$311,740	-\$2,309,000	\$28,450,640	\$82,182,740	\$43,179,170
GEOGRAPHIC MANAGED CARE	\$41,460	\$451,460	\$0	\$9,008,200	\$43,455,700	\$23,095,750
PHP & OTHER MANAG. CARE	\$15,900	\$0	\$0	\$1,573,080	\$5,727,320	\$1,297,930
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,586,260	\$1,567,750
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$276,810	\$0	\$240,440	\$91,760	\$40,320	\$81,920
MISC. SERVICES	\$920	\$0	\$0	\$88,800	\$30,220	\$28,980
NON-FFS SUBTOTAL	\$1,451,890	\$2,313,440	-\$1,823,080	\$79,723,180	\$345,251,200	\$189,542,540
TOTAL DOLLARS (1)	\$44,550,900	\$6,483,840	\$268,246,900	\$964,740,370	\$406,199,950	\$243,126,210
ELIGIBLES ***	1,900	2,600	63,100	186,100	286,500	153,500
ANNUAL \$/ELIGIBLE	\$23,448	\$2,494	\$4,251	\$5,184	\$1,418	\$1,584
AVG. MO. \$/ELIGIBLE	\$1,954	\$208	\$354	\$432	\$118	\$132

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SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,076,072,740
OTHER MEDICAL	\$2,040,016,570
COUNTY OUTPATIENT	\$67,897,410
COMMUNITY OUTPATIENT	\$296,119,960
PHARMACY	\$887,550,100
COUNTY INPATIENT	\$687,134,900
COMMUNITY INPATIENT	\$4,019,362,120
NURSING FACILITIES	\$3,910,572,930
ICF-DD	\$340,348,870
MEDICAL TRANSPORTATION	\$152,250,580
OTHER SERVICES	\$959,981,030
HOME HEALTH	\$174,298,430
FFS SUBTOTAL	\$14,611,605,640
DENTAL	\$498,280,780
TWO PLAN MODEL	\$5,917,128,820
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,689,649,160
GEOGRAPHIC MANAGED CARE	\$973,645,850
PHP & OTHER MANAG. CARE	\$294,476,270
EPSDT SCREENS	\$56,399,030
MEDICARE PAYMENTS	\$3,994,381,840
STATE HOSP./DEVELOPMENTAL CNTRS.	\$235,725,160
MISC. SERVICES	\$4,371,134,430
NON-FFS SUBTOTAL	\$20,030,821,360
TOTAL DOLLARS (1)	\$34,642,427,000
ELIGIBLES ***	8,007,600
ANNUAL \$/ELIGIBLE	\$4,326
AVG. MO. \$/ELIGIBLE	\$361

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Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

EXCLUDED POLICY CHANGES: 50

1	FAMILY PACT PROGRAM
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
20	LANTERMAN REGIONAL CENTER DISALLOWANCE
41	FAMILY PACT DRUG REBATES
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
80	MH/UCD & BTR—DSH PAYMENT
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
83	MH/UCD—SAFETY NET CARE POOL
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS
87	MH/UCD—STABILIZATION FUNDING
88	MH/UCD & BTR—CCS AND GHPP
89	MH/UCD—SOUTH LA PRESERVATION FUND
92	MH/UCD—DISTRESSED HOSPITAL FUND
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
97	MH/UCD & BTR—DPH INTERIM RATE
99	HOSPITAL QAF - HOSPITAL PAYMENTS
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
103	IGT FOR NON-SB 1100 HOSPITALS
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
105	CAPITAL PROJECT DEBT REIMBURSEMENT
106	FFP FOR LOCAL TRAUMA CENTERS
107	CERTIFICATION PAYMENTS FOR DP-NFS
108	DSH OUTPATIENT PAYMENT METHOD CHANGE
109	SRH OUTPATIENT PAYMENT METHOD CHANGE

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

EXCLUDED POLICY CHANGES: 50

122	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
123	ARRA HITECH - PROVIDER PAYMENTS
126	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE
149	DENTAL RETROACTIVE RATE CHANGES
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
219	BTR—DESIGNATED STATE HEALTH PROGRAMS
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI
222	BTR—SAFETY NET CARE POOL
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
241	ACCELERATED PAYMENTS
242	BTR—LOW INCOME HEALTH PROGRAM - MCE
250	TRANSFER OF MCO TAX TO GENERAL FUND
260	NDPH IGT SUPPLEMENTAL PAYMENTS
263	FY 2011-12 HOSPITAL QAF - CHILDREN'S HEALTH CARE