

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	\$15,819,329,510	\$7,909,664,760	\$7,909,664,760
B. C/Y BASE POLICY CHANGES	\$24,517,429,990	\$14,592,043,300	\$9,925,386,700
C. BASE ADJUSTMENTS	-\$81,731,000	-\$92,541,450	\$10,810,450
D. ADJUSTED BASE	<u>\$40,255,028,510</u>	<u>\$22,409,166,600</u>	<u>\$17,845,861,900</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$778,534,740	\$585,030,520	\$193,504,220
B. AFFORDABLE CARE ACT	\$5,493,376,040	\$5,387,473,980	\$105,902,060
C. BENEFITS	\$458,341,570	\$509,055,690	-\$50,714,120
D. PHARMACY	-\$2,077,128,980	-\$1,120,124,540	-\$957,004,440
E. DRUG MEDI-CAL	\$3,036,000	\$3,036,000	\$0
F. MENTAL HEALTH	\$185,089,000	\$144,108,000	\$40,981,000
G. WAIVER--MH/UCD & BTR	\$5,896,449,990	\$4,740,990,500	\$1,155,459,500
H. MANAGED CARE	\$2,767,415,000	\$1,457,040,450	\$1,310,374,550
I. PROVIDER RATES	\$48,884,990	\$24,442,500	\$24,442,500
J. SUPPLEMENTAL PMNTS.	\$4,519,242,000	\$2,442,294,000	\$2,076,948,000
K. OTHER	\$336,753,000	\$279,602,000	\$57,151,000
L. TOTAL CHANGES	<u>\$18,409,993,360</u>	<u>\$14,452,949,090</u>	<u>\$3,957,044,260</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$58,665,021,860</u></u>	<u><u>\$36,862,115,700</u></u>	<u><u>\$21,802,906,170</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2013-14

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
2	FAMILY PACT PROGRAM	\$576,793,000	\$432,325,000	\$144,468,000
3	BREAST AND CERVICAL CANCER TREATMENT	\$149,256,000	\$83,359,900	\$65,896,100
4	AIM LINKED INFANTS 250-300% FPL	\$31,629,000	\$20,558,850	\$11,070,150
5	MEDI-CAL ADULT INMATE PROGRAMS	\$14,092,000	\$14,092,000	\$0
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$4,518,000	\$4,518,000	\$0
8	REFUGEES	\$5,878,000	\$0	\$5,878,000
11	NEW QUALIFIED IMMIGRANTS	\$0	-\$62,996,000	\$62,996,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$86,060,700	-\$86,060,700
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,927,700	-\$8,927,700
14	INCARCERATION VERIFICATION PROGRAM	-\$97,670	-\$48,830	-\$48,830
15	PARIS-FEDERAL	-\$955,910	-\$477,960	-\$477,960
16	PARIS-VETERANS	-\$1,275,610	-\$637,810	-\$637,810
17	PARIS-INTERSTATE	-\$1,302,070	-\$651,030	-\$651,030
	ELIGIBILITY SUBTOTAL	\$778,534,740	\$585,030,520	\$193,504,220
AFFORDABLE CARE ACT				
18	ACA OPTIONAL EXPANSION	\$2,857,646,000	\$2,855,878,000	\$1,768,000
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,629,619,590	\$1,600,971,680	\$28,647,910
20	COMMUNITY FIRST CHOICE OPTION	\$244,263,000	\$244,263,000	\$0
21	ACA MANDATORY EXPANSION	\$419,928,000	\$226,513,950	\$193,414,050
22	MENTAL HEALTH SERVICES EXPANSION	\$86,512,000	\$54,829,350	\$31,682,650
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS	\$33,935,000	\$33,935,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$10,390,000	\$8,187,600	\$2,202,400
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$14,493,000	\$9,239,000	\$5,254,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$11,576,510	\$7,327,780	\$4,248,730
28	ACA DELAY OF REDETERMINATIONS	\$150,904,000	\$80,324,450	\$70,579,550
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	-\$115,000	\$115,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$45,932,000	-\$45,932,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$2,060	-\$1,030	-\$1,030
34	MANAGED CARE DRUG REBATES	-\$379,500,000	-\$189,750,000	-\$189,750,000
206	ACA EXPRESS LANE ENROLLMENT	\$413,611,000	\$407,635,200	\$5,975,800
217	ACA MAGI SAVINGS	\$0	\$2,303,000	-\$2,303,000
	AFFORDABLE CARE ACT SUBTOTAL	\$5,493,376,040	\$5,387,473,980	\$105,902,060
BENEFITS				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$182,932,000	\$182,932,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$144,983,000	\$144,983,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$45,621,000	\$44,143,000	\$1,478,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFIT	\$9,121,000	\$5,948,000	\$3,173,000
39	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
40	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$34,320,000	\$17,160,000	\$17,160,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$3,910,000	\$3,134,000	\$776,000

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>				
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$192,190	\$96,090	\$96,090
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,477,000	\$2,477,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$226,000	\$226,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$139,000	\$139,000	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$89,107,200	-\$89,107,200
51	WOMEN'S HEALTH SERVICES	-\$1,445,740	-\$97,830	-\$1,347,910
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$14,073,000	-\$7,036,500	-\$7,036,500
66	VOLUNTARY INPATIENT DETOXIFICATION	\$8,935,130	\$5,342,730	\$3,592,400
	BENEFITS SUBTOTAL	\$458,341,570	\$509,055,690	-\$50,714,120
<u>PHARMACY</u>				
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,383,020	\$1,691,510	\$1,691,510
54	NON FFP DRUGS	\$0	-\$2,044,500	\$2,044,500
55	BCCTP DRUG REBATES	-\$15,389,000	-\$10,002,850	-\$5,386,150
56	MEDICAL SUPPLY REBATES	-\$24,428,000	-\$12,214,000	-\$12,214,000
57	FAMILY PACT DRUG REBATES	-\$78,108,000	-\$68,107,200	-\$10,000,800
58	LITIGATION SETTLEMENTS	-\$88,253,000	\$0	-\$88,253,000
59	AGED AND DISPUTED DRUG REBATES	-\$286,000,000	-\$143,026,400	-\$142,973,600
60	STATE SUPPLEMENTAL DRUG REBATES	-\$209,567,000	-\$106,718,300	-\$102,848,700
61	FEDERAL DRUG REBATE PROGRAM	-\$1,378,767,000	-\$779,702,800	-\$599,064,200
	PHARMACY SUBTOTAL	-\$2,077,128,980	-\$1,120,124,540	-\$957,004,440
<u>DRUG MEDI-CAL</u>				
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
	DRUG MEDI-CAL SUBTOTAL	\$3,036,000	\$3,036,000	\$0
<u>MENTAL HEALTH</u>				
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$64,187,000	\$64,187,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$67,962,000	\$67,962,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$29,886,000	\$29,886,000	\$0
74	KATIE A. V. DIANA BONTA	\$29,293,000	\$29,293,000	\$0
75	HEALTHY FAMILIES - SED	\$18,769,000	\$18,769,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,400,000	\$12,400,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,353,000	\$3,353,000	\$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
80	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
81	CHART REVIEW	-\$1,271,000	-\$1,271,000	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$41,760,000	-\$69,537,000	\$27,777,000
	MENTAL HEALTH SUBTOTAL	\$185,089,000	\$144,108,000	\$40,981,000
<u>WAIVER--MH/UCD & BTR</u>				

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>WAIVER--MH/UCD & BTR</u>				
84	BTR - LIHP - MCE	\$1,039,826,000	\$912,796,500	\$127,029,500
85	MH/UCD & BTR—DSH PAYMENT	\$1,655,852,000	\$1,259,650,000	\$396,202,000
86	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,474,435,000	\$737,217,500	\$737,217,500
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$608,376,000	\$304,188,000	\$304,188,000
88	BTR—SAFETY NET CARE POOL	\$317,250,000	\$317,250,000	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$250,602,000	\$125,301,000	\$125,301,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$134,376,000	\$111,300,000	\$23,076,000
91	MH/UCD & BTR—CCS AND GHPP	\$134,565,000	\$134,565,000	\$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	\$19,933,000	\$7,838,000	\$12,095,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS'	\$84,400,000	\$84,400,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$8,315,000	\$255,085,000	-\$246,770,000
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$53,642,000	\$53,642,000	\$0
98	BTR—INCREASE SAFETY NET CARE POOL	\$24,250,000	\$24,250,000	\$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	\$3,786,000	\$3,786,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$9,500,000	\$9,500,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$7,600,000	\$3,800,000	\$3,800,000
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	\$365,021,500	-\$365,021,500
108	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$24,250,000	-\$24,250,000
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$24,503,000	\$24,503,000
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$48,500,000	-\$48,500,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$19,572,010	-\$9,786,010	-\$9,786,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,896,449,990	\$4,740,990,500	\$1,155,459,500
<u>MANAGED CARE</u>				
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$798,599,000	\$467,404,000	\$331,195,000
118	MANAGED CARE RATE RANGE IGTS	\$739,514,000	\$395,828,000	\$343,686,000
119	CCI-MANAGED CARE PAYMENTS	\$98,877,000	\$49,438,500	\$49,438,500
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$783,992,000	\$391,996,000	\$391,996,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$371,327,000	\$185,663,500	\$185,663,500
123	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$39,821,000	\$0	\$39,821,000
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$1,079,000	\$539,500	\$539,500
128	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$8,236,000	\$4,185,950	\$4,050,050
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

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
MANAGED CARE				
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
143	CCI-SAVINGS AND DEFERRAL	-\$76,030,000	-\$38,015,000	-\$38,015,000
	MANAGED CARE SUBTOTAL	\$2,767,415,000	\$1,457,040,450	\$1,310,374,550
PROVIDER RATES				
24	AB 1629 ADD-ONS	\$3,138,740	\$1,569,370	\$1,569,370
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$169,096,960	\$84,548,480	\$84,548,480
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$5,078,260	\$2,539,130	\$2,539,130
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$45,489,000	\$22,744,500	\$22,744,500
147	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$22,000,000	\$11,000,000	\$11,000,000
148	LTC RATE ADJUSTMENT	\$7,708,960	\$3,854,480	\$3,854,480
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$7,130,270	\$3,565,140	\$3,565,140
150	HOSPICE RATE INCREASES	\$1,842,930	\$921,460	\$921,460
151	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$15,390	-\$7,690	-\$7,690
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$1,402,580	-\$701,290	-\$701,290
157	10% PROVIDER PAYMENT REDUCTION	-\$211,182,160	-\$105,591,080	-\$105,591,080
	PROVIDER RATES SUBTOTAL	\$48,884,990	\$24,442,500	\$24,442,500
SUPPLEMENTAL PMNTS.				
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$3,767,106,000	\$1,872,941,000	\$1,894,165,000
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$100,000,000	\$100,000,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$172,138,000	\$172,138,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$135,742,000	\$67,871,000	\$67,871,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$89,899,000	\$89,899,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$120,632,000	\$70,220,000	\$50,412,000
166	FFP FOR LOCAL TRAUMA CENTERS	\$100,000,000	\$50,000,000	\$50,000,000
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$11,000,000	\$5,500,000	\$5,500,000
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	\$4,725,000	\$4,725,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$4,519,242,000	\$2,442,294,000	\$2,076,948,000
OTHER				
177	ARRA HITECH - PROVIDER PAYMENTS	\$315,564,000	\$315,564,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$120,670,000	\$120,670,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$72,905,000	\$36,452,500	\$36,452,500
184	CDDS DENTAL SERVICES	\$11,972,000	\$0	\$11,972,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$20,565,000	\$11,825,000	\$8,740,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$3,918,000	\$2,743,000	\$1,175,000
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
194	CLPP FUND	\$0	\$0	\$0
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
197	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$218,342,000	-\$218,342,000	\$0
	OTHER SUBTOTAL	\$336,753,000	\$279,602,000	\$57,151,000
	GRAND TOTAL	\$18,409,993,360	\$14,452,949,090	\$3,957,044,270

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	\$5,558,911,710	\$3,301,399,580	\$2,257,512,130
PHYSICIANS	\$1,335,191,310	\$891,298,820	\$443,892,490
OTHER MEDICAL	\$2,974,871,250	\$1,685,061,710	\$1,289,809,550
COUNTY OUTPATIENT	\$133,515,020	\$105,302,270	\$28,212,750
COMMUNITY OUTPATIENT	\$1,115,334,130	\$619,736,790	\$495,597,340
PHARMACY	\$871,818,940	\$446,967,210	\$424,851,730
HOSPITAL INPATIENT	\$10,057,720,010	\$6,308,388,400	\$3,749,331,610
COUNTY INPATIENT	\$2,163,420,760	\$1,790,870,290	\$372,550,470
COMMUNITY INPATIENT	\$7,894,299,260	\$4,517,518,120	\$3,376,781,140
LONG TERM CARE	\$4,977,840,970	\$2,568,600,520	\$2,409,240,450
NURSING FACILITIES	\$4,585,171,550	\$2,367,476,980	\$2,217,694,580
ICF-DD	\$392,669,410	\$201,123,540	\$191,545,870
OTHER SERVICES	\$1,160,267,380	\$643,034,970	\$517,232,410
MEDICAL TRANSPORTATION	\$260,297,240	\$182,521,310	\$77,775,940
OTHER SERVICES	\$645,243,080	\$327,826,540	\$317,416,540
HOME HEALTH	\$254,727,050	\$132,687,120	\$122,039,940
TOTAL FEE-FOR-SERVICE	\$22,626,559,010	\$13,268,390,670	\$9,358,168,330
MANAGED CARE	\$22,188,338,980	\$13,347,027,970	\$8,841,311,010
TWO PLAN MODEL	\$13,414,476,690	\$8,178,702,190	\$5,235,774,500
COUNTY ORGANIZED HEALTH SYSTEMS	\$6,095,838,250	\$3,587,694,940	\$2,508,143,310
GEOGRAPHIC MANAGED CARE	\$2,194,553,170	\$1,334,290,890	\$860,262,280
PHP & OTHER MANAG. CARE	\$483,470,870	\$246,339,940	\$237,130,920
DENTAL	\$553,127,750	\$294,235,030	\$258,892,720
MENTAL HEALTH	\$1,668,432,240	\$1,633,084,380	\$35,347,850
AUDITS/ LAWSUITS	-\$75,434,780	\$1,288,040	-\$76,722,820
EPSDT SCREENS	\$37,965,360	\$20,280,880	\$17,684,480
MEDICARE PAYMENTS	\$3,967,162,000	\$1,163,665,000	\$2,803,497,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$266,006,860	\$265,997,830	\$9,030
MISC. SERVICES	\$7,745,799,460	\$7,023,567,890	\$722,231,570
RECOVERIES	-\$312,935,000	-\$155,422,000	-\$157,513,000
GRAND TOTAL MEDI-CAL	\$58,665,021,860	\$36,862,115,700	\$21,802,906,170

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2013-14**

SERVICE CATEGORY	2013-14 APPROPRIATION	MAY 2014 EST. FOR 2013-14	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,211,252,790	\$5,558,911,710	-\$652,341,090	-10.50
PHYSICIANS	\$1,503,439,280	\$1,335,191,310	-\$168,247,970	-11.19
OTHER MEDICAL	\$3,128,204,740	\$2,974,871,250	-\$153,333,490	-4.90
COUNTY OUTPATIENT	\$56,860,330	\$133,515,020	\$76,654,690	134.81
COMMUNITY OUTPATIENT	\$1,522,748,450	\$1,115,334,130	-\$407,414,310	-26.76
PHARMACY	\$339,789,840	\$871,818,940	\$532,029,100	156.58
HOSPITAL INPATIENT	\$11,421,243,700	\$10,057,720,010	-\$1,363,523,690	-11.94
COUNTY INPATIENT	\$2,769,079,950	\$2,163,420,760	-\$605,659,200	-21.87
COMMUNITY INPATIENT	\$8,652,163,750	\$7,894,299,260	-\$757,864,490	-8.76
LONG TERM CARE	\$4,658,999,010	\$4,977,840,970	\$318,841,960	6.84
NURSING FACILITIES	\$4,314,190,850	\$4,585,171,550	\$270,980,710	6.28
ICF-DD	\$344,808,160	\$392,669,410	\$47,861,250	13.88
OTHER SERVICES	\$1,099,974,840	\$1,160,267,380	\$60,292,530	5.48
MEDICAL TRANSPORTATION	\$308,273,930	\$260,297,240	-\$47,976,690	-15.56
OTHER SERVICES	\$572,236,050	\$645,243,080	\$73,007,030	12.76
HOME HEALTH	\$219,464,870	\$254,727,050	\$35,262,190	16.07
TOTAL FEE-FOR-SERVICE	\$23,731,260,190	\$22,626,559,010	-\$1,104,701,180	-4.66
MANAGED CARE	\$22,048,885,100	\$22,188,338,980	\$139,453,880	0.63
TWO PLAN MODEL	\$13,672,939,190	\$13,414,476,690	-\$258,462,500	-1.89
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,861,662,600	\$6,095,838,250	\$234,175,650	4.00
GEOGRAPHIC MANAGED CARE	\$2,169,581,330	\$2,194,553,170	\$24,971,850	1.15
PHP & OTHER MANAG. CARE	\$344,701,980	\$483,470,870	\$138,768,890	40.26
DENTAL	\$622,285,160	\$553,127,750	-\$69,157,410	-11.11
MENTAL HEALTH	\$2,988,603,500	\$1,668,432,240	-\$1,320,171,260	-44.17
AUDITS/ LAWSUITS	\$10,174,220	-\$75,434,780	-\$85,609,000	-841.43
EPSDT SCREENS	\$39,457,540	\$37,965,360	-\$1,492,180	-3.78
MEDICARE PAYMENTS	\$4,044,466,000	\$3,967,162,000	-\$77,304,000	-1.91
STATE HOSP./DEVELOPMENTAL CNTRS.	\$242,082,830	\$266,006,860	\$23,924,020	9.88
MISC. SERVICES	\$11,723,140,260	\$7,745,799,460	-\$3,977,340,800	-33.93
RECOVERIES	-\$253,476,400	-\$312,935,000	-\$59,458,600	23.46
GRAND TOTAL MEDI-CAL	\$65,196,878,390	\$58,665,021,860	-\$6,531,856,530	-10.02
STATE FUNDS	\$25,823,189,190	\$21,802,906,170	-\$4,020,283,020	-15.57

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

SERVICE CATEGORY	NOV. 2013 EST. FOR 2013-14	MAY 2014 EST. FOR 2013-14	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,315,862,270	\$5,558,911,710	-\$756,950,560	-11.98
PHYSICIANS	\$1,405,588,020	\$1,335,191,310	-\$70,396,710	-5.01
OTHER MEDICAL	\$3,441,882,160	\$2,974,871,250	-\$467,010,910	-13.57
COUNTY OUTPATIENT	\$142,407,890	\$133,515,020	-\$8,892,880	-6.24
COMMUNITY OUTPATIENT	\$1,325,984,200	\$1,115,334,130	-\$210,650,070	-15.89
PHARMACY	\$995,111,040	\$871,818,940	-\$123,292,100	-12.39
HOSPITAL INPATIENT	\$10,263,884,270	\$10,057,720,010	-\$206,164,260	-2.01
COUNTY INPATIENT	\$2,094,292,860	\$2,163,420,760	\$69,127,900	3.30
COMMUNITY INPATIENT	\$8,169,591,420	\$7,894,299,260	-\$275,292,160	-3.37
LONG TERM CARE	\$4,977,079,390	\$4,977,840,970	\$761,570	0.02
NURSING FACILITIES	\$4,592,061,550	\$4,585,171,550	-\$6,890,000	-0.15
ICF-DD	\$385,017,840	\$392,669,410	\$7,651,570	1.99
OTHER SERVICES	\$1,191,783,270	\$1,160,267,380	-\$31,515,890	-2.64
MEDICAL TRANSPORTATION	\$353,294,870	\$260,297,240	-\$92,997,630	-26.32
OTHER SERVICES	\$589,510,840	\$645,243,080	\$55,732,250	9.45
HOME HEALTH	\$248,977,570	\$254,727,050	\$5,749,490	2.31
TOTAL FEE-FOR-SERVICE	\$23,743,720,250	\$22,626,559,010	-\$1,117,161,240	-4.71
MANAGED CARE	\$23,231,037,950	\$22,188,338,980	-\$1,042,698,970	-4.49
TWO PLAN MODEL	\$13,902,387,070	\$13,414,476,690	-\$487,910,380	-3.51
COUNTY ORGANIZED HEALTH SYST	\$6,443,040,490	\$6,095,838,250	-\$347,202,240	-5.39
GEOGRAPHIC MANAGED CARE	\$2,321,861,310	\$2,194,553,170	-\$127,308,140	-5.48
PHP & OTHER MANAG. CARE	\$563,749,090	\$483,470,870	-\$80,278,220	-14.24
DENTAL	\$632,838,310	\$553,127,750	-\$79,710,560	-12.60
MENTAL HEALTH	\$1,796,083,700	\$1,668,432,240	-\$127,651,470	-7.11
AUDITS/ LAWSUITS	-\$69,007,390	-\$75,434,780	-\$6,427,400	9.31
EPSDT SCREENS	\$37,239,130	\$37,965,360	\$726,230	1.95
MEDICARE PAYMENTS	\$4,037,588,000	\$3,967,162,000	-\$70,426,000	-1.74
STATE HOSP./DEVELOPMENTAL CNTRS.	\$262,208,690	\$266,006,860	\$3,798,160	1.45
MISC. SERVICES	\$12,232,288,220	\$7,745,799,460	-\$4,486,488,760	-36.68
RECOVERIES	-\$262,990,000	-\$312,935,000	-\$49,945,000	18.99
GRAND TOTAL MEDI-CAL	\$65,641,006,870	\$58,665,021,860	-\$6,975,985,010	-10.63
STATE FUNDS	\$25,081,180,330	\$21,802,906,170	-\$3,278,274,160	-13.07

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY											
2	FAMILY PACT PROGRAM	\$645,619,000	\$161,547,900	\$632,717,000	\$158,474,900	\$576,793,000	\$144,468,000	-\$68,826,000	-\$17,079,900	-\$55,924,000	-\$14,006,900
3	BREAST AND CERVICAL CANCER TREATMENT	\$142,761,000	\$62,727,800	\$154,126,000	\$67,664,450	\$149,256,000	\$65,896,100	\$6,495,000	\$3,168,300	-\$4,870,000	-\$1,768,350
4	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$11,674,950	\$33,357,000	\$11,674,950	\$31,629,000	\$11,070,150	-\$1,728,000	-\$604,800	-\$1,728,000	-\$604,800
5	MEDI-CAL ADULT INMATE PROGRAMS	\$21,669,000	\$0	\$12,557,000	\$0	\$14,092,000	\$0	-\$7,577,000	\$0	\$1,535,000	\$0
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$6,932,000	\$0	\$6,467,000	\$0	\$4,518,000	\$0	-\$2,414,000	\$0	-\$1,949,000	\$0
8	REFUGEES	\$5,199,000	\$5,199,000	\$5,887,000	\$5,887,000	\$5,878,000	\$5,878,000	\$679,000	\$679,000	-\$9,000	-\$9,000
11	NEW QUALIFIED IMMIGRANTS	\$0	\$68,153,000	\$0	\$63,554,000	\$0	\$62,996,000	\$0	-\$5,157,000	\$0	-\$558,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$54,200,850	\$0	-\$56,409,300	\$0	-\$86,060,700	\$0	-\$31,859,850	\$0	-\$29,651,400
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$9,072,100	\$0	-\$8,901,500	\$0	-\$8,927,700	\$0	\$144,400	\$0	-\$26,200
14	INCARCERATION VERIFICATION PROGRAM	-\$168,000	-\$84,000	-\$211,000	-\$105,500	-\$255,000	-\$127,500	-\$87,000	-\$43,500	-\$44,000	-\$22,000
15	PARIS-FEDERAL	-\$6,634,000	-\$3,317,000	-\$7,682,000	-\$3,841,000	-\$10,470,000	-\$5,235,000	-\$3,836,000	-\$1,918,000	-\$2,788,000	-\$1,394,000
16	PARIS-VETERANS	-\$1,678,250	-\$839,130	-\$3,542,510	-\$1,771,260	-\$2,541,570	-\$1,270,780	-\$863,320	-\$431,660	\$1,000,950	\$500,470
17	PARIS-INTERSTATE	-\$22,339,000	-\$11,169,500	-\$26,010,000	-\$13,005,000	-\$23,631,000	-\$11,815,500	-\$1,292,000	-\$646,000	\$2,379,000	\$1,189,500
--	250% WORKING DISABLED PROGRAM CHANGES	\$2,320,000	\$1,560,000	\$0	\$0	\$0	\$0	-\$2,320,000	-\$1,560,000	\$0	\$0
--	CHDP GATEWAY - PREENROLLMENT	\$15,022,000	\$5,257,700	\$11,937,000	\$4,177,950	\$0	\$0	-\$15,022,000	-\$5,257,700	-\$11,937,000	-\$4,177,950
--	LOMELI V. SHEWRY	\$504,000	\$252,000	\$0	\$0	\$0	\$0	-\$504,000	-\$252,000	\$0	\$0
--	MCHA VS. DHCS AND MRMIB	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0	-\$540,000	-\$270,000	-\$540,000	-\$270,000
--	TRANSITION OF HFP TO MEDI-CAL	\$1,103,252,000	\$386,138,200	\$1,195,670,000	\$418,484,500	\$0	\$0	-\$1,103,252,000	-\$386,138,200	-\$1,195,670,000	-\$418,484,500
	ELIGIBILITY SUBTOTAL	\$1,946,355,750	\$624,097,970	\$2,015,812,490	\$646,154,190	\$745,268,430	\$176,871,070	-\$1,201,087,320	-\$447,226,910	-\$1,270,544,060	-\$469,283,130
AFFORDABLE CARE ACT											
18	ACA OPTIONAL EXPANSION	\$1,426,631,000	\$0	\$2,609,318,000	\$0	\$2,857,646,000	\$1,768,000	\$1,431,015,000	\$1,768,000	\$248,328,000	\$1,768,000
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,357,030,130	\$123,183,190	\$1,661,805,710	\$33,670,960	\$1,629,619,590	\$28,647,910	\$272,589,460	-\$94,535,280	-\$32,186,120	-\$5,023,050
20	COMMUNITY FIRST CHOICE OPTION	\$322,584,000	\$0	\$238,923,000	\$0	\$244,263,000	\$0	-\$78,321,000	\$0	\$5,340,000	\$0
21	ACA MANDATORY EXPANSION	\$228,164,000	\$107,800,000	\$222,825,000	\$103,754,350	\$419,928,000	\$193,414,050	\$191,764,000	\$85,614,050	\$197,103,000	\$89,659,700
22	MENTAL HEALTH SERVICES EXPANSION	\$79,315,000	\$31,910,000	\$73,695,000	\$28,427,000	\$86,512,000	\$31,682,650	\$7,197,000	-\$227,350	\$12,817,000	\$3,255,650
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$24,631,000	\$0	\$24,252,000	\$0	\$33,935,000	\$0	\$9,304,000	\$0	\$9,683,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$0	\$0	\$18,672,000	\$9,168,500	\$10,390,000	\$2,202,400	\$10,390,000	\$2,202,400	-\$8,282,000	-\$6,966,100
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	-\$7,205,000	-\$2,654,000	\$14,493,000	\$5,254,000	\$14,493,000	\$5,254,000	\$21,698,000	\$7,908,000	\$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
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
AFFORDABLE CARE ACT											
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$0	\$0	\$9,673,000	\$3,711,000	\$11,693,440	\$4,291,650	\$11,693,440	\$4,291,650	\$2,020,440	\$580,650
28	ACA DELAY OF REDETERMINATIONS	\$0	\$0	\$6,653,000	\$2,052,850	\$150,904,000	\$70,579,550	\$150,904,000	\$70,579,550	\$144,251,000	\$68,526,700
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$803,000	\$803,000	\$796,000	\$796,000	\$0	\$115,000	-\$803,000	-\$688,000	-\$796,000	-\$681,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$7,500,000	\$0	-\$40,284,000	\$0	-\$45,932,000	\$0	-\$38,432,000	\$0	-\$5,648,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$10,530	-\$5,270	-\$2,060	-\$1,030	\$41,450	\$20,720	\$8,470	\$4,240
34	MANAGED CARE DRUG REBATES	-\$348,403,000	-\$174,201,500	-\$388,347,000	-\$194,173,500	-\$379,500,000	-\$189,750,000	-\$31,097,000	-\$15,548,500	\$8,847,000	\$4,423,500
206	ACA EXPRESS LANE ENROLLMENT	\$0	\$0	\$71,535,000	\$1,204,400	\$413,611,000	\$5,975,800	\$413,611,000	\$5,975,800	\$342,076,000	\$4,771,400
217	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	-\$2,303,000	\$0	-\$2,303,000	\$0	-\$2,303,000
--	ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION	\$251,173,000	\$0	\$0	\$0	\$0	\$0	-\$251,173,000	\$0	\$0	\$0
--	ACA EXPANSION-PREGNANCY ONLY	-\$52,047,000	-\$26,023,500	\$0	\$0	\$0	\$0	\$52,047,000	\$26,023,500	\$0	\$0
--	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$70,421,000	-\$24,691,500	-\$43,634,000	-\$13,730,000	\$0	\$0	\$70,421,000	\$24,691,500	\$43,634,000	\$13,730,000
--	ENHANCE DRUG MEDI-CAL SVCS	\$80,025,000	\$34,771,000	\$0	\$0	\$0	\$0	-\$80,025,000	-\$34,771,000	\$0	\$0
--	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$24,013,000	-\$12,006,500	-\$15,687,000	-\$7,843,500	\$0	\$0	\$24,013,000	\$12,006,500	\$15,687,000	\$7,843,500
	AFFORDABLE CARE ACT SUBTOTAL	\$3,268,223,620	\$51,368,440	\$4,504,962,180	-\$67,997,210	\$5,493,492,970	\$105,944,980	\$2,225,269,350	\$54,576,540	\$988,530,790	\$173,942,190
BENEFITS											
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$259,483,000	\$0	\$206,024,000	\$0	\$182,932,000	\$0	-\$76,551,000	\$0	-\$23,092,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$142,840,000	\$0	\$145,537,000	\$0	\$144,983,000	\$0	\$2,143,000	\$0	-\$554,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,651,000	\$3,968,000	\$51,410,000	\$1,474,000	\$45,621,000	\$1,478,000	\$12,970,000	-\$2,490,000	-\$5,789,000	\$4,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$51,057,000	\$15,520,000	\$10,888,000	\$3,315,500	\$9,121,000	\$3,173,000	-\$41,936,000	-\$12,347,000	-\$1,767,000	-\$142,500
39	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$0	\$0	\$0	\$0
40	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOT:	\$27,637,000	\$13,818,500	\$39,990,000	\$19,995,000	\$34,320,000	\$17,160,000	\$6,683,000	\$3,341,500	-\$5,670,000	-\$2,835,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,688,000	-\$711,000	\$5,085,000	\$776,000	\$3,910,000	\$776,000	-\$1,778,000	\$1,487,000	-\$1,175,000	\$0
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCRE	\$4,506,000	\$2,253,000	\$4,631,000	\$2,315,500	\$4,631,000	\$2,315,500	\$125,000	\$62,500	\$0	\$0
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,227,000	\$0	\$2,678,000	\$0	\$2,477,000	\$0	-\$1,750,000	\$0	-\$201,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0	\$0	\$0
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$337,000	\$0	\$183,000	\$0	\$226,000	\$0	-\$111,000	\$0	\$43,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$170,000	\$0	\$131,000	\$0	\$139,000	\$0	-\$31,000	\$0	\$8,000	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$89,878,100	\$0	-\$92,051,700	\$0	-\$89,107,200	\$0	\$770,900	\$0	\$2,944,500
51	WOMEN'S HEALTH SERVICES	\$0	\$0	-\$8,289,990	-\$3,398,820	-\$2,237,990	-\$2,086,550	-\$2,237,990	-\$2,086,550	\$6,052,000	\$1,312,270

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$23,880,000	-\$11,940,000	-\$13,558,000	-\$6,779,000	-\$14,073,000	-\$7,036,500	\$9,807,000	\$4,903,500	-\$515,000	-\$257,500
66	VOLUNTARY INPATIENT DETOXIFICATION	\$0	\$0	\$9,468,000	\$4,030,000	\$10,179,000	\$4,092,500	\$10,179,000	\$4,092,500	\$711,000	\$62,500
--	ADHC TRANSITION-BENEFITS	\$281,754,000	\$140,877,000	\$0	\$0	\$0	\$0	-\$281,754,000	-\$140,877,000	\$0	\$0
--	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	\$0	\$0	\$0	\$0	\$33,707,000	\$16,853,500	\$0	\$0
--	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,432,000	-\$2,216,000	\$0	\$0	\$0	\$0	\$4,432,000	\$2,216,000	\$0	\$0
--	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$300	\$0	\$0	\$0	\$0	-\$3,000	-\$300	\$0	\$0
--	HEARING AID CAP	-\$1,434,000	-\$717,000	-\$1,434,000	-\$717,000	\$0	\$0	\$1,434,000	\$717,000	\$1,434,000	\$717,000
--	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$3,794,100	\$0	-\$3,794,100	\$0	\$0	\$0	\$3,794,100	\$0	\$3,794,100
	BENEFITS SUBTOTAL	\$787,904,000	\$70,829,100	\$493,747,010	-\$54,332,620	\$463,232,010	-\$48,733,250	-\$324,671,990	-\$119,562,350	-\$30,515,000	\$5,599,370
PHARMACY											
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,356,000	\$1,678,000	\$3,356,000	\$1,678,000	\$3,383,020	\$1,691,510	\$27,020	\$13,510	\$27,020	\$13,510
54	NON FFP DRUGS	\$0	\$1,912,000	\$0	\$1,920,000	\$0	\$2,044,500	\$0	\$132,500	\$0	\$124,500
55	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$15,389,000	-\$5,386,150	-\$15,389,000	-\$5,386,150	\$611,000	\$213,850	\$0	\$0
56	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$18,321,000	-\$9,160,500	-\$24,428,000	-\$12,214,000	-\$4,952,000	-\$2,476,000	-\$6,107,000	-\$3,053,500
57	FAMILY PACT DRUG REBATES	-\$73,946,000	-\$9,675,000	-\$72,232,000	-\$9,248,400	-\$78,108,000	-\$10,000,800	-\$4,162,000	-\$325,800	-\$5,876,000	-\$752,400
58	LITIGATION SETTLEMENTS	\$0	\$0	-\$81,772,000	-\$81,772,000	-\$88,253,000	-\$88,253,000	-\$88,253,000	-\$88,253,000	-\$6,481,000	-\$6,481,000
59	AGED AND DISPUTED DRUG REBATES	-\$135,000,000	-\$67,433,600	-\$150,000,000	-\$74,611,200	-\$286,000,000	-\$142,973,600	-\$151,000,000	-\$75,540,000	-\$136,000,000	-\$68,362,400
60	STATE SUPPLEMENTAL DRUG REBATES	-\$152,549,000	-\$76,153,300	-\$165,789,000	-\$82,464,900	-\$209,567,000	-\$102,848,700	-\$57,018,000	-\$26,695,400	-\$43,778,000	-\$20,383,800
61	FEDERAL DRUG REBATE PROGRAM	-\$1,258,766,000	-\$572,381,400	-\$1,335,187,000	-\$608,132,700	-\$1,378,767,000	-\$599,064,200	-\$120,001,000	-\$26,682,800	-\$43,580,000	\$9,068,500
--	IMPLEMENTATION OF SPECIALTY DRUG CONTRACTS	-\$13,985,390	-\$6,992,690	\$0	\$0	\$0	\$0	\$13,985,390	\$6,992,690	\$0	\$0
--	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,800,000	\$2,400,000	\$0	\$0	\$0	\$0	-\$4,800,000	-\$2,400,000	\$0	\$0
--	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,157,000	-\$7,578,500	\$0	\$0	\$0	\$0	\$15,157,000	\$7,578,500	\$0	\$0
--	SUNSET OF SPECIALTY DRUG CONTRACTS	\$13,985,390	\$6,992,690	\$0	\$0	\$0	\$0	-\$13,985,390	-\$6,992,690	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,662,738,000	-\$742,569,800	-\$1,835,334,000	-\$867,177,850	-\$2,077,128,980	-\$957,004,440	-\$414,390,980	-\$214,434,640	-\$241,794,980	-\$89,826,590
DRUG MEDI-CAL											
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$1,859,000	\$0	\$3,036,000	\$0	\$3,036,000	\$0	\$4,895,000	\$0	\$0	\$0
--	ANNUAL RATE ADJUSTMENT	-\$1,627,000	\$0	\$0	\$0	\$0	\$0	\$1,627,000	\$0	\$0	\$0
	DRUG MEDI-CAL SUBTOTAL	-\$3,486,000	\$0	\$3,036,000	\$0	\$3,036,000	\$0	\$6,522,000	\$0	\$0	\$0
MENTAL HEALTH											

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH											
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$293,819,000	\$0	\$293,819,000	\$0	\$64,187,000	\$0	-\$229,632,000	\$0	-\$229,632,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$0	\$124,190,000	\$0	\$67,962,000	\$0	-\$56,522,000	\$0	-\$56,228,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$32,731,000	\$0	\$32,619,000	\$0	\$29,886,000	\$0	-\$2,845,000	\$0	-\$2,733,000	\$0
74	KATIE A. V. DIANA BONTA	\$23,161,000	\$0	\$27,955,000	\$0	\$29,293,000	\$0	\$6,132,000	\$0	\$1,338,000	\$0
75	HEALTHY FAMILIES - SED	\$22,250,000	\$0	\$18,731,000	\$0	\$18,769,000	\$0	-\$3,481,000	\$0	\$38,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$0	\$12,400,000	\$0	\$12,400,000	\$0	-\$12,400,000	\$0	\$0	\$0
77	OVER ONE-YEAR CLAIMS	\$3,000,000	\$0	\$3,000,000	\$0	\$3,353,000	\$0	\$353,000	\$0	\$353,000	\$0
78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$0	\$2,270,000	\$0	\$2,270,000	\$0	-\$499,000	\$0	\$0	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$7,204,000	\$0	\$7,204,000	\$0	\$7,204,000	\$0	\$0
80	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0	\$0	\$0
81	CHART REVIEW	-\$580,000	\$0	-\$1,475,000	\$0	-\$1,271,000	\$0	-\$691,000	\$0	\$204,000	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$70,714,000	\$39,385,000	-\$41,760,000	\$27,777,000	-\$41,760,000	\$27,777,000	\$28,954,000	-\$11,608,000	\$0	\$0
--	PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION	\$7,181,000	\$0	\$0	\$0	\$0	\$0	-\$7,181,000	\$0	\$0	\$0
--	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000	\$0	\$0	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000
MENTAL HEALTH SUBTOTAL		\$450,901,000	\$33,385,000	\$459,749,000	\$28,981,000	\$185,089,000	\$40,981,000	-\$265,812,000	\$7,596,000	-\$274,660,000	\$12,000,000
WAIVER--MH/UCD & BTR											
84	BTR - LIHP - MCE	\$4,770,999,000	\$2,090,531,000	\$5,495,397,000	\$2,338,785,500	\$1,039,826,000	\$127,029,500	-\$3,731,173,000	-\$1,963,501,500	-\$4,455,571,000	-\$2,211,756,000
85	MH/UCD & BTR—DSH PAYMENT	\$1,774,361,000	\$622,248,000	\$1,599,070,000	\$344,527,000	\$1,655,852,000	\$396,202,000	-\$118,509,000	-\$226,046,000	\$56,782,000	\$51,675,000
86	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PI	\$1,435,292,000	\$717,646,000	\$1,485,648,000	\$742,824,000	\$1,474,435,000	\$737,217,500	\$39,143,000	\$19,571,500	-\$11,213,000	-\$5,606,500
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$546,058,000	\$273,029,000	\$603,508,000	\$301,754,000	\$608,376,000	\$304,188,000	\$62,318,000	\$31,159,000	\$4,868,000	\$2,434,000
88	BTR—SAFETY NET CARE POOL	\$317,250,000	\$0	\$317,250,000	\$0	\$317,250,000	\$0	\$0	\$0	\$0	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL I	\$339,269,000	\$169,634,500	\$248,602,000	\$124,301,000	\$250,602,000	\$125,301,000	-\$88,667,000	-\$44,333,500	\$2,000,000	\$1,000,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$161,299,000	\$13,470,000	\$180,186,000	\$44,904,000	\$134,376,000	\$23,076,000	-\$26,923,000	\$9,606,000	-\$45,810,000	-\$21,828,000
91	MH/UCD & BTR—CCS AND GHPP	\$130,627,000	\$0	\$129,858,000	\$0	\$134,565,000	\$0	\$3,938,000	\$0	\$4,707,000	\$0
92	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$110,000,000	\$55,000,000	\$110,000,000	\$55,000,000	\$0	\$0	\$0	\$0
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$126,400,000	\$63,200,000	\$100,000,000	\$50,000,000	\$19,933,000	\$12,095,000	-\$106,467,000	-\$51,105,000	-\$80,067,000	-\$37,905,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$77,960,000	\$0	\$82,000,000	\$0	\$84,400,000	\$0	\$6,440,000	\$0	\$2,400,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$66,339,000	-\$279,331,000	\$66,339,000	-\$331,197,000	\$8,315,000	-\$246,770,000	-\$58,024,000	\$32,561,000	-\$58,024,000	\$84,427,000
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INM/	\$29,503,000	\$0	\$56,473,000	\$0	\$53,642,000	\$0	\$24,139,000	\$0	-\$2,831,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
WAIVER--MH/UCD & BTR											
98	BTR--INCREASE SAFETY NET CARE POOL	\$24,500,000	\$0	\$30,750,000	\$0	\$24,250,000	\$0	-\$250,000	\$0	-\$6,500,000	\$0
99	MH/UCD--STABILIZATION FUNDING	\$39,911,000	\$29,154,000	\$13,988,000	\$13,988,000	\$13,988,000	\$13,988,000	-\$25,923,000	-\$15,166,000	\$0	\$0
100	MH/UCD & BTR--DPH INTERIM & FINAL RECONS	\$159,300,000	\$0	\$11,877,000	\$0	\$11,877,000	\$0	-\$147,423,000	\$0	\$0	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$23,142,000	\$0	\$10,193,000	\$0	\$3,786,000	\$0	-\$19,356,000	\$0	-\$6,407,000	\$0
102	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$31,467,000	\$0	\$9,613,000	\$0	\$9,500,000	\$0	-\$21,967,000	\$0	-\$113,000	\$0
103	MH/UCD & BTR--NDPH SUPPLEMENTAL PAYMENT	\$8,141,000	\$4,070,500	\$8,510,000	\$4,255,000	\$7,600,000	\$3,800,000	-\$541,000	-\$270,500	-\$910,000	-\$455,000
104	MH/UCD--SAFETY NET CARE POOL	\$154,500,000	\$0	\$1,949,000	\$0	\$1,949,000	\$0	-\$152,551,000	\$0	\$0	\$0
105	MH/UCD & BTR--MIA-LTC	\$0	-\$19,518,000	\$0	-\$19,327,000	\$0	-\$19,327,000	\$0	\$191,000	\$0	\$0
106	MH/UCD & BTR--BCCTP	\$0	-\$1,423,000	\$0	-\$1,786,000	\$0	-\$1,786,000	\$0	-\$363,000	\$0	\$0
107	MH/UCD & BTR--DPH INTERIM RATE	\$0	-\$560,037,000	\$0	-\$441,435,000	\$0	-\$365,021,500	\$0	\$195,015,500	\$0	\$76,413,500
108	BTR--INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$24,500,000	\$0	-\$30,750,000	\$0	-\$24,250,000	\$0	\$250,000	\$0	\$6,500,000
110	MH/UCD--FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$28,925,000	\$0	-\$20,762,000	\$0	\$24,503,000	\$0	\$53,428,000	\$0	\$45,265,000
112	BTR--HEALTH CARE COVERAGE INITIATIVE ROLLOVE	-\$49,000,000	\$0	-\$61,500,000	\$0	-\$48,500,000	\$0	\$500,000	\$0	\$13,000,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOG	-\$116,524,360	-\$58,262,180	-\$77,897,380	-\$38,948,690	-\$80,809,280	-\$40,404,640	\$35,715,080	\$17,857,540	-\$2,911,910	-\$1,455,950
--	HOSPITAL STABILIZATION	-\$36,618,000	-\$18,309,000	\$0	\$0	\$0	\$0	\$36,618,000	\$18,309,000	\$0	\$0
--	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$116,992,000	\$58,496,000	\$48,791,390	\$24,395,690	\$0	\$0	-\$116,992,000	-\$58,496,000	-\$48,791,390	-\$24,395,690
--	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	-\$46,000,000	-\$23,000,000	\$0	\$0	\$0	\$0	\$46,000,000	\$23,000,000	\$0	\$0
WAIVER--MH/UCD & BTR SUBTOTAL		\$10,195,167,640	\$3,083,173,820	\$10,470,605,010	\$3,160,528,510	\$5,835,212,720	\$1,124,840,860	-\$4,359,954,920	-\$1,958,332,960	-\$4,635,392,290	-\$2,035,687,650
MANAGED CARE											
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$812,173,000	\$406,086,500	\$783,819,000	\$345,594,000	\$798,599,000	\$331,195,000	-\$13,574,000	-\$74,891,500	\$14,780,000	-\$14,399,000
118	MANAGED CARE RATE RANGE IGTS	\$500,119,000	\$245,938,000	\$744,394,000	\$355,300,000	\$739,514,000	\$343,686,000	\$239,395,000	\$97,748,000	-\$4,880,000	-\$11,614,000
119	CCI-MANAGED CARE PAYMENTS	\$1,665,138,000	\$817,466,000	\$125,278,000	\$61,273,500	\$98,877,000	\$49,438,500	-\$1,566,261,000	-\$768,027,500	-\$26,401,000	-\$11,835,000
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$678,988,000	\$339,494,000	\$443,548,000	\$221,774,000	\$783,992,000	\$391,996,000	\$105,004,000	\$52,502,000	\$340,444,000	\$170,222,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION R/	\$332,796,000	\$166,398,000	\$383,441,000	\$191,720,500	\$371,327,000	\$185,663,500	\$38,531,000	\$19,265,500	-\$12,114,000	-\$6,057,000
123	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$503,439,000	\$503,439,000	\$45,505,000	\$45,505,000	\$39,821,000	\$39,821,000	-\$463,618,000	-\$463,618,000	-\$5,684,000	-\$5,684,000
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$161,079,000	\$80,539,500	\$21,097,000	\$10,548,500	\$1,079,000	\$539,500	-\$160,000,000	-\$80,000,000	-\$20,018,000	-\$10,009,000
128	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$5,512,000	\$2,711,000	\$8,862,000	\$4,358,000	\$8,236,000	\$4,050,050	\$2,724,000	\$1,339,050	-\$626,000	-\$307,950
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0	\$0	\$0
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE											
134	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
135	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
136	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
137	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
138	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
139	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
140	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
143	CCI-SAVINGS AND DEFERRAL	-\$1,152,958,000	-\$576,479,000	-\$140,711,000	-\$70,355,500	-\$76,030,000	-\$38,015,000	\$1,076,928,000	\$538,464,000	\$64,681,000	\$32,340,500
--	ALIGN MANAGED CARE BENEFIT POLICIES	\$106,752,000	\$53,376,000	\$0	\$0	\$0	\$0	-\$106,752,000	-\$53,376,000	\$0	\$0
--	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$535,000	-\$267,500	-\$1,100,000	-\$550,000	\$0	\$0	\$535,000	\$267,500	\$1,100,000	\$550,000
--	MANAGED CARE COST-BASED REIMBURSEMENT CLIN	\$174,700,000	\$87,350,000	\$0	\$0	\$0	\$0	-\$174,700,000	-\$87,350,000	\$0	\$0
--	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,531,000	-\$2,265,500	\$0	\$0	\$0	\$0	\$4,531,000	\$2,265,500	\$0	\$0
--	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	\$0	\$0	\$0	\$0	\$39,634,000	\$19,817,000	\$0	\$0
--	RETRO MC RATE ADJUSTMENTS	\$105,531,000	\$52,765,500	\$338,810,000	\$169,405,000	\$0	\$0	-\$105,531,000	-\$52,765,500	-\$338,810,000	-\$169,405,000
--	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0	\$0	\$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	\$2,767,415,000	\$1,310,374,550	-\$1,083,154,000	-\$848,359,950	\$12,472,000	-\$26,198,450
PROVIDER RATES											
24	AB 1629 ADD-ONS	\$161,173,530	\$80,586,760	\$19,207,540	\$9,603,770	\$3,138,740	\$1,569,370	-\$158,034,780	-\$79,017,390	-\$16,068,800	-\$8,034,400
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,403,690	\$98,701,840	\$273,342,660	\$136,671,330	\$256,869,140	\$128,434,570	\$59,465,460	\$29,732,730	-\$16,473,510	-\$8,236,760
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$27,686,000	\$13,843,000	\$68,001,180	\$34,000,590	\$5,078,260	\$2,539,130	-\$22,607,740	-\$11,303,870	-\$62,922,910	-\$31,461,460
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYI	\$37,578,000	\$16,877,000	\$40,673,000	\$20,336,500	\$45,489,000	\$22,744,500	\$7,911,000	\$5,867,500	\$4,816,000	\$2,408,000
147	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$18,219,000	\$9,110,000	\$18,459,860	\$9,229,930	\$22,000,000	\$11,000,000	\$3,781,000	\$1,890,000	\$3,540,140	\$1,770,070
148	LTC RATE ADJUSTMENT	\$91,642,710	\$45,821,350	\$17,484,220	\$8,742,110	\$13,411,550	\$6,705,770	-\$78,231,160	-\$39,115,580	-\$4,072,670	-\$2,036,330
149	ANNUAL MEI INCREASE FOR FQHC/RHCS	\$17,910,830	\$8,955,420	\$60,321,980	\$30,160,990	\$15,551,300	\$7,775,650	-\$2,359,530	-\$1,179,770	-\$44,770,680	-\$22,385,340
150	HOSPICE RATE INCREASES	\$10,437,740	\$5,218,870	\$4,416,510	\$2,208,250	\$4,461,220	\$2,230,610	-\$5,976,520	-\$2,988,260	\$44,710	\$22,350
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPEI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$72,468,610	-\$36,234,310	-\$1,872,000	-\$936,000	-\$30,000	-\$15,000	\$72,438,610	\$36,219,310	\$1,842,000	\$921,000
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$71,347,000	-\$35,673,500	-\$13,035,000	-\$6,517,500	-\$1,773,850	-\$886,920	\$69,573,150	\$34,786,580	\$11,261,150	\$5,630,580
157	10% PROVIDER PAYMENT REDUCTION	-\$1,041,964,000	-\$520,982,000	-\$312,677,000	-\$156,338,500	-\$278,751,530	-\$139,375,770	\$763,212,470	\$381,606,230	\$33,925,470	\$16,962,730

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES											
--	DENTAL RETROACTIVE RATE CHANGES	-\$2,000,000	-\$1,000,000	-\$4,782,000	-\$2,391,000	\$0	\$0	\$2,000,000	\$1,000,000	\$4,782,000	\$2,391,000
--	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	-\$51,473,000	-\$25,736,500	\$0	\$0	\$0	\$0	\$51,473,000	\$25,736,500	\$0	\$0
--	LABORATORY RATE METHODOLOGY CHANGE	-\$13,223,630	-\$6,611,810	-\$8,477,900	-\$4,238,950	\$0	\$0	\$13,223,630	\$6,611,810	\$8,477,900	\$4,238,950
--	REDUCTION TO RADIOLOGY RATES	-\$58,264,940	-\$29,132,470	-\$28,638,160	-\$14,319,080	\$0	\$0	\$58,264,940	\$29,132,470	\$28,638,160	\$14,319,080
	PROVIDER RATES SUBTOTAL	-\$748,689,680	-\$376,256,340	\$132,424,880	\$66,212,440	\$85,443,840	\$42,721,920	\$834,133,520	\$418,978,260	-\$46,981,040	-\$23,490,520
SUPPLEMENTAL PMNTS.											
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$4,212,457,000	\$2,127,154,000	\$4,209,680,000	\$2,114,955,000	\$3,767,106,000	\$1,894,165,000	-\$445,351,000	-\$232,989,000	-\$442,574,000	-\$220,790,000
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$160,000,000	\$0	\$190,500,000	\$0	\$100,000,000	\$0	-\$60,000,000	\$0	-\$90,500,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$205,995,000	\$0	\$179,174,000	\$0	\$172,138,000	\$0	-\$33,857,000	\$0	-\$7,036,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$140,000,000	\$70,000,000	\$135,742,000	\$67,871,000	-\$4,258,000	-\$2,129,000	-\$4,258,000	-\$2,129,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$44,145,000	\$0	\$117,889,000	\$0	\$89,899,000	\$0	\$45,754,000	\$0	-\$27,990,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$46,043,000	\$117,187,000	\$48,689,500	\$120,632,000	\$50,412,000	\$8,075,000	\$4,369,000	\$3,445,000	\$1,722,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$82,000,000	\$41,000,000	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$18,000,000	\$9,000,000	\$0	\$0
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$15,000,000	\$7,500,000	\$11,000,000	\$5,500,000	-\$4,000,000	-\$2,000,000	-\$4,000,000	-\$2,000,000
168	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0	\$0	\$0
169	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0	\$0	\$0
170	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$3,600,000	\$0	\$5,475,000	\$0	\$4,725,000	\$0	\$1,125,000	\$0	-\$750,000	\$0
--	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,438,060,000	\$1,223,680,000	\$2,261,177,000	\$1,137,338,000	\$0	\$0	-\$2,438,060,000	-\$1,223,680,000	-\$2,261,177,000	-\$1,137,338,000
--	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$455,989,000	\$0	\$455,989,000	\$0	\$0	\$0	-\$455,989,000	\$0	-\$455,989,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,887,803,000	\$3,524,377,000	\$7,810,071,000	\$3,437,482,500	\$4,519,242,000	\$2,076,948,000	-\$3,368,561,000	-\$1,447,429,000	-\$3,290,829,000	-\$1,360,534,500
OTHER											
177	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$0	\$240,434,000	\$0	\$315,564,000	\$0	-\$80,061,000	\$0	\$75,130,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$198,021,000	\$0	\$133,245,000	\$0	\$120,670,000	\$0	-\$77,351,000	\$0	-\$12,575,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$2,177,000	\$1,088,500	\$11,487,000	\$5,743,500	\$72,905,000	\$36,452,500	\$70,728,000	\$35,364,000	\$61,418,000	\$30,709,000
184	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$11,972,000	\$11,972,000	\$542,000	\$542,000	\$542,000	\$542,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$20,565,000	\$8,740,000	\$20,565,000	\$8,740,000	\$9,147,000	\$3,031,000	\$0	\$0
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$0	\$0	\$7,837,000	\$2,351,000	\$3,918,000	\$1,175,000	\$3,918,000	\$1,175,000	-\$3,919,000	-\$1,176,000
187	AUDIT SETTLEMENTS	\$6,298,000	\$6,298,000	\$8,247,000	\$8,247,000	\$8,247,000	\$8,247,000	\$1,949,000	\$1,949,000	\$0	\$0
191	INDIAN HEALTH SERVICES	\$2,524,000	-\$9,273,500	\$1,254,000	-\$9,435,500	\$1,254,000	-\$9,435,500	-\$1,270,000	-\$162,000	\$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
MAY 2014 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	2013-14 APPROPRIATION		NOV. 2013 EST. FOR 2013-14		MAY 2014 EST. FOR 2013-14		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER											
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
194	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
197	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$154,157,000	\$0	-\$196,331,000	\$0	-\$218,342,000	\$0	-\$64,185,000	\$0	-\$22,011,000	\$0
--	AB 97 INJUNCTIONS	\$195,701,000	\$97,850,500	\$0	\$0	\$0	\$0	-\$195,701,000	-\$97,850,500	\$0	\$0
--	ANTI-FRAUD ACTIVITIES	-\$13,800,000	-\$6,900,000	-\$15,000,000	-\$7,500,000	\$0	\$0	\$13,800,000	\$6,900,000	\$15,000,000	\$7,500,000
--	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	\$0	\$0	\$0	\$0	\$12,723,000	\$6,361,500	\$0	\$0
--	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$3,800,000	-\$4,000,000	-\$3,800,000	\$0	\$0	\$4,000,000	\$3,800,000	\$4,000,000	\$3,800,000
--	OPERATIONAL FLEXIBILITIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	OVERPAYMENTS - INTEREST RATE CHANGE	-\$3,112,000	-\$3,112,000	\$0	\$0	\$0	\$0	\$3,112,000	\$3,112,000	\$0	\$0
--	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	OTHER SUBTOTAL	\$635,402,000	\$92,929,000	\$219,168,000	\$15,776,000	\$336,753,000	\$57,151,000	-\$298,649,000	-\$35,778,000	\$117,585,000	\$41,375,000
	GRAND TOTAL	\$26,607,412,330	\$8,520,068,690	\$27,029,184,570	\$7,702,199,960	\$18,357,055,990	\$3,930,095,680	-\$8,250,356,340	-\$4,589,973,010	-\$8,672,128,570	-\$3,772,104,280

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$40,948,670	\$4,408,440	\$193,502,310	\$64,331,610	\$6,096,520	\$107,580
OTHER MEDICAL	\$81,070,320	\$10,747,840	\$419,835,910	\$291,032,900	\$9,688,740	\$307,500
COUNTY OUTPATIENT	\$464,030	\$87,830	\$7,280,590	\$1,649,720	\$182,530	\$2,040
COMMUNITY OUTPATIENT	\$9,473,690	\$1,850,430	\$161,159,120	\$27,691,810	\$804,180	\$11,060
PHARMACY	\$9,181,100	\$4,757,120	\$319,969,570	\$33,627,540	\$3,428,190	\$61,140
COUNTY INPATIENT	\$6,194,070	\$789,310	\$54,928,360	\$20,628,080	\$1,790,190	\$2,660
COMMUNITY INPATIENT	\$128,154,840	\$15,713,150	\$802,338,000	\$259,259,410	\$31,031,810	\$440,540
NURSING FACILITIES	\$536,907,220	\$22,806,340	\$805,788,640	\$3,020,950	\$1,948,555,770	\$7,917,200
ICF-DD	\$408,250	\$8,326,620	\$169,458,110	\$301,520	\$29,404,550	\$3,143,260
MEDICAL TRANSPORTATION	\$19,305,310	\$3,940,460	\$51,620,530	\$4,026,950	\$5,647,950	\$121,270
OTHER SERVICES	\$68,012,110	\$7,240,470	\$156,281,640	\$37,083,390	\$85,653,790	\$254,440
HOME HEALTH	\$426,020	\$11,662,140	\$140,062,620	\$4,145,370	\$53,060	\$0
FFS SUBTOTAL	\$900,545,610	\$92,330,140	\$3,282,225,390	\$746,799,240	\$2,122,337,290	\$12,368,680
DENTAL	\$26,786,470	\$1,369,290	\$62,948,000	\$89,617,210	\$2,942,380	\$14,450
TWO PLAN MODEL	\$345,670,650	\$61,281,510	\$3,689,594,590	\$1,677,979,890	-\$209,220	-\$209,220
COUNTY ORGANIZED HEALTH SYSTEMS	\$260,474,670	\$22,731,510	\$1,146,419,270	\$353,835,900	\$644,631,630	\$1,656,520
GEOGRAPHIC MANAGED CARE	\$59,682,240	\$10,967,850	\$653,457,860	\$278,075,620	-\$36,070	-\$36,070
PHP & OTHER MANAG. CARE	\$100,349,630	\$2,266,470	\$61,683,150	\$47,314,810	\$4,611,800	\$4,250
EPSDT SCREENS	\$0	\$0	\$0	\$8,346,500	\$0	\$0
MEDICARE PAYMENTS	\$1,351,239,560	\$40,049,280	\$1,264,768,430	\$0	\$144,135,980	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$104,390	\$1,487,550	\$56,709,630	\$548,050	\$13,466,250	\$1,017,800
MISC. SERVICES	\$655,057,180	\$34,041,110	\$3,121,222,330	\$810,320	\$3,440	\$0
NON-FFS SUBTOTAL	\$2,799,364,800	\$174,194,570	\$10,056,803,250	\$2,456,528,300	\$809,546,190	\$2,447,720
TOTAL DOLLARS (1)	\$3,699,910,400	\$266,524,710	\$13,339,028,640	\$3,203,327,540	\$2,931,883,480	\$14,816,400
ELIGIBLES ***	420,000	21,400	1,000,200	1,408,400	45,900	200
ANNUAL \$/ELIGIBLE	\$8,809	\$12,454	\$13,336	\$2,274	\$63,875	\$74,082
AVG. MO. \$/ELIGIBLE	\$734	\$1,038	\$1,111	\$190	\$5,323	\$6,173

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

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

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-AB	MN-ATD	MN-AFDC
PHYSICIANS	\$9,778,890	\$21,083,420	\$33,101,510	\$463,760	\$72,142,690	\$326,022,000
OTHER MEDICAL	\$8,009,850	\$108,454,510	\$86,163,920	\$1,072,480	\$124,132,340	\$835,146,120
COUNTY OUTPATIENT	\$424,380	\$808,620	\$1,256,930	\$25,060	\$7,122,560	\$20,483,140
COMMUNITY OUTPATIENT	\$1,188,470	\$19,505,450	\$9,923,630	\$73,070	\$34,064,900	\$127,871,120
PHARMACY	\$5,947,600	\$59,848,230	\$7,345,250	\$110,980	\$42,051,230	\$90,601,520
COUNTY INPATIENT	\$16,063,540	\$4,711,460	\$16,170,390	\$883,880	\$136,989,380	\$183,770,430
COMMUNITY INPATIENT	\$47,868,670	\$80,823,600	\$90,742,770	\$1,748,790	\$465,116,960	\$1,305,673,130
NURSING FACILITIES	\$580,565,560	\$486,730	\$260,644,890	\$816,390	\$89,857,690	\$19,396,210
ICF-DD	\$162,476,810	\$126,720	\$710,840	\$0	\$8,652,240	\$283,690
MEDICAL TRANSPORTATION	\$3,138,760	\$809,010	\$15,389,540	\$224,810	\$22,446,500	\$14,327,260
OTHER SERVICES	\$16,222,870	\$24,382,780	\$36,416,850	\$116,410	\$39,945,100	\$95,116,240
HOME HEALTH	\$54,230	\$4,583,490	\$501,660	\$14,270	\$60,658,700	\$10,330,810
FFS SUBTOTAL	\$851,739,630	\$325,624,030	\$558,368,170	\$5,549,880	\$1,103,180,290	\$3,029,021,660
DENTAL	\$945,970	\$47,191,650	\$19,503,540	\$36,380	\$11,143,460	\$228,362,610
TWO PLAN MODEL	-\$209,220	\$559,414,630	\$575,125,810	\$2,070,810	\$357,166,840	\$3,272,190,270
COUNTY ORGANIZED HEALTH SYSTEMS	\$229,261,290	\$220,929,240	\$234,841,170	\$464,448,270	\$265,883,700	\$990,590,750
GEOGRAPHIC MANAGED CARE	-\$36,070	\$111,161,520	\$62,341,630	\$75,220	\$52,356,900	\$462,327,760
PHP & OTHER MANAG. CARE	\$161,960	\$19,386,860	\$81,409,430	\$113,970	\$9,202,960	\$107,476,560
EPSDT SCREENS	\$0	\$5,313,170	\$0	\$0	\$0	\$20,514,090
MEDICARE PAYMENTS	\$36,619,000	\$0	\$705,059,360	\$0	\$355,561,200	\$69,729,190
STATE HOSP./DEVELOPMENTAL CNTRS.	\$186,230,980	\$0	\$26,100	\$26,100	\$234,880	\$130,490
MISC. SERVICES	\$1,100	\$0	\$484,636,480	\$936,910	\$560,562,750	\$2,051,430
NON-FFS SUBTOTAL	\$452,975,000	\$963,397,070	\$2,162,943,520	\$467,707,650	\$1,612,112,680	\$5,153,373,140
TOTAL DOLLARS (1)	\$1,304,714,640	\$1,289,021,100	\$2,721,311,690	\$473,257,530	\$2,715,292,980	\$8,182,394,800
ELIGIBLES ***	14,700	894,800	315,600	600	180,500	3,592,900
ANNUAL \$/ELIGIBLE	\$88,756	\$1,441	\$8,623	\$788,763	\$15,043	\$2,277
AVG. MO. \$/ELIGIBLE	\$7,396	\$120	\$719	\$65,730	\$1,254	\$190

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

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

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	MI-C	MI-A	REFUGEE	OBRA	POV 185	POV 133
PHYSICIANS	\$44,883,040	\$38,299,580	\$298,180	\$29,225,740	\$238,186,630	\$4,900,470
OTHER MEDICAL	\$130,682,650	\$76,618,020	\$1,999,180	\$46,136,730	\$246,074,510	\$41,161,580
COUNTY OUTPATIENT	\$1,991,440	\$2,792,840	\$83,570	\$5,535,040	\$3,718,030	\$159,800
COMMUNITY OUTPATIENT	\$18,380,890	\$10,673,220	\$123,050	\$7,523,560	\$31,236,230	\$2,930,410
PHARMACY	\$32,160,010	\$113,437,480	\$458,150	\$8,153,960	\$8,040,970	\$1,662,220
COUNTY INPATIENT	\$13,800,620	\$19,693,550	\$54,950	\$43,393,300	\$56,606,120	\$590,020
COMMUNITY INPATIENT	\$125,775,020	\$145,222,010	\$513,510	\$105,663,020	\$513,305,540	\$14,283,160
NURSING FACILITIES	\$6,607,130	\$36,405,490	\$117,170	\$22,058,660	\$126,870	\$408,150
ICF-DD	\$1,511,130	\$673,480	\$0	\$272,960	\$0	\$0
MEDICAL TRANSPORTATION	\$2,363,760	\$6,348,530	\$11,870	\$5,008,960	\$1,967,060	\$176,500
OTHER SERVICES	\$24,288,160	\$16,694,790	\$18,970	\$2,657,750	\$13,663,500	\$11,777,450
HOME HEALTH	\$12,731,330	\$65,460	\$2,020	\$13,370	\$1,536,650	\$1,163,360
FFS SUBTOTAL	\$415,175,170	\$466,924,440	\$3,680,610	\$275,643,040	\$1,114,462,110	\$79,213,120
DENTAL	\$16,776,410	\$8,821,180	\$157,460	\$163,310	\$619,680	\$10,755,150
TWO PLAN MODEL	\$62,993,810	\$1,485,664,140	\$1,246,170	\$0	\$62,065,440	\$167,626,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$41,848,590	\$637,199,880	\$265,900	\$3,839,790	\$27,048,740	\$68,698,660
GEOGRAPHIC MANAGED CARE	\$11,966,200	\$235,737,700	\$520,480	\$0	\$13,511,690	\$40,867,170
PHP & OTHER MANAG. CARE	\$1,972,840	\$0	\$0	\$0	\$2,130,480	\$4,861,120
EPSDT SCREENS	\$1,499,780	\$0	\$0	\$0	\$0	\$1,009,140
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$443,360	\$26,100	\$0	\$234,880	\$78,290	\$0
MISC. SERVICES	\$5,334,300	\$34,033,130	\$0	\$0	\$73,030	\$162,550
NON-FFS SUBTOTAL	\$142,835,300	\$2,401,482,120	\$2,190,010	\$4,237,970	\$105,527,350	\$293,980,200
TOTAL DOLLARS (1)	\$558,010,460	\$2,868,406,560	\$5,870,620	\$279,881,020	\$1,219,989,460	\$373,193,320
ELIGIBLES ***	249,500	527,000	2,400	88,800	196,100	176,200
ANNUAL \$/ELIGIBLE	\$2,237	\$5,443	\$2,446	\$3,152	\$6,221	\$2,118
AVG. MO. \$/ELIGIBLE	\$186	\$454	\$204	\$263	\$518	\$177

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

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

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	POV 100	TOTAL
PHYSICIANS	\$6,350,460	\$1,134,131,500
OTHER MEDICAL	\$33,685,460	\$2,552,020,540
COUNTY OUTPATIENT	\$334,090	\$54,402,230
COMMUNITY OUTPATIENT	\$4,463,100	\$468,947,380
PHARMACY	\$5,153,140	\$745,995,390
COUNTY INPATIENT	\$2,199,720	\$579,260,030
COMMUNITY INPATIENT	\$21,369,680	\$4,155,043,580
NURSING FACILITIES	\$487,430	\$4,342,974,500
ICF-DD	\$11,660	\$385,761,820
MEDICAL TRANSPORTATION	\$267,320	\$157,142,360
OTHER SERVICES	\$6,290,710	\$642,117,420
HOME HEALTH	\$1,624,610	\$249,629,160
FFS SUBTOTAL	\$82,237,390	\$15,467,425,900
DENTAL	\$13,001,160	\$541,155,750
TWO PLAN MODEL	\$208,923,790	\$12,528,387,100
COUNTY ORGANIZED HEALTH SYSTEMS	\$70,459,770	\$5,685,065,240
GEOGRAPHIC MANAGED CARE	\$51,586,150	\$2,044,527,770
PHP & OTHER MANAG. CARE	\$5,529,600	\$448,475,870
EPSDT SCREENS	\$1,282,680	\$37,965,360
MEDICARE PAYMENTS	\$0	\$3,967,162,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$260,970	\$261,025,800
MISC. SERVICES	\$56,390	\$4,898,982,460
NON-FFS SUBTOTAL	\$351,100,510	\$30,412,747,350
TOTAL DOLLARS (1)	\$433,337,900	\$45,880,173,250
ELIGIBLES ***	223,000	9,358,200
ANNUAL \$/ELIGIBLE	\$1,943	\$4,903
AVG. MO. \$/ELIGIBLE	\$162	\$409

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

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

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

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 71

2	FAMILY PACT PROGRAM
3	BREAST AND CERVICAL CANCER TREATMENT
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
12	RESOURCE DISREGARD - % PROGRAM CHILDREN
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
49	SCHIP FUNDING FOR PRENATAL CARE
51	WOMEN'S HEALTH SERVICES
54	NON FFP DRUGS
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
105	MH/UCD & BTR—MIA-LTC

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 71

106	MH/UCD & BTR—BCCTP
107	MH/UCD & BTR—DPH INTERIM RATE
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
123	CCI-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 PAYMENTS
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
180	MEDI-CAL TCM PROGRAM
184	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS

FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 71

- 192 CIGARETTE AND TOBACCO SURTAX FUNDS
- 194 CLPP FUND
- 195 HOSPITAL QAF - CHILDREN'S HEALTH CARE
- 197 CCI-TRANSFER OF IHSS COSTS TO DHCS
- 198 EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
- 212 AIM LINKED MOTHERS 200-300% FPL
- 217 ACA MAGI SAVINGS