

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

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

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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