

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2014-15

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$16,282,268,490	\$8,141,134,240	\$8,141,134,240
B. B/Y BASE POLICY CHANGES	\$23,758,925,010	\$14,080,605,050	\$9,678,319,950
C. BASE ADJUSTMENTS	-\$101,269,000	-\$193,535,100	\$92,266,100
D. ADJUSTED BASE	<u>\$39,939,924,490</u>	<u>\$22,028,204,200</u>	<u>\$17,911,720,290</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$2,274,614,320	\$1,523,741,060	\$750,873,260
B. AFFORDABLE CARE ACT	\$9,250,010,600	\$8,746,758,230	\$503,252,370
C. BENEFITS	\$693,574,000	\$698,940,040	-\$5,366,040
D. PHARMACY	-\$1,933,166,000	-\$1,059,487,800	-\$873,678,200
E. DRUG MEDI-CAL	\$24,092,000	\$14,400,000	\$9,692,000
F. MENTAL HEALTH	\$346,023,000	\$352,023,000	-\$6,000,000
G. WAIVER--MH/UCD & BTR	\$4,932,302,730	\$3,815,003,860	\$1,117,298,860
H. MANAGED CARE	\$6,457,206,000	\$2,597,289,300	\$3,859,916,700
I. PROVIDER RATES	-\$23,047,730	-\$11,524,760	-\$11,522,970
J. SUPPLEMENTAL PMNTS.	\$7,658,333,000	\$3,986,938,000	\$3,671,395,000
K. OTHER DEPARTMENTS	\$17,467,000	\$9,369,000	\$8,098,000
L. OTHER	\$87,929,000	\$74,770,500	\$13,158,500
M. TOTAL CHANGE	<u>\$29,785,337,910</u>	<u>\$20,748,220,440</u>	<u>\$9,037,117,470</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$69,725,262,400</u></u>	<u><u>\$42,776,424,640</u></u>	<u><u>\$26,948,837,770</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2014-15

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>ELIGIBILITY</u></b>				
1	TRANSITION OF HFP TO MEDI-CAL	\$1,266,927,000	\$823,502,550	\$443,424,450
2	FAMILY PACT PROGRAM	\$656,141,000	\$491,798,900	\$164,342,100
3	BREAST AND CERVICAL CANCER TREATMENT	\$163,528,000	\$92,098,350	\$71,429,650
4	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$21,682,050	\$11,674,950
5	MEDI-CAL ADULT INMATE PROGRAMS	\$10,827,000	\$10,827,000	\$0
6	CHDP GATEWAY - PREENROLLMENT	\$12,786,000	\$8,310,900	\$4,475,100
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM	\$5,517,000	\$5,517,000	\$0
8	REFUGEES	\$6,475,000	\$0	\$6,475,000
9	MCHA VS. DHCS AND MRMIB	\$42,800	\$21,400	\$21,400
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$2,409,000	\$1,476,000	\$933,000
11	NEW QUALIFIED IMMIGRANTS	\$0	-\$63,554,000	\$63,554,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$57,988,650	-\$57,988,650
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,901,500	-\$8,901,500
14	INCARCERATION VERIFICATION PROGRAM	-\$264,970	-\$132,480	-\$132,480
15	PARIS-FEDERAL	-\$1,734,230	-\$867,120	-\$867,120
16	PARIS-VETERANS	-\$2,290,470	-\$1,145,240	-\$1,145,240
17	PARIS-INTERSTATE	-\$7,760,810	-\$3,880,410	-\$3,880,410
212	AIM LINKED MOTHERS 200-300% FPL	\$128,655,000	\$71,196,000	\$57,459,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$2,274,614,320</b>	<b>\$1,523,741,060</b>	<b>\$750,873,260</b>
<b><u>AFFORDABLE CARE ACT</u></b>				
18	ACA OPTIONAL EXPANSION	\$6,586,221,000	\$6,586,221,000	\$0
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$602,426,830	\$575,216,250	\$27,210,580
20	COMMUNITY FIRST CHOICE OPTION	\$219,412,000	\$219,412,000	\$0
21	ACA MANDATORY EXPANSION	\$867,333,000	\$448,118,050	\$419,214,950
22	MENTAL HEALTH SERVICES EXPANSION	\$300,000,000	\$181,000,000	\$119,000,000
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS	\$49,922,000	\$49,922,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$78,784,000	\$41,034,500	\$37,749,500
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$56,924,000	\$36,286,000	\$20,638,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$70,186,000	\$43,805,500	\$26,380,500
28	ACA DELAY OF REDETERMINATIONS	\$668,000	\$462,200	\$205,800
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$26,950,000	-\$26,950,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$98,220	-\$49,110	-\$49,110
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$17,113,000	-\$8,556,500	-\$8,556,500
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$47,601,000	-\$32,623,000	-\$14,978,000
34	MANAGED CARE DRUG REBATES	-\$292,429,000	-\$146,214,500	-\$146,214,500
205	HEALTH INSURER FEE	\$121,306,000	\$66,718,500	\$54,587,500
206	ACA EXPRESS LANE ENROLLMENT	\$687,214,000	\$675,627,850	\$11,586,150

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2014-15**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>AFFORDABLE CARE ACT</u></b>				
210	ACA EXPANSION-PREGNANCY ONLY	-\$33,145,000	-\$16,572,500	-\$16,572,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$9,250,010,600</b>	<b>\$8,746,758,230</b>	<b>\$503,252,370</b>
<b><u>BENEFITS</u></b>				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$256,044,000	\$256,044,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$145,124,000	\$145,124,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$24,679,000	\$21,972,000	\$2,707,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFIT	\$239,531,000	\$166,590,000	\$72,941,000
39	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
40	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$34,170,000	\$17,085,000	\$17,085,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$6,345,000	\$6,311,000	\$34,000
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$4,841,000	\$2,420,500	\$2,420,500
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$3,415,000	\$3,415,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$501,000	\$501,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$141,000	\$141,000	\$0
47	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$693,940	-\$693,940
48	HEARING AID CAP	\$0	\$0	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,051,700	-\$92,051,700
50	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$16,853,500
51	WOMEN'S HEALTH SERVICES	-\$10,351,000	-\$7,976,100	-\$2,374,900
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$18,163,000	-\$9,081,500	-\$9,081,500
	<b>BENEFITS SUBTOTAL</b>	<b>\$693,574,000</b>	<b>\$698,940,040</b>	<b>-\$5,366,040</b>
<b><u>PHARMACY</u></b>				
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,892,000	\$14,446,000	\$14,446,000
54	NON FFP DRUGS	\$0	-\$2,077,000	\$2,077,000
55	BCCTP DRUG REBATES	-\$15,764,000	-\$10,246,600	-\$5,517,400
56	MEDICAL SUPPLY REBATES	-\$18,321,000	-\$9,160,500	-\$9,160,500
57	FAMILY PACT DRUG REBATES	-\$74,815,000	-\$65,235,500	-\$9,579,500
59	AGED AND DISPUTED DRUG REBATES	-\$150,000,000	-\$75,388,800	-\$74,611,200
60	STATE SUPPLEMENTAL DRUG REBATES	-\$180,941,000	-\$90,939,700	-\$90,001,300
61	FEDERAL DRUG REBATE PROGRAM	-\$1,457,217,000	-\$788,385,700	-\$668,831,300
211	MCO SUPPLEMENTAL DRUG REBATE	-\$65,000,000	-\$32,500,000	-\$32,500,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,933,166,000</b>	<b>-\$1,059,487,800</b>	<b>-\$873,678,200</b>
<b><u>DRUG MEDI-CAL</u></b>				
66	VOLUNTARY INPATIENT DETOXIFICATION	\$23,663,000	\$13,723,000	\$9,940,000
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2014-15

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>DRUG MEDI-CAL</u></b>				
68	ANNUAL RATE ADJUSTMENT	-\$2,607,000	-\$2,359,000	-\$248,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$24,092,000</b>	<b>\$14,400,000</b>	<b>\$9,692,000</b>
<b><u>MENTAL HEALTH</u></b>				
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$107,898,000	\$107,898,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$133,477,000	\$133,477,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$41,938,000	\$41,938,000	\$0
74	KATIE A. V. DIANA BONTA	\$26,751,000	\$26,751,000	\$0
75	HEALTHY FAMILIES - SED	\$18,307,000	\$18,307,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$24,800,000	\$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	\$0	\$0
80	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
81	CHART REVIEW	-\$418,000	-\$418,000	\$0
82	REIMBURSEMENT IN IMD ANCILLARY SERVICES CO	-\$12,000,000	\$0	-\$12,000,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$346,023,000</b>	<b>\$352,023,000</b>	<b>-\$6,000,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
85	MH/UCD & BTR—DSH PAYMENT	\$1,702,746,000	\$1,166,861,000	\$535,885,000
86	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,892,310,000	\$946,155,000	\$946,155,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$534,994,000	\$267,497,000	\$267,497,000
88	BTR—SAFETY NET CARE POOL	\$242,250,000	\$242,250,000	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$243,001,000	\$121,500,500	\$121,500,500
91	MH/UCD & BTR—CCS AND GHPP	\$119,676,000	\$119,676,000	\$0
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS	\$82,000,000	\$82,000,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$53,645,000	\$255,942,000	-\$202,297,000
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$102,004,940	\$51,002,470	\$51,002,470
99	MH/UCD—STABILIZATION FUNDING	\$7,595,000	\$0	\$7,595,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$108,328,000	\$108,328,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$536,000	\$536,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,802,000	\$1,901,000	\$1,901,000
104	MH/UCD—SAFETY NET CARE POOL	\$35,917,000	\$35,917,000	\$0
105	MH/UCD & BTR—MIA-LTC	\$0	\$20,118,000	-\$20,118,000
106	MH/UCD & BTR—BCCTP	\$0	\$2,179,000	-\$2,179,000
107	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$491,392,000	-\$491,392,000
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$196,502,220	-\$98,251,110	-\$98,251,110
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,932,302,730</b>	<b>\$3,815,003,860</b>	<b>\$1,117,298,860</b>

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2014-15

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>MANAGED CARE</u></b>				
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,252,660,000	\$735,873,500	\$516,786,500
118	MANAGED CARE RATE RANGE IGTS	\$820,130,000	\$428,681,000	\$391,449,000
119	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE P	\$5,706,904,000	\$2,901,921,500	\$2,804,982,500
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$399,710,000	\$199,855,000	\$199,855,000
123	TRANSFER OF IHSS COSTS TO CDSS	\$1,615,660,000	\$0	\$1,615,660,000
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$16,426,000	-\$8,213,000	-\$8,213,000
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
132	CAPITATED RATE ADJUSTMENT FOR FY 2014-15	\$465,411,000	\$233,592,800	\$231,818,200
135	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
136	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$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
141	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0
143	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$3,788,843,000	-\$1,894,421,500	-\$1,894,421,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$6,457,206,000</b>	<b>\$2,597,289,300</b>	<b>\$3,859,916,700</b>
<b><u>PROVIDER RATES</u></b>				
24	AB 1629 ADD-ONS	\$17,026,790	\$8,513,400	\$8,513,400
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$203,110,380	\$101,555,190	\$101,555,190
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$187,060,400	\$93,530,200	\$93,530,200
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$42,657,000	\$21,328,500	\$21,328,500
147	AIR AMBULANCE MEDICAL TRANSPORTATION	\$14,611,970	\$7,305,100	\$7,306,880
148	LTC RATE ADJUSTMENT	\$98,236,590	\$49,118,290	\$49,118,290
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$14,425,830	\$7,212,920	\$7,212,910
150	HOSPICE RATE INCREASES	\$11,029,170	\$5,514,590	\$5,514,590
151	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$35,022,000	-\$17,511,000	-\$17,511,000
154	LABORATORY RATE METHODOLOGY CHANGE	-\$14,715,900	-\$7,357,950	-\$7,357,950
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$33,981,950	-\$16,990,980	-\$16,990,980
156	REDUCTION TO RADIOLOGY RATES	-\$60,399,470	-\$30,199,740	-\$30,199,740
157	10% PROVIDER PAYMENT REDUCTION	-\$467,086,540	-\$233,543,270	-\$233,543,270
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$23,047,730</b>	<b>-\$11,524,750</b>	<b>-\$11,522,980</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,024,244,000	\$3,484,560,000	\$3,539,684,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$66,000,000	\$66,000,000	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$50,000,000	\$50,000,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$186,774,000	\$186,774,000	\$0

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2014-15**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$43,658,000	\$43,658,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$110,857,000	\$65,646,000	\$45,211,000
166	FFP FOR LOCAL TRAUMA CENTERS	\$70,000,000	\$35,000,000	\$35,000,000
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 PAYMEN	\$3,800,000	\$3,800,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$7,658,333,000</b>	<b>\$3,986,938,000</b>	<b>\$3,671,395,000</b>
<b><u>OTHER DEPARTMENTS</u></b>				
208	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$17,467,000	\$9,369,000	\$8,098,000
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$17,467,000</b>	<b>\$9,369,000</b>	<b>\$8,098,000</b>
<b><u>OTHER</u></b>				
177	ARRA HITECH - PROVIDER PAYMENTS	\$151,719,000	\$151,719,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$88,060,000	\$88,060,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$8,501,000	\$4,250,500	\$4,250,500
184	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$16,415,000	\$9,934,000	\$6,481,000
187	AUDIT SETTLEMENTS	\$627,000	\$0	\$627,000
191	INDIAN HEALTH SERVICES	\$2,180,000	\$11,615,500	-\$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
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
199	RECOVERY OF PCS/IHSS	-\$389,000	-\$194,500	-\$194,500
200	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$190,614,000	-\$190,614,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$87,929,000</b>	<b>\$74,770,500</b>	<b>\$13,158,500</b>
	<b>GRAND TOTAL</b>	<b>\$29,785,337,920</b>	<b>\$20,748,220,440</b>	<b>\$9,037,117,480</b>

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

### MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2014-15

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$6,272,051,330	\$3,932,868,560	\$2,339,182,770
PHYSICIANS	\$1,135,237,760	\$776,283,460	\$358,954,300
OTHER MEDICAL	\$3,339,772,300	\$2,146,434,060	\$1,193,338,230
COUNTY OUTPATIENT	\$146,378,330	\$118,392,230	\$27,986,100
COMMUNITY OUTPATIENT	\$1,650,662,940	\$891,758,810	\$758,904,130
<b>PHARMACY</b>	\$585,242,620	\$417,594,090	\$167,648,530
<b>HOSPITAL INPATIENT</b>	\$10,546,984,350	\$6,575,474,300	\$3,971,510,050
COUNTY INPATIENT	\$2,309,793,940	\$1,903,080,770	\$406,713,170
COMMUNITY INPATIENT	\$8,237,190,410	\$4,672,393,530	\$3,564,796,880
<b>LONG TERM CARE</b>	\$3,469,473,320	\$1,768,485,650	\$1,700,987,670
NURSING FACILITIES	\$3,230,262,200	\$1,645,771,410	\$1,584,490,790
ICF-DD	\$239,211,120	\$122,714,240	\$116,496,880
<b>OTHER SERVICES</b>	\$827,094,470	\$456,618,430	\$370,476,050
MEDICAL TRANSPORTATION	\$183,217,080	\$121,797,250	\$61,419,840
OTHER SERVICES	\$444,256,420	\$229,607,120	\$214,649,300
HOME HEALTH	\$199,620,970	\$105,214,060	\$94,406,910
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,700,846,100</b>	<b>\$13,151,041,030</b>	<b>\$8,549,805,070</b>
<b>MANAGED CARE</b>	\$34,013,370,910	\$19,605,795,150	\$14,407,575,760
TWO PLAN MODEL	\$21,568,025,340	\$12,326,959,000	\$9,241,066,340
COUNTY ORGANIZED HEALTH SYS	\$8,243,429,040	\$4,926,324,650	\$3,317,104,380
GEOGRAPHIC MANAGED CARE	\$3,427,710,390	\$1,964,848,880	\$1,462,861,510
PHP & OTHER MANAG. CARE	\$774,206,140	\$387,662,610	\$386,543,530
<b>DENTAL</b>	\$892,390,710	\$525,729,890	\$366,660,810
<b>MENTAL HEALTH</b>	\$1,929,833,090	\$1,882,158,800	\$47,674,290
<b>AUDITS/ LAWSUITS</b>	\$4,565,870	\$974,330	\$3,591,540
<b>EPSDT SCREENS</b>	\$36,969,910	\$18,863,920	\$18,105,990
<b>MEDICARE PAYMENTS</b>	\$4,155,206,000	\$1,262,968,500	\$2,892,237,500
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$265,354,240	\$265,333,950	\$20,280
<b>MISC. SERVICES</b>	\$6,981,973,590	\$6,190,330,060	\$791,643,520
<b>RECOVERIES</b>	-\$255,248,000	-\$126,771,000	-\$128,477,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$69,725,262,400</b>	<b>\$42,776,424,640</b>	<b>\$26,948,837,770</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

<u>SERVICE CATEGORY</u>	<u>NOV. 2013 EST. FOR 2013-14</u>	<u>NOV. 2013 EST. FOR 2014-15</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$6,315,862,270	\$6,272,051,330	-\$43,810,940	-0.69
PHYSICIANS	\$1,405,588,020	\$1,135,237,760	-\$270,350,260	-19.23
OTHER MEDICAL	\$3,441,882,160	\$3,339,772,300	-\$102,109,870	-2.97
COUNTY OUTPATIENT	\$142,407,890	\$146,378,330	\$3,970,440	2.79
COMMUNITY OUTPATIENT	\$1,325,984,200	\$1,650,662,940	\$324,678,740	24.49
<b>PHARMACY</b>	\$995,111,040	\$585,242,620	-\$409,868,420	-41.19
<b>HOSPITAL INPATIENT</b>	\$10,263,884,270	\$10,546,984,350	\$283,100,080	2.76
COUNTY INPATIENT	\$2,094,292,860	\$2,309,793,940	\$215,501,090	10.29
COMMUNITY INPATIENT	\$8,169,591,420	\$8,237,190,410	\$67,598,990	0.83
<b>LONG TERM CARE</b>	\$4,977,079,390	\$3,469,473,320	-\$1,507,606,070	-30.29
NURSING FACILITIES	\$4,592,061,550	\$3,230,262,200	-\$1,361,799,350	-29.66
ICF-DD	\$385,017,840	\$239,211,120	-\$145,806,720	-37.87
<b>OTHER SERVICES</b>	\$1,191,783,270	\$827,094,470	-\$364,688,800	-30.60
MEDICAL TRANSPORTATION	\$353,294,870	\$183,217,080	-\$170,077,780	-48.14
OTHER SERVICES	\$589,510,840	\$444,256,420	-\$145,254,410	-24.64
HOME HEALTH	\$248,977,570	\$199,620,970	-\$49,356,600	-19.82
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$23,743,720,250</b>	<b>\$21,700,846,100</b>	<b>-\$2,042,874,150</b>	<b>-8.60</b>
<b>MANAGED CARE</b>	\$23,231,037,950	\$34,013,370,910	\$10,782,332,960	46.41
TWO PLAN MODEL	\$13,902,387,070	\$21,568,025,340	\$7,665,638,270	55.14
COUNTY ORGANIZED HEALTH SYSTEMS	\$6,443,040,490	\$8,243,429,040	\$1,800,388,550	27.94
GEOGRAPHIC MANAGED CARE	\$2,321,861,310	\$3,427,710,390	\$1,105,849,080	47.63
PHP & OTHER MANAG. CARE	\$563,749,090	\$774,206,140	\$210,457,050	37.33
<b>DENTAL</b>	\$632,838,310	\$892,390,710	\$259,552,390	41.01
<b>MENTAL HEALTH</b>	\$1,796,083,700	\$1,929,833,090	\$133,749,380	7.45
<b>AUDITS/ LAWSUITS</b>	-\$69,007,390	\$4,565,870	\$73,573,250	-106.62
<b>EPSDT SCREENS</b>	\$37,239,130	\$36,969,910	-\$269,220	-0.72
<b>MEDICARE PAYMENTS</b>	\$4,037,588,000	\$4,155,206,000	\$117,618,000	2.91
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$262,208,690	\$265,354,240	\$3,145,540	1.20
<b>MISC. SERVICES</b>	\$12,232,288,220	\$6,981,973,590	-\$5,250,314,630	-42.92
<b>RECOVERIES</b>	-\$262,990,000	-\$255,248,000	\$7,742,000	-2.94
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$65,641,006,870</b>	<b>\$69,725,262,400</b>	<b>\$4,084,255,530</b>	<b>6.22</b>
<b>STATE FUNDS</b>	<b>\$25,081,180,330</b>	<b>\$26,948,837,770</b>	<b>\$1,867,657,440</b>	<b>7.45</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	TRANSITION OF HFP TO MEDI-CAL	\$1,195,670,000	\$418,484,500	\$1,266,927,000	\$443,424,450	\$71,257,000	\$24,939,950
2	FAMILY PACT PROGRAM	\$632,717,000	\$158,474,900	\$656,141,000	\$164,342,100	\$23,424,000	\$5,867,200
3	BREAST AND CERVICAL CANCER TREATMENT	\$154,126,000	\$67,664,450	\$163,528,000	\$71,429,650	\$9,402,000	\$3,765,200
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	\$12,557,000	\$0	\$10,827,000	\$0	-\$1,730,000	\$0
6	CHDP GATEWAY - PREENROLLMENT	\$11,937,000	\$4,177,950	\$12,786,000	\$4,475,100	\$849,000	\$297,150
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$6,467,000	\$0	\$5,517,000	\$0	-\$950,000	\$0
8	REFUGEES	\$5,887,000	\$5,887,000	\$6,475,000	\$6,475,000	\$588,000	\$588,000
9	MCHA VS. DHCS AND MRMIB	\$540,000	\$270,000	\$234,000	\$117,000	-\$306,000	-\$153,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$0	\$0	\$2,409,000	\$933,000	\$2,409,000	\$933,000
11	NEW QUALIFIED IMMIGRANTS	\$0	\$63,554,000	\$0	\$63,554,000	\$0	\$0
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$56,409,300	\$0	-\$57,988,650	\$0	-\$1,579,350
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,901,500	\$0	-\$8,901,500	\$0	\$0
14	INCARCERATION VERIFICATION PROGRAM	-\$211,000	-\$105,500	-\$348,000	-\$174,000	-\$137,000	-\$68,500
15	PARIS-FEDERAL	-\$7,682,000	-\$3,841,000	-\$10,725,000	-\$5,362,500	-\$3,043,000	-\$1,521,500
16	PARIS-VETERANS	-\$3,542,510	-\$1,771,260	-\$3,547,820	-\$1,773,910	-\$5,310	-\$2,650
17	PARIS-INTERSTATE	-\$26,010,000	-\$13,005,000	-\$38,477,000	-\$19,238,500	-\$12,467,000	-\$6,233,500
212	AIM LINKED MOTHERS 200-300% FPL	\$0	\$0	\$128,655,000	\$57,459,000	\$128,655,000	\$57,459,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$2,015,812,490</b>	<b>\$646,154,190</b>	<b>\$2,233,758,180</b>	<b>\$730,445,190</b>	<b>\$217,945,690</b>	<b>\$84,291,000</b>
<b>AFFORDABLE CARE ACT</b>							
18	ACA OPTIONAL EXPANSION	\$2,609,318,000	\$0	\$6,586,221,000	\$0	\$3,976,903,000	\$0
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,661,805,710	\$33,670,960	\$602,426,830	\$27,210,580	-\$1,059,378,890	-\$6,460,380
20	COMMUNITY FIRST CHOICE OPTION	\$238,923,000	\$0	\$219,412,000	\$0	-\$19,511,000	\$0
21	ACA MANDATORY EXPANSION	\$222,825,000	\$103,754,350	\$867,333,000	\$419,214,950	\$644,508,000	\$315,460,600
22	MENTAL HEALTH SERVICES EXPANSION	\$73,695,000	\$28,427,000	\$300,000,000	\$119,000,000	\$226,305,000	\$90,573,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$24,252,000	\$0	\$49,922,000	\$0	\$25,670,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$18,672,000	\$9,168,500	\$78,784,000	\$37,749,500	\$60,112,000	\$28,581,000
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$14,493,000	\$5,254,000	\$56,924,000	\$20,638,000	\$42,431,000	\$15,384,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$9,673,000	\$3,711,000	\$70,186,000	\$26,380,500	\$60,513,000	\$22,669,500
28	ACA DELAY OF REDETERMINATIONS	\$6,653,000	\$2,052,850	\$668,000	\$205,800	-\$5,985,000	-\$1,847,050
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$796,000	\$796,000	\$0	\$0	-\$796,000	-\$796,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$40,284,000	\$0	-\$26,950,000	\$0	\$13,334,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$10,530	-\$5,270	-\$98,220	-\$49,110	-\$87,690	-\$43,850
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$15,687,000	-\$7,843,500	-\$17,113,000	-\$8,556,500	-\$1,426,000	-\$713,000
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$43,634,000	-\$13,730,000	-\$47,601,000	-\$14,978,000	-\$3,967,000	-\$1,248,000
34	MANAGED CARE DRUG REBATES	-\$388,347,000	-\$194,173,500	-\$292,429,000	-\$146,214,500	\$95,918,000	\$47,959,000
205	HEALTH INSURER FEE	\$0	\$0	\$121,306,000	\$54,587,500	\$121,306,000	\$54,587,500
206	ACA EXPRESS LANE ENROLLMENT	\$71,535,000	\$1,204,400	\$687,214,000	\$11,586,150	\$615,679,000	\$10,381,750
210	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$33,145,000	-\$16,572,500	-\$33,145,000	-\$16,572,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$4,504,962,180</b>	<b>-\$67,997,210</b>	<b>\$9,250,010,600</b>	<b>\$503,252,370</b>	<b>\$4,745,048,420</b>	<b>\$571,249,580</b>
<b><u>BENEFITS</u></b>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$206,024,000	\$0	\$256,044,000	\$0	\$50,020,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$145,537,000	\$0	\$145,124,000	\$0	-\$413,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$51,410,000	\$1,474,000	\$24,679,000	\$2,707,000	-\$26,731,000	\$1,233,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$10,888,000	\$3,315,500	\$239,531,000	\$72,941,000	\$228,643,000	\$69,625,500
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	\$39,990,000	\$19,995,000	\$34,170,000	\$17,085,000	-\$5,820,000	-\$2,910,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,085,000	\$776,000	\$6,345,000	\$34,000	\$1,260,000	-\$742,000
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$4,631,000	\$2,315,500	\$4,841,000	\$2,420,500	\$210,000	\$105,000
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,678,000	\$0	\$3,415,000	\$0	\$737,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>							
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$183,000	\$0	\$501,000	\$0	\$318,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$131,000	\$0	\$141,000	\$0	\$10,000	\$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	-\$92,051,700	\$0	-\$92,051,700	\$0	\$0
50	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$33,707,000	-\$16,853,500	-\$33,707,000	-\$16,853,500
51	WOMEN'S HEALTH SERVICES	-\$8,289,990	-\$3,398,820	-\$10,351,000	-\$2,374,900	-\$2,061,010	\$1,023,920
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,558,000	-\$6,779,000	-\$18,163,000	-\$9,081,500	-\$4,605,000	-\$2,302,500
	<b>BENEFITS SUBTOTAL</b>	<b>\$484,279,010</b>	<b>-\$58,362,620</b>	<b>\$692,140,000</b>	<b>-\$9,183,200</b>	<b>\$207,860,990</b>	<b>\$49,179,420</b>
<b><u>PHARMACY</u></b>							
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,356,000	\$1,678,000	\$28,892,000	\$14,446,000	\$25,536,000	\$12,768,000
54	NON FFP DRUGS	\$0	\$1,920,000	\$0	\$2,077,000	\$0	\$157,000
55	BCCTP DRUG REBATES	-\$15,389,000	-\$5,386,150	-\$15,764,000	-\$5,517,400	-\$375,000	-\$131,250
56	MEDICAL SUPPLY REBATES	-\$18,321,000	-\$9,160,500	-\$18,321,000	-\$9,160,500	\$0	\$0
57	FAMILY PACT DRUG REBATES	-\$72,232,000	-\$9,248,400	-\$74,815,000	-\$9,579,500	-\$2,583,000	-\$331,100
58	LITIGATION SETTLEMENTS	-\$81,772,000	-\$81,772,000	\$0	\$0	\$81,772,000	\$81,772,000
59	AGED AND DISPUTED DRUG REBATES	-\$150,000,000	-\$74,611,200	-\$150,000,000	-\$74,611,200	\$0	\$0
60	STATE SUPPLEMENTAL DRUG REBATES	-\$165,789,000	-\$82,464,900	-\$180,941,000	-\$90,001,300	-\$15,152,000	-\$7,536,400
61	FEDERAL DRUG REBATE PROGRAM	-\$1,335,187,000	-\$608,132,700	-\$1,457,217,000	-\$668,831,300	-\$122,030,000	-\$60,698,600
211	MCO SUPPLEMENTAL DRUG REBATE	\$0	\$0	-\$65,000,000	-\$32,500,000	-\$65,000,000	-\$32,500,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,835,334,000</b>	<b>-\$867,177,850</b>	<b>-\$1,933,166,000</b>	<b>-\$873,678,200</b>	<b>-\$97,832,000</b>	<b>-\$6,500,350</b>
<b><u>DRUG MEDI-CAL</u></b>							
66	VOLUNTARY INPATIENT DETOXIFICATION	\$9,468,000	\$4,030,000	\$23,663,000	\$9,940,000	\$14,195,000	\$5,910,000
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>DRUG MEDI-CAL</u></b>							
68	ANNUAL RATE ADJUSTMENT	\$0	\$0	-\$2,607,000	-\$248,000	-\$2,607,000	-\$248,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$12,504,000</b>	<b>\$4,030,000</b>	<b>\$24,092,000</b>	<b>\$9,692,000</b>	<b>\$11,588,000</b>	<b>\$5,662,000</b>
<b><u>MENTAL HEALTH</u></b>							
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$293,819,000	\$0	\$107,898,000	\$0	-\$185,921,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$124,190,000	\$0	\$133,477,000	\$0	\$9,287,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$32,619,000	\$0	\$41,938,000	\$0	\$9,319,000	\$0
74	KATIE A. V. DIANA BONTA	\$27,955,000	\$0	\$26,751,000	\$0	-\$1,204,000	\$0
75	HEALTHY FAMILIES - SED	\$18,731,000	\$0	\$18,307,000	\$0	-\$424,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,400,000	\$0	\$24,800,000	\$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	\$2,270,000	\$0	\$2,270,000	\$0	\$0	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$7,204,000	\$0	\$0	\$0	-\$7,204,000
80	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
81	CHART REVIEW	-\$1,475,000	\$0	-\$418,000	\$0	\$1,057,000	\$0
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	-\$41,760,000	\$27,777,000	\$0	\$0	\$41,760,000	-\$27,777,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$459,749,000</b>	<b>\$28,981,000</b>	<b>\$346,023,000</b>	<b>-\$6,000,000</b>	<b>-\$113,726,000</b>	<b>-\$34,981,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
84	BTR - LIHP - MCE	\$5,495,397,000	\$2,338,785,500	\$0	\$0	-\$5,495,397,000	-\$2,338,785,500
85	MH/UCD & BTR—DSH PAYMENT	\$1,599,070,000	\$344,527,000	\$1,702,746,000	\$535,885,000	\$103,676,000	\$191,358,000
86	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,485,648,000	\$742,824,000	\$1,892,310,000	\$946,155,000	\$406,662,000	\$203,331,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$603,508,000	\$301,754,000	\$534,994,000	\$267,497,000	-\$68,514,000	-\$34,257,000
88	BTR—SAFETY NET CARE POOL	\$317,250,000	\$0	\$242,250,000	\$0	-\$75,000,000	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$248,602,000	\$124,301,000	\$243,001,000	\$121,500,500	-\$5,601,000	-\$2,800,500
90	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$180,186,000	\$44,904,000	\$0	\$0	-\$180,186,000	-\$44,904,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
91	MH/UCD & BTR—CCS AND GHPP	\$129,858,000	\$0	\$119,676,000	\$0	-\$10,182,000	\$0
92	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$0	\$0	-\$110,000,000	-\$55,000,000
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$100,000,000	\$50,000,000	\$0	\$0	-\$100,000,000	-\$50,000,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$82,000,000	\$0	\$82,000,000	\$0	\$0	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$66,339,000	-\$331,197,000	\$53,645,000	-\$202,297,000	-\$12,694,000	\$128,900,000
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$56,473,000	\$0	\$0	\$0	-\$56,473,000	\$0
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$48,791,390	\$24,395,690	\$108,297,000	\$54,148,500	\$59,505,610	\$29,752,810
98	BTR—INCREASE SAFETY NET CARE POOL	\$30,750,000	\$0	\$0	\$0	-\$30,750,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$13,988,000	\$13,988,000	\$7,595,000	\$7,595,000	-\$6,393,000	-\$6,393,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$11,877,000	\$0	\$108,328,000	\$0	\$96,451,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$10,193,000	\$0	\$536,000	\$0	-\$9,657,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$9,613,000	\$0	\$0	\$0	-\$9,613,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$8,510,000	\$4,255,000	\$3,802,000	\$1,901,000	-\$4,708,000	-\$2,354,000
104	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$0	\$35,917,000	\$0	\$33,968,000	\$0
105	MH/UCD & BTR—MIA-LTC	\$0	-\$19,327,000	\$0	-\$20,118,000	\$0	-\$791,000
106	MH/UCD & BTR—BCCTP	\$0	-\$1,786,000	\$0	-\$2,179,000	\$0	-\$393,000
107	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$441,435,000	\$0	-\$491,392,000	\$0	-\$49,957,000
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$30,750,000	\$0	\$0	\$0	\$30,750,000
109	HOSPITAL STABILIZATION	\$0	\$0	\$0	\$0	\$0	\$0
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$20,762,000	\$0	\$0	\$0	\$20,762,000
111	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$61,500,000	\$0	\$0	\$0	\$61,500,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$77,897,380	-\$38,948,690	-\$204,221,800	-\$102,110,900	-\$126,324,420	-\$63,162,210
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$10,470,605,010</b>	<b>\$3,160,528,510</b>	<b>\$4,930,875,200</b>	<b>\$1,116,585,100</b>	<b>-\$5,539,729,810</b>	<b>-\$2,043,943,410</b>
<b><u>MANAGED CARE</u></b>							

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$783,819,000	\$345,594,000	\$1,252,660,000	\$516,786,500	\$468,841,000	\$171,192,500
118	MANAGED CARE RATE RANGE IGTS	\$744,394,000	\$355,300,000	\$820,130,000	\$391,449,000	\$75,736,000	\$36,149,000
119	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PAY	\$125,278,000	\$61,273,500	\$5,706,904,000	\$2,804,982,500	\$5,581,626,000	\$2,743,709,000
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$443,548,000	\$221,774,000	\$399,710,000	\$199,855,000	-\$43,838,000	-\$21,919,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$383,441,000	\$191,720,500	\$0	\$0	-\$383,441,000	-\$191,720,500
123	TRANSFER OF IHSS COSTS TO CDSS	\$45,505,000	\$45,505,000	\$1,615,660,000	\$1,615,660,000	\$1,570,155,000	\$1,570,155,000
124	RETRO MC RATE ADJUSTMENTS	\$338,810,000	\$169,405,000	\$0	\$0	-\$338,810,000	-\$169,405,000
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$21,097,000	\$10,548,500	-\$16,426,000	-\$8,213,000	-\$37,523,000	-\$18,761,500
128	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$8,862,000	\$4,358,000	\$0	\$0	-\$8,862,000	-\$4,358,000
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
132	CAPITATED RATE ADJUSTMENT FOR FY 2014-15	\$0	\$0	\$465,411,000	\$231,818,200	\$465,411,000	\$231,818,200
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0
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
141	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0	\$0	\$0	\$0
142	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$1,100,000	-\$550,000	\$0	\$0	\$1,100,000	\$550,000
143	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$140,711,000	-\$70,355,500	-\$3,788,843,000	-\$1,894,421,500	-\$3,648,132,000	-\$1,824,066,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$2,754,943,000</b>	<b>\$1,336,573,000</b>	<b>\$6,457,206,000</b>	<b>\$3,859,916,700</b>	<b>\$3,702,263,000</b>	<b>\$2,523,343,700</b>
<b>PROVIDER RATES</b>							
24	AB 1629 ADD-ONS	\$19,207,540	\$9,603,770	\$17,026,790	\$8,513,400	-\$2,180,750	-\$1,090,380

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>							
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$273,342,660	\$136,671,330	\$205,639,750	\$102,819,870	-\$67,702,910	-\$33,851,450
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$68,001,180	\$34,000,590	\$187,060,400	\$93,530,200	\$119,059,230	\$59,529,610
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$40,673,000	\$20,336,500	\$42,657,000	\$21,328,500	\$1,984,000	\$992,000
147	AIR AMBULANCE MEDICAL TRANSPORTATION	\$18,459,860	\$9,229,930	\$14,611,970	\$7,306,880	-\$3,847,880	-\$1,923,050
148	LTC RATE ADJUSTMENT	\$17,484,220	\$8,742,110	\$98,236,580	\$49,118,290	\$80,752,370	\$40,376,180
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$60,321,980	\$30,160,990	\$14,425,830	\$7,212,910	-\$45,896,150	-\$22,948,070
150	HOSPICE RATE INCREASES	\$4,416,510	\$2,208,250	\$11,180,100	\$5,590,050	\$6,763,600	\$3,381,800
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$1,872,000	-\$936,000	-\$35,022,000	-\$17,511,000	-\$33,150,000	-\$16,575,000
153	DENTAL RETROACTIVE RATE CHANGES	-\$4,782,000	-\$2,391,000	\$0	\$0	\$4,782,000	\$2,391,000
154	LABORATORY RATE METHODOLOGY CHANGE	-\$8,477,900	-\$4,238,950	-\$14,715,900	-\$7,357,950	-\$6,238,010	-\$3,119,000
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$13,035,000	-\$6,517,500	-\$34,256,000	-\$17,128,000	-\$21,221,000	-\$10,610,500
156	REDUCTION TO RADIOLOGY RATES	-\$28,638,160	-\$14,319,080	-\$60,399,470	-\$30,199,740	-\$31,761,310	-\$15,880,660
157	10% PROVIDER PAYMENT REDUCTION	-\$312,677,000	-\$156,338,500	-\$531,384,000	-\$265,692,000	-\$218,707,000	-\$109,353,500
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$132,424,880</b>	<b>\$66,212,440</b>	<b>-\$84,938,940</b>	<b>-\$42,468,580</b>	<b>-\$217,363,820</b>	<b>-\$108,681,020</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$4,209,680,000	\$2,114,955,000	\$0	\$0	-\$4,209,680,000	-\$2,114,955,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,261,177,000	\$1,137,338,000	\$7,024,244,000	\$3,539,684,000	\$4,763,067,000	\$2,402,346,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$455,989,000	\$0	\$66,000,000	\$0	-\$389,989,000	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$190,500,000	\$0	\$50,000,000	\$0	-\$140,500,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,174,000	\$0	\$186,774,000	\$0	\$7,600,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000	\$35,000,000	-\$70,000,000	-\$35,000,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$117,889,000	\$0	\$43,658,000	\$0	-\$74,231,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$117,187,000	\$48,689,500	\$110,857,000	\$45,211,000	-\$6,330,000	-\$3,478,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$100,000,000	\$50,000,000	\$70,000,000	\$35,000,000	-\$30,000,000	-\$15,000,000

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CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
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:	\$5,475,000	\$0	\$3,800,000	\$0	-\$1,675,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$7,810,071,000</b>	<b>\$3,437,482,500</b>	<b>\$7,658,333,000</b>	<b>\$3,671,395,000</b>	<b>-\$151,738,000</b>	<b>\$233,912,500</b>
<b><u>OTHER DEPARTMENTS</u></b>							
208	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$0	\$0	\$17,467,000	\$8,098,000	\$17,467,000	\$8,098,000
	<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$17,467,000</b>	<b>\$8,098,000</b>	<b>\$17,467,000</b>	<b>\$8,098,000</b>
<b><u>OTHER</u></b>							
177	ARRA HITECH - PROVIDER PAYMENTS	\$240,434,000	\$0	\$151,719,000	\$0	-\$88,715,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$133,245,000	\$0	\$88,060,000	\$0	-\$45,185,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$11,487,000	\$5,743,500	\$8,501,000	\$4,250,500	-\$2,986,000	-\$1,493,000
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	\$20,565,000	\$8,740,000	\$16,415,000	\$6,481,000	-\$4,150,000	-\$2,259,000
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$7,837,000	\$2,351,000	\$0	\$0	-\$7,837,000	-\$2,351,000
187	AUDIT SETTLEMENTS	\$8,247,000	\$8,247,000	\$627,000	\$627,000	-\$7,620,000	-\$7,620,000
191	INDIAN HEALTH SERVICES	\$1,254,000	-\$9,435,500	\$2,180,000	-\$9,435,500	\$926,000	\$0
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
193	ANTI-FRAUD ACTIVITIES	-\$15,000,000	-\$7,500,000	-\$15,000,000	-\$7,500,000	\$0	\$0
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	\$0	\$0	\$0	\$0	\$0	\$0
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
199	RECOVERY OF PCS/IHSS	\$0	\$0	-\$389,000	-\$194,500	-\$389,000	-\$194,500

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CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2013-14 AND 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2013-14		NOV. 2013 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
200	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$3,800,000	-\$2,400,000	-\$2,280,000	\$1,600,000	\$1,520,000
201	IHSS REDUCTION IN SERVICE HOURS	-\$196,331,000	\$0	-\$190,614,000	\$0	\$5,717,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$219,168,000</b>	<b>\$15,776,000</b>	<b>\$70,529,000</b>	<b>\$3,378,500</b>	<b>-\$148,639,000</b>	<b>-\$12,397,500</b>
	<b>GRAND TOTAL</b>	<b>\$27,029,184,570</b>	<b>\$7,702,199,960</b>	<b>\$29,662,329,040</b>	<b>\$8,971,432,880</b>	<b>\$2,633,144,480</b>	<b>\$1,269,232,920</b>

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

**FISCAL YEAR 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$21,188,360	\$2,410,590	\$108,274,340	\$57,699,630	\$3,200,970	\$63,140
OTHER MEDICAL	\$50,337,690	\$7,316,140	\$286,093,220	\$336,418,790	\$7,420,530	\$264,860
COUNTY OUTPATIENT	\$410,780	\$105,170	\$6,750,720	\$1,771,230	\$182,620	\$20
COMMUNITY OUTPATIENT	\$7,717,910	\$1,324,100	\$89,660,040	\$31,251,340	\$478,450	\$12,240
PHARMACY	-\$2,813,510	-\$637,690	-\$46,912,630	\$52,460,690	-\$1,063,910	-\$16,250
COUNTY INPATIENT	\$6,718,920	\$724,600	\$59,741,870	\$25,141,560	\$2,287,830	\$2,790
COMMUNITY INPATIENT	\$92,248,250	\$9,478,780	\$577,529,220	\$260,109,140	\$16,537,420	\$780,660
NURSING FACILITIES	\$349,805,630	\$14,913,900	\$530,457,750	\$2,297,000	\$1,434,180,000	\$5,682,700
ICF-DD	\$425,440	\$5,339,090	\$112,855,280	\$427,740	\$16,272,300	\$1,659,760
MEDICAL TRANSPORTATION	\$13,082,170	\$2,740,820	\$36,935,470	\$5,103,450	\$4,003,630	\$72,570
OTHER SERVICES	\$28,715,970	\$3,145,900	\$87,006,540	\$40,992,020	\$51,345,480	\$143,000
HOME HEALTH	\$260,320	\$9,092,910	\$101,065,670	\$4,056,960	\$3,470	\$0
<b>FFS SUBTOTAL</b>	<b>\$568,097,930</b>	<b>\$55,954,310</b>	<b>\$1,949,457,480</b>	<b>\$817,729,540</b>	<b>\$1,534,848,800</b>	<b>\$8,665,490</b>
DENTAL	\$39,098,180	\$1,970,790	\$93,667,980	\$128,970,640	\$2,594,840	\$12,630
TWO PLAN MODEL	\$780,968,880	\$128,754,560	\$8,061,790,330	\$2,242,764,220	-\$78,040	-\$78,040
COUNTY ORGANIZED HEALTH SYSTEMS	\$366,035,860	\$30,447,430	\$1,460,737,200	\$394,655,170	\$853,056,580	\$3,136,130
GEOGRAPHIC MANAGED CARE	\$99,624,120	\$17,645,680	\$1,118,317,860	\$282,810,420	-\$5,080	-\$5,080
PHP & OTHER MANAG. CARE	\$252,852,130	\$6,097,310	\$150,744,590	\$20,165,110	\$14,943,380	\$9,210
EPSDT SCREENS	\$0	\$0	\$0	\$9,321,890	\$0	\$0
MEDICARE PAYMENTS	\$1,416,023,210	\$43,130,170	\$1,338,085,620	\$0	\$159,255,180	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$94,730	\$1,535,740	\$58,551,540	\$566,670	\$13,915,310	\$1,056,760
MISC. SERVICES	\$642,876,320	\$34,087,180	\$3,200,385,060	\$980,260	\$1,230,520	\$20
<b>NON-FFS SUBTOTAL</b>	<b>\$3,597,573,420</b>	<b>\$263,668,880</b>	<b>\$15,482,280,170</b>	<b>\$3,080,234,390</b>	<b>\$1,044,912,690</b>	<b>\$4,131,630</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$4,165,671,350</b>	<b>\$319,623,200</b>	<b>\$17,431,737,650</b>	<b>\$3,897,963,930</b>	<b>\$2,579,761,500</b>	<b>\$12,797,120</b>
<b>ELIGIBLES ***</b>	<b>424,800</b>	<b>23,000</b>	<b>1,092,600</b>	<b>1,498,100</b>	<b>46,300</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$9,806</b>	<b>\$13,897</b>	<b>\$15,954</b>	<b>\$2,602</b>	<b>\$55,718</b>	<b>\$63,986</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$817</b>	<b>\$1,158</b>	<b>\$1,330</b>	<b>\$217</b>	<b>\$4,643</b>	<b>\$5,332</b>

(1) Does not include Audits &amp; 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 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$5,122,230	\$17,307,650	\$218,260	\$41,786,130	\$281,382,310	\$49,900,800
OTHER MEDICAL	\$5,778,640	\$53,241,130	\$653,360	\$84,925,960	\$918,334,080	\$211,922,510
COUNTY OUTPATIENT	\$380,720	\$1,382,260	\$24,240	\$7,127,650	\$20,804,610	\$2,788,210
COMMUNITY OUTPATIENT	\$852,710	\$5,414,220	\$118,430	\$21,703,910	\$127,266,860	\$24,069,580
PHARMACY	-\$1,895,430	-\$2,182,380	\$2,610	\$231,040	\$94,321,830	\$90,838,070
COUNTY INPATIENT	\$16,245,070	\$18,449,780	\$484,480	\$147,137,050	\$229,349,760	\$27,251,580
COMMUNITY INPATIENT	\$27,291,430	\$50,564,670	\$1,548,540	\$323,966,320	\$1,177,352,440	\$188,283,410
NURSING FACILITIES	\$426,678,040	\$173,035,870	\$407,620	\$58,447,280	\$18,000,950	\$9,413,510
ICF-DD	\$89,391,120	\$547,690	\$0	\$5,964,090	\$335,170	\$1,843,860
MEDICAL TRANSPORTATION	\$2,164,890	\$10,862,180	\$169,770	\$16,524,220	\$16,880,510	\$3,677,680
OTHER SERVICES	\$10,187,680	\$13,952,570	\$51,290	\$22,408,690	\$97,433,400	\$31,073,420
HOME HEALTH	\$16,870	\$353,310	\$62,560	\$42,998,380	\$11,360,770	\$20,934,510
<b>FFS SUBTOTAL</b>	<b>\$582,213,980</b>	<b>\$342,928,950</b>	<b>\$3,741,160</b>	<b>\$773,220,710</b>	<b>\$2,992,822,680</b>	<b>\$661,997,140</b>
DENTAL	\$832,140	\$29,264,680	\$58,020	\$18,106,360	\$345,823,260	\$77,145,150
TWO PLAN MODEL	-\$78,040	\$1,282,977,540	\$5,087,050	\$908,258,660	\$556,403,440	\$244,607,240
COUNTY ORGANIZED HEALTH SYSTEMS	\$323,243,440	\$314,532,260	\$752,440	\$390,453,850	\$1,262,823,900	\$135,293,900
GEOGRAPHIC MANAGED CARE	-\$5,080	\$108,973,160	\$121,040	\$87,989,150	\$507,571,760	\$26,290,110
PHP & OTHER MANAG. CARE	\$629,260	\$198,552,820	\$21,374,730	\$2,834,380	\$50,796,050	\$3,586,990
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$23,632,700	\$1,558,800
MEDICARE PAYMENTS	\$39,646,170	\$721,105,440	\$0	\$367,305,160	\$70,655,030	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$185,808,900	\$31,220	\$28,210	\$239,360	\$143,240	\$460,900
MISC. SERVICES	\$1,384,570	\$472,245,410	\$925,450	\$575,963,470	\$2,385,380	\$6,477,550
<b>NON-FFS SUBTOTAL</b>	<b>\$551,461,350</b>	<b>\$3,127,682,530</b>	<b>\$28,346,930</b>	<b>\$2,351,150,380</b>	<b>\$2,820,234,760</b>	<b>\$495,420,640</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,133,675,330</b>	<b>\$3,470,611,480</b>	<b>\$32,088,090</b>	<b>\$3,124,371,090</b>	<b>\$5,813,057,440</b>	<b>\$1,157,417,790</b>
<b>ELIGIBLES ***</b>	<b>14,800</b>	<b>324,100</b>	<b>600</b>	<b>203,300</b>	<b>3,809,400</b>	<b>811,600</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$76,600</b>	<b>\$10,708</b>	<b>\$53,480</b>	<b>\$15,368</b>	<b>\$1,526</b>	<b>\$1,426</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,383</b>	<b>\$892</b>	<b>\$4,457</b>	<b>\$1,281</b>	<b>\$127</b>	<b>\$119</b>

(1) Does not include Audits &amp; 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 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$98,049,650	\$331,900	\$18,456,290	\$199,059,370	\$7,763,890	\$5,379,090
OTHER MEDICAL	\$463,551,750	\$1,934,250	\$40,627,900	\$237,071,650	\$83,677,400	\$33,930,820
COUNTY OUTPATIENT	\$7,934,110	\$175,800	\$4,435,020	\$3,643,710	\$307,420	\$360,530
COMMUNITY OUTPATIENT	\$21,055,440	\$113,780	\$5,341,500	\$30,031,940	\$5,068,140	\$4,880,970
PHARMACY	\$235,003,170	\$450,980	\$10,627,460	\$7,674,580	\$5,523,560	\$7,586,750
COUNTY INPATIENT	\$43,843,280	\$53,810	\$63,445,420	\$64,095,400	\$1,229,860	\$2,408,800
COMMUNITY INPATIENT	\$281,608,870	\$467,100	\$85,133,670	\$462,946,760	\$20,301,750	\$21,662,270
NURSING FACILITIES	\$35,529,630	\$2,370	\$20,965,870	\$398,000	\$644,190	\$661,940
ICF-DD	\$619,800	\$0	\$214,440	\$0	\$0	\$3,340
MEDICAL TRANSPORTATION	\$11,457,620	\$10,880	\$4,203,230	\$1,919,520	\$454,870	\$270,770
OTHER SERVICES	\$21,366,530	\$12,420	\$1,625,240	\$12,483,670	\$12,682,940	\$5,797,360
HOME HEALTH	\$159,520	\$140	\$17,030	\$2,106,520	\$2,507,560	\$1,350,790
<b>FFS SUBTOTAL</b>	<b>\$1,220,179,360</b>	<b>\$3,553,430</b>	<b>\$255,093,060</b>	<b>\$1,021,431,130</b>	<b>\$140,161,590</b>	<b>\$84,293,440</b>
DENTAL	\$14,248,820	\$80,720	\$175,940	\$1,418,690	\$102,773,320	\$24,540,170
TWO PLAN MODEL	\$3,295,456,980	\$1,959,930	\$0	\$105,405,200	\$619,619,910	\$309,618,950
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,413,130,670	\$280,650	\$3,976,420	\$35,611,510	\$250,949,250	\$88,299,200
GEOGRAPHIC MANAGED CARE	\$522,866,280	\$592,850	\$0	\$14,631,340	\$109,623,700	\$56,134,390
PHP & OTHER MANAG. CARE	\$26,970	\$0	\$0	\$2,226,170	\$2,232,900	\$2,660,910
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,119,400	\$1,333,960
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$17,660	\$0	\$230,580	\$86,410	\$0	\$261,150
MISC. SERVICES	\$50,054,970	\$0	\$0	\$242,290	\$180,300	\$62,110
<b>NON-FFS SUBTOTAL</b>	<b>\$5,295,802,340</b>	<b>\$2,914,140</b>	<b>\$4,382,930</b>	<b>\$159,621,610</b>	<b>\$1,086,498,760</b>	<b>\$482,910,850</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$6,515,981,700</b>	<b>\$6,467,570</b>	<b>\$259,476,000</b>	<b>\$1,181,052,730</b>	<b>\$1,226,660,350</b>	<b>\$567,204,280</b>
<b>ELIGIBLES ***</b>	<b>774,000</b>	<b>2,600</b>	<b>61,100</b>	<b>207,600</b>	<b>600,000</b>	<b>212,100</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$8,419</b>	<b>\$2,488</b>	<b>\$4,247</b>	<b>\$5,689</b>	<b>\$2,044</b>	<b>\$2,674</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$702</b>	<b>\$207</b>	<b>\$354</b>	<b>\$474</b>	<b>\$170</b>	<b>\$223</b>

(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 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$917,594,590
OTHER MEDICAL	\$2,823,500,680
COUNTY OUTPATIENT	\$58,584,820
COMMUNITY OUTPATIENT	\$376,361,560
PHARMACY	\$449,198,940
COUNTY INPATIENT	\$708,611,850
COMMUNITY INPATIENT	\$3,597,810,730
NURSING FACILITIES	\$3,081,522,230
ICF-DD	\$235,899,110
MEDICAL TRANSPORTATION	\$130,534,280
OTHER SERVICES	\$440,424,110
HOME HEALTH	\$196,347,290
<b>FFS SUBTOTAL</b>	<b>\$13,016,390,190</b>
DENTAL	\$880,782,320
TWO PLAN MODEL	\$18,543,438,750
COUNTY ORGANIZED HEALTH SYSTEMS	\$7,327,415,860
GEOGRAPHIC MANAGED CARE	\$2,953,176,620
PHP & OTHER MANAG. CARE	\$729,732,900
EPSDT SCREENS	\$36,966,750
MEDICARE PAYMENTS	\$4,155,206,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$263,028,360
MISC. SERVICES	\$4,989,480,850
<b>NON-FFS SUBTOTAL</b>	<b>\$39,879,228,410</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$52,895,618,600</b>
<b>ELIGIBLES ***</b>	<b>10,106,200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$5,234</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$436</b>

(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 2014-15 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 PAYMENT
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 PROG
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT

**FISCAL YEAR 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

104	MH/UCD—SAFETY NET CARE POOL
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 FUNDS
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 EXPENDITURES
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 2014-15 COST PER ELIGIBLE BASED ON NOVEMBER 2013 ESTIMATE**

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