

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2013-14

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$15,985,204,310	\$7,992,602,150	\$7,992,602,150
B. C/Y BASE POLICY CHANGES	\$22,774,586,000	\$13,458,950,200	\$9,315,635,800
C. BASE ADJUSTMENTS	-\$143,342,000	-\$212,399,100	\$69,057,100
D. ADJUSTED BASE	<u>\$38,616,448,300</u>	<u>\$21,239,153,250</u>	<u>\$17,377,295,050</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$2,046,577,850	\$1,385,040,980	\$661,536,880
B. AFFORDABLE CARE ACT	\$4,504,962,180	\$4,572,959,390	-\$67,997,210
C. BENEFITS	\$485,713,010	\$540,836,310	-\$55,123,300
D. PHARMACY	-\$1,835,334,000	-\$968,156,150	-\$867,177,850
E. DRUG MEDI-CAL	\$12,504,000	\$8,474,000	\$4,030,000
F. MENTAL HEALTH	\$459,749,000	\$430,768,000	\$28,981,000
G. WAIVER--MH/UCD & BTR	\$10,473,013,540	\$7,311,280,770	\$3,161,732,770
H. MANAGED CARE	\$2,754,943,000	\$1,418,370,000	\$1,336,573,000
I. PROVIDER RATES	\$74,910,990	\$37,455,500	\$37,455,500
J. SUPPLEMENTAL PMNTS.	\$7,810,071,000	\$4,372,588,500	\$3,437,482,500
K. OTHER	\$237,448,000	\$211,056,000	\$26,392,000
L. TOTAL CHANGES	<u>\$27,024,558,570</u>	<u>\$19,320,673,290</u>	<u>\$7,703,885,280</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$65,641,006,870</u></u>	<u><u>\$40,559,826,540</u></u>	<u><u>\$25,081,180,330</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	TRANSITION OF HFP TO MEDI-CAL	\$1,195,670,000	\$777,185,500	\$418,484,500
2	FAMILY PACT PROGRAM	\$632,717,000	\$474,242,100	\$158,474,900
3	BREAST AND CERVICAL CANCER TREATMENT	\$154,126,000	\$86,461,550	\$67,664,450
4	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$21,682,050	\$11,674,950
5	MEDI-CAL ADULT INMATE PROGRAMS	\$12,557,000	\$12,557,000	\$0
6	CHDP GATEWAY - PREENROLLMENT	\$11,937,000	\$7,759,050	\$4,177,950
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM	\$6,467,000	\$6,467,000	\$0
8	REFUGEES	\$5,887,000	\$0	\$5,887,000
9	MCHA VS. DHCS AND MRMIB	\$181,010	\$90,500	\$90,500
11	NEW QUALIFIED IMMIGRANTS	\$0	-\$63,554,000	\$63,554,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$56,409,300	-\$56,409,300
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,901,500	-\$8,901,500
14	INCARCERATION VERIFICATION PROGRAM	-\$136,200	-\$68,100	-\$68,100
15	PARIS-FEDERAL	-\$610,720	-\$305,360	-\$305,360
16	PARIS-VETERANS	-\$2,289,170	-\$1,144,590	-\$1,144,590
17	PARIS-INTERSTATE	-\$3,285,060	-\$1,642,530	-\$1,642,530
	ELIGIBILITY SUBTOTAL	\$2,046,577,850	\$1,385,040,970	\$661,536,880
AFFORDABLE CARE ACT				
18	ACA OPTIONAL EXPANSION	\$2,609,318,000	\$2,609,318,000	\$0
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,661,805,710	\$1,628,134,750	\$33,670,960
20	COMMUNITY FIRST CHOICE OPTION	\$238,923,000	\$238,923,000	\$0
21	ACA MANDATORY EXPANSION	\$222,825,000	\$119,070,650	\$103,754,350
22	MENTAL HEALTH SERVICES EXPANSION	\$73,695,000	\$45,268,000	\$28,427,000
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS	\$24,252,000	\$24,252,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$18,672,000	\$9,503,500	\$9,168,500
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$14,493,000	\$9,239,000	\$5,254,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$9,673,000	\$5,962,000	\$3,711,000
28	ACA DELAY OF REDETERMINATIONS	\$6,653,000	\$4,600,150	\$2,052,850
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$796,000	\$0	\$796,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$40,284,000	-\$40,284,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$10,530	-\$5,270	-\$5,270
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$15,687,000	-\$7,843,500	-\$7,843,500
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$43,634,000	-\$29,904,000	-\$13,730,000
34	MANAGED CARE DRUG REBATES	-\$388,347,000	-\$194,173,500	-\$194,173,500
206	ACA EXPRESS LANE ENROLLMENT	\$71,535,000	\$70,330,600	\$1,204,400
	AFFORDABLE CARE ACT SUBTOTAL	\$4,504,962,180	\$4,572,959,390	-\$67,997,210
BENEFITS				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$206,024,000	\$206,024,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$145,537,000	\$145,537,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$51,410,000	\$49,936,000	\$1,474,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
38	RESTORATION OF SELECT ADULT DENTAL BENEFIT	\$10,888,000	\$7,572,500	\$3,315,500
39	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
40	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$39,990,000	\$19,995,000	\$19,995,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,085,000	\$4,309,000	\$776,000
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$4,631,000	\$2,315,500	\$2,315,500
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,678,000	\$2,678,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$183,000	\$183,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$131,000	\$131,000	\$0
47	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$1,271,780	-\$1,271,780
48	HEARING AID CAP	\$0	\$0	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,051,700	-\$92,051,700
51	WOMEN'S HEALTH SERVICES	-\$8,289,990	-\$4,891,170	-\$3,398,820
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,558,000	-\$6,779,000	-\$6,779,000
	BENEFITS SUBTOTAL	\$485,713,010	\$540,836,310	-\$55,123,300
<u>PHARMACY</u>				
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,356,000	\$1,678,000	\$1,678,000
54	NON FFP DRUGS	\$0	-\$1,920,000	\$1,920,000
55	BCCTP DRUG REBATES	-\$15,389,000	-\$10,002,850	-\$5,386,150
56	MEDICAL SUPPLY REBATES	-\$18,321,000	-\$9,160,500	-\$9,160,500
57	FAMILY PACT DRUG REBATES	-\$72,232,000	-\$62,983,600	-\$9,248,400
58	LITIGATION SETTLEMENTS	-\$81,772,000	\$0	-\$81,772,000
59	AGED AND DISPUTED DRUG REBATES	-\$150,000,000	-\$75,388,800	-\$74,611,200
60	STATE SUPPLEMENTAL DRUG REBATES	-\$165,789,000	-\$83,324,100	-\$82,464,900
61	FEDERAL DRUG REBATE PROGRAM	-\$1,335,187,000	-\$727,054,300	-\$608,132,700
	PHARMACY SUBTOTAL	-\$1,835,334,000	-\$968,156,150	-\$867,177,850
<u>DRUG MEDI-CAL</u>				
66	VOLUNTARY INPATIENT DETOXIFICATION	\$9,468,000	\$5,438,000	\$4,030,000
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
	DRUG MEDI-CAL SUBTOTAL	\$12,504,000	\$8,474,000	\$4,030,000
<u>MENTAL HEALTH</u>				
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$293,819,000	\$293,819,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$124,190,000	\$124,190,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$32,619,000	\$32,619,000	\$0
74	KATIE A. V. DIANA BONTA	\$27,955,000	\$27,955,000	\$0
75	HEALTHY FAMILIES - SED	\$18,731,000	\$18,731,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,400,000	\$12,400,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,000,000	\$3,000,000	\$0
78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,270,000	\$2,270,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA'	\$0	-\$7,204,000	\$7,204,000

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
MENTAL HEALTH				
80	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
81	CHART REVIEW	-\$1,475,000	-\$1,475,000	\$0
82	REIMBURSEMENT IN IMD ANCILLARY SERVICES CO	-\$12,000,000	\$0	-\$12,000,000
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$41,760,000	-\$69,537,000	\$27,777,000
	MENTAL HEALTH SUBTOTAL	\$459,749,000	\$430,768,000	\$28,981,000
WAIVER--MH/UCD & BTR				
84	BTR - LIHP - MCE	\$5,495,397,000	\$3,156,611,500	\$2,338,785,500
85	MH/UCD & BTR—DSH PAYMENT	\$1,599,070,000	\$1,254,543,000	\$344,527,000
86	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,485,648,000	\$742,824,000	\$742,824,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$603,508,000	\$301,754,000	\$301,754,000
88	BTR—SAFETY NET CARE POOL	\$317,250,000	\$317,250,000	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$248,602,000	\$124,301,000	\$124,301,000
90	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$180,186,000	\$135,282,000	\$44,904,000
91	MH/UCD & BTR—CCS AND GHPP	\$129,858,000	\$129,858,000	\$0
92	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$55,000,000
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$100,000,000	\$50,000,000	\$50,000,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS'	\$82,000,000	\$82,000,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$66,339,000	\$397,536,000	-\$331,197,000
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$56,473,000	\$56,473,000	\$0
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$44,531,900	\$22,265,950	\$22,265,950
98	BTR—INCREASE SAFETY NET CARE POOL	\$30,750,000	\$30,750,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$13,988,000	\$0	\$13,988,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$11,877,000	\$11,877,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$10,193,000	\$10,193,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$9,613,000	\$9,613,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$8,510,000	\$4,255,000	\$4,255,000
104	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$1,949,000	\$0
105	MH/UCD & BTR—MIA-LTC	\$0	\$19,327,000	-\$19,327,000
106	MH/UCD & BTR—BCCTP	\$0	\$1,786,000	-\$1,786,000
107	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$441,435,000	-\$441,435,000
108	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$30,750,000	-\$30,750,000
109	HOSPITAL STABILIZATION	\$0	\$0	\$0
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$20,762,000	-\$20,762,000
111	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	\$0	\$0	\$0
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$61,500,000	-\$61,500,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$71,229,360	-\$35,614,680	-\$35,614,680
	WAIVER--MH/UCD & BTR SUBTOTAL	\$10,473,013,540	\$7,311,280,770	\$3,161,732,770
MANAGED CARE				
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$783,819,000	\$438,225,000	\$345,594,000
118	MANAGED CARE RATE RANGE IGTS	\$744,394,000	\$389,094,000	\$355,300,000

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
MANAGED CARE				
119	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE P	\$125,278,000	\$64,004,500	\$61,273,500
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$443,548,000	\$221,774,000	\$221,774,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$383,441,000	\$191,720,500	\$191,720,500
123	TRANSFER OF IHSS COSTS TO CDSS	\$45,505,000	\$0	\$45,505,000
124	RETRO MC RATE ADJUSTMENTS	\$338,810,000	\$169,405,000	\$169,405,000
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$21,097,000	\$10,548,500	\$10,548,500
128	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$8,862,000	\$4,504,000	\$4,358,000
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
134	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
135	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
136	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
137	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
138	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
139	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	\$0	\$0	\$0
140	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
142	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$1,100,000	-\$550,000	-\$550,000
143	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$140,711,000	-\$70,355,500	-\$70,355,500
	MANAGED CARE SUBTOTAL	\$2,754,943,000	\$1,418,370,000	\$1,336,573,000
PROVIDER RATES				
24	AB 1629 ADD-ONS	\$19,207,540	\$9,603,770	\$9,603,770
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$191,722,540	\$95,861,270	\$95,861,270
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$68,001,180	\$34,000,590	\$34,000,590
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$40,673,000	\$20,336,500	\$20,336,500
147	AIR AMBULANCE MEDICAL TRANSPORTATION	\$18,459,860	\$9,229,930	\$9,229,930
148	LTC RATE ADJUSTMENT	\$17,484,220	\$8,742,110	\$8,742,110
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,507,400	\$2,753,700	\$2,753,700
150	HOSPICE RATE INCREASES	\$4,291,080	\$2,145,540	\$2,145,540
151	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$1,872,000	-\$936,000	-\$936,000
153	DENTAL RETROACTIVE RATE CHANGES	-\$4,782,000	-\$2,391,000	-\$2,391,000
154	LABORATORY RATE METHODOLOGY CHANGE	-\$8,477,900	-\$4,238,950	-\$4,238,950
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$12,658,290	-\$6,329,150	-\$6,329,140
156	REDUCTION TO RADIOLOGY RATES	-\$28,638,160	-\$14,319,080	-\$14,319,080
157	10% PROVIDER PAYMENT REDUCTION	-\$234,007,470	-\$117,003,730	-\$117,003,730
	PROVIDER RATES SUBTOTAL	\$74,910,990	\$37,455,500	\$37,455,500
SUPPLEMENTAL PMNTS.				
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$4,209,680,000	\$2,094,725,000	\$2,114,955,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,261,177,000	\$1,123,839,000	\$1,137,338,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$455,989,000	\$455,989,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.				
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$190,500,000	\$190,500,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,174,000	\$179,174,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$117,889,000	\$117,889,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$117,187,000	\$68,497,500	\$48,689,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$100,000,000	\$50,000,000	\$50,000,000
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$7,500,000
168	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
169	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
170	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$5,475,000	\$5,475,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,810,071,000	\$4,372,588,500	\$3,437,482,500
OTHER				
177	ARRA HITECH - PROVIDER PAYMENTS	\$240,434,000	\$240,434,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$133,245,000	\$133,245,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$11,487,000	\$5,743,500	\$5,743,500
184	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$20,565,000	\$11,825,000	\$8,740,000
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$7,837,000	\$5,486,000	\$2,351,000
187	AUDIT SETTLEMENTS	\$8,247,000	\$0	\$8,247,000
191	INDIAN HEALTH SERVICES	\$1,254,000	\$10,689,500	-\$9,435,500
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
193	ANTI-FRAUD ACTIVITIES	\$0	\$0	\$0
194	CLPP FUND	\$0	\$0	\$0
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
196	AB 97 INJUNCTIONS	\$0	\$0	\$0
197	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
198	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
200	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$720,000	-\$36,000	-\$684,000
201	IHSS REDUCTION IN SERVICE HOURS	-\$196,331,000	-\$196,331,000	\$0
	OTHER SUBTOTAL	\$237,448,000	\$211,056,000	\$26,392,000
	GRAND TOTAL	\$27,024,558,580	\$19,320,673,290	\$7,703,885,280

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2013-14

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$6,315,862,270	\$3,995,493,930	\$2,320,368,340
PHYSICIANS	\$1,405,588,020	\$984,831,080	\$420,756,930
OTHER MEDICAL	\$3,441,882,160	\$2,180,709,760	\$1,261,172,410
COUNTY OUTPATIENT	\$142,407,890	\$111,381,890	\$31,026,000
COMMUNITY OUTPATIENT	\$1,325,984,200	\$718,571,200	\$607,412,990
PHARMACY	\$995,111,040	\$511,626,180	\$483,484,860
HOSPITAL INPATIENT	\$10,263,884,270	\$6,364,677,950	\$3,899,206,330
COUNTY INPATIENT	\$2,094,292,860	\$1,814,937,630	\$279,355,230
COMMUNITY INPATIENT	\$8,169,591,420	\$4,549,740,320	\$3,619,851,100
LONG TERM CARE	\$4,977,079,390	\$2,573,740,030	\$2,403,339,360
NURSING FACILITIES	\$4,592,061,550	\$2,377,218,150	\$2,214,843,400
ICF-DD	\$385,017,840	\$196,521,880	\$188,495,960
OTHER SERVICES	\$1,191,783,270	\$698,769,140	\$493,014,130
MEDICAL TRANSPORTATION	\$353,294,870	\$272,126,580	\$81,168,290
OTHER SERVICES	\$589,510,840	\$299,846,520	\$289,664,320
HOME HEALTH	\$248,977,570	\$126,796,040	\$122,181,530
TOTAL FEE-FOR-SERVICE	\$23,743,720,250	\$14,144,307,230	\$9,599,413,020
MANAGED CARE	\$23,231,037,950	\$13,598,805,250	\$9,632,232,700
TWO PLAN MODEL	\$13,902,387,070	\$8,250,103,190	\$5,652,283,880
COUNTY ORGANIZED HEALTH SYSTEMS	\$6,443,040,490	\$3,700,011,810	\$2,743,028,680
GEOGRAPHIC MANAGED CARE	\$2,321,861,310	\$1,366,300,060	\$955,561,250
PHP & OTHER MANAG. CARE	\$563,749,090	\$282,390,200	\$281,358,890
DENTAL	\$632,838,310	\$345,548,730	\$287,289,580
MENTAL HEALTH	\$1,796,083,700	\$1,759,832,000	\$36,251,710
AUDITS/ LAWSUITS	-\$69,007,390	\$1,262,050	-\$70,269,440
EPSDT SCREENS	\$37,239,130	\$19,052,060	\$18,187,070
MEDICARE PAYMENTS	\$4,037,588,000	\$1,199,332,500	\$2,838,255,500
STATE HOSP./DEVELOPMENTAL CNTRS.	\$262,208,690	\$262,196,520	\$12,170
MISC. SERVICES	\$12,232,288,220	\$9,359,785,200	\$2,872,503,010
RECOVERIES	-\$262,990,000	-\$130,295,000	-\$132,695,000
GRAND TOTAL MEDI-CAL	\$65,641,006,870	\$40,559,826,540	\$25,081,180,330

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

SERVICE CATEGORY	2013-14 APPROPRIATION	NOV. 2013 EST. FOR 2013-14	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,211,252,790	\$6,315,862,270	\$104,609,470	1.68
PHYSICIANS	\$1,503,439,280	\$1,405,588,020	-\$97,851,260	-6.51
OTHER MEDICAL	\$3,128,204,740	\$3,441,882,160	\$313,677,420	10.03
COUNTY OUTPATIENT	\$56,860,330	\$142,407,890	\$85,547,570	150.45
COMMUNITY OUTPATIENT	\$1,522,748,450	\$1,325,984,200	-\$196,764,250	-12.92
PHARMACY	\$339,789,840	\$995,111,040	\$655,321,200	192.86
HOSPITAL INPATIENT	\$11,421,243,700	\$10,263,884,270	-\$1,157,359,430	-10.13
COUNTY INPATIENT	\$2,769,079,950	\$2,094,292,860	-\$674,787,100	-24.37
COMMUNITY INPATIENT	\$8,652,163,750	\$8,169,591,420	-\$482,572,330	-5.58
LONG TERM CARE	\$4,658,999,010	\$4,977,079,390	\$318,080,380	6.83
NURSING FACILITIES	\$4,314,190,850	\$4,592,061,550	\$277,870,700	6.44
ICF-DD	\$344,808,160	\$385,017,840	\$40,209,680	11.66
OTHER SERVICES	\$1,099,974,840	\$1,191,783,270	\$91,808,430	8.35
MEDICAL TRANSPORTATION	\$308,273,930	\$353,294,870	\$45,020,940	14.60
OTHER SERVICES	\$572,236,050	\$589,510,840	\$17,274,790	3.02
HOME HEALTH	\$219,464,870	\$248,977,570	\$29,512,700	13.45
TOTAL FEE-FOR-SERVICE	\$23,731,260,190	\$23,743,720,250	\$12,460,060	0.05
MANAGED CARE	\$22,048,885,100	\$23,231,037,950	\$1,182,152,860	5.36
TWO PLAN MODEL	\$13,672,939,190	\$13,902,387,070	\$229,447,880	1.68
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,861,662,600	\$6,443,040,490	\$581,377,890	9.92
GEOGRAPHIC MANAGED CARE	\$2,169,581,330	\$2,321,861,310	\$152,279,990	7.02
PHP & OTHER MANAG. CARE	\$344,701,980	\$563,749,090	\$219,047,100	63.55
DENTAL	\$622,285,160	\$632,838,310	\$10,553,160	1.70
MENTAL HEALTH	\$2,988,603,500	\$1,796,083,700	-\$1,192,519,790	-39.90
AUDITS/ LAWSUITS	\$10,174,220	-\$69,007,390	-\$79,181,600	-778.26
EPSDT SCREENS	\$39,457,540	\$37,239,130	-\$2,218,410	-5.62
MEDICARE PAYMENTS	\$4,044,466,000	\$4,037,588,000	-\$6,878,000	-0.17
STATE HOSP./DEVELOPMENTAL CNTRS.	\$242,082,830	\$262,208,690	\$20,125,860	8.31
MISC. SERVICES	\$11,723,140,260	\$12,232,288,220	\$509,147,960	4.34
RECOVERIES	-\$253,476,400	-\$262,990,000	-\$9,513,600	3.75
GRAND TOTAL MEDI-CAL	\$65,196,878,390	\$65,641,006,870	\$444,128,480	0.68
STATE FUNDS	\$25,823,189,190	\$25,081,180,330	-\$742,008,860	-2.87

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	TRANSITION OF HFP TO MEDI-CAL	\$1,103,252,000	\$386,138,200	\$1,195,670,000	\$418,484,500	\$92,418,000	\$32,346,300
2	FAMILY PACT PROGRAM	\$645,619,000	\$161,547,900	\$632,717,000	\$158,474,900	-\$12,902,000	-\$3,073,000
3	BREAST AND CERVICAL CANCER TREATMENT	\$142,761,000	\$62,727,800	\$154,126,000	\$67,664,450	\$11,365,000	\$4,936,650
4	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$11,674,950	\$33,357,000	\$11,674,950	\$0	\$0
5	MEDI-CAL ADULT INMATE PROGRAMS	\$21,669,000	\$0	\$12,557,000	\$0	-\$9,112,000	\$0
6	CHDP GATEWAY - PREENROLLMENT	\$15,022,000	\$5,257,700	\$11,937,000	\$4,177,950	-\$3,085,000	-\$1,079,750
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$6,932,000	\$0	\$6,467,000	\$0	-\$465,000	\$0
8	REFUGEES	\$5,199,000	\$5,199,000	\$5,887,000	\$5,887,000	\$688,000	\$688,000
9	MCHA VS. DHCS AND MRMIB	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
11	NEW QUALIFIED IMMIGRANTS	\$0	\$68,153,000	\$0	\$63,554,000	\$0	-\$4,599,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$54,200,850	\$0	-\$56,409,300	\$0	-\$2,208,450
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$9,072,100	\$0	-\$8,901,500	\$0	\$170,600
14	INCARCERATION VERIFICATION PROGRAM	-\$168,000	-\$84,000	-\$211,000	-\$105,500	-\$43,000	-\$21,500
15	PARIS-FEDERAL	-\$6,634,000	-\$3,317,000	-\$7,682,000	-\$3,841,000	-\$1,048,000	-\$524,000
16	PARIS-VETERANS	-\$1,678,250	-\$839,130	-\$3,542,510	-\$1,771,260	-\$1,864,260	-\$932,130
17	PARIS-INTERSTATE	-\$22,339,000	-\$11,169,500	-\$26,010,000	-\$13,005,000	-\$3,671,000	-\$1,835,500
--	250% WORKING DISABLED PROGRAM CHANGES	\$2,320,000	\$1,560,000	\$0	\$0	-\$2,320,000	-\$1,560,000
--	LOMELI V. SHEWRY	\$504,000	\$252,000	\$0	\$0	-\$504,000	-\$252,000
	ELIGIBILITY SUBTOTAL	\$1,946,355,750	\$624,097,970	\$2,015,812,490	\$646,154,190	\$69,456,740	\$22,056,220
AFFORDABLE CARE ACT							
18	ACA OPTIONAL EXPANSION	\$1,426,631,000	\$0	\$2,609,318,000	\$0	\$1,182,687,000	\$0
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,357,030,130	\$123,183,190	\$1,661,805,710	\$33,670,960	\$304,775,580	-\$89,512,240
20	COMMUNITY FIRST CHOICE OPTION	\$322,584,000	\$0	\$238,923,000	\$0	-\$83,661,000	\$0
21	ACA MANDATORY EXPANSION	\$228,164,000	\$107,800,000	\$222,825,000	\$103,754,350	-\$5,339,000	-\$4,045,650

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
22	MENTAL HEALTH SERVICES EXPANSION	\$79,315,000	\$31,910,000	\$73,695,000	\$28,427,000	-\$5,620,000	-\$3,483,000
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$24,631,000	\$0	\$24,252,000	\$0	-\$379,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$0	\$0	\$18,672,000	\$9,168,500	\$18,672,000	\$9,168,500
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	-\$7,205,000	-\$2,654,000	\$14,493,000	\$5,254,000	\$21,698,000	\$7,908,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$0	\$0	\$9,673,000	\$3,711,000	\$9,673,000	\$3,711,000
28	ACA DELAY OF REDETERMINATIONS	\$0	\$0	\$6,653,000	\$2,052,850	\$6,653,000	\$2,052,850
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$803,000	\$803,000	\$796,000	\$796,000	-\$7,000	-\$7,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$7,500,000	\$0	-\$40,284,000	\$0	-\$32,784,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$10,530	-\$5,270	\$32,980	\$16,490
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$24,013,000	-\$12,006,500	-\$15,687,000	-\$7,843,500	\$8,326,000	\$4,163,000
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$70,421,000	-\$24,691,500	-\$43,634,000	-\$13,730,000	\$26,787,000	\$10,961,500
34	MANAGED CARE DRUG REBATES	-\$348,403,000	-\$174,201,500	-\$388,347,000	-\$194,173,500	-\$39,944,000	-\$19,972,000
206	ACA EXPRESS LANE ENROLLMENT	\$0	\$0	\$71,535,000	\$1,204,400	\$71,535,000	\$1,204,400
--	ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION	\$251,173,000	\$0	\$0	\$0	-\$251,173,000	\$0
--	ACA EXPANSION-PREGNANCY ONLY	-\$52,047,000	-\$26,023,500	\$0	\$0	\$52,047,000	\$26,023,500
--	ENHANCE DRUG MEDI-CAL SVCS	\$80,025,000	\$34,771,000	\$0	\$0	-\$80,025,000	-\$34,771,000
	AFFORDABLE CARE ACT SUBTOTAL	\$3,268,223,620	\$51,368,440	\$4,504,962,180	-\$67,997,210	\$1,236,738,560	-\$119,365,650
<u>BENEFITS</u>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$259,483,000	\$0	\$206,024,000	\$0	-\$53,459,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$142,840,000	\$0	\$145,537,000	\$0	\$2,697,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,651,000	\$3,968,000	\$51,410,000	\$1,474,000	\$18,759,000	-\$2,494,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$51,057,000	\$15,520,000	\$10,888,000	\$3,315,500	-\$40,169,000	-\$12,204,500
39	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$0	\$0
40	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOT	\$27,637,000	\$13,818,500	\$39,990,000	\$19,995,000	\$12,353,000	\$6,176,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,688,000	-\$711,000	\$5,085,000	\$776,000	-\$603,000	\$1,487,000
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$4,506,000	\$2,253,000	\$4,631,000	\$2,315,500	\$125,000	\$62,500
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,227,000	\$0	\$2,678,000	\$0	-\$1,549,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$337,000	\$0	\$183,000	\$0	-\$154,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$170,000	\$0	\$131,000	\$0	-\$39,000	\$0
47	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$3,794,100	\$0	-\$3,794,100	\$0	\$0
48	HEARING AID CAP	-\$1,434,000	-\$717,000	-\$1,434,000	-\$717,000	\$0	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$89,878,100	\$0	-\$92,051,700	\$0	-\$2,173,600
51	WOMEN'S HEALTH SERVICES	\$0	\$0	-\$8,289,990	-\$3,398,820	-\$8,289,990	-\$3,398,820
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$23,880,000	-\$11,940,000	-\$13,558,000	-\$6,779,000	\$10,322,000	\$5,161,000
--	ADHC TRANSITION-BENEFITS	\$281,754,000	\$140,877,000	\$0	\$0	-\$281,754,000	-\$140,877,000
--	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	\$0	\$0	\$33,707,000	\$16,853,500
--	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,432,000	-\$2,216,000	\$0	\$0	\$4,432,000	\$2,216,000
--	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$300	\$0	\$0	-\$3,000	-\$300
	BENEFITS SUBTOTAL	\$787,904,000	\$70,829,100	\$484,279,010	-\$58,362,620	-\$303,624,990	-\$129,191,720
PHARMACY							
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,356,000	\$1,678,000	\$3,356,000	\$1,678,000	\$0	\$0
54	NON FFP DRUGS	\$0	\$1,912,000	\$0	\$1,920,000	\$0	\$8,000
55	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$15,389,000	-\$5,386,150	\$611,000	\$213,850
56	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$18,321,000	-\$9,160,500	\$1,155,000	\$577,500
57	FAMILY PACT DRUG REBATES	-\$73,946,000	-\$9,675,000	-\$72,232,000	-\$9,248,400	\$1,714,000	\$426,600
58	LITIGATION SETTLEMENTS	\$0	\$0	-\$81,772,000	-\$81,772,000	-\$81,772,000	-\$81,772,000
59	AGED AND DISPUTED DRUG REBATES	-\$135,000,000	-\$67,433,600	-\$150,000,000	-\$74,611,200	-\$15,000,000	-\$7,177,600

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
60	STATE SUPPLEMENTAL DRUG REBATES	-\$152,549,000	-\$76,153,300	-\$165,789,000	-\$82,464,900	-\$13,240,000	-\$6,311,600
61	FEDERAL DRUG REBATE PROGRAM	-\$1,258,766,000	-\$572,381,400	-\$1,335,187,000	-\$608,132,700	-\$76,421,000	-\$35,751,300
--	IMPLEMENTATION OF SPECIALTY DRUG CONTRACTS	-\$13,985,390	-\$6,992,690	\$0	\$0	\$13,985,390	\$6,992,690
--	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,800,000	\$2,400,000	\$0	\$0	-\$4,800,000	-\$2,400,000
--	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,157,000	-\$7,578,500	\$0	\$0	\$15,157,000	\$7,578,500
--	SUNSET OF SPECIALTY DRUG CONTRACTS	\$13,985,390	\$6,992,690	\$0	\$0	-\$13,985,390	-\$6,992,690
	PHARMACY SUBTOTAL	-\$1,662,738,000	-\$742,569,800	-\$1,835,334,000	-\$867,177,850	-\$172,596,000	-\$124,608,050
DRUG MEDI-CAL							
66	VOLUNTARY INPATIENT DETOXIFICATION	\$0	\$0	\$9,468,000	\$4,030,000	\$9,468,000	\$4,030,000
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$1,859,000	\$0	\$3,036,000	\$0	\$4,895,000	\$0
--	ANNUAL RATE ADJUSTMENT	-\$1,627,000	\$0	\$0	\$0	\$1,627,000	\$0
	DRUG MEDI-CAL SUBTOTAL	-\$3,486,000	\$0	\$12,504,000	\$4,030,000	\$15,990,000	\$4,030,000
MENTAL HEALTH							
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$293,819,000	\$0	\$293,819,000	\$0	\$0	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$0	\$124,190,000	\$0	-\$294,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$32,731,000	\$0	\$32,619,000	\$0	-\$112,000	\$0
74	KATIE A. V. DIANA BONTA	\$23,161,000	\$0	\$27,955,000	\$0	\$4,794,000	\$0
75	HEALTHY FAMILIES - SED	\$22,250,000	\$0	\$18,731,000	\$0	-\$3,519,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$0	\$12,400,000	\$0	-\$12,400,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,000,000	\$0	\$3,000,000	\$0	\$0	\$0
78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$0	\$2,270,000	\$0	-\$499,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$7,204,000	\$0	\$7,204,000
80	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
81	CHART REVIEW	-\$580,000	\$0	-\$1,475,000	\$0	-\$895,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH							
82	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST:	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000	\$0	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$70,714,000	\$39,385,000	-\$41,760,000	\$27,777,000	\$28,954,000	-\$11,608,000
--	PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION	\$7,181,000	\$0	\$0	\$0	-\$7,181,000	\$0
	MENTAL HEALTH SUBTOTAL	\$450,901,000	\$33,385,000	\$459,749,000	\$28,981,000	\$8,848,000	-\$4,404,000
WAIVER--MH/UCD & BTR							
84	BTR - LIHP - MCE	\$4,770,999,000	\$2,090,531,000	\$5,495,397,000	\$2,338,785,500	\$724,398,000	\$248,254,500
85	MH/UCD & BTR—DSH PAYMENT	\$1,774,361,000	\$622,248,000	\$1,599,070,000	\$344,527,000	-\$175,291,000	-\$277,721,000
86	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,435,292,000	\$717,646,000	\$1,485,648,000	\$742,824,000	\$50,356,000	\$25,178,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$546,058,000	\$273,029,000	\$603,508,000	\$301,754,000	\$57,450,000	\$28,725,000
88	BTR—SAFETY NET CARE POOL	\$317,250,000	\$0	\$317,250,000	\$0	\$0	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$339,269,000	\$169,634,500	\$248,602,000	\$124,301,000	-\$90,667,000	-\$45,333,500
90	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$161,299,000	\$13,470,000	\$180,186,000	\$44,904,000	\$18,887,000	\$31,434,000
91	MH/UCD & BTR—CCS AND GHPP	\$130,627,000	\$0	\$129,858,000	\$0	-\$769,000	\$0
92	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$110,000,000	\$55,000,000	\$0	\$0
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$126,400,000	\$63,200,000	\$100,000,000	\$50,000,000	-\$26,400,000	-\$13,200,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$77,960,000	\$0	\$82,000,000	\$0	\$4,040,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$66,339,000	-\$279,331,000	\$66,339,000	-\$331,197,000	\$0	-\$51,866,000
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$29,503,000	\$0	\$56,473,000	\$0	\$26,970,000	\$0
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$116,992,000	\$58,496,000	\$48,791,390	\$24,395,690	-\$68,200,610	-\$34,100,310
98	BTR—INCREASE SAFETY NET CARE POOL	\$24,500,000	\$0	\$30,750,000	\$0	\$6,250,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$39,911,000	\$29,154,000	\$13,988,000	\$13,988,000	-\$25,923,000	-\$15,166,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$159,300,000	\$0	\$11,877,000	\$0	-\$147,423,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$23,142,000	\$0	\$10,193,000	\$0	-\$12,949,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$31,467,000	\$0	\$9,613,000	\$0	-\$21,854,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$8,141,000	\$4,070,500	\$8,510,000	\$4,255,000	\$369,000	\$184,500
104	MH/UCD—SAFETY NET CARE POOL	\$154,500,000	\$0	\$1,949,000	\$0	-\$152,551,000	\$0
105	MH/UCD & BTR—MIA-LTC	\$0	-\$19,518,000	\$0	-\$19,327,000	\$0	\$191,000
106	MH/UCD & BTR—BCCTP	\$0	-\$1,423,000	\$0	-\$1,786,000	\$0	-\$363,000
107	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$560,037,000	\$0	-\$441,435,000	\$0	\$118,602,000
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$24,500,000	\$0	-\$30,750,000	\$0	-\$6,250,000
109	HOSPITAL STABILIZATION	-\$36,618,000	-\$18,309,000	\$0	\$0	\$36,618,000	\$18,309,000
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$28,925,000	\$0	-\$20,762,000	\$0	\$8,163,000
111	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	-\$46,000,000	-\$23,000,000	\$0	\$0	\$46,000,000	\$23,000,000
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$49,000,000	\$0	-\$61,500,000	\$0	-\$12,500,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$116,524,360	-\$58,262,180	-\$77,897,380	-\$38,948,690	\$38,626,980	\$19,313,490
	WAIVER--MH/UCD & BTR SUBTOTAL	\$10,195,167,640	\$3,083,173,820	\$10,470,605,010	\$3,160,528,510	\$275,437,370	\$77,354,690
<u>MANAGED CARE</u>							
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$812,173,000	\$406,086,500	\$783,819,000	\$345,594,000	-\$28,354,000	-\$60,492,500
118	MANAGED CARE RATE RANGE IGTS	\$500,119,000	\$245,938,000	\$744,394,000	\$355,300,000	\$244,275,000	\$109,362,000
119	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PAY	\$1,665,138,000	\$817,466,000	\$125,278,000	\$61,273,500	-\$1,539,860,000	-\$756,192,500
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$678,988,000	\$339,494,000	\$443,548,000	\$221,774,000	-\$235,440,000	-\$117,720,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$332,796,000	\$166,398,000	\$383,441,000	\$191,720,500	\$50,645,000	\$25,322,500
123	TRANSFER OF IHSS COSTS TO CDSS	\$503,439,000	\$503,439,000	\$45,505,000	\$45,505,000	-\$457,934,000	-\$457,934,000
124	RETRO MC RATE ADJUSTMENTS	\$105,531,000	\$52,765,500	\$338,810,000	\$169,405,000	\$233,279,000	\$116,639,500
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$161,079,000	\$80,539,500	\$21,097,000	\$10,548,500	-\$139,982,000	-\$69,991,000
128	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$5,512,000	\$2,711,000	\$8,862,000	\$4,358,000	\$3,350,000	\$1,647,000
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
134	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
135	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
136	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
137	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
138	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
139	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
140	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
142	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$535,000	-\$267,500	-\$1,100,000	-\$550,000	-\$565,000	-\$282,500
143	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,152,958,000	-\$576,479,000	-\$140,711,000	-\$70,355,500	\$1,012,247,000	\$506,123,500
--	ALIGN MANAGED CARE BENEFIT POLICIES	\$106,752,000	\$53,376,000	\$0	\$0	-\$106,752,000	-\$53,376,000
--	MANAGED CARE COST-BASED REIMBURSEMENT CLIN	\$174,700,000	\$87,350,000	\$0	\$0	-\$174,700,000	-\$87,350,000
--	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,531,000	-\$2,265,500	\$0	\$0	\$4,531,000	\$2,265,500
--	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	\$0	\$0	\$39,634,000	\$19,817,000
--	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$3,850,569,000	\$2,158,734,500	\$2,754,943,000	\$1,336,573,000	-\$1,095,626,000	-\$822,161,500
PROVIDER RATES							
24	AB 1629 ADD-ONS	\$161,173,530	\$80,586,760	\$19,207,540	\$9,603,770	-\$141,965,980	-\$70,982,990
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,403,690	\$98,701,840	\$273,342,660	\$136,671,330	\$75,938,970	\$37,969,480
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$27,686,000	\$13,843,000	\$68,001,180	\$34,000,590	\$40,315,180	\$20,157,590
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$37,578,000	\$16,877,000	\$40,673,000	\$20,336,500	\$3,095,000	\$3,459,500
147	AIR AMBULANCE MEDICAL TRANSPORTATION	\$18,219,000	\$9,110,000	\$18,459,860	\$9,229,930	\$240,860	\$119,930
148	LTC RATE ADJUSTMENT	\$91,642,710	\$45,821,350	\$17,484,220	\$8,742,110	-\$74,158,490	-\$37,079,250
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$17,910,830	\$8,955,420	\$60,321,980	\$30,160,990	\$42,411,150	\$21,205,570
150	HOSPICE RATE INCREASES	\$10,437,740	\$5,218,870	\$4,416,510	\$2,208,250	-\$6,021,230	-\$3,010,620

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$72,468,610	-\$36,234,310	-\$1,872,000	-\$936,000	\$70,596,610	\$35,298,310
153	DENTAL RETROACTIVE RATE CHANGES	-\$2,000,000	-\$1,000,000	-\$4,782,000	-\$2,391,000	-\$2,782,000	-\$1,391,000
154	LABORATORY RATE METHODOLOGY CHANGE	-\$13,223,630	-\$6,611,810	-\$8,477,900	-\$4,238,950	\$4,745,730	\$2,372,870
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$71,347,000	-\$35,673,500	-\$13,035,000	-\$6,517,500	\$58,312,000	\$29,156,000
156	REDUCTION TO RADIOLOGY RATES	-\$58,264,940	-\$29,132,470	-\$28,638,160	-\$14,319,080	\$29,626,780	\$14,813,390
157	10% PROVIDER PAYMENT REDUCTION	-\$1,041,964,000	-\$520,982,000	-\$312,677,000	-\$156,338,500	\$729,287,000	\$364,643,500
--	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	-\$51,473,000	-\$25,736,500	\$0	\$0	\$51,473,000	\$25,736,500
PROVIDER RATES SUBTOTAL		-\$748,689,680	-\$376,256,340	\$132,424,880	\$66,212,440	\$881,114,560	\$442,468,780
SUPPLEMENTAL PMNTS.							
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$4,212,457,000	\$2,127,154,000	\$4,209,680,000	\$2,114,955,000	-\$2,777,000	-\$12,199,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,438,060,000	\$1,223,680,000	\$2,261,177,000	\$1,137,338,000	-\$176,883,000	-\$86,342,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$455,989,000	\$0	\$455,989,000	\$0	\$0	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$160,000,000	\$0	\$190,500,000	\$0	\$30,500,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$205,995,000	\$0	\$179,174,000	\$0	-\$26,821,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$140,000,000	\$70,000,000	\$0	\$0
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$44,145,000	\$0	\$117,889,000	\$0	\$73,744,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$46,043,000	\$117,187,000	\$48,689,500	\$4,630,000	\$2,646,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$82,000,000	\$41,000,000	\$100,000,000	\$50,000,000	\$18,000,000	\$9,000,000
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$15,000,000	\$7,500,000	\$0	\$0
168	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
169	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
170	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,600,000	\$0	\$5,475,000	\$0	\$1,875,000	\$0
SUPPLEMENTAL PMNTS. SUBTOTAL		\$7,887,803,000	\$3,524,377,000	\$7,810,071,000	\$3,437,482,500	-\$77,732,000	-\$86,894,500

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
177	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$0	\$240,434,000	\$0	-\$155,191,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$198,021,000	\$0	\$133,245,000	\$0	-\$64,776,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$2,177,000	\$1,088,500	\$11,487,000	\$5,743,500	\$9,310,000	\$4,655,000
184	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$20,565,000	\$8,740,000	\$9,147,000	\$3,031,000
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$0	\$0	\$7,837,000	\$2,351,000	\$7,837,000	\$2,351,000
187	AUDIT SETTLEMENTS	\$6,298,000	\$6,298,000	\$8,247,000	\$8,247,000	\$1,949,000	\$1,949,000
191	INDIAN HEALTH SERVICES	\$2,524,000	-\$9,273,500	\$1,254,000	-\$9,435,500	-\$1,270,000	-\$162,000
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
193	ANTI-FRAUD ACTIVITIES	-\$13,800,000	-\$6,900,000	-\$15,000,000	-\$7,500,000	-\$1,200,000	-\$600,000
194	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
196	AB 97 INJUNCTIONS	\$195,701,000	\$97,850,500	\$0	\$0	-\$195,701,000	-\$97,850,500
197	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
198	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
200	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$3,800,000	-\$4,000,000	-\$3,800,000	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$154,157,000	\$0	-\$196,331,000	\$0	-\$42,174,000	\$0
--	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	\$0	\$0	\$12,723,000	\$6,361,500
--	OPERATIONAL FLEXIBILITIES	\$0	\$0	\$0	\$0	\$0	\$0
--	OVERPAYMENTS - INTEREST RATE CHANGE	-\$3,112,000	-\$3,112,000	\$0	\$0	\$3,112,000	\$3,112,000
--	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING:	\$0	\$0	\$0	\$0	\$0	\$0
	OTHER SUBTOTAL	\$635,402,000	\$92,929,000	\$219,168,000	\$15,776,000	-\$416,234,000	-\$77,153,000
	GRAND TOTAL	\$26,607,412,330	\$8,520,068,690	\$27,029,184,570	\$7,702,199,960	\$421,772,240	-\$817,868,730

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$42,546,400	\$4,582,760	\$203,260,790	\$76,663,370	\$6,298,660	\$123,640
OTHER MEDICAL	\$83,280,450	\$10,294,570	\$396,061,830	\$316,831,140	\$9,893,040	\$361,780
COUNTY OUTPATIENT	\$572,510	\$139,730	\$9,394,720	\$1,757,020	\$253,400	\$20
COMMUNITY OUTPATIENT	\$10,434,370	\$1,797,100	\$135,301,390	\$30,715,820	\$737,500	\$18,320
PHARMACY	\$14,176,000	\$7,032,760	\$445,715,900	\$49,815,060	\$4,945,030	\$82,110
COUNTY INPATIENT	\$7,260,950	\$799,510	\$62,449,640	\$20,078,500	\$2,502,980	\$2,590
COMMUNITY INPATIENT	\$139,694,510	\$13,726,820	\$807,685,520	\$253,750,110	\$25,208,420	\$1,194,150
NURSING FACILITIES	\$515,801,850	\$21,826,320	\$779,506,990	\$2,346,010	\$2,002,965,390	\$7,986,090
ICF-DD	\$638,890	\$8,353,250	\$173,481,960	\$405,550	\$27,038,120	\$2,856,380
MEDICAL TRANSPORTATION	\$19,739,500	\$3,989,010	\$53,719,340	\$5,175,650	\$6,017,790	\$111,780
OTHER SERVICES	\$61,518,770	\$6,687,470	\$154,245,860	\$38,679,800	\$80,931,010	\$252,620
HOME HEALTH	\$380,290	\$12,248,530	\$132,816,780	\$3,824,420	\$23,320	\$0
FFS SUBTOTAL	\$896,044,500	\$91,477,820	\$3,353,640,710	\$800,042,460	\$2,166,814,670	\$12,989,480
DENTAL	\$25,854,440	\$1,318,460	\$61,645,740	\$85,862,890	\$2,778,160	\$13,530
TWO PLAN MODEL	\$322,053,430	\$57,607,260	\$3,499,071,080	\$1,636,084,740	-\$195,050	-\$195,050
COUNTY ORGANIZED HEALTH SYSTEMS	\$299,046,000	\$24,750,080	\$1,173,672,870	\$374,257,910	\$690,728,000	\$2,505,310
GEOGRAPHIC MANAGED CARE	\$56,573,480	\$10,952,610	\$671,499,760	\$278,101,070	-\$33,630	-\$33,630
PHP & OTHER MANAG. CARE	\$175,736,780	\$4,103,830	\$99,191,690	\$16,660,300	\$8,417,890	\$7,060
EPSDT SCREENS	\$0	\$0	\$0	\$9,436,850	\$0	\$0
MEDICARE PAYMENTS	\$1,376,612,350	\$41,903,130	\$1,299,954,740	\$0	\$154,676,370	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$90,870	\$1,473,190	\$56,166,800	\$543,590	\$13,348,560	\$1,013,720
MISC. SERVICES	\$614,241,860	\$32,568,900	\$3,056,799,230	\$891,960	\$1,425,540	\$0
NON-FFS SUBTOTAL	\$2,870,209,200	\$174,677,470	\$9,918,001,900	\$2,401,839,300	\$871,145,830	\$3,310,930
TOTAL DOLLARS (1)	\$3,766,253,710	\$266,155,290	\$13,271,642,610	\$3,201,881,760	\$3,037,960,500	\$16,300,410
ELIGIBLES ***	419,500	21,800	1,019,400	1,416,400	46,200	200
ANNUAL \$/ELIGIBLE	\$8,978	\$12,209	\$13,019	\$2,261	\$65,757	\$81,502
AVG. MO. \$/ELIGIBLE	\$748	\$1,017	\$1,085	\$188	\$5,480	\$6,792

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

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

Excluded policy changes: 73. Refer to page following report for listing.

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$9,982,920	\$32,960,340	\$389,590	\$72,574,420	\$362,316,290	\$56,667,940
OTHER MEDICAL	\$8,009,910	\$83,801,810	\$916,470	\$113,474,130	\$852,304,410	\$183,089,350
COUNTY OUTPATIENT	\$574,120	\$1,993,380	\$28,480	\$9,405,700	\$20,268,500	\$2,630,020
COMMUNITY OUTPATIENT	\$1,315,300	\$8,058,130	\$140,360	\$28,574,200	\$125,433,160	\$23,310,630
PHARMACY	\$8,309,510	\$10,314,160	\$117,010	\$44,862,620	\$90,240,240	\$78,686,790
COUNTY INPATIENT	\$17,388,570	\$19,068,070	\$469,800	\$149,880,470	\$177,188,990	\$22,271,380
COMMUNITY INPATIENT	\$41,136,070	\$75,813,690	\$2,203,590	\$438,437,030	\$1,124,662,160	\$172,520,270
NURSING FACILITIES	\$591,965,950	\$250,559,290	\$594,970	\$84,246,040	\$18,844,400	\$9,479,420
ICF-DD	\$154,499,350	\$856,170	\$0	\$8,644,900	\$327,930	\$1,659,250
MEDICAL TRANSPORTATION	\$3,286,060	\$15,955,850	\$228,550	\$21,420,960	\$16,250,350	\$3,464,350
OTHER SERVICES	\$15,623,790	\$31,835,460	\$75,830	\$37,502,430	\$91,880,870	\$28,322,650
HOME HEALTH	\$30,560	\$532,330	\$83,590	\$58,047,090	\$11,115,930	\$19,657,900
FFS SUBTOTAL	\$852,122,110	\$531,748,670	\$5,248,230	\$1,067,070,020	\$2,890,833,230	\$601,759,970
DENTAL	\$890,630	\$18,857,330	\$37,430	\$11,153,750	\$221,120,710	\$73,598,350
TWO PLAN MODEL	-\$195,050	\$544,181,510	\$1,999,960	\$340,149,820	\$3,232,031,950	\$197,464,060
COUNTY ORGANIZED HEALTH SYSTEMS	\$260,632,660	\$251,452,440	\$564,250	\$289,605,570	\$1,099,346,030	\$129,119,690
GEOGRAPHIC MANAGED CARE	-\$33,630	\$62,790,770	\$71,310	\$50,266,500	\$460,062,030	\$25,078,260
PHP & OTHER MANAG. CARE	\$341,780	\$137,343,600	\$13,966,350	\$2,310,910	\$41,986,400	\$3,020,560
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$23,760,000	\$1,592,220
MEDICARE PAYMENTS	\$38,512,510	\$700,448,280	\$0	\$356,858,420	\$68,622,200	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$184,452,800	\$29,950	\$27,060	\$229,610	\$137,410	\$449,700
MISC. SERVICES	\$1,607,100	\$451,757,030	\$884,230	\$550,216,500	\$2,170,500	\$7,467,710
NON-FFS SUBTOTAL	\$486,208,790	\$2,166,860,920	\$17,550,570	\$1,600,791,080	\$5,149,237,220	\$437,790,550
TOTAL DOLLARS (1)	\$1,338,330,910	\$2,698,609,590	\$22,798,810	\$2,667,861,100	\$8,040,070,450	\$1,039,550,520
ELIGIBLES ***	14,800	312,100	600	184,600	3,585,800	788,400
ANNUAL \$/ELIGIBLE	\$90,428	\$8,647	\$37,998	\$14,452	\$2,242	\$1,319
AVG. MO. \$/ELIGIBLE	\$7,536	\$721	\$3,167	\$1,204	\$187	\$110

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

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

Excluded policy changes: 73. Refer to page following report for listing.

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$33,244,000	\$350,650	\$23,844,500	\$254,081,580	\$8,652,310	\$6,989,600
OTHER MEDICAL	\$106,608,750	\$2,826,570	\$37,402,360	\$228,925,230	\$67,981,960	\$30,975,220
COUNTY OUTPATIENT	\$2,438,960	\$176,630	\$4,422,230	\$3,470,030	\$277,100	\$352,050
COMMUNITY OUTPATIENT	\$7,076,290	\$122,180	\$5,399,500	\$29,043,980	\$4,762,490	\$4,760,290
PHARMACY	\$77,315,240	\$475,810	\$9,158,630	\$8,218,970	\$4,622,920	\$6,223,000
COUNTY INPATIENT	\$16,726,310	\$75,180	\$50,257,470	\$51,697,480	\$1,036,340	\$1,898,170
COMMUNITY INPATIENT	\$95,789,900	\$658,230	\$82,718,850	\$458,067,700	\$18,979,590	\$19,708,400
NURSING FACILITIES	\$36,793,390	\$14,210	\$21,176,870	\$417,590	\$614,180	\$606,740
ICF-DD	\$583,830	\$0	\$214,870	\$0	\$0	\$2,910
MEDICAL TRANSPORTATION	\$3,844,070	\$12,640	\$3,856,710	\$1,871,530	\$405,910	\$274,960
OTHER SERVICES	\$8,129,380	\$12,410	\$1,637,240	\$11,367,320	\$12,320,870	\$5,485,740
HOME HEALTH	\$56,790	\$420	\$16,660	\$2,029,350	\$2,291,350	\$1,375,790
FFS SUBTOTAL	\$388,606,920	\$4,724,920	\$240,105,880	\$1,049,190,750	\$121,945,020	\$78,652,870
DENTAL	\$5,810,040	\$78,000	\$157,140	\$606,330	\$91,483,200	\$20,142,220
TWO PLAN MODEL	\$1,385,704,580	-\$2,460	\$0	\$61,408,880	\$502,929,220	\$179,374,050
COUNTY ORGANIZED HEALTH SYSTEMS	\$594,451,940	\$273,730	\$1,094,770	\$30,464,700	\$234,721,740	\$75,120,080
GEOGRAPHIC MANAGED CARE	\$219,871,090	\$569,240	\$0	\$13,173,670	\$103,933,850	\$50,268,360
PHP & OTHER MANAG. CARE	\$22,540	\$0	\$0	\$1,808,500	\$1,845,260	\$2,194,720
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,119,060	\$1,331,000
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$16,940	\$0	\$221,190	\$82,890	\$0	\$250,510
MISC. SERVICES	\$24,345,820	\$0	\$0	\$249,910	\$160,600	\$55,330
NON-FFS SUBTOTAL	\$2,230,222,940	\$918,510	\$1,473,090	\$107,794,880	\$936,192,920	\$328,736,260
TOTAL DOLLARS (1)	\$2,618,829,860	\$5,643,430	\$241,578,970	\$1,156,985,630	\$1,058,137,940	\$407,389,130
ELIGIBLES ***	329,800	2,400	61,100	194,000	574,200	199,200
ANNUAL \$/ELIGIBLE	\$7,941	\$2,351	\$3,954	\$5,964	\$1,843	\$2,045
AVG. MO. \$/ELIGIBLE	\$662	\$196	\$329	\$497	\$154	\$170

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

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

Excluded policy changes: 73. Refer to page following report for listing.

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,195,529,770
OTHER MEDICAL	\$2,533,039,000
COUNTY OUTPATIENT	\$58,154,600
COMMUNITY OUTPATIENT	\$417,001,000
PHARMACY	\$860,311,760
COUNTY INPATIENT	\$601,052,400
COMMUNITY INPATIENT	\$3,771,955,010
NURSING FACILITIES	\$4,345,745,700
ICF-DD	\$379,563,350
MEDICAL TRANSPORTATION	\$159,625,030
OTHER SERVICES	\$586,509,510
HOME HEALTH	\$244,531,100
FFS SUBTOTAL	\$15,153,018,230
DENTAL	\$621,408,310
TWO PLAN MODEL	\$11,959,472,930
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,531,807,750
GEOGRAPHIC MANAGED CARE	\$2,003,111,100
PHP & OTHER MANAG. CARE	\$508,958,180
EPSDT SCREENS	\$37,239,130
MEDICARE PAYMENTS	\$4,037,588,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$258,534,770
MISC. SERVICES	\$4,744,842,220
NON-FFS SUBTOTAL	\$29,702,962,380
TOTAL DOLLARS (1)	\$44,855,980,610
ELIGIBLES ***	9,170,500
ANNUAL \$/ELIGIBLE	\$4,891
AVG. MO. \$/ELIGIBLE	\$408

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

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

Excluded policy changes: 73. Refer to page following report for listing.

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 73

2	FAMILY PACT PROGRAM
3	BREAST AND CERVICAL CANCER TREATMENT
6	CHDP GATEWAY - PREENROLLMENT
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION
49	SCHIP FUNDING FOR PRENATAL CARE
51	WOMEN'S HEALTH SERVICES
57	FAMILY PACT DRUG REBATES
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
84	BTR - LIHP - MCE
85	MH/UCD & BTR—DSH PAYMENT
86	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
88	BTR—SAFETY NET CARE POOL
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
90	BTR—LOW INCOME HEALTH PROGRAM - HCCI
91	MH/UCD & BTR—CCS AND GHPP
92	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST
95	BTR—DESIGNATED STATE HEALTH PROGRAMS
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
98	BTR—INCREASE SAFETY NET CARE POOL
99	MH/UCD—STABILIZATION FUNDING
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PF
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
104	MH/UCD—SAFETY NET CARE POOL

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 73

105	MH/UCD & BTR—MIA-LTC
106	MH/UCD & BTR—BCCTP
107	MH/UCD & BTR—DPH INTERIM RATE
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
109	HOSPITAL STABILIZATION
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
111	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
123	TRANSFER OF IHSS COSTS TO CDSS
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
134	EXTEND GROSS PREMIUM TAX
135	MANAGED CARE IGT ADMIN. & PROCESSING FEE
136	GENERAL FUND REIMBURSEMENTS FROM DPHS
137	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
139	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITUF
153	DENTAL RETROACTIVE RATE CHANGES
158	HOSPITAL QAF - HOSPITAL PAYMENTS
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
163	NDPH IGT SUPPLEMENTAL PAYMENTS
164	CERTIFICATION PAYMENTS FOR DP-NFS
165	CAPITAL PROJECT DEBT REIMBURSEMENT
166	FFP FOR LOCAL TRAUMA CENTERS
167	IGT PAYMENTS FOR HOSPITAL SERVICES
168	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
169	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
170	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
177	ARRA HITECH - PROVIDER PAYMENTS

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 73

180	MEDI-CAL TCM PROGRAM
184	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS
192	CIGARETTE AND TOBACCO SURTAX FUNDS
194	CLPP FUND
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE
197	TRANSFER OF IHSS COSTS TO DHCS
198	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
212	AIM LINKED MOTHERS 200-300% FPL