

FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$41,314,070	\$8,556,360	\$384,084,800	\$80,772,890	\$4,467,550	\$127,990
OTHER MEDICAL	\$64,785,410	\$15,647,410	\$499,964,760	\$270,902,570	\$8,505,180	\$429,300
COUNTY OUTPATIENT	\$774,840	\$484,860	\$31,688,440	\$4,396,300	\$119,860	\$3,160
COMMUNITY OUTPATIENT	\$9,797,520	\$3,569,530	\$216,851,930	\$45,520,090	\$821,460	\$11,260
PHARMACY	\$45,150,510	\$19,372,710	\$1,059,557,470	\$78,375,210	\$8,795,850	\$180,020
COUNTY INPATIENT	\$6,792,890	\$2,439,690	\$167,763,460	\$29,883,030	\$1,618,640	\$4,390
COMMUNITY INPATIENT	\$178,195,910	\$30,788,330	\$1,345,816,430	\$302,239,050	\$33,783,760	\$1,261,120
NURSING FACILITIES	\$472,913,610	\$25,740,100	\$767,246,620	\$3,134,180	\$2,042,361,090	\$9,417,080
ICF-DD	\$356,840	\$9,333,150	\$199,515,830	\$392,350	\$24,616,930	\$3,316,210
MEDICAL TRANSPORTATION	\$19,721,010	\$5,060,050	\$80,672,170	\$5,408,420	\$5,384,390	\$166,250
OTHER SERVICES	\$157,682,190	\$14,754,890	\$486,267,820	\$38,638,390	\$72,275,340	\$176,440
HOME HEALTH	\$370,270	\$11,731,550	\$121,753,960	\$3,899,050	\$2,720	\$0
FFS SUBTOTAL	\$997,855,060	\$147,478,610	\$5,361,183,690	\$863,561,530	\$2,202,752,780	\$15,093,230
DENTAL	\$29,116,120	\$1,596,030	\$69,501,530	\$111,458,530	\$3,533,900	\$17,940
TWO PLAN MODEL	\$39,799,790	\$9,634,500	\$758,557,980	\$1,305,897,850	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$164,617,110	\$17,878,230	\$803,374,510	\$284,813,280	\$448,648,610	\$1,057,650
GEOGRAPHIC MANAGED CARE	\$8,378,200	\$1,871,250	\$150,969,050	\$262,071,600	\$0	\$0
PHP & OTHER MANAG. CARE	\$84,114,490	\$2,324,780	\$52,825,050	\$14,186,690	\$4,247,640	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,898,300	\$0	\$0
MEDICARE PAYMENTS	\$1,193,838,760	\$63,585,780	\$1,830,022,000	\$0	\$164,162,630	\$2,198,890
STATE HOSP./DEVELOPMENTAL CNTRS.	\$113,560	\$1,873,550	\$75,819,660	\$522,650	\$16,621,530	\$1,671,470
MISC. SERVICES	\$686,011,750	\$37,662,720	\$2,998,876,520	\$1,040,270	\$1,070	\$0
NON-FFS SUBTOTAL	\$2,205,989,780	\$136,426,840	\$6,739,946,300	\$1,996,889,170	\$637,215,380	\$4,945,950
TOTAL DOLLARS (1)	\$3,203,844,830	\$283,905,450	\$12,101,129,980	\$2,860,450,700	\$2,839,968,160	\$20,039,180
ELIGIBLES ***	398,000	21,800	950,100	1,523,600	47,900	200
ANNUAL \$/ELIGIBLE	\$8,050	\$13,023	\$12,737	\$1,877	\$59,290	\$100,196
AVG. MO. \$/ELIGIBLE	\$671	\$1,085	\$1,061	\$156	\$4,941	\$8,350

(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 2010-11 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$8,077,990	\$65,542,670	\$730,330	\$91,338,260	\$334,650,200	\$35,548,310
OTHER MEDICAL	\$7,912,690	\$99,631,790	\$2,066,100	\$154,406,070	\$651,232,330	\$91,575,850
COUNTY OUTPATIENT	\$503,590	\$6,123,390	\$29,070	\$15,576,120	\$27,385,620	\$2,501,790
COMMUNITY OUTPATIENT	\$1,236,450	\$19,195,920	\$184,510	\$42,924,980	\$141,910,210	\$15,550,850
PHARMACY	\$14,018,180	\$73,690,270	\$689,720	\$103,468,920	\$153,799,060	\$37,880,060
COUNTY INPATIENT	\$13,088,900	\$27,336,520	\$550,030	\$166,353,920	\$220,964,010	\$14,590,390
COMMUNITY INPATIENT	\$47,226,720	\$147,922,590	\$2,178,730	\$447,189,020	\$1,217,008,760	\$114,764,680
NURSING FACILITIES	\$582,384,600	\$240,694,600	\$926,880	\$83,441,280	\$16,503,240	\$6,336,890
ICF-DD	\$173,687,840	\$363,570	\$22,970	\$6,011,850	\$364,010	\$2,069,480
MEDICAL TRANSPORTATION	\$3,211,630	\$17,237,300	\$353,120	\$24,779,950	\$15,753,050	\$1,948,260
OTHER SERVICES	\$16,372,690	\$102,784,970	\$365,350	\$98,096,420	\$89,176,220	\$11,111,610
HOME HEALTH	\$71,140	\$907,450	\$63,800	\$53,757,870	\$9,518,000	\$11,550,350
FFS SUBTOTAL	\$867,792,400	\$801,431,040	\$8,160,620	\$1,287,344,640	\$2,878,264,710	\$345,428,520
DENTAL	\$1,110,350	\$19,660,880	\$44,110	\$11,625,190	\$245,390,890	\$16,743,410
TWO PLAN MODEL	\$0	\$48,306,730	\$201,690	\$55,815,850	\$2,160,817,990	\$41,928,600
COUNTY ORGANIZED HEALTH SYSTEMS	\$176,286,700	\$125,744,250	\$417,300	\$175,973,290	\$641,415,940	\$28,362,790
GEOGRAPHIC MANAGED CARE	\$0	\$6,457,180	\$0	\$10,962,800	\$324,044,350	\$7,692,220
PHP & OTHER MANAG. CARE	\$206,730	\$56,829,230	\$60,270	\$5,716,470	\$30,771,060	\$2,059,610
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,203,880	\$2,514,740
MEDICARE PAYMENTS	\$38,977,930	\$339,597,010	\$2,225,120	\$222,470,080	\$19,968,620	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$231,518,440	\$140,690	\$111,400	\$343,740	\$345,830	\$338,020
MISC. SERVICES	\$340	\$458,592,490	\$1,029,770	\$505,209,040	\$2,327,560	\$158,240
NON-FFS SUBTOTAL	\$448,100,490	\$1,055,328,470	\$4,089,670	\$988,116,460	\$3,462,286,140	\$99,797,620
TOTAL DOLLARS (1)	\$1,315,892,890	\$1,856,759,510	\$12,250,300	\$2,275,461,110	\$6,340,550,850	\$445,226,140
ELIGIBLES ***	15,000	272,200	600	161,300	3,354,400	226,700
ANNUAL \$/ELIGIBLE	\$87,726	\$6,821	\$20,417	\$14,107	\$1,890	\$1,964
AVG. MO. \$/ELIGIBLE	\$7,311	\$568	\$1,701	\$1,176	\$158	\$164

(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 2010-11 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,091,410	\$563,350	\$24,270,070	\$186,359,140	\$5,223,710	\$5,598,850
OTHER MEDICAL	\$1,899,160	\$1,358,000	\$41,406,660	\$207,710,800	\$27,146,300	\$16,872,370
COUNTY OUTPATIENT	\$206,530	\$350,410	\$4,305,650	\$5,456,590	\$360,240	\$407,280
COMMUNITY OUTPATIENT	\$585,220	\$230,780	\$7,128,930	\$29,481,870	\$3,518,430	\$4,353,190
PHARMACY	\$2,126,040	\$453,740	\$11,801,370	\$11,496,320	\$3,026,530	\$6,295,160
COUNTY INPATIENT	\$574,120	\$128,340	\$50,241,550	\$54,951,210	\$756,990	\$1,686,550
COMMUNITY INPATIENT	\$6,151,520	\$926,290	\$114,041,160	\$437,209,800	\$15,289,870	\$17,437,580
NURSING FACILITIES	\$28,243,960	\$6,610	\$23,834,820	\$437,470	\$678,910	\$736,050
ICF-DD	\$418,450	\$0	\$419,870	\$1,110	\$1,500	\$360,910
MEDICAL TRANSPORTATION	\$282,700	\$12,730	\$3,771,750	\$1,777,080	\$234,880	\$252,730
OTHER SERVICES	\$624,980	\$19,860	\$1,631,580	\$15,417,390	\$3,369,140	\$4,247,650
HOME HEALTH	\$8,070	\$2,180	\$33,130	\$1,230,660	\$509,850	\$1,130,510
FFS SUBTOTAL	\$43,212,160	\$4,052,310	\$282,886,540	\$951,529,450	\$60,116,340	\$59,378,850
DENTAL	\$141,120	\$232,000	\$281,390	\$597,200	\$15,619,650	\$18,702,030
TWO PLAN MODEL	\$236,160	\$1,426,710	\$0	\$40,318,000	\$103,819,180	\$97,015,030
COUNTY ORGANIZED HEALTH SYSTEMS	\$596,470	\$316,010	\$2,468,290	\$23,066,470	\$45,743,520	\$33,310,910
GEOGRAPHIC MANAGED CARE	\$43,770	\$476,960	\$0	\$9,248,180	\$25,349,140	\$22,185,600
PHP & OTHER MANAG. CARE	\$16,260	\$0	\$0	\$1,547,290	\$1,311,800	\$1,265,290
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,688,760	\$1,641,580
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$388,040	\$0	\$337,060	\$128,640	\$56,520	\$114,840
MISC. SERVICES	\$1,000	\$0	\$0	\$93,750	\$33,370	\$31,810
NON-FFS SUBTOTAL	\$1,422,820	\$2,451,680	\$3,086,750	\$74,999,520	\$193,621,940	\$174,267,090
TOTAL DOLLARS (1)	\$44,634,980	\$6,503,980	\$285,973,290	\$1,026,528,970	\$253,738,280	\$233,645,940
ELIGIBLES ***	1,900	2,700	64,100	181,400	152,300	148,000
ANNUAL \$/ELIGIBLE	\$23,492	\$2,409	\$4,461	\$5,659	\$1,666	\$1,579
AVG. MO. \$/ELIGIBLE	\$1,958	\$201	\$372	\$472	\$139	\$132

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FISCAL YEAR 2010-11 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,279,317,930
OTHER MEDICAL	\$2,163,452,740
COUNTY OUTPATIENT	\$100,673,740
COMMUNITY OUTPATIENT	\$542,873,160
PHARMACY	\$1,630,177,160
COUNTY INPATIENT	\$759,724,610
COMMUNITY INPATIENT	\$4,459,431,320
NURSING FACILITIES	\$4,305,037,990
ICF-DD	\$421,252,880
MEDICAL TRANSPORTATION	\$186,027,470
OTHER SERVICES	\$1,113,012,920
HOME HEALTH	\$216,540,560
FFS SUBTOTAL	\$17,177,522,490
DENTAL	\$545,372,280
TWO PLAN MODEL	\$4,663,776,070
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,974,091,340
GEOGRAPHIC MANAGED CARE	\$829,750,300
PHP & OTHER MANAG. CARE	\$257,482,660
EPSDT SCREENS	\$59,947,260
MEDICARE PAYMENTS	\$3,877,046,830
STATE HOSP./DEVELOPMENTAL CNTRS.	\$330,445,620
MISC. SERVICES	\$4,691,069,710
NON-FFS SUBTOTAL	\$18,228,982,060
TOTAL DOLLARS (1)	\$35,406,504,540
ELIGIBLES ***	7,522,200
ANNUAL \$/ELIGIBLE	\$4,707
AVG. MO. \$/ELIGIBLE	\$392

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

FISCAL YEAR 2010-11 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 PAYME
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 2010-11 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