

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$32,358,200	\$3,924,780	\$172,294,830	\$69,612,920	\$4,660,400	\$92,990
OTHER MEDICAL	\$62,607,060	\$11,154,650	\$363,307,060	\$349,907,130	\$10,026,020	\$337,070
COUNTY OUTPATIENT	\$489,910	\$192,080	\$10,397,410	\$1,869,540	\$142,080	\$210
COMMUNITY OUTPATIENT	\$10,227,080	\$2,089,030	\$130,485,970	\$34,258,360	\$810,150	\$17,290
PHARMACY	\$21,048,960	\$8,797,350	\$548,284,720	\$90,218,750	\$8,866,280	\$182,090
COUNTY INPATIENT	\$7,535,030	\$1,506,220	\$110,620,420	\$23,677,920	\$2,010,960	\$95,730
COMMUNITY INPATIENT	\$199,237,550	\$20,449,860	\$827,795,610	\$258,092,900	\$28,058,080	\$768,390
NURSING FACILITIES	\$476,433,040	\$21,935,790	\$719,233,520	\$2,568,110	\$1,891,558,560	\$8,205,880
ICF-DD	\$367,530	\$8,551,740	\$168,026,000	\$299,650	\$25,569,270	\$2,870,090
MEDICAL TRANSPORTATION	\$21,138,950	\$4,478,490	\$53,657,770	\$4,984,720	\$6,225,310	\$142,770
OTHER SERVICES	\$160,320,460	\$10,691,420	\$228,501,870	\$32,734,450	\$75,191,320	\$199,900
HOME HEALTH	\$499,180	\$11,885,630	\$114,062,440	\$3,784,810	\$8,240	\$0
FFS SUBTOTAL	\$992,262,950	\$105,657,050	\$3,446,667,610	\$872,009,250	\$2,053,126,670	\$12,912,400
DENTAL	\$22,185,850	\$1,171,400	\$53,511,950	\$79,687,080	\$2,539,650	\$12,980
TWO PLAN MODEL	\$125,412,550	\$36,315,480	\$2,244,113,380	\$1,534,656,870	-\$121,360	-\$121,360
COUNTY ORGANIZED HEALTH SYSTEMS	\$206,965,600	\$21,767,090	\$1,020,710,820	\$339,427,610	\$586,350,570	\$2,174,000
GEOGRAPHIC MANAGED CARE	\$24,551,200	\$7,236,250	\$444,452,560	\$260,720,360	-\$17,190	-\$17,190
PHP & OTHER MANAG. CARE	\$84,349,580	\$2,534,400	\$56,489,170	\$10,787,050	\$5,768,180	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$11,098,370	\$0	\$0
MEDICARE PAYMENTS	\$1,207,717,130	\$63,723,650	\$1,847,318,240	\$0	\$165,278,390	\$1,919,800
STATE HOSP./DEVELOPMENTAL CNTRS.	\$101,380	\$1,435,960	\$54,984,820	\$600,880	\$13,049,980	\$1,038,460
MISC. SERVICES	\$695,486,280	\$36,649,190	\$3,591,198,710	\$1,024,660	\$0	\$0
NON-FFS SUBTOTAL	\$2,366,769,560	\$170,833,420	\$9,312,779,650	\$2,238,002,890	\$772,848,230	\$5,006,700
TOTAL DOLLARS (1)	\$3,359,032,520	\$276,490,470	\$12,759,447,260	\$3,110,012,140	\$2,825,974,900	\$17,919,110
ELIGIBLES ***	410,900	21,600	989,000	1,425,800	46,800	200
ANNUAL \$/ELIGIBLE	\$8,175	\$12,800	\$12,901	\$2,181	\$60,384	\$89,596
AVG. MO. \$/ELIGIBLE	\$681	\$1,067	\$1,075	\$182	\$5,032	\$7,466

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

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

Excluded policy changes: 71. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$8,359,980	\$27,047,710	\$179,540	\$56,199,510	\$334,299,270	\$35,454,180
OTHER MEDICAL	\$8,001,850	\$71,682,870	\$1,263,170	\$118,035,750	\$921,813,230	\$120,553,900
COUNTY OUTPATIENT	\$439,540	\$2,355,080	\$13,570	\$7,648,420	\$21,675,730	\$2,767,090
COMMUNITY OUTPATIENT	\$1,123,840	\$13,076,390	\$185,840	\$30,334,240	\$122,561,700	\$15,783,380
PHARMACY	\$13,666,490	\$15,204,840	\$136,100	\$55,480,420	\$196,821,020	\$50,667,420
COUNTY INPATIENT	\$28,917,080	\$25,126,110	\$732,210	\$223,301,950	\$197,988,630	\$12,734,140
COMMUNITY INPATIENT	\$46,615,860	\$101,915,820	\$600,650	\$368,671,330	\$1,122,290,150	\$90,316,750
NURSING FACILITIES	\$523,613,670	\$237,853,150	\$501,910	\$78,811,140	\$15,094,140	\$5,852,440
ICF-DD	\$152,993,400	\$902,340	\$0	\$4,810,460	\$737,940	\$2,538,510
MEDICAL TRANSPORTATION	\$3,538,800	\$15,727,750	\$222,710	\$23,399,320	\$16,289,440	\$2,200,570
OTHER SERVICES	\$13,637,320	\$51,054,700	\$118,060	\$42,620,180	\$87,526,770	\$15,539,710
HOME HEALTH	\$23,390	\$573,960	\$397,180	\$56,400,440	\$8,925,030	\$12,001,690
FFS SUBTOTAL	\$800,931,210	\$562,520,730	\$4,350,950	\$1,065,713,160	\$3,046,023,070	\$366,409,790
DENTAL	\$811,970	\$15,939,480	\$31,750	\$9,504,160	\$191,046,750	\$24,571,400
TWO PLAN MODEL	-\$121,360	\$302,493,650	\$1,245,280	\$205,482,450	\$2,876,377,660	\$89,293,340
COUNTY ORGANIZED HEALTH SYSTEMS	\$221,567,810	\$170,916,770	\$510,890	\$240,260,180	\$919,628,330	\$56,031,370
GEOGRAPHIC MANAGED CARE	-\$17,190	\$34,366,360	\$60,220	\$28,878,290	\$402,134,170	\$12,774,940
PHP & OTHER MANAG. CARE	\$364,280	\$59,510,920	\$105,940	\$7,450,940	\$25,393,380	\$1,680,600
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$27,507,880	\$1,697,610
MEDICARE PAYMENTS	\$39,510,040	\$364,675,640	\$1,919,800	\$237,260,950	\$23,078,350	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$179,063,390	\$28,400	\$25,600	\$293,990	\$130,230	\$406,390
MISC. SERVICES	\$0	\$500,193,590	\$1,018,030	\$636,246,840	\$2,455,290	\$355,950
NON-FFS SUBTOTAL	\$441,178,950	\$1,448,124,820	\$4,917,510	\$1,365,377,790	\$4,467,752,040	\$186,811,600
TOTAL DOLLARS (1)	\$1,242,110,160	\$2,010,645,550	\$9,268,460	\$2,431,090,950	\$7,513,775,110	\$553,221,390
ELIGIBLES ***	15,000	297,800	600	176,300	3,533,900	487,900
ANNUAL \$/ELIGIBLE	\$82,807	\$6,752	\$15,447	\$13,788	\$2,126	\$1,134
AVG. MO. \$/ELIGIBLE	\$6,901	\$563	\$1,287	\$1,149	\$177	\$94

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

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

Excluded policy changes: 71. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,324,860	\$401,340	\$21,031,520	\$214,830,310	\$4,697,790	\$5,209,000
OTHER MEDICAL	\$1,804,670	\$1,199,870	\$43,149,950	\$251,318,630	\$34,472,090	\$24,022,470
COUNTY OUTPATIENT	\$148,740	\$218,560	\$4,498,790	\$4,912,590	\$139,510	\$265,760
COMMUNITY OUTPATIENT	\$428,290	\$133,250	\$5,179,810	\$28,625,890	\$3,129,790	\$3,920,510
PHARMACY	\$2,918,240	\$889,350	\$16,793,520	\$13,677,730	\$2,206,940	\$5,595,840
COUNTY INPATIENT	\$1,195,300	\$23,150	\$50,838,280	\$50,055,470	\$757,750	\$1,329,930
COMMUNITY INPATIENT	\$5,081,300	\$246,760	\$85,124,240	\$425,131,410	\$12,141,410	\$17,658,160
NURSING FACILITIES	\$35,622,610	\$1,620	\$22,046,590	\$154,970	\$520,060	\$499,690
ICF-DD	\$436,300	\$0	\$445,260	\$0	\$0	\$6,930
MEDICAL TRANSPORTATION	\$262,130	\$14,510	\$3,932,720	\$1,986,940	\$134,010	\$205,410
OTHER SERVICES	\$787,020	\$20,700	\$1,849,110	\$12,892,680	\$7,489,950	\$4,079,340
HOME HEALTH	\$4,510	\$130	\$12,600	\$1,363,960	\$1,139,780	\$1,250,950
FFS SUBTOTAL	\$51,013,980	\$3,149,240	\$254,902,400	\$1,004,950,590	\$66,829,090	\$64,043,980
DENTAL	\$98,010	\$114,510	\$210,730	\$582,450	\$39,234,650	\$21,957,420
TWO PLAN MODEL	\$324,420	\$952,440	\$0	\$52,244,410	\$226,563,490	\$140,899,630
COUNTY ORGANIZED HEALTH SYSTEMS	\$565,010	\$0	\$1,879,390	\$29,597,940	\$92,970,900	\$52,381,310
GEOGRAPHIC MANAGED CARE	\$50,030	\$381,740	\$0	\$11,286,920	\$49,266,580	\$35,541,830
PHP & OTHER MANAG. CARE	\$12,520	\$0	\$0	\$1,034,070	\$1,086,920	\$1,159,960
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,226,560	\$1,353,820
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$16,060	\$0	\$194,080	\$78,450	\$0	\$237,930
MISC. SERVICES	\$720	\$0	\$0	\$71,630	\$128,340	\$60,770
NON-FFS SUBTOTAL	\$1,066,760	\$1,448,690	\$2,284,210	\$94,895,870	\$410,477,440	\$253,592,670
TOTAL DOLLARS (1)	\$52,080,740	\$4,597,930	\$257,186,610	\$1,099,846,470	\$477,306,530	\$317,636,650
ELIGIBLES ***	1,800	2,400	62,000	188,200	352,400	173,900
ANNUAL \$/ELIGIBLE	\$28,934	\$1,916	\$4,148	\$5,844	\$1,354	\$1,827
AVG. MO. \$/ELIGIBLE	\$2,411	\$160	\$346	\$487	\$113	\$152

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Excluded policy changes: 71. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$992,979,130
OTHER MEDICAL	\$2,394,657,430
COUNTY OUTPATIENT	\$58,174,590
COMMUNITY OUTPATIENT	\$402,370,800
PHARMACY	\$1,051,456,070
COUNTY INPATIENT	\$738,446,290
COMMUNITY INPATIENT	\$3,610,196,240
NURSING FACILITIES	\$4,040,506,910
ICF-DD	\$368,555,430
MEDICAL TRANSPORTATION	\$158,542,330
OTHER SERVICES	\$745,254,980
HOME HEALTH	\$212,333,910
FFS SUBTOTAL	\$14,773,474,110
DENTAL	\$463,212,180
TWO PLAN MODEL	\$7,836,010,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,963,705,600
GEOGRAPHIC MANAGED CARE	\$1,311,649,900
PHP & OTHER MANAG. CARE	\$257,727,920
EPSDT SCREENS	\$42,884,250
MEDICARE PAYMENTS	\$3,952,402,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$251,686,000
MISC. SERVICES	\$5,464,890,000
NON-FFS SUBTOTAL	\$23,544,168,820
TOTAL DOLLARS (1)	\$38,317,642,930
ELIGIBLES ***	8,186,500
ANNUAL \$/ELIGIBLE	\$4,681
AVG. MO. \$/ELIGIBLE	\$390

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Excluded policy changes: 71. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 71

3	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
6	BRIDGE TO HFP
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION
33	SCHIP FUNDING FOR PRENATAL CARE
47	FAMILY PACT DRUG REBATES
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
73	BTR - LIHP - MCE
74	MH/UCD & BTR—DSH PAYMENT
75	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
77	BTR—SAFETY NET CARE POOL
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
81	BTR—INCREASE SAFETY NET CARE POOL
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PHYS. COST
83	MH/UCD—STABILIZATION FUNDING
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
87	MH/UCD & BTR—CCS AND GHPP
90	MH/UCD—SAFETY NET CARE POOL
91	NDPH SAFETY NET CARE POOL
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
93	BTR—DESIGNATED STATE HEALTH PROGRAMS
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
95	MH/UCD—DISTRESSED HOSPITAL FUND
96	MH/UCD & BTR—MIA-LTC
97	MH/UCD & BTR—BCCTP
98	MH/UCD & BTR—DPH INTERIM RATE

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 71

99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS
106	HOSPITAL STABILIZATION
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
113	TRANSFER OF IHSS COSTS TO CDSS
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
147	DENTAL RETROACTIVE RATE CHANGES
154	HOSPITAL QAF - HOSPITAL PAYMENTS
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
156	FFP FOR LOCAL TRAUMA CENTERS
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
158	CAPITAL PROJECT DEBT REIMBURSEMENT
159	NDPH IGT SUPPLEMENTAL PAYMENTS
160	CERTIFICATION PAYMENTS FOR DP-NFS
161	IGT FOR NON-SB 1100 HOSPITALS
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM
170	ARRA HITECH - PROVIDER PAYMENTS
178	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
180	AUDIT SETTLEMENTS
181	CDDS DENTAL SERVICES
189	CLPP FUNDS
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE
191	FIRST 5 CALIFORNIA FUNDING
192	TRANSFER OF IHSS COSTS TO DHCS

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

EXCLUDED POLICY CHANGES: 71

198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
203	HOSPITAL QAF PROGRAM CHANGES
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
209	EXTEND GROSS PREMIUM TAX
	SISKIYOU COUNTY REIMBURSEMENT