

**MEDI-CAL
MAY 2012
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2011-12 and 2012-13**

CURRENT YEAR

Fiscal Forecasting and Data Management Branch
State Department of Health Care Services
1501 Capitol Avenue, Suite 6069
Sacramento, CA 95814
(916) 552-8550



EDMUND G. BROWN JR.
Governor
State of California

Diana Dooley
Secretary
California Health and Human Services Agency

Toby Douglas
Director
Department of Health Care Services

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2011-12

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$15,933,847,620	\$7,966,923,810	\$7,966,923,810
B. C/Y BASE POLICY CHANGES	\$20,345,636,010	\$12,225,728,110	\$8,119,907,900
C. BASE ADJUSTMENTS	-\$524,378,000	-\$414,093,800	-\$110,284,200
D. ADJUSTED BASE	<u>\$35,755,105,620</u>	<u>\$19,778,558,110</u>	<u>\$15,976,547,510</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$762,268,470	\$501,329,740	\$260,938,740
B. BENEFITS	\$467,501,760	\$384,187,850	\$83,313,910
C. PHARMACY	-\$1,693,135,730	-\$908,253,970	-\$784,881,770
D. MANAGED CARE	\$575,295,000	\$319,131,000	\$256,164,000
E. PROVIDER RATES	-\$688,209,500	-\$344,104,750	-\$344,104,750
F. WAIVER--MH/UCD & BTR	\$4,738,049,000	\$4,164,548,000	\$573,501,000
G. SUPPLEMENTAL PMNTS.	\$2,684,315,000	\$1,573,956,000	\$1,110,359,000
H. OTHER	\$1,316,721,680	\$1,077,677,840	\$239,043,840
I. TOTAL CHANGES	<u>\$8,162,805,680</u>	<u>\$6,768,471,710</u>	<u>\$1,394,333,970</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$43,917,911,300</u></u>	<u><u>\$26,547,029,830</u></u>	<u><u>\$17,370,881,470</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$582,522,000	\$440,798,400	\$141,723,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$125,539,000	\$71,069,700	\$54,469,300
3	CHDP GATEWAY - PREENROLLMENT	\$11,671,000	\$7,586,150	\$4,084,850
4	BRIDGE TO HFP	\$19,221,000	\$12,493,650	\$6,727,350
5	CRAIG V. BONTA DISALLOWANCE	\$12,337,000	\$0	\$12,337,000
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$303,500
7	REFUGEES	\$3,573,000	\$0	\$3,573,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$7,663,000	\$7,663,000	\$0
9	LOMELI V. SHEWRY	\$207,480	\$103,740	\$103,740
10	250% WORKING DISABLED PROGRAM CHANGES	\$186,000	\$53,000	\$133,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,858,100	-\$8,858,100
12	NEW QUALIFIED ALIENS	\$0	-\$99,622,000	\$99,622,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$52,651,500	-\$52,651,500
14	PARIS - VETERANS MATCH	-\$228,000	-\$114,000	-\$114,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$1,030,000	-\$515,000	-\$515,000
	ELIGIBILITY SUBTOTAL	\$762,268,480	\$501,329,740	\$260,938,740
BENEFITS				
16	ADULT DAY HEALTH CARE - CDA	\$321,748,000	\$160,874,000	\$160,874,000
18	ADHC TRANSITION-BENEFITS	\$278,422,000	\$139,211,000	\$139,211,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$117,810,000	\$117,810,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$3,587,000	\$3,587,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$2,792,940	\$2,094,910	\$698,030
23	QUALITY OF LIFE SURVEYS FOR MFP	\$79,000	\$79,000	\$0
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$88,970,050	-\$88,970,050
27	HEARING AID CAP	-\$92,000	-\$46,000	-\$46,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$60,980	\$0	-\$60,970
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,264,000	-\$632,000	-\$632,000
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$3,746,180	-\$1,873,090	-\$1,873,090
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$1,493,470	-\$746,730	-\$746,730
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$5,656,650	-\$2,828,330	-\$2,828,330
40	ELIMINATE ADHC SERVICES	-\$285,087,920	-\$142,543,960	-\$142,543,960
	BENEFITS SUBTOTAL	\$467,501,760	\$384,187,850	\$83,313,910
PHARMACY				
41	FEDERAL DRUG REBATE CHANGE	\$92,909,000	\$0	\$92,909,000
42	NON FFP DRUGS	\$0	-\$2,118,000	\$2,118,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$9,100,000	-\$4,900,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$25,901,750	-\$12,950,880	-\$12,950,880
45	MEDICAL SUPPLY REBATES	-\$30,236,000	-\$15,118,000	-\$15,118,000
46	AGED AND DISPUTED DRUG REBATES	-\$134,740,000	-\$67,542,000	-\$67,198,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PHARMACY				
47	FAMILY PACT DRUG REBATES	-\$70,826,000	-\$61,559,000	-\$9,267,000
48	LITIGATION SETTLEMENTS	-\$115,368,000	\$0	-\$115,368,000
50	STATE SUPPLEMENTAL DRUG REBATES	-\$113,796,000	-\$61,790,200	-\$52,005,800
51	FEDERAL DRUG REBATE PROGRAM	-\$1,331,040,000	-\$703,007,400	-\$628,032,600
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RA	\$48,379,000	\$24,189,500	\$24,189,500
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$1,484,020	\$742,010	\$742,010
	PHARMACY SUBTOTAL	-\$1,693,135,730	-\$908,253,960	-\$784,881,770
MANAGED CARE				
55	MANAGED CARE RATE RANGE IGTS	\$229,051,000	\$141,425,000	\$87,626,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$265,213,000	\$131,686,000	\$133,527,000
60	MANAGED CARE COST BASED REIMBURSEMENT CL	-\$29,743,000	-\$14,871,500	-\$14,871,500
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMI	\$32,400,000	\$16,200,000	\$16,200,000
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$6,531,000	-\$3,265,500	-\$3,265,500
98	MANDATORY SPD ENROLLMENT INTO MANAGED CA	\$0	\$0	\$0
192	RATE INCREASES DUE TO SB 90 IGTS	\$82,905,000	\$47,957,000	\$34,948,000
	MANAGED CARE SUBTOTAL	\$575,295,000	\$319,131,000	\$256,164,000
PROVIDER RATES				
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$167,010,220	\$83,505,110	\$83,505,110
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT	\$9,711,390	\$4,855,700	\$4,855,700
75	NF-B RATE CHANGES	\$53,494,000	\$26,747,000	\$26,747,000
76	LTC RATE ADJUSTMENT	\$18,752,860	\$9,376,430	\$9,376,430
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$21,963,000	\$10,981,500	\$10,981,500
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$1,443,920	\$721,960	\$721,960
80	HOSPICE RATE INCREASES	\$1,099,620	\$549,810	\$549,810
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$0	\$0	\$0
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,644,000	-\$4,822,000	-\$4,822,000
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$7,183,660	-\$3,591,830	-\$3,591,830
86	NON-AB 1629 LTC RATE FREEZE	-\$67,623,860	-\$33,811,930	-\$33,811,930
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$171,860,000	-\$85,930,000	-\$85,930,000
88	10% PROVIDER PAYMENT REDUCTION	-\$705,373,000	-\$352,686,500	-\$352,686,500
	PROVIDER RATES SUBTOTAL	-\$688,209,510	-\$344,104,750	-\$344,104,750
WAIVER--MH/UCD & BTR				
89	MH/UCD & BTR—DSH PAYMENT	\$1,751,299,000	\$1,168,447,500	\$582,851,500
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$975,000,000	\$487,500,000	\$487,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$225,294,000	\$203,794,000	\$21,500,000
92	BTR—SAFETY NET CARE POOL	\$565,513,000	\$565,513,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$384,035,000	\$192,017,500	\$192,017,500

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>				
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$232,530,000	\$116,265,000	\$116,265,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$75,098,000	\$68,301,000	\$6,797,000
96	MH/UCD & BTR—CCS AND GHPP	\$157,065,000	\$157,065,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$150,341,000	\$525,658,000	-\$375,317,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN	\$77,407,000	\$77,407,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$2,725,000	\$2,725,000	\$0
101	MH/UCD—SOUTH LA PRESERVATION FUND	\$39,167,000	\$39,167,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$17,549,000	\$0	\$17,549,000
103	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$1,949,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$43,468,000	\$43,468,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$31,111,000	\$31,111,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$6,250,000	\$3,125,000	\$3,125,000
108	MH/UCD—DISTRESSED HOSPITAL FUND	\$2,248,000	\$1,124,000	\$1,124,000
110	MH/UCD & BTR—MIA-LTC	\$0	\$33,737,000	-\$33,737,000
111	MH/UCD & BTR—BCCTP	\$0	\$2,439,000	-\$2,439,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ,	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$443,735,000	-\$443,735,000
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$0	\$0	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$4,738,049,000	\$4,164,548,000	\$573,501,000
<u>SUPPLEMENTAL PMNTS.</u>				
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$1,958,501,000	\$986,332,000	\$972,169,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$120,000,000	\$120,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$202,834,000	\$202,834,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$172,243,000	\$125,262,000	\$46,981,000
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$93,432,000	\$48,918,000	\$44,514,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$12,760,000	\$6,380,000	\$6,380,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$40,678,000	\$40,678,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$7,500,000	\$3,750,000	\$3,750,000
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$6,000,000	\$3,000,000	\$3,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,237,000	\$3,237,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$2,684,315,000	\$1,573,956,000	\$1,110,359,000
<u>OTHER</u>				
133	ARRA HITECH - PROVIDER PAYMENTS	\$501,500,000	\$501,500,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$87,157,000	\$87,157,000	\$0
142	HEALTHY FAMILIES - CDMH	\$18,513,000	\$18,513,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$40,368,000	\$23,433,000	\$16,935,000
146	MINOR CONSENT SETTLEMENT	\$7,620,000	\$0	\$7,620,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$7,248,000	\$3,624,000	\$3,624,000
148	CDDS DENTAL SERVICES	\$4,300,000	\$0	\$4,300,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	OTHER			
151	INDIAN HEALTH SERVICES	\$510,000	\$10,349,000	-\$9,839,000
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0
155	CLPP FUNDS	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$1,070,400	-\$535,200	-\$535,200
160	FQHC/RHC AUDIT STAFFING	-\$3,058,000	-\$1,529,000	-\$1,529,000
161	ANTI-FRAUD INITIATIVE	-\$829,920	-\$414,960	-\$414,960
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$6,667,000	-\$333,500	-\$6,333,500
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARI	-\$32,511,000	\$0	-\$32,511,000
181	AB 97 INJUNCTIONS	\$693,505,000	\$346,752,500	\$346,752,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	-\$1,868,000	\$1,868,000
186	REFUNDS ON ACTS OF FRAUD	\$0	\$97,030,000	-\$97,030,000
195	AUDIT SETTLEMENTS	\$137,000	\$0	\$137,000
	OTHER SUBTOTAL	\$1,316,721,680	\$1,077,677,840	\$239,043,840
	GRAND TOTAL	\$8,162,805,680	\$6,768,471,710	\$1,394,333,970

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2011-12

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$4,792,438,530	\$2,787,804,890	\$2,004,633,650
PHYSICIANS	\$1,131,290,250	\$633,592,440	\$497,697,810
OTHER MEDICAL	\$2,541,973,970	\$1,484,662,980	\$1,057,310,990
COUNTY OUTPATIENT	\$186,492,600	\$148,860,180	\$37,632,420
COMMUNITY OUTPATIENT	\$932,681,710	\$520,689,280	\$411,992,430
PHARMACY	\$1,176,618,480	\$525,690,890	\$650,927,590
HOSPITAL INPATIENT	\$9,357,871,320	\$5,898,808,770	\$3,459,062,550
COUNTY INPATIENT	\$2,610,576,000	\$2,062,845,190	\$547,730,810
COMMUNITY INPATIENT	\$6,747,295,320	\$3,835,963,580	\$2,911,331,740
LONG TERM CARE	\$4,587,529,610	\$2,402,627,940	\$2,184,901,670
NURSING FACILITIES	\$4,178,459,960	\$2,189,487,850	\$1,988,972,100
ICF-DD	\$409,069,650	\$213,140,080	\$195,929,570
OTHER SERVICES	\$1,352,095,410	\$734,922,760	\$617,172,650
MEDICAL TRANSPORTATION	\$164,247,640	\$78,801,670	\$85,445,960
OTHER SERVICES	\$989,510,000	\$554,237,840	\$435,272,160
HOME HEALTH	\$198,337,780	\$101,883,250	\$96,454,530
TOTAL FEE-FOR-SERVICE	\$21,266,553,350	\$12,349,855,240	\$8,916,698,110
MANAGED CARE	\$11,392,316,810	\$5,712,682,230	\$5,679,634,570
TWO PLAN MODEL	\$6,368,431,830	\$3,205,884,450	\$3,162,547,380
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,731,129,790	\$1,861,820,970	\$1,869,308,820
GEOGRAPHIC MANAGED CARE	\$1,043,610,730	\$521,368,290	\$522,242,440
PHP & OTHER MANAG. CARE	\$249,144,460	\$123,608,520	\$125,535,940
DENTAL	\$487,317,410	\$245,927,590	\$241,389,820
MENTAL HEALTH	\$1,284,431,000	\$1,282,065,720	\$2,365,290
AUDITS/ LAWSUITS	-\$61,857,000	\$21,877,000	-\$83,734,000
EPSDT SCREENS	\$52,118,520	\$27,386,160	\$24,732,360
MEDICARE PAYMENTS	\$3,845,172,020	\$1,155,771,800	\$2,689,400,230
STATE HOSP./DEVELOPMENTAL CNTRS.	\$272,325,590	\$272,325,590	\$0
MISC. SERVICES	\$5,652,009,600	\$5,489,164,000	\$162,845,600
RECOVERIES	-\$272,476,000	-\$10,025,500	-\$262,450,500
GRAND TOTAL MEDI-CAL	\$43,917,911,300	\$26,547,029,830	\$17,370,881,470

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2011-12**

SERVICE CATEGORY	2011-12 APPROPRIATION	MAY 2012 EST. FOR 2011-12	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,594,583,250	\$4,792,438,530	\$197,855,280	4.31
PHYSICIANS	\$1,241,748,180	\$1,131,290,250	-\$110,457,930	-8.90
OTHER MEDICAL	\$2,359,985,610	\$2,541,973,970	\$181,988,360	7.71
COUNTY OUTPATIENT	\$385,972,980	\$186,492,600	-\$199,480,370	-51.68
COMMUNITY OUTPATIENT	\$606,876,480	\$932,681,710	\$325,805,230	53.69
PHARMACY	\$903,809,840	\$1,176,618,480	\$272,808,640	30.18
HOSPITAL INPATIENT	\$7,877,156,060	\$9,357,871,320	\$1,480,715,260	18.80
COUNTY INPATIENT	\$2,529,550,220	\$2,610,576,000	\$81,025,780	3.20
COMMUNITY INPATIENT	\$5,347,605,850	\$6,747,295,320	\$1,399,689,470	26.17
LONG TERM CARE	\$4,228,895,680	\$4,587,529,610	\$358,633,930	8.48
NURSING FACILITIES	\$3,894,477,910	\$4,178,459,960	\$283,982,050	7.29
ICF-DD	\$334,417,770	\$409,069,650	\$74,651,880	22.32
OTHER SERVICES	\$1,325,933,800	\$1,352,095,410	\$26,161,610	1.97
MEDICAL TRANSPORTATION	\$147,182,810	\$164,247,640	\$17,064,820	11.59
OTHER SERVICES	\$1,011,782,310	\$989,510,000	-\$22,272,310	-2.20
HOME HEALTH	\$166,968,670	\$198,337,780	\$31,369,100	18.79
TOTAL FEE-FOR-SERVICE	\$18,930,378,630	\$21,266,553,350	\$2,336,174,720	12.34
MANAGED CARE	\$10,485,259,700	\$11,392,316,810	\$907,057,110	8.65
TWO PLAN MODEL	\$5,755,032,530	\$6,368,431,830	\$613,399,300	10.66
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,524,930,870	\$3,731,129,790	\$206,198,920	5.85
GEOGRAPHIC MANAGED CARE	\$941,965,570	\$1,043,610,730	\$101,645,160	10.79
PHP & OTHER MANAG. CARE	\$263,330,730	\$249,144,460	-\$14,186,270	-5.39
DENTAL	\$493,526,150	\$487,317,410	-\$6,208,740	-1.26
MENTAL HEALTH	\$1,955,042,130	\$1,284,431,000	-\$670,611,130	-34.30
AUDITS/ LAWSUITS	-\$38,569,810	-\$61,857,000	-\$23,287,190	60.38
EPSDT SCREENS	\$56,516,840	\$52,118,520	-\$4,398,320	-7.78
MEDICARE PAYMENTS	\$3,962,879,840	\$3,845,172,020	-\$117,707,810	-2.97
STATE HOSP./DEVELOPMENTAL CNTRS.	\$243,378,750	\$272,325,590	\$28,946,840	11.89
MISC. SERVICES	\$6,695,909,440	\$5,652,009,600	-\$1,043,899,840	-15.59
RECOVERIES	-\$297,108,000	-\$272,476,000	\$24,632,000	-8.29
GRAND TOTAL MEDI-CAL	\$42,487,213,660	\$43,917,911,300	\$1,430,697,640	3.37
STATE FUNDS	\$16,040,634,910	\$17,370,881,470	\$1,330,246,570	8.29

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

SERVICE CATEGORY	NOV. 2011 EST. FOR 2011-12	MAY 2012 EST. FOR 2011-12	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$5,288,279,660	\$4,792,438,530	-\$495,841,130	-9.38
PHYSICIANS	\$1,177,000,570	\$1,131,290,250	-\$45,710,320	-3.88
OTHER MEDICAL	\$2,756,815,700	\$2,541,973,970	-\$214,841,730	-7.79
COUNTY OUTPATIENT	\$202,511,780	\$186,492,600	-\$16,019,180	-7.91
COMMUNITY OUTPATIENT	\$1,151,951,600	\$932,681,710	-\$219,269,890	-19.03
PHARMACY	\$1,007,364,580	\$1,176,618,480	\$169,253,900	16.80
HOSPITAL INPATIENT	\$10,379,263,150	\$9,357,871,320	-\$1,021,391,830	-9.84
COUNTY INPATIENT	\$2,644,909,820	\$2,610,576,000	-\$34,333,820	-1.30
COMMUNITY INPATIENT	\$7,734,353,330	\$6,747,295,320	-\$987,058,010	-12.76
LONG TERM CARE	\$4,249,547,820	\$4,587,529,610	\$337,981,790	7.95
NURSING FACILITIES	\$3,897,261,140	\$4,178,459,960	\$281,198,810	7.22
ICF-DD	\$352,286,670	\$409,069,650	\$56,782,980	16.12
OTHER SERVICES	\$1,217,737,750	\$1,352,095,410	\$134,357,660	11.03
MEDICAL TRANSPORTATION	\$149,994,570	\$164,247,640	\$14,253,060	9.50
OTHER SERVICES	\$878,473,880	\$989,510,000	\$111,036,120	12.64
HOME HEALTH	\$189,269,300	\$198,337,780	\$9,068,470	4.79
TOTAL FEE-FOR-SERVICE	\$22,142,192,960	\$21,266,553,350	-\$875,639,620	-3.95
MANAGED CARE	\$11,294,518,040	\$11,392,316,810	\$97,798,770	0.87
TWO PLAN MODEL	\$6,286,441,050	\$6,368,431,830	\$81,990,770	1.30
COUNTY ORGANIZED HEALTH SYST	\$3,744,186,150	\$3,731,129,790	-\$13,056,360	-0.35
GEOGRAPHIC MANAGED CARE	\$1,013,976,500	\$1,043,610,730	\$29,634,230	2.92
PHP & OTHER MANAG. CARE	\$249,914,330	\$249,144,460	-\$769,880	-0.31
DENTAL	\$467,205,390	\$487,317,410	\$20,112,020	4.30
MENTAL HEALTH	\$1,810,491,920	\$1,284,431,000	-\$526,060,920	-29.06
AUDITS/ LAWSUITS	\$148,175,000	-\$61,857,000	-\$210,032,000	-141.75
EPSDT SCREENS	\$47,657,910	\$52,118,520	\$4,460,620	9.36
MEDICARE PAYMENTS	\$3,877,305,000	\$3,845,172,020	-\$32,132,970	-0.83
STATE HOSP./DEVELOPMENTAL CNTRS.	\$280,063,290	\$272,325,590	-\$7,737,710	-2.76
MISC. SERVICES	\$7,170,246,300	\$5,652,009,600	-\$1,518,236,710	-21.17
RECOVERIES	-\$308,308,000	-\$272,476,000	\$35,832,000	-11.62
GRAND TOTAL MEDI-CAL	\$46,929,547,820	\$43,917,911,300	-\$3,011,636,520	-6.42
STATE FUNDS	\$17,944,659,410	\$17,370,881,470	-\$573,777,940	-3.20

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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	\$628,775,000	\$152,098,500	\$594,032,000	\$144,523,500	\$582,522,000	\$141,723,600	-\$46,253,000	-\$10,374,900	-\$11,510,000	-\$2,799,900
2	BREAST AND CERVICAL CANCER TREATMENT	\$133,166,000	\$59,335,750	\$126,340,000	\$54,557,900	\$125,539,000	\$54,469,300	-\$7,627,000	-\$4,866,450	-\$801,000	-\$88,600
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$5,598,300	\$16,825,000	\$5,888,750	\$11,671,000	\$4,084,850	-\$4,040,000	-\$1,513,450	-\$5,154,000	-\$1,803,900
4	BRIDGE TO HFP	\$12,776,000	\$4,471,600	\$16,587,000	\$5,805,450	\$19,221,000	\$6,727,350	\$6,445,000	\$2,255,750	\$2,634,000	\$921,900
5	CRAIG V. BONTA DISALLOWANCE	\$0	\$0	\$12,337,000	\$12,337,000	\$12,337,000	\$12,337,000	\$12,337,000	\$12,337,000	\$0	\$0
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$7,793,000	\$3,896,500	\$607,000	\$303,500	-\$7,186,000	-\$3,593,000	-\$7,186,000	-\$3,593,000
7	REFUGEES	\$6,491,000	\$6,491,000	\$5,177,000	\$5,177,000	\$3,573,000	\$3,573,000	-\$2,918,000	-\$2,918,000	-\$1,604,000	-\$1,604,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$1,678,000	\$0	\$2,569,000	\$0	\$7,663,000	\$0	\$5,985,000	\$0	\$5,094,000	\$0
9	LOMELI V. SHEWRY	\$336,000	\$168,000	\$294,000	\$147,000	\$294,000	\$147,000	-\$42,000	-\$21,000	\$0	\$0
10	250% WORKING DISABLED PROGRAM CHANGES	\$188,000	\$132,500	\$151,000	\$114,500	\$186,000	\$133,000	-\$2,000	\$500	\$35,000	\$18,500
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,833,000	\$0	-\$8,942,350	\$0	-\$8,858,100	\$0	-\$25,100	\$0	\$84,250
12	NEW QUALIFIED ALIENS	\$0	\$120,791,000	\$0	\$106,607,500	\$0	\$99,622,000	\$0	-\$21,169,000	\$0	-\$6,985,500
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$50,727,300	\$0	-\$53,486,100	\$0	-\$52,651,500	\$0	-\$1,924,200	\$0	\$834,600
14	PARIS - VETERANS MATCH	\$0	\$0	\$0	\$0	-\$228,000	-\$114,000	-\$228,000	-\$114,000	-\$228,000	-\$114,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$6,208,000	-\$3,104,000	-\$5,010,000	-\$2,505,000	-\$1,030,000	-\$515,000	\$5,178,000	\$2,589,000	\$3,980,000	\$1,990,000
--	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$20,700,000	\$12,777,500	\$0	\$0	\$0	\$0	-\$20,700,000	-\$12,777,500	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$821,406,000	\$303,096,350	\$777,095,000	\$274,121,650	\$762,355,000	\$260,982,000	-\$59,051,000	-\$42,114,350	-\$14,740,000	-\$13,139,650
BENEFITS											
16	ADULT DAY HEALTH CARE - CDA	\$390,766,000	\$195,383,000	\$342,781,000	\$171,390,500	\$321,748,000	\$160,874,000	-\$69,018,000	-\$34,509,000	-\$21,033,000	-\$10,516,500
18	ADHC TRANSITION-BENEFITS	\$170,000,000	\$85,000,000	\$289,100,000	\$144,550,000	\$278,422,000	\$139,211,000	\$108,422,000	\$54,211,000	-\$10,678,000	-\$5,339,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,786,000	\$0	\$111,886,000	\$0	\$117,810,000	\$0	\$4,024,000	\$0	\$5,924,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	-\$5,000,000	-\$2,500,000	\$0	\$0
21	MFP FUNDING TO CDSS AND CDSS FOR CCT	\$1,173,000	\$0	\$10,900,000	\$0	\$3,587,000	\$0	\$2,414,000	\$0	-\$7,313,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$5,360,000	\$1,340,000	\$4,398,000	\$1,099,000	\$6,958,000	\$1,739,000	\$1,598,000	\$399,000	\$2,560,000	\$640,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$69,000	\$0	\$79,000	\$0	\$79,000	\$0	\$10,000	\$0	\$0	\$0
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$105,528,150	\$0	-\$107,866,200	\$0	-\$88,970,050	\$0	\$16,558,100	\$0	\$18,896,150
27	HEARING AID CAP	-\$458,000	-\$229,000	-\$92,000	-\$46,000	-\$92,000	-\$46,000	\$366,000	\$183,000	\$0	\$0
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$1,342,000	-\$1,342,000	-\$293,000	-\$293,000	-\$218,000	-\$218,000	\$1,124,000	\$1,124,000	\$75,000	\$75,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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											
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,206,000	-\$2,103,000	-\$1,996,000	-\$998,000	-\$1,264,000	-\$632,000	\$2,942,000	\$1,471,000	\$732,000	\$366,000
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$6,282,000	-\$3,141,000	-\$6,330,000	-\$3,165,000	-\$8,288,000	-\$4,144,000	-\$2,006,000	-\$1,003,000	-\$1,958,000	-\$979,000
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,959,000	-\$4,479,500	-\$8,959,000	-\$4,479,500	-\$8,959,000	-\$4,479,500	\$0	\$0	\$0	\$0
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$27,543,000	-\$13,771,500	-\$20,224,000	-\$10,112,000	-\$20,224,000	-\$10,112,000	\$7,319,000	\$3,659,500	\$0	\$0
40	ELIMINATE ADHC SERVICES	-\$339,202,670	-\$169,601,340	-\$301,935,350	-\$150,967,670	-\$285,087,920	-\$142,543,960	\$54,114,760	\$27,057,380	\$16,847,430	\$8,423,720
--	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$331,603,000	\$0	\$495,385,000	\$0	\$0	\$0	-\$331,603,000	\$0	-\$495,385,000	\$0
--	ADHC ONSITE TAR REVIEWS	-\$1,459,000	-\$729,500	\$0	\$0	\$0	\$0	\$1,459,000	\$729,500	\$0	\$0
--	COPAYMENT FOR DENTAL SERVICES	-\$55,839,000	-\$27,919,500	\$0	\$0	\$0	\$0	\$55,839,000	\$27,919,500	\$0	\$0
--	COPAYMENT FOR EMERGENCY ER VISITS	-\$66,610,000	-\$33,305,000	\$0	\$0	\$0	\$0	\$66,610,000	\$33,305,000	\$0	\$0
--	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$126,967,000	-\$63,483,500	\$0	\$0	\$0	\$0	\$126,967,000	\$63,483,500	\$0	\$0
--	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$271,294,000	-\$128,653,000	\$0	\$0	\$0	\$0	\$271,294,000	\$128,653,000	\$0	\$0
--	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	-\$258,704,000	-\$129,352,000	\$0	\$0	\$0	\$0	\$258,704,000	\$129,352,000	\$0	\$0
--	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$4,767,600	\$0	\$0	\$0	\$4,767,600	\$0	\$4,767,600
--	PHARMACY COPAYMENTS	-\$256,786,000	-\$128,393,000	\$0	\$0	\$0	\$0	\$256,786,000	\$128,393,000	\$0	\$0
--	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$82,082,000	-\$41,041,000	-\$2,602,320	-\$1,301,160	\$0	\$0	\$82,082,000	\$41,041,000	\$2,602,320	\$1,301,160
--	REINSTATEMENT OF OPTOMETRY SERVICES	\$1,584,000	\$792,000	\$0	\$0	\$0	\$0	-\$1,584,000	-\$792,000	\$0	\$0
--	SAVINGS FROM ATTRITION IN MSSP	-\$5,000,000	-\$2,500,000	\$0	\$0	\$0	\$0	\$5,000,000	\$2,500,000	\$0	\$0
--	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$4,993,000	\$0	\$65,000	\$0	\$0	\$0	-\$4,993,000	\$0	-\$65,000	\$0
	BENEFITS SUBTOTAL	-\$447,935,670	-\$555,092,590	\$952,626,330	\$53,275,370	\$444,935,090	\$70,910,490	\$892,870,760	\$626,003,080	-\$507,691,250	\$17,635,130
PHARMACY											
41	FEDERAL DRUG REBATE CHANGE	\$203,000,000	\$203,000,000	\$92,909,000	\$92,909,000	\$92,909,000	\$92,909,000	-\$110,091,000	-\$110,091,000	\$0	\$0
42	NON FFP DRUGS	\$0	\$2,389,000	\$0	\$1,878,500	\$0	\$2,118,000	\$0	-\$271,000	\$0	\$239,500
43	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$12,000,000	-\$4,200,000	-\$14,000,000	-\$4,900,000	-\$2,000,000	-\$700,000	-\$2,000,000	-\$700,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,732,500	-\$7,866,250	-\$13,632,500	-\$6,816,250	-\$25,901,750	-\$12,950,880	-\$10,169,250	-\$5,084,630	-\$12,269,250	-\$6,134,630
45	MEDICAL SUPPLY REBATES	-\$30,800,000	-\$15,400,000	-\$32,624,000	-\$16,312,000	-\$30,236,000	-\$15,118,000	\$564,000	\$282,000	\$2,388,000	\$1,194,000
46	AGED AND DISPUTED DRUG REBATES	-\$45,000,000	-\$22,430,000	-\$55,000,000	-\$27,430,000	-\$134,740,000	-\$67,198,000	-\$89,740,000	-\$44,768,000	-\$79,740,000	-\$39,768,000
47	FAMILY PACT DRUG REBATES	-\$52,617,000	-\$7,313,700	-\$71,840,000	-\$9,399,600	-\$70,826,000	-\$9,267,000	-\$18,209,000	-\$1,953,300	\$1,014,000	\$132,600
48	LITIGATION SETTLEMENTS	-\$50,055,000	-\$50,055,000	-\$104,971,000	-\$104,971,000	-\$115,368,000	-\$115,368,000	-\$65,313,000	-\$65,313,000	-\$10,397,000	-\$10,397,000
50	STATE SUPPLEMENTAL DRUG REBATES	-\$197,374,000	-\$98,379,800	-\$173,446,000	-\$82,746,200	-\$113,796,000	-\$52,005,800	\$83,578,000	\$46,374,000	\$59,650,000	\$30,740,400

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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											
51	FEDERAL DRUG REBATE PROGRAM	-\$1,382,484,000	-\$689,090,800	-\$1,307,597,000	-\$623,817,300	-\$1,331,040,000	-\$628,032,600	\$51,444,000	\$61,058,200	-\$23,443,000	-\$4,215,300
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$0	\$0	\$0	\$0	\$48,379,000	\$24,189,500	\$48,379,000	\$24,189,500	\$48,379,000	\$24,189,500
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$0	\$0	\$1,722,000	\$861,000	\$1,722,000	\$861,000	\$1,722,000	\$861,000
--	MANAGED CARE DRUG REBATES	-\$128,000,000	-\$64,000,000	-\$128,000,000	-\$64,000,000	\$0	\$0	\$128,000,000	\$64,000,000	\$128,000,000	\$64,000,000
--	MEDI-CAL PHARMACY REFORMS	-\$31,400,000	-\$15,700,000	\$0	\$0	\$0	\$0	\$31,400,000	\$15,700,000	\$0	\$0
--	UBL AND MAIC INJUNCTION	\$60,000,000	\$30,000,000	\$0	\$0	\$0	\$0	-\$60,000,000	-\$30,000,000	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,682,462,500	-\$739,046,550	-\$1,806,201,500	-\$844,904,850	-\$1,692,897,750	-\$784,762,780	-\$10,435,250	-\$45,716,230	\$113,303,750	\$60,142,080
MANAGED CARE											
55	MANAGED CARE RATE RANGE IGTS	\$341,704,000	\$170,852,000	\$279,172,000	\$112,404,000	\$229,051,000	\$87,626,000	-\$112,653,000	-\$83,226,000	-\$50,121,000	-\$24,778,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$206,829,000	\$103,414,500	\$234,159,000	\$116,479,000	\$265,213,000	\$133,527,000	\$58,384,000	\$30,112,500	\$31,054,000	\$17,048,000
60	MANAGED CARE COST BASED REIMBURSEMENT CLIN	\$0	\$0	\$23,736,000	\$11,868,000	-\$29,743,000	-\$14,871,500	-\$29,743,000	-\$14,871,500	-\$53,479,000	-\$26,739,500
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$0	\$0	\$31,674,000	\$15,837,000	\$32,400,000	\$16,200,000	\$32,400,000	\$16,200,000	\$726,000	\$363,000
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0	\$0	\$0
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,609,000	\$2,304,500	-\$8,169,000	-\$4,084,500	-\$6,531,000	-\$3,265,500	-\$11,140,000	-\$5,570,000	\$1,638,000	\$819,000
98	MANDATORY SPD ENROLLMENT INTO MANAGED CARI	\$111,117,000	\$82,676,500	\$96,141,000	\$48,070,500	\$96,141,000	\$48,070,500	-\$14,976,000	-\$34,606,000	\$0	\$0
192	RATE INCREASES DUE TO SB 90 IGTS	\$0	\$0	\$0	\$0	\$82,905,000	\$34,948,000	\$82,905,000	\$34,948,000	\$82,905,000	\$34,948,000
--	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$598,000	-\$299,000	\$0	\$0	\$0	\$0	\$598,000	\$299,000	\$0	\$0
--	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	MANAGED CARE EXPANSION - MARIN	\$13,935,000	\$6,967,500	\$0	\$0	\$0	\$0	-\$13,935,000	-\$6,967,500	\$0	\$0
--	MANAGED CARE EXPANSION - MENDOCINO	\$14,687,000	\$7,343,500	\$0	\$0	\$0	\$0	-\$14,687,000	-\$7,343,500	\$0	\$0
--	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$2,717,000	\$1,358,500	\$0	\$0	\$0	\$0	-\$2,717,000	-\$1,358,500	\$0	\$0
--	MANAGED CARE EXPANSION - VENTURA	\$48,424,000	\$24,212,000	\$0	\$0	\$0	\$0	-\$48,424,000	-\$24,212,000	\$0	\$0
--	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	MANAGED CARE PUBLIC HOSPITAL IGTS	\$346,000,000	\$173,000,000	\$0	\$0	\$0	\$0	-\$346,000,000	-\$173,000,000	\$0	\$0
--	TRIGGER CUTS TO OTHER MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$1,091,424,000	\$573,830,000	\$658,713,000	\$302,574,000	\$671,436,000	\$304,234,500	-\$419,988,000	-\$269,595,500	\$12,723,000	\$1,660,500
PROVIDER RATES											

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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											
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$260,723,630	\$130,361,810	\$179,558,230	\$89,779,110	\$175,744,730	\$87,872,370	-\$84,978,900	-\$42,489,450	-\$3,813,490	-\$1,906,750
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT C	\$160,414,000	\$80,207,000	\$160,414,000	\$80,207,000	\$94,377,000	\$47,188,500	-\$66,037,000	-\$33,018,500	-\$66,037,000	-\$33,018,500
75	NF-B RATE CHANGES	\$35,254,470	\$17,627,240	\$59,680,000	\$29,840,000	\$53,494,000	\$26,747,000	\$18,239,530	\$9,119,760	-\$6,186,000	-\$3,093,000
76	LTC RATE ADJUSTMENT	\$78,155,460	\$39,077,730	\$26,160,620	\$13,080,310	\$18,752,860	\$9,376,430	-\$59,402,600	-\$29,701,300	-\$7,407,760	-\$3,703,880
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$284,191,000	\$142,095,500	\$23,492,000	\$11,746,000	\$21,963,000	\$10,981,500	-\$262,228,000	-\$131,114,000	-\$1,529,000	-\$764,500
78	ANNUAL MEI INCREASE FOR FQHCs/RHCS	\$19,642,830	\$9,821,420	\$47,341,620	\$23,670,810	\$47,341,620	\$23,670,810	\$27,698,790	\$13,849,390	\$0	\$0
80	HOSPICE RATE INCREASES	\$2,438,030	\$1,219,010	\$2,283,560	\$1,141,780	\$4,389,710	\$2,194,850	\$1,951,680	\$975,840	\$2,106,140	\$1,053,070
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$44,600,000	\$22,300,000	\$0	\$0	\$0	\$0	-\$44,600,000	-\$22,300,000	\$0	\$0
83	DENTAL RETROACTIVE RATE CHANGES	-\$16,672,000	-\$8,336,000	-\$17,069,000	-\$8,534,500	-\$9,644,000	-\$4,822,000	\$7,028,000	\$3,514,000	\$7,425,000	\$3,712,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$81,320,000	-\$40,660,000	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$46,346,000	\$23,173,000	\$0	\$0
86	NON-AB 1629 LTC RATE FREEZE	-\$73,110,630	-\$36,555,310	-\$106,065,960	-\$53,032,980	-\$67,623,860	-\$33,811,930	\$5,486,770	\$2,743,380	\$38,442,100	\$19,221,050
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$402,985,000	-\$201,492,500	-\$434,961,000	-\$217,480,500	-\$171,860,000	-\$85,930,000	\$231,125,000	\$115,562,500	\$263,101,000	\$131,550,500
88	10% PROVIDER PAYMENT REDUCTION	-\$875,367,000	-\$437,683,500	-\$616,904,000	-\$308,452,000	-\$705,373,000	-\$352,686,500	\$169,994,000	\$84,997,000	-\$88,469,000	-\$44,234,500
--	REDUCTION TO RADIOLOGY RATES	-\$76,195,610	-\$38,097,810	-\$78,858,670	-\$39,429,330	\$0	\$0	\$76,195,610	\$38,097,810	\$78,858,670	\$39,429,330
	PROVIDER RATES SUBTOTAL	-\$640,230,810	-\$320,115,410	-\$789,902,600	-\$394,951,300	-\$573,411,940	-\$286,705,970	\$66,818,870	\$33,409,440	\$216,490,660	\$108,245,330
WAIVER--MH/UCD & BTR											
89	MH/UCD & BTR--DSH PAYMENT	\$1,704,697,000	\$607,279,000	\$1,687,744,000	\$575,230,000	\$1,751,299,000	\$582,851,500	\$46,602,000	-\$24,427,500	\$63,555,000	\$7,621,500
90	BTR--DELIVERY SYSTEM REFORM INCENTIVE POOL	\$650,000,000	\$325,000,000	\$970,000,000	\$485,000,000	\$975,000,000	\$487,500,000	\$325,000,000	\$162,500,000	\$5,000,000	\$2,500,000
91	BTR--LOW INCOME HEALTH PROGRAM - MCE	\$1,212,051,000	\$280,000,000	\$906,324,000	\$305,226,000	\$225,294,000	\$21,500,000	-\$986,757,000	-\$258,500,000	-\$681,030,000	-\$283,726,000
92	BTR--SAFETY NET CARE POOL	\$461,952,000	\$0	\$565,513,000	\$0	\$565,513,000	\$0	\$103,561,000	\$0	\$0	\$0
93	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEME	\$355,272,000	\$177,636,000	\$373,896,000	\$186,948,000	\$384,035,000	\$192,017,500	\$28,763,000	\$14,381,500	\$10,139,000	\$5,069,500
94	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTAL I	\$280,502,000	\$140,251,000	\$276,948,000	\$138,474,000	\$232,530,000	\$116,265,000	-\$47,972,000	-\$23,986,000	-\$44,418,000	-\$22,209,000
95	BTR--LOW INCOME HEALTH PROGRAM - HCCI	\$238,693,000	\$30,000,000	\$179,579,000	\$37,688,000	\$75,098,000	\$6,797,000	-\$163,595,000	-\$23,203,000	-\$104,481,000	-\$30,891,000
96	MH/UCD & BTR--CCS AND GHPP	\$106,000,000	\$0	\$157,618,000	\$0	\$157,065,000	\$0	\$51,065,000	\$0	-\$553,000	\$0
97	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$74,064,000	-\$202,136,000	\$150,341,000	-\$444,602,000	\$150,341,000	-\$375,317,000	\$76,277,000	-\$173,181,000	\$0	\$69,285,000
99	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYSICIAN CI	\$164,604,000	\$0	\$91,204,000	\$0	\$77,407,000	\$0	-\$87,197,000	\$0	-\$13,797,000	\$0
100	MH/UCD--DPH INTERIM & FINAL RECONS	\$67,235,000	\$0	\$70,125,000	\$0	\$2,725,000	\$0	-\$64,510,000	\$0	-\$67,400,000	\$0
101	MH/UCD--SOUTH LA PRESERVATION FUND	\$0	\$0	\$39,167,000	\$0	\$39,167,000	\$0	\$39,167,000	\$0	\$0	\$0
102	MH/UCD--STABILIZATION FUNDING	\$44,495,000	\$31,410,500	\$38,062,000	\$28,194,000	\$17,549,000	\$17,549,000	-\$26,946,000	-\$13,861,500	-\$20,513,000	-\$10,645,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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>											
103	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$0	\$37,867,000	\$0	\$1,949,000	\$0	-\$40,786,000	\$0	-\$35,918,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$34,329,000	\$0	\$33,459,000	\$0	\$43,468,000	\$0	\$9,139,000	\$0	\$10,009,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$31,111,000	\$0	\$31,111,000	\$0	\$31,111,000	\$0	\$0	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,808,000	\$1,904,000	\$6,774,000	\$3,387,000	\$6,250,000	\$3,125,000	\$2,442,000	\$1,221,000	-\$524,000	-\$262,000
108	MH/UCD—DISTRESSED HOSPITAL FUND	\$0	\$0	\$2,248,000	\$1,124,000	\$2,248,000	\$1,124,000	\$2,248,000	\$1,124,000	\$0	\$0
110	MH/UCD & BTR—MIA-LTC	\$0	-\$17,000,000	\$0	-\$25,052,000	\$0	-\$33,737,000	\$0	-\$16,737,000	\$0	-\$8,685,000
111	MH/UCD & BTR—BCCTP	\$0	-\$800,000	\$0	-\$1,772,000	\$0	-\$2,439,000	\$0	-\$1,639,000	\$0	-\$667,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$463,898,000	\$0	-\$474,462,500	\$0	-\$443,735,000	\$0	\$20,163,000	\$0	\$30,727,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$99,769,000	\$49,884,500	\$36,699,000	\$18,349,500	\$34,087,000	\$17,043,500	-\$65,682,000	-\$32,841,000	-\$2,612,000	-\$1,306,000
--	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMA*	\$59,571,000	\$0	\$36,423,000	\$0	\$0	\$0	-\$59,571,000	\$0	-\$36,423,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,599,777,000	\$959,531,000	\$5,691,102,000	\$833,732,000	\$4,772,136,000	\$590,544,500	-\$827,641,000	-\$368,986,500	-\$918,966,000	-\$243,187,500
<u>SUPPLEMENTAL PMNTS.</u>											
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$2,637,790,000	\$1,317,163,000	\$1,958,501,000	\$972,169,000	\$1,958,501,000	\$972,169,000	-\$679,289,000	-\$344,994,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$321,600,000	\$0	\$315,000,000	\$0	\$120,000,000	\$0	-\$201,600,000	\$0	-\$195,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$238,879,000	\$0	\$202,834,000	\$0	\$202,834,000	\$0	-\$36,045,000	\$0	\$0	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$98,792,000	\$46,590,500	\$175,113,000	\$46,981,000	\$172,243,000	\$46,981,000	\$73,451,000	\$390,500	-\$2,870,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$32,000,000	\$102,000,000	\$48,798,000	\$93,432,000	\$44,514,000	\$29,432,000	\$12,514,000	-\$8,568,000	-\$4,284,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$12,760,000	\$6,380,000	-\$87,240,000	-\$43,620,000	-\$87,240,000	-\$43,620,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0	\$0	\$0
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$45,000,000	\$0	\$40,678,000	\$0	\$8,678,000	\$0	-\$4,322,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$7,500,000	\$3,750,000	\$7,500,000	\$3,750,000	\$7,500,000	\$3,750,000	\$0	\$0	\$0	\$0
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$6,000,000	\$3,000,000	\$6,000,000	\$3,000,000	\$6,000,000	\$3,000,000	\$0	\$0	\$0	\$0
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$0	\$0	\$3,200,000	\$0	\$3,237,000	\$0	\$3,237,000	\$0	\$37,000	\$0
--	IHSS PROVIDER TAX	\$332,500,000	\$0	\$0	\$0	\$0	\$0	-\$332,500,000	\$0	\$0	\$0
--	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$166,293,000	\$0	\$166,292,000	\$0	\$0	\$0	-\$166,293,000	\$0	-\$166,292,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$1,434,694,000	\$168,905,500	\$3,827,859,000	\$1,503,257,000	\$2,684,315,000	\$1,110,359,000	\$1,249,621,000	\$941,453,500	-\$1,143,544,000	-\$392,898,000
<u>OTHER</u>											
133	ARRA HITECH - PROVIDER PAYMENTS	\$639,025,000	\$0	\$627,500,000	\$0	\$501,500,000	\$0	-\$137,525,000	\$0	-\$126,000,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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											
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$153,210,000	\$0	\$255,295,000	\$0	\$87,157,000	\$0	-\$66,053,000	\$0	-\$168,138,000	\$0
142	HEALTHY FAMILIES - CDMH	\$27,543,000	\$0	\$27,543,000	\$0	\$18,513,000	\$0	-\$9,030,000	\$0	-\$9,030,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$8,368,000	\$4,184,000	\$8,368,000	\$4,184,000	\$40,368,000	\$16,935,000	\$32,000,000	\$12,751,000	\$32,000,000	\$12,751,000
146	MINOR CONSENT SETTLEMENT	\$7,620,000	\$7,620,000	\$7,620,000	\$7,620,000	\$7,620,000	\$7,620,000	\$0	\$0	\$0	\$0
147	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$1,973,000	\$986,500	\$6,282,000	\$3,141,000	\$7,248,000	\$3,624,000	\$5,275,000	\$2,637,500	\$966,000	\$483,000
148	CDDS DENTAL SERVICES	\$0	\$0	\$5,715,000	\$5,715,000	\$4,300,000	\$4,300,000	\$4,300,000	\$4,300,000	-\$1,415,000	-\$1,415,000
151	INDIAN HEALTH SERVICES	\$0	-\$8,700,000	\$510,000	-\$9,839,000	\$510,000	-\$9,839,000	\$510,000	-\$1,139,000	\$0	\$0
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0	\$0	\$0
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
155	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$1,635,760	-\$817,880	-\$1,153,450	-\$576,720	-\$1,153,450	-\$576,720	\$482,310	\$241,150	\$0	\$0
160	FQHC/RHC AUDIT STAFFING	-\$5,223,920	-\$2,611,960	-\$2,241,510	-\$1,120,760	-\$3,058,000	-\$1,529,000	\$2,165,920	\$1,082,960	-\$816,490	-\$408,240
161	ANTI-FRAUD INITIATIVE	-\$4,955,600	-\$2,477,800	-\$5,607,550	-\$2,803,770	-\$5,607,550	-\$2,803,770	-\$651,950	-\$325,980	\$0	\$0
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$10,000,000	-\$9,500,000	-\$6,667,000	-\$6,333,500	-\$6,667,000	-\$6,333,500	\$3,333,000	\$3,166,500	\$0	\$0
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$31,502,000	-\$31,502,000	-\$31,606,000	-\$31,606,000	-\$32,511,000	-\$32,511,000	-\$1,009,000	-\$1,009,000	-\$905,000	-\$905,000
181	AB 97 INJUNCTIONS	\$0	\$0	\$202,498,000	\$101,249,000	\$693,505,000	\$346,752,500	\$693,505,000	\$346,752,500	\$491,007,000	\$245,503,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$0	\$0	\$1,868,000	\$0	\$1,868,000	\$0	\$1,868,000
186	REFUNDS ON ACTS OF FRAUD	\$0	\$0	\$0	\$0	\$0	-\$97,030,000	\$0	-\$97,030,000	\$0	-\$97,030,000
195	AUDIT SETTLEMENTS	\$0	\$0	\$0	\$0	\$137,000	\$137,000	\$137,000	\$137,000	\$137,000	\$137,000
--	ACCELERATED PAYMENTS	-\$1,071,028,000	-\$507,599,000	\$0	\$0	\$0	\$0	\$1,071,028,000	\$507,599,000	\$0	\$0
--	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$3,900,000	\$0	\$21,301,000	\$0	\$0	\$0	-\$3,900,000	\$0	-\$21,301,000	\$0
--	FI COST CONTAINMENT PROJECTS	-\$326,380	-\$163,190	-\$201,000	-\$100,500	\$0	\$0	\$326,380	\$163,190	\$201,000	\$100,500
--	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	RECONCILIATION WITH THE BUDGET ACT OF 2011	\$515,213,000	\$161,680,000	\$0	\$0	\$0	\$0	-\$515,213,000	-\$161,680,000	\$0	\$0
--	RECONCILIATION WITH THE BUDGET ACT - SPECIAL F	-\$5,010,000	\$0	\$0	\$0	\$0	\$0	\$5,010,000	\$0	\$0	\$0
--	UNSPECIFIED BUDGET REDUCTION	-\$690,000,000	-\$345,000,000	\$0	\$0	\$0	\$0	\$690,000,000	\$345,000,000	\$0	\$0
	OTHER SUBTOTAL	-\$462,829,660	-\$727,901,330	\$1,115,155,490	\$75,528,740	\$1,311,861,000	\$236,613,500	\$1,774,690,660	\$964,514,830	\$196,705,510	\$161,084,760

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MAY 2012 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	2011-12 APPROPRIATION		NOV. 2011 EST. FOR 2011-12		MAY 2012 EST. FOR 2011-12		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
	GRAND TOTAL	\$5,713,842,360	-\$336,793,020	\$10,426,446,720	\$1,802,632,610	\$8,380,728,400	\$1,502,175,250	\$2,666,886,040	\$1,838,968,270	-\$2,045,718,320	-\$300,457,360

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FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$30,770,750	\$5,522,210	\$246,700,710	\$67,195,070	\$4,044,180	\$100,120
OTHER MEDICAL	\$61,102,790	\$11,421,020	\$409,051,340	\$333,355,240	\$8,533,220	\$315,390
COUNTY OUTPATIENT	\$584,980	\$341,820	\$19,126,170	\$2,880,230	\$111,060	\$70
COMMUNITY OUTPATIENT	\$11,362,230	\$2,785,270	\$161,785,360	\$37,211,390	\$768,210	\$22,840
PHARMACY	\$26,447,190	\$11,322,450	\$633,628,980	\$86,635,930	\$6,990,150	\$146,840
COUNTY INPATIENT	\$8,401,460	\$1,834,430	\$141,382,700	\$23,752,810	\$1,104,680	\$78,060
COMMUNITY INPATIENT	\$167,945,900	\$24,122,550	\$1,033,152,030	\$276,225,130	\$24,647,920	\$336,260
NURSING FACILITIES	\$457,975,500	\$24,007,800	\$724,943,820	\$2,467,840	\$1,818,733,980	\$8,111,050
ICF-DD	\$359,530	\$8,488,360	\$192,483,770	\$274,690	\$24,391,060	\$3,146,910
MEDICAL TRANSPORTATION	\$18,019,370	\$4,270,510	\$63,269,530	\$4,892,730	\$4,995,330	\$119,420
OTHER SERVICES	\$162,664,120	\$16,339,660	\$396,644,910	\$34,479,470	\$67,864,130	\$223,220
HOME HEALTH	\$427,420	\$10,204,280	\$105,654,950	\$3,651,780	\$8,180	\$0
FFS SUBTOTAL	\$946,061,230	\$120,660,350	\$4,127,824,270	\$873,022,300	\$1,962,192,100	\$12,600,180
DENTAL	\$25,431,500	\$1,363,410	\$61,108,650	\$92,323,790	\$2,947,400	\$15,010
TWO PLAN MODEL	\$79,200,730	\$27,300,680	\$1,786,604,330	\$1,320,531,830	-\$18,598,230	-\$18,598,230
COUNTY ORGANIZED HEALTH SYSTEMS	\$187,822,780	\$21,028,080	\$969,706,550	\$328,178,110	\$505,874,960	\$1,203,060
GEOGRAPHIC MANAGED CARE	\$15,475,230	\$4,616,020	\$333,234,410	\$229,401,300	-\$2,947,980	-\$2,947,980
PHP & OTHER MANAG. CARE	\$83,909,230	\$2,343,160	\$53,737,030	\$11,918,800	\$2,997,610	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$13,979,840	\$0	\$0
MEDICARE PAYMENTS	\$1,184,493,330	\$62,904,590	\$1,818,981,270	\$0	\$162,864,080	\$1,905,780
STATE HOSP./DEVELOPMENTAL CNTRS.	\$142,740	\$1,541,540	\$58,840,350	\$856,920	\$13,358,790	\$1,240,970
MISC. SERVICES	\$595,893,580	\$32,170,580	\$2,591,215,130	\$905,100	\$0	\$0
NON-FFS SUBTOTAL	\$2,172,369,100	\$153,268,060	\$7,673,427,730	\$1,998,095,690	\$666,496,630	-\$17,181,390
TOTAL DOLLARS (1)	\$3,118,430,340	\$273,928,410	\$11,801,252,000	\$2,871,117,990	\$2,628,688,730	-\$4,581,210
ELIGIBLES ***	404,500	21,700	971,800	1,470,500	46,900	200
ANNUAL \$/ELIGIBLE	\$7,709	\$12,623	\$12,144	\$1,952	\$56,049	-\$22,906
AVG. MO. \$/ELIGIBLE	\$642	\$1,052	\$1,012	\$163	\$4,671	-\$1,909

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

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

Excluded policy changes: 66. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,072,170	\$41,053,130	\$409,330	\$64,167,330	\$297,352,280	\$31,819,020
OTHER MEDICAL	\$7,485,130	\$85,431,540	\$1,666,870	\$128,880,340	\$831,857,530	\$113,287,970
COUNTY OUTPATIENT	\$396,900	\$3,594,250	\$47,170	\$10,216,990	\$23,113,660	\$2,026,540
COMMUNITY OUTPATIENT	\$1,155,300	\$14,139,920	\$202,540	\$35,321,360	\$118,182,530	\$13,971,760
PHARMACY	\$10,974,460	\$32,278,100	\$339,830	\$65,535,530	\$192,084,860	\$49,569,130
COUNTY INPATIENT	\$13,660,860	\$24,250,300	\$1,051,720	\$170,192,360	\$184,438,270	\$12,049,940
COMMUNITY INPATIENT	\$43,126,080	\$111,308,160	\$1,237,500	\$371,624,250	\$1,097,142,480	\$90,429,800
NURSING FACILITIES	\$512,135,320	\$233,130,700	\$619,490	\$78,341,230	\$14,266,500	\$5,639,230
ICF-DD	\$158,739,070	\$393,670	\$290	\$5,589,690	\$826,430	\$2,304,430
MEDICAL TRANSPORTATION	\$3,040,130	\$15,618,360	\$324,870	\$21,881,250	\$14,659,980	\$1,792,390
OTHER SERVICES	\$12,985,450	\$78,469,010	\$279,910	\$92,069,190	\$82,938,770	\$15,040,200
HOME HEALTH	\$29,580	\$698,170	\$81,930	\$49,507,590	\$8,118,530	\$10,607,130
FFS SUBTOTAL	\$770,800,450	\$640,365,320	\$6,261,440	\$1,093,327,120	\$2,864,981,810	\$348,537,530
DENTAL	\$936,680	\$17,761,240	\$36,600	\$10,527,000	\$217,643,800	\$14,266,110
TWO PLAN MODEL	-\$18,598,230	\$190,095,510	\$834,750	\$160,450,950	\$2,363,476,830	\$43,669,310
COUNTY ORGANIZED HEALTH SYSTEMS	\$190,464,230	\$151,922,770	\$476,710	\$222,600,110	\$871,491,990	\$34,362,960
GEOGRAPHIC MANAGED CARE	-\$2,947,980	\$20,441,760	\$0	\$22,081,180	\$326,231,020	\$7,401,030
PHP & OTHER MANAG. CARE	\$168,180	\$57,285,000	\$48,070	\$6,265,810	\$27,578,830	\$1,804,110
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$32,956,040	\$2,160,200
MEDICARE PAYMENTS	\$38,775,240	\$353,353,730	\$1,905,700	\$230,519,120	\$21,980,190	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$185,281,440	\$122,680	\$41,430	\$387,180	\$187,350	\$264,350
MISC. SERVICES	\$0	\$416,446,680	\$885,430	\$448,762,580	\$2,108,180	\$144,780
NON-FFS SUBTOTAL	\$394,079,560	\$1,207,429,370	\$4,228,700	\$1,101,593,940	\$3,863,654,210	\$104,072,840
TOTAL DOLLARS (1)	\$1,164,880,010	\$1,847,794,680	\$10,490,140	\$2,194,921,050	\$6,728,636,020	\$452,610,370
ELIGIBLES ***	14,900	288,600	600	171,400	3,466,500	227,200
ANNUAL \$/ELIGIBLE	\$78,180	\$6,403	\$17,484	\$12,806	\$1,941	\$1,992
AVG. MO. \$/ELIGIBLE	\$6,515	\$534	\$1,457	\$1,067	\$162	\$166

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

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

Excluded policy changes: 66. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$1,827,910	\$199,790	\$19,596,580	\$182,897,380	\$3,997,680	\$4,916,310
OTHER MEDICAL	\$1,892,980	\$897,360	\$40,393,720	\$249,395,200	\$26,510,000	\$19,566,050
COUNTY OUTPATIENT	\$133,520	\$133,580	\$4,299,130	\$4,846,550	\$234,550	\$320,830
COMMUNITY OUTPATIENT	\$466,260	\$82,560	\$5,154,230	\$26,798,100	\$3,087,580	\$3,218,980
PHARMACY	\$3,029,760	\$257,860	\$14,225,490	\$13,778,610	\$1,968,890	\$5,284,620
COUNTY INPATIENT	\$764,400	\$22,460	\$48,809,390	\$47,937,940	\$757,570	\$1,546,650
COMMUNITY INPATIENT	\$4,536,820	\$280,140	\$90,433,820	\$420,705,810	\$13,944,950	\$17,507,140
NURSING FACILITIES	\$30,097,840	\$27,730	\$21,254,730	\$90,970	\$482,450	\$525,010
ICF-DD	\$531,770	\$0	\$376,530	\$20	\$130	\$27,950
MEDICAL TRANSPORTATION	\$227,600	\$4,520	\$3,612,030	\$1,585,550	\$173,150	\$231,520
OTHER SERVICES	\$773,160	\$23,160	\$1,811,070	\$12,963,590	\$6,432,580	\$4,055,940
HOME HEALTH	\$4,180	\$480	\$19,060	\$717,200	\$737,140	\$1,058,160
FFS SUBTOTAL	\$44,286,210	\$1,929,640	\$249,985,770	\$961,716,910	\$58,326,680	\$58,259,140
DENTAL	\$113,830	\$83,000	\$155,000	\$580,000	\$17,482,000	\$20,159,000
TWO PLAN MODEL	\$271,690	\$1,072,630	\$0	\$42,766,210	\$108,433,810	\$108,673,180
COUNTY ORGANIZED HEALTH SYSTEMS	\$655,330	\$0	\$5,190	\$28,427,470	\$57,452,220	\$45,640,590
GEOGRAPHIC MANAGED CARE	\$26,970	\$330,390	\$0	\$9,357,420	\$27,041,530	\$25,932,130
PHP & OTHER MANAG. CARE	\$13,530	\$0	\$0	\$1,096,580	\$1,149,160	\$1,205,570
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,464,020	\$1,535,890
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$100,950	\$0	\$107,970	\$217,170	\$132,850	\$32,330
MISC. SERVICES	\$600	\$0	\$0	\$59,320	\$42,080	\$42,970
NON-FFS SUBTOTAL	\$1,182,900	\$1,486,030	\$268,170	\$82,504,170	\$213,197,670	\$203,221,660
TOTAL DOLLARS (1)	\$45,469,110	\$3,415,670	\$250,253,940	\$1,044,221,080	\$271,524,350	\$261,480,790
ELIGIBLES ***	1,800	1,900	61,900	176,700	154,000	161,600
ANNUAL \$/ELIGIBLE	\$25,261	\$1,798	\$4,043	\$5,910	\$1,763	\$1,618
AVG. MO. \$/ELIGIBLE	\$2,105	\$150	\$337	\$492	\$147	\$135

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

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

Excluded policy changes: 66. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,009,641,940
OTHER MEDICAL	\$2,331,043,700
COUNTY OUTPATIENT	\$72,408,000
COMMUNITY OUTPATIENT	\$435,716,400
PHARMACY	\$1,154,498,690
COUNTY INPATIENT	\$682,035,990
COMMUNITY INPATIENT	\$3,788,706,750
NURSING FACILITIES	\$3,932,851,180
ICF-DD	\$397,934,290
MEDICAL TRANSPORTATION	\$158,718,230
OTHER SERVICES	\$986,057,520
HOME HEALTH	\$191,525,750
FFS SUBTOTAL	\$15,141,138,440
DENTAL	\$482,934,000
TWO PLAN MODEL	\$6,177,587,750
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,617,313,110
GEOGRAPHIC MANAGED CARE	\$1,012,726,460
PHP & OTHER MANAG. CARE	\$251,520,670
EPSDT SCREENS	\$52,096,000
MEDICARE PAYMENTS	\$3,877,683,020
STATE HOSP./DEVELOPMENTAL CNTRS.	\$262,857,000
MISC. SERVICES	\$4,088,677,000
NON-FFS SUBTOTAL	\$19,823,395,020
TOTAL DOLLARS (1)	\$34,964,533,470
ELIGIBLES ***	7,642,700
ANNUAL \$/ELIGIBLE	\$4,575
AVG. MO. \$/ELIGIBLE	\$381

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

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

Excluded policy changes: 66. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 66

2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
5	CRAIG V. BONTA DISALLOWANCE
26	SCHIP FUNDING FOR PRENATAL CARE
47	FAMILY PACT DRUG REBATES
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 FAC.
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
83	DENTAL RETROACTIVE RATE CHANGES
89	MH/UCD & BTR—DSH PAYMENT
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
91	BTR—LOW INCOME HEALTH PROGRAM - MCE
92	BTR—SAFETY NET CARE POOL
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI
96	MH/UCD & BTR—CCS AND GHPP
97	BTR—DESIGNATED STATE HEALTH PROGRAMS
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS
101	MH/UCD—SOUTH LA PRESERVATION FUND
102	MH/UCD—STABILIZATION FUNDING
103	MH/UCD—SAFETY NET CARE POOL
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
108	MH/UCD—DISTRESSED HOSPITAL FUND
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
113	MH/UCD & BTR—DPH INTERIM RATE

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 66

115	HOSPITAL QAF - HOSPITAL PAYMENTS
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
118	CAPITAL PROJECT DEBT REIMBURSEMENT
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
120	NDPH IGT SUPPLEMENTAL PAYMENTS
121	IGT FOR NON-SB 1100 HOSPITALS
122	FFP FOR LOCAL TRAUMA CENTERS
123	CERTIFICATION PAYMENTS FOR DP-NFS
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
133	ARRA HITECH - PROVIDER PAYMENTS
139	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
142	HEALTHY FAMILIES - CDMH
146	MINOR CONSENT SETTLEMENT
148	CDDS DENTAL SERVICES
155	CLPP FUNDS
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
171	HOSPITAL STABILIZATION
174	EXTEND GROSS PREMIUM TAX
178	TRANSFER OF IHSS COSTS TO CDSS
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
185	GROUND EMT PAYMENT
186	REFUNDS ON ACTS OF FRAUD
195	AUDIT SETTLEMENTS
196	FIRST 5 CALIFORNIA FUNDING
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
208	HOSPITAL QAF PROGRAM CHANGES

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 66

- 210 BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
- 211 BTR—INCREASE SAFETY NET CARE POOL