

**MEDI-CAL
MAY 2011
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2010-11 and 2011-12**

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 2010-11

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$18,663,517,990	\$9,331,758,990	\$9,331,758,990
B. C/Y BASE POLICY CHANGES	\$19,075,938,000	\$12,075,075,150	\$7,000,862,850
C. BASE ADJUSTMENTS	-\$595,265,000	-\$450,792,500	-\$144,472,500
D. ADJUSTED BASE	<u>\$37,144,190,980</u>	<u>\$20,956,041,640</u>	<u>\$16,188,149,340</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$781,305,350	\$522,074,460	\$259,230,890
B. BENEFITS	\$545,189,430	\$445,269,870	\$99,919,560
C. PHARMACY	-\$1,703,989,480	-\$874,037,440	-\$829,952,040
D. MANAGED CARE	\$311,748,000	\$197,136,500	\$114,611,500
E. PROVIDER RATES	\$109,756,650	\$54,523,320	\$55,233,320
F. WAIVER--MH/UCD & BTR	\$5,125,237,000	\$4,242,775,000	\$882,462,000
G. SUPPLEMENTAL PMNTS.	\$8,333,503,000	\$5,261,894,000	\$3,071,609,000
H. OTHER	\$1,098,902,990	\$3,720,596,400	-\$2,621,693,400
I. TOTAL CHANGES	<u>\$14,601,652,940</u>	<u>\$13,570,232,110</u>	<u>\$1,031,420,830</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$51,745,843,920</u></u>	<u><u>\$34,526,273,750</u></u>	<u><u>\$17,219,570,170</u></u>

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$614,919,000	\$466,172,600	\$148,746,400
2	BREAST AND CERVICAL CANCER TREATMENT	\$127,814,000	\$71,037,850	\$56,776,150
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$10,112,700	\$5,598,300
4	BRIDGE TO HFP	\$13,540,000	\$8,801,000	\$4,739,000
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$2,432,680	\$895,470	\$1,537,200
6	REFUGEES	\$6,531,000	\$0	\$6,531,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$1,150,000	\$575,000	\$575,000
10	NEW QUALIFIED ALIENS	\$0	-\$102,359,500	\$102,359,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$47,360,850	-\$47,360,850
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$19,874,650	-\$19,874,650
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$792,330	-\$396,160	-\$396,160
	ELIGIBILITY SUBTOTAL	\$781,305,350	\$522,074,460	\$259,230,890
BENEFITS				
14	ADULT DAY HEALTH CARE - CDA	\$388,872,000	\$194,436,000	\$194,436,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,070,000	\$118,070,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$27,145,000	\$18,319,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$209,020	\$104,510	\$104,510
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,376,790	\$1,099,260	\$277,530
23	QUALITY OF LIFE SURVEYS FOR MFP	\$35,690	\$35,690	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	\$3,980,950	-\$3,980,950
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$104,650,000	-\$104,650,000
27	ADHC ONSITE TAR REVIEWS	-\$118,700	-\$59,350	-\$59,350
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$1,903,370	-\$951,690	-\$951,690
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$1,828,000	-\$914,000	-\$914,000
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE!	-\$335,000	\$0	-\$335,000
223	COPAYMENT FOR DENTAL SERVICES	-\$4,653,000	-\$2,326,500	-\$2,326,500
	BENEFITS SUBTOTAL	\$545,189,430	\$445,269,870	\$99,919,560
PHARMACY				
30	FEDERAL DRUG REBATE CHANGE	\$39,702,000	\$0	\$39,702,000
31	UBL AND MAIC INJUNCTION	\$2,470,080	\$1,235,040	\$1,235,040
33	NON FFP DRUGS	\$0	-\$9,960,000	\$9,960,000
38	MEDI-CAL PHARMACY REFORMS	-\$5,350,560	-\$2,675,280	-\$2,675,280
39	BCCTP DRUG REBATES	-\$12,000,000	-\$7,800,000	-\$4,200,000
40	MEDICAL SUPPLY REBATES	-\$30,800,000	-\$15,400,000	-\$15,400,000
41	FAMILY PACT DRUG REBATES	-\$50,460,000	-\$43,446,000	-\$7,014,000
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$56,600,000	-\$31,955,200	-\$24,644,800
43	STATE SUPPLEMENTAL DRUG REBATES	-\$190,312,000	-\$95,452,000	-\$94,860,000
44	FEDERAL DRUG REBATE PROGRAM	-\$1,333,020,000	-\$668,584,000	-\$664,436,000

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>PHARMACY</u>				
150	LITIGATION SETTLEMENTS	-\$67,619,000	\$0	-\$67,619,000
	PHARMACY SUBTOTAL	-\$1,703,989,480	-\$874,037,440	-\$829,952,040
<u>MANAGED CARE</u>				
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$272,649,000	\$163,568,000	\$109,081,000
53	MATERNITY SUPPLEMENTAL PAYMENT	\$25,040,000	\$12,520,000	\$12,520,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN MOC	\$11,773,000	\$5,886,500	\$5,886,500
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS	\$2,990,000	\$1,495,000	\$1,495,000
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$6,926,000	\$4,135,000	\$2,791,000
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	\$14,347,000	-\$14,347,000
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$9,630,000	-\$4,815,000	-\$4,815,000
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$2,000,000	\$0	\$2,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$311,748,000	\$197,136,500	\$114,611,500
<u>PROVIDER RATES</u>				
29	HOSPITAL INPATIENT RATE FREEZE	-\$25,548,000	-\$15,254,000	-\$10,294,000
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREASE	\$0	\$0	\$0
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$141,906,970	\$70,953,490	\$70,953,490
71	LTC RATE ADJUSTMENT	\$0	\$0	\$0
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	-\$4,250,000	\$0	-\$4,250,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$0	\$0	\$0
77	HOSPICE RATE INCREASES	\$292,750	\$146,380	\$146,370
79	REDUCTION TO RADIOLOGY RATES	-\$2,645,070	-\$1,322,540	-\$1,322,540
	PROVIDER RATES SUBTOTAL	\$109,756,650	\$54,523,320	\$55,233,320
<u>WAIVER--MH/UCD & BTR</u>				
68	BTR--MANDATORY SPD ENROLLMENT INTO MANAGED C	\$11,501,000	\$5,693,500	\$5,807,500
80	MH/UCD & BTR--DSH PAYMENT	\$1,740,752,000	\$1,138,913,000	\$601,839,000
81	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEMENT	\$450,887,000	\$225,443,500	\$225,443,500
82	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTAL PA	\$322,692,000	\$161,346,000	\$161,346,000
83	MH/UCD--SAFETY NET CARE POOL	\$24,449,000	\$24,449,000	\$0
84	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$70,553,000	\$70,553,000	\$0
85	MH/UCD--FEDERAL FLEX. & STABILIZATION-SNCP	\$228,850,000	\$228,850,000	\$0
86	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYSICIAN COS	\$74,616,000	\$74,616,000	\$0
87	MH/UCD--STABILIZATION FUNDING	\$21,067,000	\$10,533,500	\$10,533,500
88	MH/UCD & BTR--CCS AND GHPP	\$166,185,000	\$166,185,000	\$0
89	MH/UCD--SOUTH LA PRESERVATION FUND	\$39,167,000	\$39,167,000	\$0
90	MH/UCD--DPH INTERIM & FINAL RECONS	\$4,165,000	\$4,165,000	\$0
91	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$0	\$0	\$0

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>WAIVER--MH/UCD & BTR</u>				
92	MH/UCD—DISTRESSED HOSPITAL FUND	\$8,272,000	\$4,136,000	\$4,136,000
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,616,000	\$2,808,000	\$2,808,000
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARR/	\$0	\$0	\$0
95	MH/UCD—REDUCTION TO DPH SNCP BY 10%	\$0	\$1,820,000	-\$1,820,000
96	MH/UCD & BTR—BCCTP	\$0	\$2,136,000	-\$2,136,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$514,666,500	-\$514,666,500
98	MH/UCD & BTR—MIA-LTC	\$0	\$26,102,000	-\$26,102,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,006,880,000	\$591,607,000	\$415,273,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$306,550,000	\$306,550,000	\$0
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$139,898,000	\$139,898,000	\$0
222	BTR—SAFETY NET CARE POOL	\$503,137,000	\$503,137,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,125,237,000	\$4,242,775,000	\$882,462,000
<u>SUPPLEMENTAL PMNTS.</u>				
99	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,141,120,000	\$4,245,060,000	\$2,896,060,000
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS	\$420,000,000	\$420,000,000	\$0
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$21,705,000	\$21,705,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$295,087,000	\$295,087,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$124,068,000	\$74,206,000	\$49,862,000
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$106,565,000	\$57,170,000	\$49,395,000
106	FFP FOR LOCAL TRAUMA CENTERS	\$93,158,000	\$55,713,000	\$37,445,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$45,300,000	\$45,300,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$6,250,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$36,403,000	\$27,597,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,333,503,000	\$5,261,894,000	\$3,071,609,000
<u>OTHER</u>				
20	LANTERMAN REGIONAL CENTER DISALLOWANCE	\$1,390,000	\$0	\$1,390,000
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$111,555,000	\$111,555,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$140,892,000	\$140,892,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$43,625,000	\$43,625,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$30,082,720	\$17,962,760	\$12,119,960
126	HEALTHY FAMILIES - CDMH	\$40,559,000	\$40,559,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,989,000	\$0	\$7,989,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$5,222,000	\$2,611,000	\$2,611,000
136	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,706,419,000	-\$2,706,419,000
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
139	NUVARING COST SHIFT	\$0	\$12,656,000	-\$12,656,000

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>
	OTHER			
140	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	\$8,700,000	-\$8,700,000
146	ANTI-FRAUD INITIATIVE	-\$770,720	-\$385,360	-\$385,360
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$311,669,000	\$0	-\$311,669,000
241	ACCELERATED PAYMENTS	\$1,071,028,000	\$662,502,000	\$408,526,000
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYMENT	-\$41,000,000	-\$20,500,000	-\$20,500,000
	OTHER SUBTOTAL	\$1,098,903,000	\$3,720,596,400	-\$2,621,693,400
	GRAND TOTAL	\$14,601,652,940	\$13,570,232,110	\$1,031,420,830

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	\$6,550,129,290	\$4,088,968,160	\$2,461,161,130
PHYSICIANS	\$1,516,919,940	\$938,141,980	\$578,777,960
OTHER MEDICAL	\$2,652,357,630	\$1,619,891,500	\$1,032,466,130
COUNTY OUTPATIENT	\$290,342,190	\$237,192,230	\$53,149,950
COMMUNITY OUTPATIENT	\$2,090,509,530	\$1,293,742,450	\$796,767,080
PHARMACY	\$1,902,775,450	\$1,234,910,640	\$667,864,820
HOSPITAL INPATIENT	\$13,779,593,840	\$9,093,572,630	\$4,686,021,200
COUNTY INPATIENT	\$3,237,192,920	\$2,559,228,140	\$677,964,770
COMMUNITY INPATIENT	\$10,542,400,920	\$6,534,344,490	\$4,008,056,430
LONG TERM CARE	\$5,019,796,220	\$2,974,033,600	\$2,045,762,620
NURSING FACILITIES	\$4,580,889,180	\$2,715,710,250	\$1,865,178,930
ICF-DD	\$438,907,040	\$258,323,350	\$180,583,690
OTHER SERVICES	\$1,587,472,870	\$985,567,800	\$601,905,070
MEDICAL TRANSPORTATION	\$195,421,960	\$109,281,590	\$86,140,370
OTHER SERVICES	\$1,164,713,310	\$742,910,160	\$421,803,150
HOME HEALTH	\$227,337,600	\$133,376,050	\$93,961,550
TOTAL FEE-FOR-SERVICE	\$28,839,767,680	\$18,377,052,840	\$10,462,714,840
MANAGED CARE	\$10,583,142,110	\$6,200,140,070	\$4,383,002,030
TWO PLAN MODEL	\$5,553,504,550	\$3,247,450,590	\$2,306,053,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,760,881,110	\$2,213,000,170	\$1,547,880,950
GEOGRAPHIC MANAGED CARE	\$968,424,100	\$563,928,020	\$404,496,080
PHP & OTHER MANAG. CARE	\$300,332,340	\$175,761,290	\$124,571,040
DENTAL	\$546,863,060	\$327,537,310	\$219,325,750
MENTAL HEALTH	\$1,675,937,750	\$1,675,997,340	-\$59,590
AUDITS/ LAWSUITS	-\$47,290,870	\$4,062,460	-\$51,353,330
EPSDT SCREENS	\$60,076,050	\$36,395,640	\$23,680,410
MEDICARE PAYMENTS	\$3,565,377,830	\$1,633,516,380	\$1,931,861,440
STATE HOSP./DEVELOPMENTAL CNTRS.	\$331,222,610	\$331,222,620	-\$10
MISC. SERVICES	\$6,490,371,710	\$6,060,199,080	\$430,172,620
RECOVERIES	-\$299,624,000	-\$119,850,000	-\$179,774,000
GRAND TOTAL MEDI-CAL	\$51,745,843,920	\$34,526,273,750	\$17,219,570,170

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2011 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2010-11**

SERVICE CATEGORY	2010-11 APPROPRIATION	MAY 2011 EST. FOR 2010-11	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,623,124,000	\$6,550,129,290	\$1,927,005,290	41.68
PHYSICIANS	\$1,232,124,470	\$1,516,919,940	\$284,795,470	23.11
OTHER MEDICAL	\$2,268,773,090	\$2,652,357,630	\$383,584,540	16.91
COUNTY OUTPATIENT	\$360,598,320	\$290,342,190	-\$70,256,130	-19.48
COMMUNITY OUTPATIENT	\$761,628,120	\$2,090,509,530	\$1,328,881,410	174.48
PHARMACY	\$1,450,695,890	\$1,902,775,450	\$452,079,560	31.16
HOSPITAL INPATIENT	\$13,384,381,010	\$13,779,593,840	\$395,212,820	2.95
COUNTY INPATIENT	\$3,344,054,740	\$3,237,192,920	-\$106,861,820	-3.20
COMMUNITY INPATIENT	\$10,040,326,280	\$10,542,400,920	\$502,074,640	5.00
LONG TERM CARE	\$4,302,937,400	\$5,019,796,220	\$716,858,820	16.66
NURSING FACILITIES	\$3,900,698,330	\$4,580,889,180	\$680,190,850	17.44
ICF-DD	\$402,239,070	\$438,907,040	\$36,667,970	9.12
OTHER SERVICES	\$1,271,157,640	\$1,587,472,870	\$316,315,240	24.88
MEDICAL TRANSPORTATION	\$143,564,710	\$195,421,960	\$51,857,250	36.12
OTHER SERVICES	\$967,859,610	\$1,164,713,310	\$196,853,700	20.34
HOME HEALTH	\$159,733,310	\$227,337,600	\$67,604,290	42.32
TOTAL FEE-FOR-SERVICE	\$25,032,295,950	\$28,839,767,680	\$3,807,471,730	15.21
MANAGED CARE	\$10,379,973,100	\$10,583,142,110	\$203,169,010	1.96
TWO PLAN MODEL	\$5,390,586,230	\$5,553,504,550	\$162,918,320	3.02
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,814,183,660	\$3,760,881,110	-\$53,302,550	-1.40
GEOGRAPHIC MANAGED CARE	\$881,301,170	\$968,424,100	\$87,122,940	9.89
PHP & OTHER MANAG. CARE	\$293,902,030	\$300,332,340	\$6,430,300	2.19
DENTAL	\$564,931,670	\$546,863,060	-\$18,068,610	-3.20
MENTAL HEALTH	\$1,811,180,020	\$1,675,937,750	-\$135,242,260	-7.47
AUDITS/ LAWSUITS	-\$4,340,770	-\$47,290,870	-\$42,950,100	989.46
EPSDT SCREENS	\$63,428,940	\$60,076,050	-\$3,352,890	-5.29
MEDICARE PAYMENTS	\$3,705,493,190	\$3,565,377,830	-\$140,115,360	-3.78
STATE HOSP./DEVELOPMENTAL CNTRS.	\$273,985,850	\$331,222,610	\$57,236,760	20.89
MISC. SERVICES	\$5,408,434,420	\$6,490,371,710	\$1,081,937,280	20.00
RECOVERIES	-\$296,527,120	-\$299,624,000	-\$3,096,870	1.04
GRAND TOTAL MEDI-CAL	\$46,938,855,240	\$51,745,843,920	\$4,806,988,680	10.24
STATE FUNDS	\$18,187,692,220	\$17,219,570,170	-\$968,122,050	-5.32

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

<u>SERVICE CATEGORY</u>	<u>NOV. 2010 EST. FOR 2010-11</u>	<u>MAY 2011 EST. FOR 2010-11</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$6,726,084,490	\$6,550,129,290	-\$175,955,200	-2.62
PHYSICIANS	\$1,554,918,710	\$1,516,919,940	-\$37,998,770	-2.44
OTHER MEDICAL	\$2,688,720,810	\$2,652,357,630	-\$36,363,170	-1.35
COUNTY OUTPATIENT	\$388,345,700	\$290,342,190	-\$98,003,520	-25.24
COMMUNITY OUTPATIENT	\$2,094,099,270	\$2,090,509,530	-\$3,589,740	-0.17
PHARMACY	\$2,038,737,440	\$1,902,775,450	-\$135,961,990	-6.67
HOSPITAL INPATIENT	\$13,547,768,080	\$13,779,593,840	\$231,825,760	1.71
COUNTY INPATIENT	\$3,176,997,600	\$3,237,192,920	\$60,195,320	1.89
COMMUNITY INPATIENT	\$10,370,770,480	\$10,542,400,920	\$171,630,440	1.65
LONG TERM CARE	\$5,013,439,270	\$5,019,796,220	\$6,356,950	0.13
NURSING FACILITIES	\$4,563,219,390	\$4,580,889,180	\$17,669,790	0.39
ICF-DD	\$450,219,880	\$438,907,040	-\$11,312,840	-2.51
OTHER SERVICES	\$1,562,028,250	\$1,587,472,870	\$25,444,620	1.63
MEDICAL TRANSPORTATION	\$192,456,760	\$195,421,960	\$2,965,200	1.54
OTHER SERVICES	\$1,152,410,260	\$1,164,713,310	\$12,303,050	1.07
HOME HEALTH	\$217,161,220	\$227,337,600	\$10,176,370	4.69
TOTAL FEE-FOR-SERVICE	\$28,888,057,530	\$28,839,767,680	-\$48,289,860	-0.17
MANAGED CARE	\$10,799,462,880	\$10,583,142,110	-\$216,320,770	-2.00
TWO PLAN MODEL	\$5,684,673,660	\$5,553,504,550	-\$131,169,110	-2.31
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,899,978,470	\$3,760,881,110	-\$139,097,360	-3.57
GEOGRAPHIC MANAGED CARE	\$933,870,500	\$968,424,100	\$34,553,600	3.70
PHP & OTHER MANAG. CARE	\$280,940,250	\$300,332,340	\$19,392,090	6.90
DENTAL	\$552,878,960	\$546,863,060	-\$6,015,900	-1.09
MENTAL HEALTH	\$1,773,623,240	\$1,675,937,750	-\$97,685,490	-5.51
AUDITS/ LAWSUITS	-\$6,179,440	-\$47,290,870	-\$41,111,420	665.29
EPSDT SCREENS	\$61,417,830	\$60,076,050	-\$1,341,780	-2.18
MEDICARE PAYMENTS	\$3,544,809,090	\$3,565,377,830	\$20,568,740	0.58
STATE HOSP./DEVELOPMENTAL CNTRS.	\$333,956,840	\$331,222,610	-\$2,734,230	-0.82
MISC. SERVICES	\$7,084,395,020	\$6,490,371,710	-\$594,023,310	-8.38
RECOVERIES	-\$346,397,000	-\$299,624,000	\$46,773,000	-13.50
GRAND TOTAL MEDI-CAL	\$52,686,024,940	\$51,745,843,920	-\$940,181,020	-1.78
STATE FUNDS	\$17,366,796,960	\$17,219,570,170	-\$147,226,790	-0.85

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	2010-11 APPROPRIATION		NOV. 2010 EST. FOR 2010-11		MAY 2011 EST. FOR 2010-11		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 PACT PROGRAM	\$676,495,000	\$170,303,800	\$667,823,000	\$162,073,600	\$614,919,000	\$148,746,400	-\$61,576,000	-\$21,557,400	-\$52,904,000	-\$13,327,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$142,622,000	\$64,233,300	\$127,824,000	\$56,615,850	\$127,814,000	\$56,776,150	-\$14,808,000	-\$7,457,150	-\$10,000	\$160,300
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$5,867,050	\$15,138,000	\$5,298,300	\$15,711,000	\$5,598,300	-\$1,052,000	-\$268,750	\$573,000	\$300,000
4	BRIDGE TO HFP	\$17,290,000	\$6,051,500	\$13,362,000	\$4,676,700	\$13,540,000	\$4,739,000	-\$3,750,000	-\$1,312,500	\$178,000	\$62,300
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$24,136,000	\$15,161,000	\$15,978,000	\$10,157,000	\$16,437,000	\$10,386,500	-\$7,699,000	-\$4,774,500	\$459,000	\$229,500
6	REFUGEES	\$7,713,000	\$7,713,000	\$6,643,000	\$6,643,000	\$6,531,000	\$6,531,000	-\$1,182,000	-\$1,182,000	-\$112,000	-\$112,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$0	\$0	\$1,150,000	\$575,000	\$1,150,000	\$575,000	\$1,150,000	\$575,000	\$0	\$0
10	NEW QUALIFIED ALIENS	\$0	\$97,806,000	\$0	\$82,314,000	\$0	\$102,359,500	\$0	\$4,553,500	\$0	\$20,045,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$36,335,550	\$0	-\$41,604,000	\$0	-\$47,360,850	\$0	-\$11,025,300	\$0	-\$5,756,850
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$15,522,500	\$0	-\$16,587,500	\$0	-\$19,874,650	\$0	-\$4,352,150	\$0	-\$3,287,150
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$2,539,000	-\$1,269,500	-\$2,966,000	-\$1,483,000	-\$1,918,000	-\$959,000	\$621,000	\$310,500	\$1,048,000	\$524,000
--	DISCONTINUANCE OF EWCP SCREENING FOR THE BCC	-\$6,371,000	-\$2,851,250	\$0	\$0	\$0	\$0	\$6,371,000	\$2,851,250	\$0	\$0
--	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$20,901,000	-\$15,480,500	\$0	\$0	\$0	\$0	\$20,901,000	\$15,480,500	\$0	\$0
--	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACTO	\$0	-\$58,240,300	\$0	\$0	\$0	\$0	\$0	\$58,240,300	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$855,208,000	\$237,436,050	\$844,952,000	\$268,678,950	\$794,184,000	\$267,517,350	-\$61,024,000	\$30,081,300	-\$50,768,000	-\$1,161,600
BENEFITS											
14	ADULT DAY HEALTH CARE - CDA	\$433,248,000	\$216,624,000	\$380,864,000	\$190,432,000	\$388,872,000	\$194,436,000	-\$44,376,000	-\$22,188,000	\$8,008,000	\$4,004,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$100,000,000	\$0	\$118,070,000	\$0	\$118,070,000	\$0	\$18,070,000	\$0	\$0	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$20,097,000	\$45,464,000	\$18,319,000	\$45,464,000	\$18,319,000	\$0	-\$1,778,000	\$0	\$0
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$2,620,560	\$1,310,280	\$5,643,110	\$2,821,560	\$1,017,610	\$508,810	-\$1,602,950	-\$801,480	-\$4,625,500	-\$2,312,750
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$7,325,000	\$1,619,000	\$2,707,000	\$547,000	\$3,046,000	\$614,000	-\$4,279,000	-\$1,005,000	\$339,000	\$67,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$0	\$0	\$29,170	\$0	\$35,690	\$0	\$35,690	\$0	\$6,510	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	\$0	\$0	-\$3,980,950	\$0	-\$3,980,950	\$0	-\$3,980,950	\$0	\$0
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$107,953,950	\$0	-\$99,966,750	\$0	-\$104,650,000	\$0	\$3,303,950	\$0	-\$4,683,250
27	ADHC ONSITE TAR REVIEWS	-\$1,847,000	-\$923,500	-\$797,000	-\$398,500	-\$615,000	-\$307,500	\$1,232,000	\$616,000	\$182,000	\$91,000
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$10,935,000	-\$5,467,500	-\$4,003,000	-\$2,001,500	-\$4,211,000	-\$2,105,500	\$6,724,000	\$3,362,000	-\$208,000	-\$104,000
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$6,200,000	-\$3,100,000	-\$3,306,000	-\$1,653,000	-\$1,828,000	-\$914,000	\$4,372,000	\$2,186,000	\$1,478,000	\$739,000
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$1,038,000	-\$1,038,000	-\$325,000	-\$325,000	-\$335,000	-\$335,000	\$703,000	\$703,000	-\$10,000	-\$10,000

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MAY 2011 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
223	COPAYMENT FOR DENTAL SERVICES	\$0	\$0	-\$417,000	-\$208,500	-\$4,653,000	-\$2,326,500	-\$4,653,000	-\$2,326,500	-\$4,236,000	-\$2,118,000
--	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$105,533,000	\$0	\$170,184,000	\$0	\$0	\$0	-\$105,533,000	\$0	-\$170,184,000	\$0
--	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$5,445,500	\$0	\$2,592,000	\$0	\$0	\$0	-\$5,445,500	\$0	-\$2,592,000
--	ELIMINATE ADHC SERVICES	\$0	\$0	-\$3,390,800	-\$1,695,400	\$0	\$0	\$0	\$0	\$3,390,800	\$1,695,400
--	ELIMINATE MULTIPURPOSE SENIOR SERVICES PROGR/	\$0	\$0	-\$371,000	-\$160,000	\$0	\$0	\$0	\$0	\$371,000	\$160,000
--	ELIMINATION OF COUGH AND COLD PRODUCTS	\$0	\$0	-\$194,000	-\$97,000	\$0	\$0	\$0	\$0	\$194,000	\$97,000
--	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUY/	\$0	-\$4,445,500	\$0	\$0	\$0	\$0	\$0	\$4,445,500	\$0	\$0
--	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$0	\$0	\$0	\$0	-\$2,000,000	\$0	\$0
--	H1N1 VACCINE	\$2,156,000	\$1,078,000	\$0	\$0	\$0	\$0	-\$2,156,000	-\$1,078,000	\$0	\$0
--	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$5,000,000	\$0	\$0	\$0	\$0	\$0	\$5,000,000	\$0	\$0
--	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$1,094,000	-\$547,000	\$0	\$0	\$0	\$0	\$1,094,000	\$547,000
--	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	PEDIATRIC PALLIATIVE CARE	-\$1,296,000	-\$648,000	\$0	\$0	\$0	\$0	\$1,296,000	\$648,000	\$0	\$0
--	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PROJE	\$4,430,000	\$0	\$84,000	\$0	\$0	\$0	-\$4,430,000	\$0	-\$84,000	\$0
	BENEFITS SUBTOTAL	\$679,460,560	\$119,597,330	\$709,147,480	\$103,677,960	\$544,863,300	\$99,258,360	-\$134,597,270	-\$20,338,970	-\$164,284,190	-\$4,419,600
PHARMACY											
30	FEDERAL DRUG REBATE CHANGE	\$0	\$0	\$39,368,000	\$39,368,000	\$39,702,000	\$39,702,000	\$39,702,000	\$39,702,000	\$334,000	\$334,000
31	UBL AND MAIC INJUNCTION	\$83,336,400	\$41,668,200	\$59,520,000	\$29,760,000	\$59,520,000	\$29,760,000	-\$23,816,400	-\$11,908,200	\$0	\$0
33	NON FFP DRUGS	\$0	\$1,317,000	\$0	\$9,469,000	\$0	\$9,960,000	\$0	\$8,643,000	\$0	\$491,000
38	MEDI-CAL PHARMACY REFORMS	-\$91,400,000	-\$45,700,000	-\$31,400,000	-\$15,700,000	-\$31,400,000	-\$15,700,000	\$60,000,000	\$30,000,000	\$0	\$0
39	BCCTP DRUG REBATES	-\$6,000,000	-\$2,100,000	-\$12,000,000	-\$4,200,000	-\$12,000,000	-\$4,200,000	-\$6,000,000	-\$2,100,000	\$0	\$0
40	MEDICAL SUPPLY REBATES	-\$10,000,000	-\$5,000,000	-\$12,500,000	-\$6,250,000	-\$30,800,000	-\$15,400,000	-\$20,800,000	-\$10,400,000	-\$18,300,000	-\$9,150,000
41	FAMILY PACT DRUG REBATES	-\$44,721,000	-\$6,590,100	-\$41,961,000	-\$5,832,900	-\$50,460,000	-\$7,014,000	-\$5,739,000	-\$423,900	-\$8,499,000	-\$1,181,100
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,140,800	-\$44,000,000	-\$21,320,400	-\$56,600,000	-\$24,644,800	-\$16,600,000	-\$5,504,000	-\$12,600,000	-\$3,324,400
43	STATE SUPPLEMENTAL DRUG REBATES	-\$248,288,000	-\$123,757,600	-\$212,330,000	-\$105,834,600	-\$190,312,000	-\$94,860,000	\$57,976,000	\$28,897,600	\$22,018,000	\$10,974,600
44	FEDERAL DRUG REBATE PROGRAM	-\$999,547,000	-\$498,218,300	-\$1,203,205,000	-\$599,730,500	-\$1,333,020,000	-\$664,436,000	-\$333,473,000	-\$166,217,700	-\$129,815,000	-\$64,705,500
150	LITIGATION SETTLEMENTS	-\$15,200,000	-\$15,200,000	-\$24,523,000	-\$24,523,000	-\$67,619,000	-\$67,619,000	-\$52,419,000	-\$52,419,000	-\$43,096,000	-\$43,096,000
--	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$4,000,000	-\$2,000,000	\$0	\$0	\$6,000,000	\$3,000,000	\$4,000,000	\$2,000,000

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY											
--	ENTERAL NUTRITION PRODUCTS	-\$16,212,480	-\$8,106,240	\$0	\$0	\$0	\$0	\$16,212,480	\$8,106,240	\$0	\$0
--	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$218,743,010	-\$109,371,500	\$0	\$0	\$0	\$0	\$218,743,010	\$109,371,500	\$0	\$0
--	PHARMACY TAR AUTO-ADJUDICATION	-\$2,440,660	-\$1,220,330	-\$2,549,890	-\$1,274,950	\$0	\$0	\$2,440,660	\$1,220,330	\$2,549,890	\$1,274,950
--	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$25,000,000	-\$10,500,000	\$0	\$0	\$0	\$0	\$25,000,000	\$10,500,000	\$0	\$0
--	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$12,840,000	-\$6,420,000	\$0	\$0	\$0	\$0	\$12,840,000	\$6,420,000	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,653,055,740	-\$811,339,670	-\$1,489,580,890	-\$708,069,350	-\$1,672,989,000	-\$814,451,800	-\$19,933,260	-\$3,112,130	-\$183,408,110	-\$106,382,460
MANAGED CARE											
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$365,969,000	\$158,597,000	\$389,458,000	\$156,542,500	\$272,649,000	\$109,081,000	-\$93,320,000	-\$49,516,000	-\$116,809,000	-\$47,461,500
53	MATERNITY SUPPLEMENTAL PAYMENT	\$0	\$0	\$22,905,000	\$11,452,500	\$25,040,000	\$12,520,000	\$25,040,000	\$12,520,000	\$2,135,000	\$1,067,500
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN MO	\$14,551,000	\$7,275,500	\$17,959,000	\$8,979,500	\$11,773,000	\$5,886,500	-\$2,778,000	-\$1,389,000	-\$6,186,000	-\$3,093,000
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENT	\$0	\$0	\$2,936,000	\$1,468,000	\$2,990,000	\$1,495,000	\$2,990,000	\$1,495,000	\$54,000	\$27,000
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$0	\$0	\$519,000	\$209,000	\$6,926,000	\$2,791,000	\$6,926,000	\$2,791,000	\$6,407,000	\$2,582,000
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$50,500,000	\$0	-\$14,347,000	\$0	-\$14,347,000	\$0	\$36,153,000	\$0	\$0
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$8,995,000	-\$4,497,500	-\$10,789,000	-\$5,394,500	-\$9,630,000	-\$4,815,000	-\$635,000	-\$317,500	\$1,159,000	\$579,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HP:	\$1,347,000	\$673,500	\$1,457,000	\$728,500	\$0	\$0	-\$1,347,000	-\$673,500	-\$1,457,000	-\$728,500
--	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$546,000	-\$273,000	\$0	\$0	\$0	\$0	\$546,000	\$273,000	\$0	\$0
--	MANAGED CARE EXPANSION - VENTURA	\$42,920,000	\$21,460,000	\$38,377,000	\$19,188,500	\$0	\$0	-\$42,920,000	-\$21,460,000	-\$38,377,000	-\$19,188,500
	MANAGED CARE SUBTOTAL	\$416,246,000	\$133,735,500	\$463,822,000	\$179,827,000	\$311,748,000	\$114,611,500	-\$104,498,000	-\$19,124,000	-\$152,074,000	-\$65,215,500
PROVIDER RATES											
29	HOSPITAL INPATIENT RATE FREEZE	-\$168,962,000	-\$84,481,000	-\$76,530,000	-\$38,265,000	-\$25,548,000	-\$10,294,000	\$143,414,000	\$74,187,000	\$50,982,000	\$27,971,000
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREAS	\$88,777,000	\$39,239,000	\$166,887,000	\$66,806,000	\$166,887,000	\$66,806,000	\$78,110,000	\$27,567,000	\$0	\$0
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$158,283,000	\$79,141,500	\$151,413,520	\$75,706,760	\$182,048,710	\$91,024,360	\$23,765,710	\$11,882,860	\$30,635,190	\$15,317,600
71	LTC RATE ADJUSTMENT	\$57,991,000	\$28,995,500	\$32,585,510	\$16,292,760	\$32,585,510	\$16,292,760	-\$25,405,490	-\$12,702,740	\$0	\$0
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$0	\$0	-\$3,000,000	-\$3,000,000	-\$4,250,000	-\$4,250,000	-\$4,250,000	-\$4,250,000	-\$1,250,000	-\$1,250,000
74	ANNUAL MEI INCREASE FOR FQHCs/RHCS	\$36,230,120	\$18,115,060	\$29,933,240	\$14,966,620	\$9,860,130	\$4,930,070	-\$26,369,990	-\$13,184,990	-\$20,073,110	-\$10,036,560

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES											
77	HOSPICE RATE INCREASES	\$5,884,360	\$2,942,180	\$1,868,250	\$934,130	\$774,060	\$387,030	-\$5,110,310	-\$2,555,150	-\$1,094,200	-\$547,100
79	REDUCTION TO RADIOLOGY RATES	-\$27,240,370	-\$13,620,190	-\$27,555,730	-\$13,777,860	-\$2,645,070	-\$1,322,540	\$24,595,300	\$12,297,650	\$24,910,660	\$12,455,330
--	10% PAYMENT REDUCTION FOR AB 1629 FACILITIES	\$0	\$0	-\$4,633,450	-\$2,316,730	\$0	\$0	\$0	\$0	\$4,633,450	\$2,316,730
--	10% PROVIDER PAYMENT REDUCTION	\$0	\$0	-\$18,184,000	-\$9,455,000	\$0	\$0	\$0	\$0	\$18,184,000	\$9,455,000
--	CHA V. MAXWELL-JOLLY INJUNCTION	\$56,300,190	\$28,150,100	\$56,300,190	\$28,150,100	\$0	\$0	-\$56,300,190	-\$28,150,100	-\$56,300,190	-\$28,150,100
--	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$10,303,000	-\$5,151,500	\$0	\$0	\$0	\$0	\$10,303,000	\$5,151,500
--	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$191,304,000	-\$95,652,000	\$0	\$0	\$0	\$0	\$191,304,000	\$95,652,000	\$0	\$0
--	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASES	-\$3,695,000	-\$1,847,500	\$0	\$0	\$0	\$0	\$3,695,000	\$1,847,500	\$0	\$0
--	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$57,616,000	-\$28,808,000	\$0	\$0	\$0	\$0	\$57,616,000	\$28,808,000	\$0	\$0
--	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$12,590,000	-\$6,295,000	\$0	\$0	\$0	\$0	\$12,590,000	\$6,295,000	\$0	\$0
--	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$29,308,000	\$14,654,000	\$0	\$0	\$0	\$0	-\$29,308,000	-\$14,654,000	\$0	\$0
--	INDEPENDENT LIVING CENTER INJUNCTION	\$35,500,000	\$17,750,000	\$7,614,000	\$3,807,000	\$0	\$0	-\$35,500,000	-\$17,750,000	-\$7,614,000	-\$3,807,000
--	NF-B RATE CHANGES AND QA FEE	\$192,012,000	\$96,006,000	\$0	\$0	\$0	\$0	-\$192,012,000	-\$96,006,000	\$0	\$0
--	QA FEE FOR MLRCs	\$40,824,000	\$18,044,000	\$0	\$0	\$0	\$0	-\$40,824,000	-\$18,044,000	\$0	\$0
--	QAF INCREASE DUE TO L&C FEE REDUCTION	\$9,325,000	\$4,122,000	\$0	\$0	\$0	\$0	-\$9,325,000	-\$4,122,000	\$0	\$0
--	REDUCTION TO SMALL & RURAL HOSPITALS	-\$13,800,000	-\$6,900,000	\$0	\$0	\$0	\$0	\$13,800,000	\$6,900,000	\$0	\$0
--	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$10,713,850	\$5,356,920	\$10,877,000	\$5,438,500	\$0	\$0	-\$10,713,850	-\$5,356,920	-\$10,877,000	-\$5,438,500
	PROVIDER RATES SUBTOTAL	\$245,941,150	\$114,912,570	\$317,272,540	\$140,135,770	\$359,712,340	\$163,573,670	\$113,771,190	\$48,661,090	\$42,439,800	\$23,437,900
WAIVER--MH/UCD & BTR											
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGED	-\$357,496,000	-\$182,052,000	-\$375,365,000	-\$187,682,500	\$11,501,000	\$5,807,500	\$368,997,000	\$187,859,500	\$386,866,000	\$193,490,000
80	MH/UCD & BTR—DSH PAYMENT	\$1,725,858,000	\$596,619,000	\$1,701,129,000	\$561,560,000	\$1,740,752,000	\$601,839,000	\$14,894,000	\$5,220,000	\$39,623,000	\$40,279,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT	\$515,974,000	\$257,987,000	\$514,140,000	\$257,070,000	\$450,887,000	\$225,443,500	-\$65,087,000	-\$32,543,500	-\$63,253,000	-\$31,626,500
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL P	\$276,994,000	\$138,497,000	\$377,432,000	\$188,716,000	\$322,692,000	\$161,346,000	\$45,698,000	\$22,849,000	-\$54,740,000	-\$27,370,000
83	MH/UCD—SAFETY NET CARE POOL	\$516,001,000	\$0	\$60,367,000	\$0	\$24,449,000	\$0	-\$491,552,000	\$0	-\$35,918,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$180,000,000	\$0	\$80,967,000	\$0	\$70,553,000	\$0	-\$109,447,000	\$0	-\$10,414,000	\$0
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNPC	\$245,000,000	\$0	\$228,850,000	\$0	\$228,850,000	\$0	-\$16,150,000	\$0	\$0	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CO	\$67,114,000	\$0	\$131,264,000	\$0	\$74,616,000	\$0	\$7,502,000	\$0	-\$56,648,000	\$0
87	MH/UCD—STABILIZATION FUNDING	\$80,910,000	\$40,455,000	\$117,248,000	\$58,624,000	\$21,067,000	\$10,533,500	-\$59,843,000	-\$29,921,500	-\$96,181,000	-\$48,090,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	2010-11 APPROPRIATION		NOV. 2010 EST. FOR 2010-11		MAY 2011 EST. FOR 2010-11		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
<u>WAIVER--MH/UCD & BTR</u>											
88	MH/UCD & BTR--CCS AND GHPP	\$40,000,000	\$0	\$105,001,000	\$0	\$166,185,000	\$0	\$126,185,000	\$0	\$61,184,000	\$0
89	MH/UCD--SOUTH LA PRESERVATION FUND	\$90,000,000	\$0	\$39,167,000	\$0	\$39,167,000	\$0	-\$50,833,000	\$0	\$0	\$0
90	MH/UCD--DPH INTERIM & FINAL RECONS	\$63,316,000	\$0	\$69,000,000	\$0	\$4,165,000	\$0	-\$59,151,000	\$0	-\$64,835,000	\$0
91	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$64,998,000	\$32,499,000	\$46,382,000	\$23,191,000	\$45,824,000	\$22,912,000	-\$19,174,000	-\$9,587,000	-\$558,000	-\$279,000
92	MH/UCD--DISTRESSED HOSPITAL FUND	\$0	\$0	\$8,268,000	\$4,134,000	\$8,272,000	\$4,136,000	\$8,272,000	\$4,136,000	\$4,000	\$2,000
93	MH/UCD & BTR--NDPH SUPPLEMENTAL PAYMENT	\$3,822,000	\$1,911,000	\$5,616,000	\$2,808,000	\$5,616,000	\$2,808,000	\$1,794,000	\$897,000	\$0	\$0
94	MH/UCD--FEDERAL FLEX. & STABILIZATION - SNCP ARF	\$154,172,000	\$0	\$13,297,000	\$0	\$0	\$0	-\$154,172,000	\$0	-\$13,297,000	\$0
95	MH/UCD--REDUCTION TO DPH SNCP BY 10%	\$0	\$0	\$0	-\$1,820,000	\$0	-\$1,820,000	\$0	-\$1,820,000	\$0	\$0
96	MH/UCD & BTR--BCCTP	\$0	-\$500,000	\$0	-\$1,000,000	\$0	-\$2,136,000	\$0	-\$1,636,000	\$0	-\$1,136,000
97	MH/UCD & BTR--DPH INTERIM RATE	\$0	-\$559,528,500	\$0	-\$530,596,500	\$0	-\$514,666,500	\$0	\$44,862,000	\$0	\$15,930,000
98	MH/UCD & BTR--MIA-LTC	\$0	-\$8,725,000	\$0	-\$11,267,000	\$0	-\$26,102,000	\$0	-\$17,377,000	\$0	-\$14,835,000
218	BTR--DELIVERY SYSTEM REFORM INCENTIVE POOL	\$0	\$0	\$1,006,880,000	\$424,652,000	\$1,006,880,000	\$415,273,000	\$1,006,880,000	\$415,273,000	\$0	-\$9,379,000
219	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$0	\$0	\$0	\$0	\$306,550,000	\$0	\$306,550,000	\$0	\$306,550,000	\$0
220	BTR--LOW INCOME HEALTH PROGRAM - HCCI	\$0	\$0	\$127,224,000	\$0	\$139,898,000	\$0	\$139,898,000	\$0	\$12,674,000	\$0
222	BTR--SAFETY NET CARE POOL	\$0	\$0	\$331,407,000	\$0	\$503,137,000	\$0	\$503,137,000	\$0	\$171,730,000	\$0
--	BTR--LOW INCOME HEALTH PROGRAM - MCE	\$0	\$0	\$389,863,000	\$0	\$0	\$0	\$0	\$0	-\$389,863,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$3,666,663,000	\$317,162,500	\$4,978,137,000	\$788,389,000	\$5,171,061,000	\$905,374,000	\$1,504,398,000	\$588,211,500	\$192,924,000	\$116,985,000
<u>SUPPLEMENTAL PMNTS.</u>											
99	HOSPITAL QAF - HOSPITAL PAYMENTS	\$8,613,101,000	\$3,903,001,000	\$6,815,370,000	\$2,818,740,000	\$7,141,120,000	\$2,896,060,000	-\$1,471,981,000	-\$1,006,941,000	\$325,750,000	\$77,320,000
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS	\$0	\$0	\$420,000,000	\$0	\$420,000,000	\$0	\$420,000,000	\$0	\$0	\$0
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$270,750,000	\$0	\$270,750,000	\$0	\$21,705,000	\$0	-\$249,045,000	\$0	-\$249,045,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$221,500,000	\$0	\$239,108,000	\$0	\$295,087,000	\$0	\$73,587,000	\$0	\$55,979,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$115,087,000	\$50,000,000	\$124,068,000	\$49,862,000	\$124,068,000	\$49,862,000	\$8,981,000	-\$138,000	\$0	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$105,382,000	\$48,136,000	\$106,565,000	\$49,395,000	\$106,565,000	\$49,395,000	\$1,183,000	\$1,259,000	\$0	\$0
106	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$93,158,000	\$37,445,000	\$93,158,000	\$37,445,000	\$26,028,000	\$3,880,000	\$0	\$0
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$33,625,000	\$0	\$30,000,000	\$0	\$45,300,000	\$0	\$11,675,000	\$0	\$15,300,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$12,500,000	\$6,250,000	\$2,500,000	\$1,250,000	\$2,500,000	\$1,250,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$10,000,000	\$5,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000

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MAY 2011 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	2010-11 APPROPRIATION		NOV. 2010 EST. FOR 2010-11		MAY 2011 EST. FOR 2010-11		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
SUPPLEMENTAL PMNTS.											
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	\$0	\$0	\$64,000,000	\$27,597,000	\$64,000,000	\$27,597,000	\$64,000,000	\$27,597,000
--	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEM	\$110,861,000	\$0	\$110,862,000	\$0	\$0	\$0	-\$110,861,000	\$0	-\$110,862,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$9,555,436,000	\$4,043,702,000	\$8,227,881,000	\$2,964,442,000	\$8,333,503,000	\$3,071,609,000	-\$1,221,933,000	-\$972,093,000	\$105,622,000	\$107,167,000
OTHER											
20	LANTERMAN REGIONAL CENTER DISALLOWANCE	\$0	\$0	\$1,390,000	\$1,390,000	\$1,390,000	\$1,390,000	\$1,390,000	\$1,390,000	\$0	\$0
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDD	\$234,242,000	\$0	\$229,489,000	\$0	\$111,555,000	\$0	-\$122,687,000	\$0	-\$117,934,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$103,519,000	\$0	\$199,001,000	\$0	\$140,892,000	\$0	\$37,373,000	\$0	-\$58,109,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$3,000,000	\$0	\$43,625,000	\$0	\$43,625,000	\$0	\$40,625,000	\$0	\$0	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$29,839,160	\$13,190,330	\$29,798,180	\$12,005,730	\$30,082,720	\$12,119,960	\$243,560	-\$1,070,370	\$284,540	\$114,230
126	HEALTHY FAMILIES - CDMH	\$27,939,000	\$0	\$30,904,000	\$0	\$40,559,000	\$0	\$12,620,000	\$0	\$9,655,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,989,000	\$7,989,000	\$7,989,000	\$7,989,000	\$7,989,000	\$7,989,000	\$0	\$0	\$0	\$0
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$7,746,000	\$3,873,000	\$4,679,000	\$2,339,500	\$5,222,000	\$2,611,000	-\$2,524,000	-\$1,262,000	\$543,000	\$271,500
136	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$1,529,799,000	\$0	-\$2,543,520,000	\$0	-\$2,706,419,000	\$0	-\$1,176,620,000	\$0	-\$162,899,000
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
139	NUVARING COST SHIFT	\$0	-\$4,569,600	\$0	-\$453,000	\$0	-\$12,656,000	\$0	-\$8,086,400	\$0	-\$12,203,000
140	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$6,000,000	\$0	\$6,000,000	\$0	-\$6,000,000	\$0	\$0
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	-\$8,056,000	\$0	-\$8,500,000	\$0	-\$8,700,000	\$0	-\$644,000	\$0	-\$200,000
146	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$1,382,880	-\$691,440	-\$770,720	-\$385,360	\$5,729,280	\$2,864,640	\$612,150	\$306,080
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	-\$254,188,000	-\$119,977,000	-\$256,038,000	-\$103,439,500	\$0	\$0	\$254,188,000	\$119,977,000	\$256,038,000	\$103,439,500
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$234,978,000	-\$234,978,000	-\$306,747,000	-\$306,747,000	-\$311,669,000	-\$311,669,000	-\$76,691,000	-\$76,691,000	-\$4,922,000	-\$4,922,000
241	ACCELERATED PAYMENTS	\$0	\$0	\$1,637,574,000	\$642,017,000	\$1,071,028,000	\$408,526,000	\$1,071,028,000	\$408,526,000	-\$566,546,000	-\$233,491,000
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYMEN	\$0	\$0	\$0	\$0	-\$41,000,000	-\$20,500,000	-\$41,000,000	-\$20,500,000	-\$41,000,000	-\$20,500,000
--	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUND:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSICI/	-\$56,517,000	-\$28,258,500	-\$56,517,000	-\$28,258,500	\$0	\$0	\$56,517,000	\$28,258,500	\$56,517,000	\$28,258,500
--	ESTATE RECOVERY MEDICARE PREMIUMS	\$2,744,000	\$1,372,000	\$0	\$0	\$0	\$0	-\$2,744,000	-\$1,372,000	\$0	\$0
--	FI COST CONTAINMENT PROJECTS	-\$1,029,280	-\$514,640	-\$1,531,140	-\$765,570	\$0	\$0	\$1,029,280	\$514,640	\$1,531,140	\$765,570

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MAY 2011 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	2010-11 APPROPRIATION		NOV. 2010 EST. FOR 2010-11		MAY 2011 EST. FOR 2010-11		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											
--	FQHC/RHC AUDIT STAFFING	-\$2,737,270	-\$1,368,630	-\$2,241,510	-\$1,120,760	\$0	\$0	\$2,737,270	\$1,368,630	\$2,241,510	\$1,120,760
--	IHSS ANTI-FRAUD INITIATIVE	-\$252,996,000	\$0	\$0	\$0	\$0	\$0	\$252,996,000	\$0	\$0	\$0
--	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$2,000,000	\$0	\$0	\$0	\$0	\$0	-\$2,000,000	\$0	\$0
--	PROVIDER OVERPAYMENT REPAYMENTS	-\$77,794,000	-\$77,794,000	-\$84,520,000	-\$84,520,000	\$0	\$0	\$77,794,000	\$77,794,000	\$84,520,000	\$84,520,000
--	RECONCILIATION	\$92,482,000	\$92,482,000	\$0	\$0	\$0	\$0	-\$92,482,000	-\$92,482,000	\$0	\$0
--	RECONCILIATION WITH BUDGET ACT - FEDERAL FUNDS	-\$2,868,430,000	\$0	\$0	\$0	\$0	\$0	\$2,868,430,000	\$0	\$0	\$0
--	RECONCILIATION WITH BUDGET ACT - HCSF	\$27,500,000	\$0	\$0	\$0	\$0	\$0	-\$27,500,000	\$0	\$0	\$0
--	RECONCILIATION WITH BUDGET ACT - SPECIAL FUNDS	-\$352,388,000	-\$176,194,000	\$0	\$0	\$0	\$0	\$352,388,000	\$176,194,000	\$0	\$0
--	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$12,000,000	-\$12,000,000	-\$6,000,000	-\$6,000,000	\$0	\$0	\$12,000,000	\$12,000,000	\$6,000,000	\$6,000,000
--	SELF-DIRECTED SERVICES WAIVER - CDDS	\$71,000	\$0	\$0	\$0	\$0	\$0	-\$71,000	\$0	\$0	\$0
--	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$18,360,000	-\$10,096,500	-\$900,000	-\$495,000	\$0	\$0	\$18,360,000	\$10,096,500	\$900,000	\$495,000
--	UNSPECIFIED BUDGET REDUCTION	-\$744,147,000	-\$323,297,000	\$0	\$0	\$0	\$0	\$744,147,000	\$323,297,000	\$0	\$0
	OTHER SUBTOTAL	-\$4,344,993,390	-\$2,397,246,540	\$1,468,571,650	-\$2,412,769,530	\$1,098,903,000	-\$2,621,693,400	\$5,443,896,380	-\$224,446,860	-\$369,668,650	-\$208,923,870
	GRAND TOTAL	<u>\$9,420,905,580</u>	<u>\$1,757,959,740</u>	<u>\$15,520,202,780</u>	<u>\$1,324,311,800</u>	<u>\$14,940,985,630</u>	<u>\$1,185,798,680</u>	<u>\$5,520,080,050</u>	<u>-\$572,161,070</u>	<u>-\$579,217,150</u>	<u>-\$138,513,130</u>

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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

(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

<u>SERVICE CATEGORY</u>	<u>TOTAL</u>
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

(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

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