

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2014-15

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$16,131,330,220	\$8,065,665,110	\$8,065,665,110
B. B/Y BASE POLICY CHANGES	\$26,592,467,010	\$15,984,950,000	\$10,607,517,000
C. BASE ADJUSTMENTS	-\$129,970,000	-\$107,875,500	-\$22,094,500
D. ADJUSTED BASE	<u>\$42,593,827,230</u>	<u>\$23,942,739,620</u>	<u>\$18,651,087,610</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$936,411,960	\$681,847,080	\$254,564,880
B. AFFORDABLE CARE ACT	\$17,544,315,510	\$16,476,676,320	\$1,067,639,190
C. BENEFITS	\$855,197,210	\$809,830,940	\$45,366,270
D. PHARMACY	-\$1,803,890,580	-\$1,024,690,790	-\$779,199,790
E. DRUG MEDI-CAL	\$429,000	\$677,000	-\$248,000
F. MENTAL HEALTH	\$528,328,000	\$522,328,000	\$6,000,000
G. WAIVER--MH/UCD & BTR	\$9,164,300,200	\$6,199,705,600	\$2,964,594,600
H. MANAGED CARE	\$7,981,344,000	\$2,990,810,000	\$4,990,534,000
I. PROVIDER RATES	-\$39,413,220	-\$19,706,610	-\$19,706,610
J. SUPPLEMENTAL PMNTS.	\$8,455,766,000	\$4,763,405,500	\$3,692,360,500
K. OTHER	\$150,140,000	\$99,160,000	\$50,980,000
L. TOTAL CHANGE	<u>\$43,772,928,080</u>	<u>\$31,500,043,040</u>	<u>\$12,272,885,040</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$86,366,755,320</u></u>	<u><u>\$55,442,782,660</u></u>	<u><u>\$30,923,972,660</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2014-15

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>ELIGIBILITY</u>				
2	FAMILY PACT PROGRAM	\$587,160,000	\$440,095,500	\$147,064,500
3	BREAST AND CERVICAL CANCER TREATMENT	\$159,874,000	\$89,934,000	\$69,940,000
4	AIM LINKED INFANTS 250-300% FPL	\$33,232,000	\$21,600,800	\$11,631,200
5	MEDI-CAL ADULT INMATE PROGRAMS	\$27,477,000	\$27,477,000	\$0
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$5,469,000	\$5,469,000	\$0
8	REFUGEES	\$5,844,000	\$0	\$5,844,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,726,000	\$1,122,000	\$604,000
11	NEW QUALIFIED IMMIGRANTS	\$0	-\$63,324,000	\$63,324,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$86,018,250	-\$86,018,250
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,949,550	-\$8,949,550
14	INCARCERATION VERIFICATION PROGRAM	-\$417,140	-\$208,570	-\$208,570
15	PARIS-FEDERAL	-\$3,611,490	-\$1,805,750	-\$1,805,750
16	PARIS-VETERANS	-\$1,468,370	-\$734,190	-\$734,190
17	PARIS-INTERSTATE	-\$5,045,030	-\$2,522,510	-\$2,522,510
212	AIM LINKED MOTHERS 200-300% FPL	\$126,172,000	\$69,776,000	\$56,396,000
	ELIGIBILITY SUBTOTAL	\$936,411,960	\$681,847,080	\$254,564,880
<u>AFFORDABLE CARE ACT</u>				
18	ACA OPTIONAL EXPANSION	\$12,553,609,000	\$12,547,326,000	\$6,283,000
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$745,128,630	\$721,663,380	\$23,465,250
20	COMMUNITY FIRST CHOICE OPTION	\$228,504,000	\$228,504,000	\$0
21	ACA MANDATORY EXPANSION	\$1,993,963,000	\$1,064,057,650	\$929,905,350
22	MENTAL HEALTH SERVICES EXPANSION	\$391,459,000	\$252,874,050	\$138,584,950
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS*	\$67,870,000	\$67,870,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$98,079,000	\$79,133,750	\$18,945,250
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$56,924,000	\$36,286,000	\$20,638,000
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$89,624,500	\$60,809,550	\$28,814,950
28	ACA DELAY OF REDETERMINATIONS	\$53,303,000	\$27,291,300	\$26,011,700
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	-\$115,000	\$115,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$39,582,000	-\$39,582,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$76,610	-\$38,310	-\$38,310
34	MANAGED CARE DRUG REBATES	-\$330,400,000	-\$165,200,000	-\$165,200,000
205	HEALTH INSURER FEE	\$121,306,000	\$66,718,500	\$54,587,500
206	ACA EXPRESS LANE ENROLLMENT	\$1,508,167,000	\$1,448,743,950	\$59,423,050
210	ACA EXPANSION-PREGNANCY ONLY	-\$33,145,000	-\$16,572,500	-\$16,572,500
217	ACA MAGI SAVINGS	\$0	\$17,742,000	-\$17,742,000
	AFFORDABLE CARE ACT SUBTOTAL	\$17,544,315,520	\$16,476,676,320	\$1,067,639,190
<u>BENEFITS</u>				

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
<u>BENEFITS</u>				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$312,967,000	\$312,967,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$144,536,000	\$144,536,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$26,085,000	\$23,266,000	\$2,819,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFIT	\$311,879,000	\$201,931,000	\$109,948,000
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	\$0	\$0	\$0
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$3,912,000	\$3,912,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$516,000	\$516,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$150,000	\$150,000	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,502,800	-\$92,502,800
50	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$16,853,500
51	WOMEN'S HEALTH SERVICES	-\$17,154,480	-\$13,508,330	-\$3,646,150
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$20,218,000	-\$10,109,000	-\$10,109,000
66	VOLUNTARY INPATIENT DETOXIFICATION	\$27,076,690	\$17,132,970	\$9,943,720
208	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$17,636,000	\$9,490,000	\$8,146,000
	BENEFITS SUBTOTAL	\$855,197,210	\$809,830,940	\$45,366,280
<u>PHARMACY</u>				
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,646,420	\$14,323,210	\$14,323,210
54	NON FFP DRUGS	\$0	-\$2,106,000	\$2,106,000
55	BCCTP DRUG REBATES	-\$15,764,000	-\$10,246,600	-\$5,517,400
56	MEDICAL SUPPLY REBATES	-\$24,428,000	-\$12,214,000	-\$12,214,000
57	FAMILY PACT DRUG REBATES	-\$73,085,000	-\$63,727,300	-\$9,357,700
59	AGED AND DISPUTED DRUG REBATES	-\$196,000,000	-\$98,018,000	-\$97,982,000
60	STATE SUPPLEMENTAL DRUG REBATES	-\$161,296,000	-\$82,137,200	-\$79,158,800
61	FEDERAL DRUG REBATE PROGRAM	-\$1,299,000,000	-\$739,082,900	-\$559,917,100
211	MCO SUPPLEMENTAL DRUG REBATE	-\$65,000,000	-\$32,500,000	-\$32,500,000
219	VISION OUTREACH	\$2,036,000	\$1,018,000	\$1,018,000
	PHARMACY SUBTOTAL	-\$1,803,890,580	-\$1,024,690,790	-\$779,199,790
<u>DRUG MEDI-CAL</u>				
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
68	ANNUAL RATE ADJUSTMENT	-\$2,607,000	-\$2,359,000	-\$248,000
	DRUG MEDI-CAL SUBTOTAL	\$429,000	\$677,000	-\$248,000
<u>MENTAL HEALTH</u>				

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
<u>MENTAL HEALTH</u>				
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$353,018,000	\$353,018,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$72,161,000	\$72,161,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$41,848,000	\$41,848,000	\$0
74	KATIE A. V. DIANA BONTA	\$26,751,000	\$26,751,000	\$0
75	HEALTHY FAMILIES - SED	\$7,070,000	\$7,070,000	\$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	\$0	\$0	\$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	-\$320,000	-\$320,000	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0
	MENTAL HEALTH SUBTOTAL	\$528,328,000	\$522,328,000	\$6,000,000
<u>WAIVER--MH/UCD & BTR</u>				
84	BTR - LIHP - MCE	\$4,210,969,000	\$2,225,963,000	\$1,985,006,000
85	MH/UCD & BTR—DSH PAYMENT	\$1,762,250,000	\$1,169,817,000	\$592,433,000
86	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,152,624,000	\$576,312,000	\$576,312,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$551,013,000	\$275,506,500	\$275,506,500
88	BTR—SAFETY NET CARE POOL	\$242,250,000	\$242,250,000	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$268,001,000	\$134,000,500	\$134,000,500
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$21,373,000	\$21,373,000	\$0
91	MH/UCD & BTR—CCS AND GHPP	\$117,158,000	\$117,158,000	\$0
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$275,629,000	\$139,943,000	\$135,686,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS'	\$85,000,000	\$85,000,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$53,645,000	\$340,094,000	-\$286,449,000
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$20,369,360	\$10,184,680	\$10,184,680
98	BTR—INCREASE SAFETY NET CARE POOL	\$6,500,000	\$6,500,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$41,378,000	\$11,750,000	\$29,628,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$435,143,000	\$435,143,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$2,370,000	\$2,370,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,712,000	\$2,356,000	\$2,356,000
104	MH/UCD—SAFETY NET CARE POOL	\$46,752,000	\$46,752,000	\$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	\$392,395,000	-\$392,395,000
108	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$6,500,000	-\$6,500,000
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$8,959,000	-\$8,959,000

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>WAIVER--MH/UCD & BTR</u>				
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$13,000,000	-\$13,000,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$119,836,160	-\$59,918,080	-\$59,918,080
	WAIVER--MH/UCD & BTR SUBTOTAL	\$9,164,300,200	\$6,199,705,600	\$2,964,594,600
<u>MANAGED CARE</u>				
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,481,657,000	\$959,960,000	\$521,697,000
118	MANAGED CARE RATE RANGE IGTS	\$860,767,000	\$460,729,000	\$400,038,000
119	CCI-MANAGED CARE PAYMENTS	\$6,901,009,000	\$3,450,504,500	\$3,450,504,500
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$431,688,000	\$215,844,000	\$215,844,000
123	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,496,678,000	\$0	\$2,496,678,000
124	RETRO MC RATE ADJUSTMENTS	\$337,849,000	\$168,924,500	\$168,924,500
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$26,934,000	-\$13,467,000	-\$13,467,000
131	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
132	CAPITATED RATE ADJUSTMENT FOR FY 2014-15	\$0	\$0	\$0
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
142	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$1,071,000	-\$535,500	-\$535,500
143	CCI-SAVINGS AND DEFERRAL	-\$4,502,299,000	-\$2,251,149,500	-\$2,251,149,500
	MANAGED CARE SUBTOTAL	\$7,981,344,000	\$2,990,810,000	\$4,990,534,000
<u>PROVIDER RATES</u>				
24	AB 1629 ADD-ONS	\$38,764,880	\$19,382,440	\$19,382,440
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$188,409,910	\$94,204,960	\$94,204,960
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$125,322,250	\$62,661,130	\$62,661,130
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$90,068,000	\$45,034,000	\$45,034,000
147	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$30,000,000	\$15,000,000	\$15,000,000
148	LTC RATE ADJUSTMENT	\$17,702,280	\$8,851,140	\$8,851,140
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$13,761,030	\$6,880,510	\$6,880,510
150	HOSPICE RATE INCREASES	\$7,907,810	\$3,953,910	\$3,953,910
151	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$26,288,850	-\$13,144,430	-\$13,144,420
153	DENTAL RETROACTIVE RATE CHANGES	-\$4,485,000	-\$2,242,500	-\$2,242,500
154	LABORATORY RATE METHODOLOGY CHANGE	-\$10,900,700	-\$5,450,350	-\$5,450,350
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$29,549,710	-\$14,774,860	-\$14,774,860
156	REDUCTION TO RADIOLOGY RATES	-\$32,891,820	-\$16,445,910	-\$16,445,910

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>PROVIDER RATES</u>				
157	10% PROVIDER PAYMENT REDUCTION	-\$454,852,300	-\$227,426,150	-\$227,426,150
214	GENETIC DISEASE SCREENING PROGRAM FEE INCF	\$7,619,000	\$3,809,500	\$3,809,500
	PROVIDER RATES SUBTOTAL	-\$39,413,220	-\$19,706,610	-\$19,706,610
<u>SUPPLEMENTAL PMNTS.</u>				
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$740,311,000	\$323,789,000	\$416,522,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,945,877,000	\$3,820,000,000	\$3,125,877,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$183,000,000	\$183,000,000	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$20,000,000	\$20,000,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$197,287,000	\$197,287,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$46,235,000	\$46,235,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$146,731,000	\$83,269,500	\$63,461,500
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	\$3,325,000	\$3,325,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,455,766,000	\$4,763,405,500	\$3,692,360,500
<u>OTHER</u>				
177	ARRA HITECH - PROVIDER PAYMENTS	\$149,720,000	\$149,720,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$107,104,000	\$107,104,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$61,544,000	\$30,772,000	\$30,772,000
184	CDDS DENTAL SERVICES	\$11,972,000	\$0	\$11,972,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$16,415,000	\$9,934,000	\$6,481,000
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$3,919,000	\$2,743,000	\$1,176,000
187	AUDIT SETTLEMENTS	\$9,910,000	\$0	\$9,910,000
191	INDIAN HEALTH SERVICES	\$2,180,000	\$11,615,500	-\$9,435,500
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
194	CLPP FUND	\$0	\$0	\$0
197	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
198	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$212,833,000	-\$212,833,000	\$0
216	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$209,000	\$104,500	\$104,500
	OTHER SUBTOTAL	\$150,140,000	\$99,160,000	\$50,980,000
	GRAND TOTAL	\$43,772,928,090	\$31,500,043,040	\$12,272,885,050

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

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

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$8,019,037,110	\$5,409,328,390	\$2,609,708,720
PHYSICIANS	\$1,311,310,410	\$930,939,480	\$380,370,930
OTHER MEDICAL	\$4,438,245,880	\$3,133,837,290	\$1,304,408,590
COUNTY OUTPATIENT	\$149,219,610	\$122,589,730	\$26,629,880
COMMUNITY OUTPATIENT	\$2,120,261,220	\$1,221,961,900	\$898,299,320
PHARMACY	\$1,052,068,420	\$722,456,980	\$329,611,440
HOSPITAL INPATIENT	\$13,315,628,050	\$8,429,696,520	\$4,885,931,530
COUNTY INPATIENT	\$2,664,208,460	\$2,098,245,500	\$565,962,960
COMMUNITY INPATIENT	\$10,651,419,580	\$6,331,451,020	\$4,319,968,570
LONG TERM CARE	\$3,318,276,140	\$1,689,097,270	\$1,629,178,870
NURSING FACILITIES	\$3,079,591,210	\$1,566,721,640	\$1,512,869,560
ICF-DD	\$238,684,940	\$122,375,630	\$116,309,310
OTHER SERVICES	\$935,155,190	\$532,821,550	\$402,333,630
MEDICAL TRANSPORTATION	\$162,431,540	\$101,749,460	\$60,682,080
OTHER SERVICES	\$570,331,740	\$319,982,980	\$250,348,760
HOME HEALTH	\$202,391,910	\$111,089,110	\$91,302,800
TOTAL FEE-FOR-SERVICE	\$26,640,164,910	\$16,783,400,720	\$9,856,764,190
MANAGED CARE	\$40,887,515,920	\$25,404,415,080	\$15,483,100,850
TWO PLAN MODEL	\$26,025,293,680	\$16,153,674,510	\$9,871,619,170
COUNTY ORGANIZED HEALTH SYS	\$9,635,190,910	\$6,109,006,420	\$3,526,184,490
GEOGRAPHIC MANAGED CARE	\$4,300,719,280	\$2,664,982,540	\$1,635,736,740
PHP & OTHER MANAG. CARE	\$926,312,050	\$476,751,600	\$449,560,450
DENTAL	\$947,437,230	\$556,528,370	\$390,908,860
MENTAL HEALTH	\$2,434,957,490	\$2,391,024,480	\$43,933,010
AUDITS/ LAWSUITS	\$20,358,240	\$4,259,380	\$16,098,860
EPSDT SCREENS	\$37,505,900	\$19,988,680	\$17,517,220
MEDICARE PAYMENTS	\$4,037,746,000	\$1,202,258,500	\$2,835,487,500
STATE HOSP./DEVELOPMENTAL CNTRS.	\$267,389,730	\$267,367,570	\$22,160
MISC. SERVICES	\$11,359,964,890	\$8,945,792,890	\$2,414,172,000
RECOVERIES	-\$266,285,000	-\$132,253,000	-\$134,032,000
GRAND TOTAL MEDI-CAL	\$86,366,755,320	\$55,442,782,660	\$30,923,972,660

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

SERVICE CATEGORY	MAY 2014 EST. FOR 2013-14	MAY 2014 EST. FOR 2014-15	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$5,558,911,710	\$8,019,037,110	\$2,460,125,410	44.26
PHYSICIANS	\$1,335,191,310	\$1,311,310,410	-\$23,880,900	-1.79
OTHER MEDICAL	\$2,974,871,250	\$4,438,245,880	\$1,463,374,630	49.19
COUNTY OUTPATIENT	\$133,515,020	\$149,219,610	\$15,704,590	11.76
COMMUNITY OUTPATIENT	\$1,115,334,130	\$2,120,261,220	\$1,004,927,090	90.10
PHARMACY	\$871,818,940	\$1,052,068,420	\$180,249,490	20.68
HOSPITAL INPATIENT	\$10,057,720,010	\$13,315,628,050	\$3,257,908,030	32.39
COUNTY INPATIENT	\$2,163,420,760	\$2,664,208,460	\$500,787,710	23.15
COMMUNITY INPATIENT	\$7,894,299,260	\$10,651,419,580	\$2,757,120,330	34.93
LONG TERM CARE	\$4,977,840,970	\$3,318,276,140	-\$1,659,564,830	-33.34
NURSING FACILITIES	\$4,585,171,550	\$3,079,591,210	-\$1,505,580,350	-32.84
ICF-DD	\$392,669,410	\$238,684,940	-\$153,984,480	-39.21
OTHER SERVICES	\$1,160,267,380	\$935,155,190	-\$225,112,190	-19.40
MEDICAL TRANSPORTATION	\$260,297,240	\$162,431,540	-\$97,865,700	-37.60
OTHER SERVICES	\$645,243,080	\$570,331,740	-\$74,911,340	-11.61
HOME HEALTH	\$254,727,050	\$202,391,910	-\$52,335,150	-20.55
TOTAL FEE-FOR-SERVICE	\$22,626,559,010	\$26,640,164,910	\$4,013,605,900	17.74
MANAGED CARE	\$22,188,338,980	\$40,887,515,920	\$18,699,176,950	84.27
TWO PLAN MODEL	\$13,414,476,690	\$26,025,293,680	\$12,610,816,990	94.01
COUNTY ORGANIZED HEALTH SYSTEMS	\$6,095,838,250	\$9,635,190,910	\$3,539,352,660	58.06
GEOGRAPHIC MANAGED CARE	\$2,194,553,170	\$4,300,719,280	\$2,106,166,110	95.97
PHP & OTHER MANAG. CARE	\$483,470,870	\$926,312,050	\$442,841,190	91.60
DENTAL	\$553,127,750	\$947,437,230	\$394,309,480	71.29
MENTAL HEALTH	\$1,668,432,240	\$2,434,957,490	\$766,525,260	45.94
AUDITS/ LAWSUITS	-\$75,434,780	\$20,358,240	\$95,793,020	-126.99
EPSDT SCREENS	\$37,965,360	\$37,505,900	-\$459,460	-1.21
MEDICARE PAYMENTS	\$3,967,162,000	\$4,037,746,000	\$70,584,000	1.78
STATE HOSP./DEVELOPMENTAL CNTRS.	\$266,006,860	\$267,389,730	\$1,382,880	0.52
MISC. SERVICES	\$7,745,799,460	\$11,359,964,890	\$3,614,165,430	46.66
RECOVERIES	-\$312,935,000	-\$266,285,000	\$46,650,000	-14.91
GRAND TOTAL MEDI-CAL	\$58,665,021,860	\$86,366,755,320	\$27,701,733,450	47.22
STATE FUNDS	\$21,802,906,170	\$30,923,972,660	\$9,121,066,490	41.83

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

SERVICE CATEGORY	NOV. 2013 EST. FOR 2014-15	MAY 2014 EST. FOR 2014-15	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,272,051,330	\$8,019,037,110	\$1,746,985,780	27.85
PHYSICIANS	\$1,135,237,760	\$1,311,310,410	\$176,072,650	15.51
OTHER MEDICAL	\$3,339,772,300	\$4,438,245,880	\$1,098,473,580	32.89
COUNTY OUTPATIENT	\$146,378,330	\$149,219,610	\$2,841,270	1.94
COMMUNITY OUTPATIENT	\$1,650,662,940	\$2,120,261,220	\$469,598,280	28.45
PHARMACY	\$585,242,620	\$1,052,068,420	\$466,825,800	79.77
HOSPITAL INPATIENT	\$10,546,984,350	\$13,315,628,050	\$2,768,643,690	26.25
COUNTY INPATIENT	\$2,309,793,940	\$2,664,208,460	\$354,414,520	15.34
COMMUNITY INPATIENT	\$8,237,190,410	\$10,651,419,580	\$2,414,229,170	29.31
LONG TERM CARE	\$3,469,473,320	\$3,318,276,140	-\$151,197,180	-4.36
NURSING FACILITIES	\$3,230,262,200	\$3,079,591,210	-\$150,670,990	-4.66
ICF-DD	\$239,211,120	\$238,684,940	-\$526,190	-0.22
OTHER SERVICES	\$827,094,470	\$935,155,190	\$108,060,710	13.07
MEDICAL TRANSPORTATION	\$183,217,080	\$162,431,540	-\$20,785,540	-11.34
OTHER SERVICES	\$444,256,420	\$570,331,740	\$126,075,320	28.38
HOME HEALTH	\$199,620,970	\$202,391,910	\$2,770,940	1.39
TOTAL FEE-FOR-SERVICE	\$21,700,846,100	\$26,640,164,910	\$4,939,318,810	22.76
MANAGED CARE	\$34,013,370,910	\$40,887,515,920	\$6,874,145,010	20.21
TWO PLAN MODEL	\$21,568,025,340	\$26,025,293,680	\$4,457,268,340	20.67
COUNTY ORGANIZED HEALTH SYSTEMS	\$8,243,429,040	\$9,635,190,910	\$1,391,761,870	16.88
GEOGRAPHIC MANAGED CARE	\$3,427,710,390	\$4,300,719,280	\$873,008,890	25.47
PHP & OTHER MANAG. CARE	\$774,206,140	\$926,312,050	\$152,105,910	19.65
DENTAL	\$892,390,710	\$947,437,230	\$55,046,520	6.17
MENTAL HEALTH	\$1,929,833,090	\$2,434,957,490	\$505,124,410	26.17
AUDITS/ LAWSUITS	\$4,565,870	\$20,358,240	\$15,792,370	345.88
EPSDT SCREENS	\$36,969,910	\$37,505,900	\$535,990	1.45
MEDICARE PAYMENTS	\$4,155,206,000	\$4,037,746,000	-\$117,460,000	-2.83
STATE HOSP./DEVELOPMENTAL CNTRS.	\$265,354,240	\$267,389,730	\$2,035,500	0.77
MISC. SERVICES	\$6,981,973,590	\$11,359,964,890	\$4,377,991,310	62.70
RECOVERIES	-\$255,248,000	-\$266,285,000	-\$11,037,000	4.32
GRAND TOTAL MEDI-CAL	\$69,725,262,400	\$86,366,755,320	\$16,641,492,910	23.87
STATE FUNDS	\$26,948,837,770	\$30,923,972,660	\$3,975,134,890	14.75

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	TRANSITION OF HFP TO MEDI-CAL	\$1,266,927,000	\$443,424,450	\$0	\$0	-\$1,266,927,000	-\$443,424,450
2	FAMILY PACT PROGRAM	\$656,141,000	\$164,342,100	\$587,160,000	\$147,064,500	-\$68,981,000	-\$17,277,600
3	BREAST AND CERVICAL CANCER TREATMENT	\$163,528,000	\$71,429,650	\$159,874,000	\$69,940,000	-\$3,654,000	-\$1,489,650
4	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$11,674,950	\$33,232,000	\$11,631,200	-\$125,000	-\$43,750
5	MEDI-CAL ADULT INMATE PROGRAMS	\$10,827,000	\$0	\$27,477,000	\$0	\$16,650,000	\$0
6	CHDP GATEWAY - PREENROLLMENT	\$12,786,000	\$4,475,100	\$0	\$0	-\$12,786,000	-\$4,475,100
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$5,517,000	\$0	\$5,469,000	\$0	-\$48,000	\$0
8	REFUGEES	\$6,475,000	\$6,475,000	\$5,844,000	\$5,844,000	-\$631,000	-\$631,000
9	MCHA VS. DHCS AND MRMIB	\$234,000	\$117,000	\$0	\$0	-\$234,000	-\$117,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$2,409,000	\$933,000	\$1,726,000	\$604,000	-\$683,000	-\$329,000
11	NEW QUALIFIED IMMIGRANTS	\$0	\$63,554,000	\$0	\$63,324,000	\$0	-\$230,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$57,988,650	\$0	-\$86,018,250	\$0	-\$28,029,600
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,901,500	\$0	-\$8,949,550	\$0	-\$48,050
14	INCARCERATION VERIFICATION PROGRAM	-\$348,000	-\$174,000	-\$573,000	-\$286,500	-\$225,000	-\$112,500
15	PARIS-FEDERAL	-\$10,725,000	-\$5,362,500	-\$15,826,000	-\$7,913,000	-\$5,101,000	-\$2,550,500
16	PARIS-VETERANS	-\$3,547,820	-\$1,773,910	-\$4,041,760	-\$2,020,880	-\$493,940	-\$246,970
17	PARIS-INTERSTATE	-\$38,477,000	-\$19,238,500	-\$32,216,000	-\$16,108,000	\$6,261,000	\$3,130,500
212	AIM LINKED MOTHERS 200-300% FPL	\$128,655,000	\$57,459,000	\$126,172,000	\$56,396,000	-\$2,483,000	-\$1,063,000
	ELIGIBILITY SUBTOTAL	\$2,233,758,180	\$730,445,190	\$894,297,240	\$233,507,520	-\$1,339,460,940	-\$496,937,670
AFFORDABLE CARE ACT							
18	ACA OPTIONAL EXPANSION	\$6,586,221,000	\$0	\$12,553,609,000	\$6,283,000	\$5,967,388,000	\$6,283,000
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$602,426,830	\$27,210,580	\$745,128,630	\$23,465,250	\$142,701,800	-\$3,745,330
20	COMMUNITY FIRST CHOICE OPTION	\$219,412,000	\$0	\$228,504,000	\$0	\$9,092,000	\$0
21	ACA MANDATORY EXPANSION	\$867,333,000	\$419,214,950	\$1,993,963,000	\$929,905,350	\$1,126,630,000	\$510,690,400
22	MENTAL HEALTH SERVICES EXPANSION	\$300,000,000	\$119,000,000	\$391,459,000	\$138,584,950	\$91,459,000	\$19,584,950

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$49,922,000	\$0	\$67,870,000	\$0	\$17,948,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$78,784,000	\$37,749,500	\$98,079,000	\$18,945,250	\$19,295,000	-\$18,804,250
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$56,924,000	\$20,638,000	\$56,924,000	\$20,638,000	\$0	\$0
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$70,186,000	\$26,380,500	\$90,749,790	\$29,176,740	\$20,563,790	\$2,796,240
28	ACA DELAY OF REDETERMINATIONS	\$668,000	\$205,800	\$53,303,000	\$26,011,700	\$52,635,000	\$25,805,900
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$115,000	\$0	\$115,000
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$26,950,000	\$0	-\$39,582,000	\$0	-\$12,632,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$98,220	-\$49,110	-\$76,610	-\$38,310	\$21,610	\$10,810
32	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$17,113,000	-\$8,556,500	\$0	\$0	\$17,113,000	\$8,556,500
33	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$47,601,000	-\$14,978,000	\$0	\$0	\$47,601,000	\$14,978,000
34	MANAGED CARE DRUG REBATES	-\$292,429,000	-\$146,214,500	-\$330,400,000	-\$165,200,000	-\$37,971,000	-\$18,985,500
205	HEALTH INSURER FEE	\$121,306,000	\$54,587,500	\$121,306,000	\$54,587,500	\$0	\$0
206	ACA EXPRESS LANE ENROLLMENT	\$687,214,000	\$11,586,150	\$1,508,167,000	\$59,423,050	\$820,953,000	\$47,836,900
210	ACA EXPANSION-PREGNANCY ONLY	-\$33,145,000	-\$16,572,500	-\$33,145,000	-\$16,572,500	\$0	\$0
217	ACA MAGI SAVINGS	\$0	\$0	\$0	-\$17,742,000	\$0	-\$17,742,000
	AFFORDABLE CARE ACT SUBTOTAL	\$9,250,010,600	\$503,252,370	\$17,545,440,810	\$1,068,000,980	\$8,295,430,210	\$564,748,610
<u>BENEFITS</u>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$256,044,000	\$0	\$312,967,000	\$0	\$56,923,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$145,124,000	\$0	\$144,536,000	\$0	-\$588,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$24,679,000	\$2,707,000	\$26,085,000	\$2,819,000	\$1,406,000	\$112,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$239,531,000	\$72,941,000	\$311,879,000	\$109,948,000	\$72,348,000	\$37,007,000
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 PILOTS	\$34,170,000	\$17,085,000	\$34,170,000	\$17,085,000	\$0	\$0
41	YOUTH REGIONAL TREATMENT CENTERS	\$6,345,000	\$34,000	\$6,345,000	\$34,000	\$0	\$0
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$4,841,000	\$2,420,500	\$4,841,000	\$2,420,500	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$3,415,000	\$0	\$3,912,000	\$0	\$497,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$501,000	\$0	\$516,000	\$0	\$15,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$141,000	\$0	\$150,000	\$0	\$9,000	\$0
47	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$3,794,100	\$0	\$0	\$0	\$3,794,100
48	HEARING AID CAP	-\$1,434,000	-\$717,000	\$0	\$0	\$1,434,000	\$717,000
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$92,051,700	\$0	-\$92,502,800	\$0	-\$451,100
50	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$33,707,000	-\$16,853,500	\$0	\$0
51	WOMEN'S HEALTH SERVICES	-\$10,351,000	-\$2,374,900	-\$20,645,660	-\$4,388,190	-\$10,294,660	-\$2,013,290
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$18,163,000	-\$9,081,500	-\$20,218,000	-\$10,109,000	-\$2,055,000	-\$1,027,500
66	VOLUNTARY INPATIENT DETOXIFICATION	\$23,663,000	\$9,940,000	\$28,925,000	\$10,622,500	\$5,262,000	\$682,500
208	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$17,467,000	\$8,098,000	\$17,636,000	\$8,146,000	\$169,000	\$48,000
	BENEFITS SUBTOTAL	\$733,270,000	\$8,854,800	\$858,395,340	\$47,723,510	\$125,125,340	\$38,868,710
PHARMACY							
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,892,000	\$14,446,000	\$28,646,420	\$14,323,210	-\$245,580	-\$122,790
54	NON FFP DRUGS	\$0	\$2,077,000	\$0	\$2,106,000	\$0	\$29,000
55	BCCTP DRUG REBATES	-\$15,764,000	-\$5,517,400	-\$15,764,000	-\$5,517,400	\$0	\$0
56	MEDICAL SUPPLY REBATES	-\$18,321,000	-\$9,160,500	-\$24,428,000	-\$12,214,000	-\$6,107,000	-\$3,053,500
57	FAMILY PACT DRUG REBATES	-\$74,815,000	-\$9,579,500	-\$73,085,000	-\$9,357,700	\$1,730,000	\$221,800
59	AGED AND DISPUTED DRUG REBATES	-\$150,000,000	-\$74,611,200	-\$196,000,000	-\$97,982,000	-\$46,000,000	-\$23,370,800
60	STATE SUPPLEMENTAL DRUG REBATES	-\$180,941,000	-\$90,001,300	-\$161,296,000	-\$79,158,800	\$19,645,000	\$10,842,500
61	FEDERAL DRUG REBATE PROGRAM	-\$1,457,217,000	-\$668,831,300	-\$1,299,000,000	-\$559,917,100	\$158,217,000	\$108,914,200
211	MCO SUPPLEMENTAL DRUG REBATE	-\$65,000,000	-\$32,500,000	-\$65,000,000	-\$32,500,000	\$0	\$0
219	VISION OUTREACH	\$0	\$0	\$2,036,000	\$1,018,000	\$2,036,000	\$1,018,000
	PHARMACY SUBTOTAL	-\$1,933,166,000	-\$873,678,200	-\$1,803,890,580	-\$779,199,790	\$129,275,420	\$94,478,410

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
DRUG MEDI-CAL							
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
68	ANNUAL RATE ADJUSTMENT	-\$2,607,000	-\$248,000	-\$2,607,000	-\$248,000	\$0	\$0
	DRUG MEDI-CAL SUBTOTAL	\$429,000	-\$248,000	\$429,000	-\$248,000	\$0	\$0
MENTAL HEALTH							
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$107,898,000	\$0	\$353,018,000	\$0	\$245,120,000	\$0
72	ELIMINATION OF STATE MAXIMUM RATES	\$133,477,000	\$0	\$72,161,000	\$0	-\$61,316,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$41,938,000	\$0	\$41,848,000	\$0	-\$90,000	\$0
74	KATIE A. V. DIANA BONTA	\$26,751,000	\$0	\$26,751,000	\$0	\$0	\$0
75	HEALTHY FAMILIES - SED	\$18,307,000	\$0	\$7,070,000	\$0	-\$11,237,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$0	\$24,800,000	\$0	\$0	\$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	\$0	\$0	-\$2,270,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$0	\$0	\$0
80	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
81	CHART REVIEW	-\$418,000	\$0	-\$320,000	\$0	\$98,000	\$0
82	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST:	-\$12,000,000	-\$12,000,000	\$0	\$0	\$12,000,000	\$12,000,000
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0
	MENTAL HEALTH SUBTOTAL	\$346,023,000	-\$6,000,000	\$528,328,000	\$6,000,000	\$182,305,000	\$12,000,000
WAIVER--MH/UCD & BTR							
84	BTR - LIHP - MCE	\$0	\$0	\$4,210,969,000	\$1,985,006,000	\$4,210,969,000	\$1,985,006,000
85	MH/UCD & BTR—DSH PAYMENT	\$1,702,746,000	\$535,885,000	\$1,762,250,000	\$592,433,000	\$59,504,000	\$56,548,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
86	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,892,310,000	\$946,155,000	\$1,152,624,000	\$576,312,000	-\$739,686,000	-\$369,843,000
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$534,994,000	\$267,497,000	\$551,013,000	\$275,506,500	\$16,019,000	\$8,009,500
88	BTR—SAFETY NET CARE POOL	\$242,250,000	\$0	\$242,250,000	\$0	\$0	\$0
89	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$243,001,000	\$121,500,500	\$268,001,000	\$134,000,500	\$25,000,000	\$12,500,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$0	\$0	\$21,373,000	\$0	\$21,373,000	\$0
91	MH/UCD & BTR—CCS AND GHPP	\$119,676,000	\$0	\$117,158,000	\$0	-\$2,518,000	\$0
93	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$0	\$0	\$275,629,000	\$135,686,000	\$275,629,000	\$135,686,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$82,000,000	\$0	\$85,000,000	\$0	\$3,000,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$53,645,000	-\$202,297,000	\$53,645,000	-\$286,449,000	\$0	-\$84,152,000
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$108,297,000	\$54,148,500	\$20,369,360	\$10,184,680	-\$87,927,640	-\$43,963,820
98	BTR—INCREASE SAFETY NET CARE POOL	\$0	\$0	\$6,500,000	\$0	\$6,500,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$7,595,000	\$7,595,000	\$41,378,000	\$29,628,000	\$33,783,000	\$22,033,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$108,328,000	\$0	\$435,143,000	\$0	\$326,815,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$536,000	\$0	\$2,370,000	\$0	\$1,834,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,802,000	\$1,901,000	\$4,712,000	\$2,356,000	\$910,000	\$455,000
104	MH/UCD—SAFETY NET CARE POOL	\$35,917,000	\$0	\$46,752,000	\$0	\$10,835,000	\$0
105	MH/UCD & BTR—MIA-LTC	\$0	-\$20,118,000	\$0	-\$20,118,000	\$0	\$0
106	MH/UCD & BTR—BCCTP	\$0	-\$2,179,000	\$0	-\$2,179,000	\$0	\$0
107	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$491,392,000	\$0	-\$392,395,000	\$0	\$98,997,000
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	\$0	\$0	-\$6,500,000	\$0	-\$6,500,000
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$0	-\$8,959,000	\$0	-\$8,959,000
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	\$0	\$0	-\$13,000,000	\$0	-\$13,000,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$204,221,800	-\$102,110,900	-\$185,418,780	-\$92,709,390	\$18,803,020	\$9,401,510
	WAIVER--MH/UCD & BTR SUBTOTAL	\$4,930,875,200	\$1,116,585,100	\$9,098,717,580	\$2,931,803,290	\$4,167,842,380	\$1,815,218,190

MANAGED CARE

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,252,660,000	\$516,786,500	\$1,481,657,000	\$521,697,000	\$228,997,000	\$4,910,500
118	MANAGED CARE RATE RANGE IGTS	\$820,130,000	\$391,449,000	\$860,767,000	\$400,038,000	\$40,637,000	\$8,589,000
119	CCI-MANAGED CARE PAYMENTS	\$5,706,904,000	\$2,804,982,500	\$6,901,009,000	\$3,450,504,500	\$1,194,105,000	\$645,522,000
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$399,710,000	\$199,855,000	\$431,688,000	\$215,844,000	\$31,978,000	\$15,989,000
123	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$1,615,660,000	\$1,615,660,000	\$2,496,678,000	\$2,496,678,000	\$881,018,000	\$881,018,000
124	RETRO MC RATE ADJUSTMENTS	\$0	\$0	\$337,849,000	\$168,924,500	\$337,849,000	\$168,924,500
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$16,426,000	-\$8,213,000	-\$26,934,000	-\$13,467,000	-\$10,508,000	-\$5,254,000
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	\$465,411,000	\$231,818,200	\$0	\$0	-\$465,411,000	-\$231,818,200
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
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	\$0	\$0	-\$1,071,000	-\$535,500	-\$1,071,000	-\$535,500
143	CCI-SAVINGS AND DEFERRAL	-\$3,788,843,000	-\$1,894,421,500	-\$4,502,299,000	-\$2,251,149,500	-\$713,456,000	-\$356,728,000
	MANAGED CARE SUBTOTAL	\$6,457,206,000	\$3,859,916,700	\$7,981,344,000	\$4,990,534,000	\$1,524,138,000	\$1,130,617,300
PROVIDER RATES							
24	AB 1629 ADD-ONS	\$17,026,790	\$8,513,400	\$38,764,880	\$19,382,440	\$21,738,090	\$10,869,050
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$205,639,750	\$102,819,870	\$194,678,560	\$97,339,280	-\$10,961,190	-\$5,480,590
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$187,060,400	\$93,530,200	\$125,322,250	\$62,661,130	-\$61,738,150	-\$30,869,070
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$42,657,000	\$21,328,500	\$90,068,000	\$45,034,000	\$47,411,000	\$23,705,500
147	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$14,611,970	\$7,306,880	\$30,000,000	\$15,000,000	\$15,388,030	\$7,693,120
148	LTC RATE ADJUSTMENT	\$98,236,580	\$49,118,290	\$23,234,380	\$11,617,190	-\$75,002,200	-\$37,501,100

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$14,425,830	\$7,212,910	\$18,905,100	\$9,452,550	\$4,479,270	\$2,239,640
150	HOSPICE RATE INCREASES	\$11,180,100	\$5,590,050	\$11,136,200	\$5,568,100	-\$43,910	-\$21,950
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$35,022,000	-\$17,511,000	-\$26,302,000	-\$13,151,000	\$8,720,000	\$4,360,000
153	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$4,485,000	-\$2,242,500	-\$4,485,000	-\$2,242,500
154	LABORATORY RATE METHODOLOGY CHANGE	-\$14,715,900	-\$7,357,950	-\$10,900,700	-\$5,450,350	\$3,815,200	\$1,907,600
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$34,256,000	-\$17,128,000	-\$29,896,510	-\$14,948,260	\$4,359,490	\$2,179,740
156	REDUCTION TO RADIOLOGY RATES	-\$60,399,470	-\$30,199,740	-\$32,891,820	-\$16,445,910	\$27,507,650	\$13,753,820
157	10% PROVIDER PAYMENT REDUCTION	-\$531,384,000	-\$265,692,000	-\$513,029,890	-\$256,514,940	\$18,354,110	\$9,177,060
214	GENETIC DISEASE SCREENING PROGRAM FEE INCRE/	\$0	\$0	\$7,619,000	\$3,809,500	\$7,619,000	\$3,809,500
	PROVIDER RATES SUBTOTAL	-\$84,938,940	-\$42,468,580	-\$77,777,540	-\$38,888,770	\$7,161,400	\$3,579,810
SUPPLEMENTAL PMNTS.							
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$740,311,000	\$416,522,000	\$740,311,000	\$416,522,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,024,244,000	\$3,539,684,000	\$6,945,877,000	\$3,125,877,000	-\$78,367,000	-\$413,807,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$66,000,000	\$0	\$183,000,000	\$0	\$117,000,000	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$50,000,000	\$0	\$20,000,000	\$0	-\$30,000,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$186,774,000	\$0	\$197,287,000	\$0	\$10,513,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$43,658,000	\$0	\$46,235,000	\$0	\$2,577,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$110,857,000	\$45,211,000	\$146,731,000	\$63,461,500	\$35,874,000	\$18,250,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$15,000,000	\$7,500,000	\$0	\$0
168	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
169	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
170	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,800,000	\$0	\$3,325,000	\$0	-\$475,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2014 ESTIMATE COMPARED TO NOVEMBER 2013 ESTIMATE
FISCAL YEAR 2014-15**

NO.	POLICY CHANGE TITLE	NOV. 2013 EST. FOR 2014-15		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.							
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,658,333,000	\$3,671,395,000	\$8,455,766,000	\$3,692,360,500	\$797,433,000	\$20,965,500
OTHER							
177	ARRA HITECH - PROVIDER PAYMENTS	\$151,719,000	\$0	\$149,720,000	\$0	-\$1,999,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$88,060,000	\$0	\$107,104,000	\$0	\$19,044,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$8,501,000	\$4,250,500	\$61,544,000	\$30,772,000	\$53,043,000	\$26,521,500
184	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,972,000	\$11,972,000	\$542,000	\$542,000
185	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$16,415,000	\$6,481,000	\$16,415,000	\$6,481,000	\$0	\$0
186	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$0	\$0	\$3,919,000	\$1,176,000	\$3,919,000	\$1,176,000
187	AUDIT SETTLEMENTS	\$627,000	\$627,000	\$9,910,000	\$9,910,000	\$9,283,000	\$9,283,000
191	INDIAN HEALTH SERVICES	\$2,180,000	-\$9,435,500	\$2,180,000	-\$9,435,500	\$0	\$0
192	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
193	ANTI-FRAUD ACTIVITIES	-\$15,000,000	-\$7,500,000	\$0	\$0	\$15,000,000	\$7,500,000
194	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
196	AB 97 INJUNCTIONS	\$0	\$0	\$0	\$0	\$0	\$0
197	CCI-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	-\$389,000	-\$194,500	\$0	\$0	\$389,000	\$194,500
200	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$2,400,000	-\$2,280,000	\$0	\$0	\$2,400,000	\$2,280,000
201	IHSS REDUCTION IN SERVICE HOURS	-\$190,614,000	\$0	-\$212,833,000	\$0	-\$22,219,000	\$0
216	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$0	\$0	\$209,000	\$104,500	\$209,000	\$104,500
	OTHER SUBTOTAL	\$70,529,000	\$3,378,500	\$150,140,000	\$50,980,000	\$79,611,000	\$47,601,500
	GRAND TOTAL	\$29,662,329,040	\$8,971,432,880	\$43,631,189,840	\$12,202,573,240	\$13,968,860,800	\$3,231,140,360

**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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
2	FAMILY PACT PROGRAM	\$576,793,000	\$144,468,000	\$587,160,000	\$147,064,500	\$10,367,000	\$2,596,500
3	BREAST AND CERVICAL CANCER TREATMENT	\$149,256,000	\$65,896,100	\$159,874,000	\$69,940,000	\$10,618,000	\$4,043,900
4	AIM LINKED INFANTS 250-300% FPL	\$31,629,000	\$11,070,150	\$33,232,000	\$11,631,200	\$1,603,000	\$561,050
5	MEDI-CAL ADULT INMATE PROGRAMS	\$14,092,000	\$0	\$27,477,000	\$0	\$13,385,000	\$0
7	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$4,518,000	\$0	\$5,469,000	\$0	\$951,000	\$0
8	REFUGEES	\$5,878,000	\$5,878,000	\$5,844,000	\$5,844,000	-\$34,000	-\$34,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$0	\$0	\$1,726,000	\$604,000	\$1,726,000	\$604,000
11	NEW QUALIFIED IMMIGRANTS	\$0	\$62,996,000	\$0	\$63,324,000	\$0	\$328,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$86,060,700	\$0	-\$86,018,250	\$0	\$42,450
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,927,700	\$0	-\$8,949,550	\$0	-\$21,850
14	INCARCERATION VERIFICATION PROGRAM	-\$255,000	-\$127,500	-\$573,000	-\$286,500	-\$318,000	-\$159,000
15	PARIS-FEDERAL	-\$10,470,000	-\$5,235,000	-\$15,826,000	-\$7,913,000	-\$5,356,000	-\$2,678,000
16	PARIS-VETERANS	-\$2,541,570	-\$1,270,780	-\$4,041,760	-\$2,020,880	-\$1,500,200	-\$750,100
17	PARIS-INTERSTATE	-\$23,631,000	-\$11,815,500	-\$32,216,000	-\$16,108,000	-\$8,585,000	-\$4,292,500
212	AIM LINKED MOTHERS 200-300% FPL	\$0	\$0	\$126,172,000	\$56,396,000	\$126,172,000	\$56,396,000
	ELIGIBILITY SUBTOTAL	\$745,268,430	\$176,871,070	\$894,297,240	\$233,507,520	\$149,028,800	\$56,636,450
AFFORDABLE CARE ACT							
18	ACA OPTIONAL EXPANSION	\$2,857,646,000	\$1,768,000	\$12,553,609,000	\$6,283,000	\$9,695,963,000	\$4,515,000
19	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,629,619,590	\$28,647,910	\$745,128,630	\$23,465,250	-\$884,490,960	-\$5,182,660
20	COMMUNITY FIRST CHOICE OPTION	\$244,263,000	\$0	\$228,504,000	\$0	-\$15,759,000	\$0
21	ACA MANDATORY EXPANSION	\$419,928,000	\$193,414,050	\$1,993,963,000	\$929,905,350	\$1,574,035,000	\$736,491,300
22	MENTAL HEALTH SERVICES EXPANSION	\$86,512,000	\$31,682,650	\$391,459,000	\$138,584,950	\$304,947,000	\$106,902,300
23	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$33,935,000	\$0	\$67,870,000	\$0	\$33,935,000	\$0
25	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$10,390,000	\$2,202,400	\$98,079,000	\$18,945,250	\$87,689,000	\$16,742,850
26	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$14,493,000	\$5,254,000	\$56,924,000	\$20,638,000	\$42,431,000	\$15,384,000

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

**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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
27	USPSTF GRADE A AND B RECOMMENDATIONS	\$11,693,440	\$4,291,650	\$90,749,790	\$29,176,740	\$79,056,350	\$24,885,090
28	ACA DELAY OF REDETERMINATIONS	\$150,904,000	\$70,579,550	\$53,303,000	\$26,011,700	-\$97,601,000	-\$44,567,850
29	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$115,000	\$0	\$115,000	\$0	\$0
30	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$45,932,000	\$0	-\$39,582,000	\$0	\$6,350,000
31	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$2,060	-\$1,030	-\$76,610	-\$38,310	-\$74,550	-\$37,280
34	MANAGED CARE DRUG REBATES	-\$379,500,000	-\$189,750,000	-\$330,400,000	-\$165,200,000	\$49,100,000	\$24,550,000
205	HEALTH INSURER FEE	\$0	\$0	\$121,306,000	\$54,587,500	\$121,306,000	\$54,587,500
206	ACA EXPRESS LANE ENROLLMENT	\$413,611,000	\$5,975,800	\$1,508,167,000	\$59,423,050	\$1,094,556,000	\$53,447,250
210	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$33,145,000	-\$16,572,500	-\$33,145,000	-\$16,572,500
217	ACA MAGI SAVINGS	\$0	-\$2,303,000	\$0	-\$17,742,000	\$0	-\$15,439,000
	AFFORDABLE CARE ACT SUBTOTAL	\$5,493,492,970	\$105,944,980	\$17,545,440,810	\$1,068,000,980	\$12,051,947,840	\$962,056,000
<u>BENEFITS</u>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$182,932,000	\$0	\$312,967,000	\$0	\$130,035,000	\$0
36	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$144,983,000	\$0	\$144,536,000	\$0	-\$447,000	\$0
37	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$45,621,000	\$1,478,000	\$26,085,000	\$2,819,000	-\$19,536,000	\$1,341,000
38	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$9,121,000	\$3,173,000	\$311,879,000	\$109,948,000	\$302,758,000	\$106,775,000
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 PILOTS	\$34,320,000	\$17,160,000	\$34,170,000	\$17,085,000	-\$150,000	-\$75,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$3,910,000	\$776,000	\$6,345,000	\$34,000	\$2,435,000	-\$742,000
42	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING	\$4,631,000	\$2,315,500	\$4,841,000	\$2,420,500	\$210,000	\$105,000
43	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,477,000	\$0	\$3,912,000	\$0	\$1,435,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
45	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$226,000	\$0	\$516,000	\$0	\$290,000	\$0
46	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$139,000	\$0	\$150,000	\$0	\$11,000	\$0
49	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$89,107,200	\$0	-\$92,502,800	\$0	-\$3,395,600

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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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
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	-\$2,237,990	-\$2,086,550	-\$20,645,660	-\$4,388,190	-\$18,407,670	-\$2,301,640
52	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$14,073,000	-\$7,036,500	-\$20,218,000	-\$10,109,000	-\$6,145,000	-\$3,072,500
66	VOLUNTARY INPATIENT DETOXIFICATION	\$10,179,000	\$4,092,500	\$28,925,000	\$10,622,500	\$18,746,000	\$6,530,000
208	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$0	\$0	\$17,636,000	\$8,146,000	\$17,636,000	\$8,146,000
	BENEFITS SUBTOTAL	\$463,232,010	-\$48,733,250	\$858,395,340	\$47,723,510	\$395,163,330	\$96,456,760
<u>PHARMACY</u>							
53	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$3,383,020	\$1,691,510	\$28,646,420	\$14,323,210	\$25,263,400	\$12,631,700
54	NON FFP DRUGS	\$0	\$2,044,500	\$0	\$2,106,000	\$0	\$61,500
55	BCCTP DRUG REBATES	-\$15,389,000	-\$5,386,150	-\$15,764,000	-\$5,517,400	-\$375,000	-\$131,250
56	MEDICAL SUPPLY REBATES	-\$24,428,000	-\$12,214,000	-\$24,428,000	-\$12,214,000	\$0	\$0
57	FAMILY PACT DRUG REBATES	-\$78,108,000	-\$10,000,800	-\$73,085,000	-\$9,357,700	\$5,023,000	\$643,100
58	LITIGATION SETTLEMENTS	-\$88,253,000	-\$88,253,000	\$0	\$0	\$88,253,000	\$88,253,000
59	AGED AND DISPUTED DRUG REBATES	-\$286,000,000	-\$142,973,600	-\$196,000,000	-\$97,982,000	\$90,000,000	\$44,991,600
60	STATE SUPPLEMENTAL DRUG REBATES	-\$209,567,000	-\$102,848,700	-\$161,296,000	-\$79,158,800	\$48,271,000	\$23,689,900
61	FEDERAL DRUG REBATE PROGRAM	-\$1,378,767,000	-\$599,064,200	-\$1,299,000,000	-\$559,917,100	\$79,767,000	\$39,147,100
211	MCO SUPPLEMENTAL DRUG REBATE	\$0	\$0	-\$65,000,000	-\$32,500,000	-\$65,000,000	-\$32,500,000
219	VISION OUTREACH	\$0	\$0	\$2,036,000	\$1,018,000	\$2,036,000	\$1,018,000
	PHARMACY SUBTOTAL	-\$2,077,128,980	-\$957,004,440	-\$1,803,890,580	-\$779,199,790	\$273,238,400	\$177,804,650
<u>DRUG MEDI-CAL</u>							
67	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
68	ANNUAL RATE ADJUSTMENT	\$0	\$0	-\$2,607,000	-\$248,000	-\$2,607,000	-\$248,000
	DRUG MEDI-CAL SUBTOTAL	\$3,036,000	\$0	\$429,000	-\$248,000	-\$2,607,000	-\$248,000
<u>MENTAL HEALTH</u>							
71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$64,187,000	\$0	\$353,018,000	\$0	\$288,831,000	\$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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH							
72	ELIMINATION OF STATE MAXIMUM RATES	\$67,962,000	\$0	\$72,161,000	\$0	\$4,199,000	\$0
73	TRANSITION OF HFP - SMH SERVICES	\$29,886,000	\$0	\$41,848,000	\$0	\$11,962,000	\$0
74	KATIE A. V. DIANA BONTA	\$29,293,000	\$0	\$26,751,000	\$0	-\$2,542,000	\$0
75	HEALTHY FAMILIES - SED	\$18,769,000	\$0	\$7,070,000	\$0	-\$11,699,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,400,000	\$0	\$24,800,000	\$0	\$12,400,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,353,000	\$0	\$3,000,000	\$0	-\$353,000	\$0
78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,270,000	\$0	\$0	\$0	-\$2,270,000	\$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	-\$1,271,000	\$0	-\$320,000	\$0	\$951,000	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$41,760,000	\$27,777,000	\$0	\$0	\$41,760,000	-\$27,777,000
	MENTAL HEALTH SUBTOTAL	\$185,089,000	\$40,981,000	\$528,328,000	\$6,000,000	\$343,239,000	-\$34,981,000
WAIVER--MH/UCD & BTR							
84	BTR - LIHP - MCE	\$1,039,826,000	\$127,029,500	\$4,210,969,000	\$1,985,006,000	\$3,171,143,000	\$1,857,976,500
85	MH/UCD & BTR—DSH PAYMENT	\$1,655,852,000	\$396,202,000	\$1,762,250,000	\$592,433,000	\$106,398,000	\$196,231,000
86	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,474,435,000	\$737,217,500	\$1,152,624,000	\$576,312,000	-\$321,811,000	-\$160,905,500
87	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$608,376,000	\$304,188,000	\$551,013,000	\$275,506,500	-\$57,363,000	-\$28,681,500
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	\$250,602,000	\$125,301,000	\$268,001,000	\$134,000,500	\$17,399,000	\$8,699,500
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$134,376,000	\$23,076,000	\$21,373,000	\$0	-\$113,003,000	-\$23,076,000
91	MH/UCD & BTR—CCS AND GHPP	\$134,565,000	\$0	\$117,158,000	\$0	-\$17,407,000	\$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	\$19,933,000	\$12,095,000	\$275,629,000	\$135,686,000	\$255,696,000	\$123,591,000
94	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$84,400,000	\$0	\$85,000,000	\$0	\$600,000	\$0
95	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$8,315,000	-\$246,770,000	\$53,645,000	-\$286,449,000	\$45,330,000	-\$39,679,000

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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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
96	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$53,642,000	\$0	\$0	\$0	-\$53,642,000	\$0
97	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$0	\$0	\$20,369,360	\$10,184,680	\$20,369,360	\$10,184,680
98	BTR—INCREASE SAFETY NET CARE POOL	\$24,250,000	\$0	\$6,500,000	\$0	-\$17,750,000	\$0
99	MH/UCD—STABILIZATION FUNDING	\$13,988,000	\$13,988,000	\$41,378,000	\$29,628,000	\$27,390,000	\$15,640,000
100	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$11,877,000	\$0	\$435,143,000	\$0	\$423,266,000	\$0
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$3,786,000	\$0	\$2,370,000	\$0	-\$1,416,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$9,500,000	\$0	\$0	\$0	-\$9,500,000	\$0
103	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$7,600,000	\$3,800,000	\$4,712,000	\$2,356,000	-\$2,888,000	-\$1,444,000
104	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$0	\$46,752,000	\$0	\$44,803,000	\$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	-\$365,021,500	\$0	-\$392,395,000	\$0	-\$27,373,500
108	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$24,250,000	\$0	-\$6,500,000	\$0	\$17,750,000
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$24,503,000	\$0	-\$8,959,000	\$0	-\$33,462,000
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVEI	-\$48,500,000	\$0	-\$13,000,000	\$0	\$35,500,000	\$0
113	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$80,809,280	-\$40,404,640	-\$185,418,780	-\$92,709,390	-\$104,609,500	-\$52,304,750
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,835,212,720	\$1,124,840,860	\$9,098,717,580	\$2,931,803,290	\$3,263,504,860	\$1,806,962,430
<u>MANAGED CARE</u>							
117	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$798,599,000	\$331,195,000	\$1,481,657,000	\$521,697,000	\$683,058,000	\$190,502,000
118	MANAGED CARE RATE RANGE IGTS	\$739,514,000	\$343,686,000	\$860,767,000	\$400,038,000	\$121,253,000	\$56,352,000
119	CCI-MANAGED CARE PAYMENTS	\$98,877,000	\$49,438,500	\$6,901,009,000	\$3,450,504,500	\$6,802,132,000	\$3,401,066,000
120	MANAGED CARE PUBLIC HOSPITAL IGTS	\$783,992,000	\$391,996,000	\$431,688,000	\$215,844,000	-\$352,304,000	-\$176,152,000
121	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$371,327,000	\$185,663,500	\$0	\$0	-\$371,327,000	-\$185,663,500
123	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$39,821,000	\$39,821,000	\$2,496,678,000	\$2,496,678,000	\$2,456,857,000	\$2,456,857,000
124	RETRO MC RATE ADJUSTMENTS	\$0	\$0	\$337,849,000	\$168,924,500	\$337,849,000	\$168,924,500

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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	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
127	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$1,079,000	\$539,500	-\$26,934,000	-\$13,467,000	-\$28,013,000	-\$14,006,500
128	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$8,236,000	\$4,050,050	\$0	\$0	-\$8,236,000	-\$4,050,050
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	\$0	\$0	\$0	\$0
133	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO (\$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	\$0	\$0	-\$1,071,000	-\$535,500	-\$1,071,000	-\$535,500
143	CCI-SAVINGS AND DEFERRAL	-\$76,030,000	-\$38,015,000	-\$4,502,299,000	-\$2,251,149,500	-\$4,426,269,000	-\$2,213,134,500
	MANAGED CARE SUBTOTAL	\$2,767,415,000	\$1,310,374,550	\$7,981,344,000	\$4,990,534,000	\$5,213,929,000	\$3,680,159,450
PROVIDER RATES							
24	AB 1629 ADD-ONS	\$3,138,740	\$1,569,370	\$38,764,880	\$19,382,440	\$35,626,140	\$17,813,070
144	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$256,869,140	\$128,434,570	\$194,678,560	\$97,339,280	-\$62,190,580	-\$31,095,290
145	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$5,078,260	\$2,539,130	\$125,322,250	\$62,661,130	\$120,243,990	\$60,122,000
146	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$45,489,000	\$22,744,500	\$90,068,000	\$45,034,000	\$44,579,000	\$22,289,500
147	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$22,000,000	\$11,000,000	\$30,000,000	\$15,000,000	\$8,000,000	\$4,000,000
148	LTC RATE ADJUSTMENT	\$13,411,550	\$6,705,770	\$23,234,380	\$11,617,190	\$9,822,830	\$4,911,420
149	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$15,551,300	\$7,775,650	\$18,905,100	\$9,452,550	\$3,353,800	\$1,676,900
150	HOSPICE RATE INCREASES	\$4,461,220	\$2,230,610	\$11,136,200	\$5,568,100	\$6,674,980	\$3,337,490

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

NO.	POLICY CHANGE TITLE	MAY 2014 EST. FOR 2013-14		MAY 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>							
151	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
152	NON-AB 1629 LTC RATE FREEZE	-\$30,000	-\$15,000	-\$26,302,000	-\$13,151,000	-\$26,272,000	-\$13,136,000
153	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$4,485,000	-\$2,242,500	-\$4,485,000	-\$2,242,500
154	LABORATORY RATE METHODOLOGY CHANGE	\$0	\$0	-\$10,900,700	-\$5,450,350	-\$10,900,700	-\$5,450,350
155	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$1,773,850	-\$886,920	-\$29,896,510	-\$14,948,260	-\$28,122,670	-\$14,061,330
156	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$32,891,820	-\$16,445,910	-\$32,891,820	-\$16,445,910
157	10% PROVIDER PAYMENT REDUCTION	-\$278,751,530	-\$139,375,770	-\$513,029,890	-\$256,514,940	-\$234,278,350	-\$117,139,180
214	GENETIC DISEASE SCREENING PROGRAM FEE INCRE	\$0	\$0	\$7,619,000	\$3,809,500	\$7,619,000	\$3,809,500
	PROVIDER RATES SUBTOTAL	\$85,443,840	\$42,721,920	-\$77,777,540	-\$38,888,770	-\$163,221,370	-\$81,610,690
<u>SUPPLEMENTAL PMNTS.</u>							
158	HOSPITAL QAF - HOSPITAL PAYMENTS	\$3,767,106,000	\$1,894,165,000	\$740,311,000	\$416,522,000	-\$3,026,795,000	-\$1,477,643,000
159	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$6,945,877,000	\$3,125,877,000	\$6,945,877,000	\$3,125,877,000
160	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$0	\$0	\$183,000,000	\$0	\$183,000,000	\$0
161	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$100,000,000	\$0	\$20,000,000	\$0	-\$80,000,000	\$0
162	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$172,138,000	\$0	\$197,287,000	\$0	\$25,149,000	\$0
163	NDPH IGT SUPPLEMENTAL PAYMENTS	\$135,742,000	\$67,871,000	\$70,000,000	\$35,000,000	-\$65,742,000	-\$32,871,000
164	CERTIFICATION PAYMENTS FOR DP-NFS	\$89,899,000	\$0	\$46,235,000	\$0	-\$43,664,000	\$0
165	CAPITAL PROJECT DEBT REIMBURSEMENT	\$120,632,000	\$50,412,000	\$146,731,000	\$63,461,500	\$26,099,000	\$13,049,500
166	FFP FOR LOCAL TRAUMA CENTERS	\$100,000,000	\$50,000,000	\$70,000,000	\$35,000,000	-\$30,000,000	-\$15,000,000
167	IGT PAYMENTS FOR HOSPITAL SERVICES	\$11,000,000	\$5,500,000	\$15,000,000	\$7,500,000	\$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	\$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:	\$4,725,000	\$0	\$3,325,000	\$0	-\$1,400,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$4,519,242,000	\$2,076,948,000	\$8,455,766,000	\$3,692,360,500	\$3,936,524,000	\$1,615,412,500
<u>OTHER</u>							

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FISCAL YEARS 2013-14 AND 2014-15**

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
177	ARRA HITECH - PROVIDER PAYMENTS	\$315,564,000	\$0	\$149,720,000	\$0	-\$165,844,000	\$0
178	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	\$120,670,000	\$0	\$107,104,000	\$0	-\$13,566,000	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$72,905,000	\$36,452,500	\$61,544,000	\$30,772,000	-\$11,361,000	-\$5,680,500
184	CDDS DENTAL SERVICES	\$11,972,000	\$11,972,000	\$11,972,000	\$11,972,000	\$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	\$3,918,000	\$1,175,000	\$3,919,000	\$1,176,000	\$1,000	\$1,000
187	AUDIT SETTLEMENTS	\$8,247,000	\$8,247,000	\$9,910,000	\$9,910,000	\$1,663,000	\$1,663,000
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
194	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
195	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
197	CCI-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
201	IHSS REDUCTION IN SERVICE HOURS	-\$218,342,000	\$0	-\$212,833,000	\$0	\$5,509,000	\$0
216	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$0	\$0	\$209,000	\$104,500	\$209,000	\$104,500
	OTHER SUBTOTAL	\$336,753,000	\$57,151,000	\$150,140,000	\$50,980,000	-\$186,613,000	-\$6,171,000
	GRAND TOTAL	\$18,357,055,990	\$3,930,095,680	\$43,631,189,840	\$12,202,573,240	\$25,274,133,850	\$8,272,477,560

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

FISCAL YEAR 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$25,816,510	\$2,832,920	\$125,362,390	\$55,073,590	\$3,895,540	\$66,270
OTHER MEDICAL	\$46,615,640	\$7,573,300	\$306,912,690	\$320,413,410	\$6,927,670	\$223,440
COUNTY OUTPATIENT	\$350,140	\$54,000	\$4,197,870	\$1,338,420	\$126,650	\$150
COMMUNITY OUTPATIENT	\$6,923,660	\$1,290,830	\$102,099,940	\$25,446,990	\$498,170	\$8,830
PHARMACY	-\$1,744,150	\$694,260	\$46,780,120	\$64,904,880	-\$644,830	-\$10,310
COUNTY INPATIENT	\$8,713,250	\$935,300	\$70,429,570	\$34,461,420	\$2,363,750	\$520
COMMUNITY INPATIENT	\$81,444,700	\$10,780,620	\$592,999,350	\$279,306,730	\$21,664,570	\$298,100
NURSING FACILITIES	\$340,083,490	\$14,390,340	\$513,709,850	\$2,975,290	\$1,306,766,910	\$5,249,300
ICF-DD	\$248,880	\$5,291,530	\$109,305,900	\$365,880	\$17,338,850	\$1,782,210
MEDICAL TRANSPORTATION	\$12,845,620	\$2,781,530	\$35,490,660	\$3,667,050	\$3,711,790	\$73,650
OTHER SERVICES	\$41,203,670	\$4,362,990	\$106,366,620	\$39,480,050	\$57,922,970	\$154,190
HOME HEALTH	\$285,120	\$8,428,100	\$108,140,910	\$4,294,630	\$14,910	\$0
FFS SUBTOTAL	\$562,786,540	\$59,415,710	\$2,121,795,860	\$831,728,350	\$1,420,586,940	\$7,846,350
DENTAL	\$43,693,450	\$2,233,560	\$102,679,250	\$151,098,570	\$4,748,990	\$23,320
TWO PLAN MODEL	\$765,683,330	\$122,814,070	\$7,607,895,400	\$1,773,966,690	-\$280,230	-\$280,230
COUNTY ORGANIZED HEALTH SYSTEMS	\$324,924,290	\$29,165,780	\$1,498,877,950	\$411,440,850	\$817,337,810	\$10,074,850
GEOGRAPHIC MANAGED CARE	\$133,077,310	\$22,484,520	\$1,373,621,130	\$304,697,440	-\$48,320	-\$48,320
PHP & OTHER MANAG. CARE	\$168,598,640	\$3,886,430	\$106,335,030	\$110,840,680	\$8,020,500	\$6,020
EPSDT SCREENS	\$0	\$0	\$0	\$8,392,970	\$0	\$0
MEDICARE PAYMENTS	\$1,375,186,670	\$40,755,230	\$1,287,158,320	\$0	\$146,645,720	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$106,010	\$1,537,150	\$58,994,900	\$583,060	\$14,019,900	\$1,060,110
MISC. SERVICES	\$825,353,360	\$44,687,210	\$3,864,027,610	\$793,330	\$8,290	\$0
NON-FFS SUBTOTAL	\$3,636,623,080	\$267,563,960	\$15,899,589,590	\$2,761,813,590	\$990,452,660	\$10,835,750
TOTAL DOLLARS (1)	\$4,199,409,610	\$326,979,670	\$18,021,385,460	\$3,593,541,940	\$2,411,039,600	\$18,682,100
ELIGIBLES ***	426,500	21,700	1,030,500	1,455,000	46,000	200
ANNUAL \$/ELIGIBLE	\$9,846	\$15,068	\$17,488	\$2,470	\$52,414	\$93,410
AVG. MO. \$/ELIGIBLE	\$821	\$1,256	\$1,457	\$206	\$4,368	\$7,784

(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 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-AB	MN-ATD	MN-AFDC
PHYSICIANS	\$6,082,950	\$20,985,090	\$21,462,580	\$427,050	\$60,547,710	\$310,393,610
OTHER MEDICAL	\$5,649,910	\$111,808,610	\$53,523,040	\$1,079,750	\$113,662,570	\$1,035,378,320
COUNTY OUTPATIENT	\$276,550	\$759,360	\$646,030	\$28,140	\$6,335,600	\$20,730,740
COMMUNITY OUTPATIENT	\$719,860	\$17,039,550	\$6,175,780	\$79,710	\$31,464,770	\$135,056,690
PHARMACY	-\$1,065,880	\$67,309,920	-\$1,285,710	\$124,900	\$47,825,980	\$230,906,240
COUNTY INPATIENT	\$20,419,470	\$6,334,230	\$21,895,310	\$778,480	\$184,322,450	\$339,760,430
COMMUNITY INPATIENT	\$32,892,330	\$90,724,790	\$62,617,760	\$1,690,280	\$418,872,220	\$1,675,455,240
NURSING FACILITIES	\$389,876,090	\$509,200	\$164,361,470	\$475,660	\$57,315,270	\$18,164,000
ICF-DD	\$91,640,920	\$119,700	\$451,550	\$0	\$5,910,270	\$299,370
MEDICAL TRANSPORTATION	\$2,063,270	\$712,960	\$10,353,110	\$240,810	\$21,028,730	\$14,885,190
OTHER SERVICES	\$11,769,050	\$29,094,560	\$19,397,110	\$133,600	\$42,740,540	\$107,588,570
HOME HEALTH	\$29,290	\$4,407,050	\$326,330	\$2,050	\$44,308,690	\$10,989,660
FFS SUBTOTAL	\$560,353,810	\$349,805,030	\$359,924,370	\$5,060,430	\$1,034,334,800	\$3,899,608,050
DENTAL	\$1,526,790	\$69,677,290	\$31,478,600	\$64,790	\$19,847,090	\$418,809,320
TWO PLAN MODEL	-\$280,230	\$565,838,570	\$1,198,145,410	\$3,978,770	\$776,697,670	\$3,651,157,750
COUNTY ORGANIZED HEALTH SYSTEMS	\$292,187,920	\$257,875,200	\$298,383,040	\$666,360	\$370,842,260	\$1,235,196,650
GEOGRAPHIC MANAGED CARE	-\$48,320	\$110,872,790	\$130,314,940	\$167,890	\$122,644,200	\$537,966,990
PHP & OTHER MANAG. CARE	\$297,330	\$48,664,180	\$137,565,960	\$195,240	\$16,693,980	\$251,300,110
EPSDT SCREENS	\$0	\$5,376,380	\$0	\$0	\$0	\$20,052,440
MEDICARE PAYMENTS	\$37,259,840	\$0	\$717,813,490	\$0	\$361,926,860	\$70,999,880
STATE HOSP./DEVELOPMENTAL CNTRS.	\$187,241,220	\$0	\$26,500	\$26,500	\$238,520	\$132,510
MISC. SERVICES	\$2,650	\$0	\$69,226,020	\$1,165,750	\$728,576,350	\$2,017,280
NON-FFS SUBTOTAL	\$518,187,200	\$1,058,304,400	\$2,582,953,960	\$6,265,310	\$2,397,466,920	\$6,187,632,930
TOTAL DOLLARS (1)	\$1,078,541,010	\$1,408,109,430	\$2,942,878,330	\$11,325,740	\$3,431,801,720	\$10,087,240,980
ELIGIBLES ***	14,800	919,500	328,600	600	191,600	4,155,500
ANNUAL \$/ELIGIBLE	\$72,874	\$1,531	\$8,956	\$18,876	\$17,911	\$2,427
AVG. MO. \$/ELIGIBLE	\$6,073	\$128	\$746	\$1,573	\$1,493	\$202

(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 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	MI-C	MI-A	REFUGEE	OBRA	POV 185	POV 133
PHYSICIANS	\$43,014,900	\$118,934,170	\$324,610	\$41,262,130	\$263,392,220	\$4,185,020
OTHER MEDICAL	\$158,658,870	\$1,201,495,070	\$1,744,910	\$74,601,750	\$288,393,080	\$59,911,660
COUNTY OUTPATIENT	\$2,074,250	\$9,238,940	\$115,650	\$9,123,440	\$4,224,930	\$132,440
COMMUNITY OUTPATIENT	\$18,727,350	\$35,617,800	\$150,740	\$11,496,380	\$37,683,770	\$2,939,510
PHARMACY	\$59,109,530	\$369,931,320	\$747,680	\$21,699,600	\$19,186,920	\$3,574,590
COUNTY INPATIENT	\$24,554,890	\$51,419,820	\$34,020	\$71,868,780	\$99,454,880	\$990,040
COMMUNITY INPATIENT	\$139,300,940	\$401,549,130	\$537,950	\$115,778,800	\$625,033,140	\$17,520,010
NURSING FACILITIES	\$7,070,450	\$38,526,580	\$48,030	\$21,906,390	\$112,180	\$462,270
ICF-DD	\$1,784,090	\$720,500	\$0	\$313,530	\$0	\$0
MEDICAL TRANSPORTATION	\$2,555,200	\$19,178,220	\$14,340	\$7,874,920	\$2,444,710	\$171,060
OTHER SERVICES	\$26,873,730	\$35,773,150	\$17,030	\$4,557,770	\$19,468,980	\$12,102,900
HOME HEALTH	\$13,447,910	\$159,780	\$250	\$15,130	\$1,646,570	\$1,383,160
FFS SUBTOTAL	\$497,172,100	\$2,282,544,480	\$3,735,200	\$380,498,610	\$1,361,041,370	\$103,372,660
DENTAL	\$19,909,320	\$38,429,610	\$159,180	\$283,060	\$2,043,330	\$12,884,880
TWO PLAN MODEL	\$71,464,460	\$6,278,094,510	\$1,363,160	\$0	\$68,234,430	\$191,392,380
COUNTY ORGANIZED HEALTH SYSTEMS	\$52,570,540	\$2,691,856,500	\$319,550	\$714,930	\$34,594,820	\$87,580,570
GEOGRAPHIC MANAGED CARE	\$13,531,100	\$996,186,550	\$572,890	\$0	\$15,485,760	\$48,388,120
PHP & OTHER MANAG. CARE	\$4,303,340	\$0	\$0	\$0	\$5,078,690	\$11,106,930
EPSDT SCREENS	\$1,359,240	\$0	\$0	\$0	\$0	\$1,012,230
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$453,710	\$26,500	\$0	\$238,520	\$79,510	\$0
MISC. SERVICES	\$6,337,050	\$68,134,220	\$0	\$0	\$110,300	\$152,960
NON-FFS SUBTOTAL	\$169,928,760	\$10,072,727,890	\$2,414,780	\$1,236,520	\$125,626,820	\$352,518,080
TOTAL DOLLARS (1)	\$667,100,860	\$12,355,272,380	\$6,149,970	\$381,735,120	\$1,486,668,190	\$455,890,740
ELIGIBLES ***	266,400	1,824,700	2,600	120,500	229,200	206,000
ANNUAL \$/ELIGIBLE	\$2,504	\$6,771	\$2,365	\$3,168	\$6,486	\$2,213
AVG. MO. \$/ELIGIBLE	\$209	\$564	\$197	\$264	\$541	\$184

(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 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

SERVICE CATEGORY	POV 100	TOTAL
PHYSICIANS	\$6,767,040	\$1,110,826,310
OTHER MEDICAL	\$45,741,980	\$3,840,315,640
COUNTY OUTPATIENT	\$382,510	\$60,135,790
COMMUNITY OUTPATIENT	\$5,103,700	\$438,524,030
PHARMACY	\$13,419,210	\$941,464,260
COUNTY INPATIENT	\$3,643,090	\$942,379,690
COMMUNITY INPATIENT	\$28,306,730	\$4,596,773,380
NURSING FACILITIES	\$618,830	\$2,882,621,610
ICF-DD	\$4,890	\$235,578,070
MEDICAL TRANSPORTATION	\$285,270	\$140,378,080
OTHER SERVICES	\$8,015,250	\$567,022,730
HOME HEALTH	\$1,669,140	\$199,548,690
FFS SUBTOTAL	\$113,957,630	\$15,955,568,290
DENTAL	\$15,728,510	\$935,318,910
TWO PLAN MODEL	\$240,721,450	\$23,316,607,370
COUNTY ORGANIZED HEALTH SYSTEMS	\$92,397,540	\$8,507,007,420
GEOGRAPHIC MANAGED CARE	\$62,130,470	\$3,871,997,150
PHP & OTHER MANAG. CARE	\$12,690,830	\$885,583,880
EPSDT SCREENS	\$1,310,820	\$37,504,080
MEDICARE PAYMENTS	\$0	\$4,037,746,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$265,030	\$265,029,670
MISC. SERVICES	\$54,070	\$5,610,646,450
NON-FFS SUBTOTAL	\$425,298,720	\$47,467,440,920
TOTAL DOLLARS (1)	\$539,256,350	\$63,423,009,210
ELIGIBLES ***	260,600	11,500,500
ANNUAL \$/ELIGIBLE	\$2,069	\$5,515
AVG. MO. \$/ELIGIBLE	\$172	\$460

(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 2014-15 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 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
104	MH/UCD—SAFETY NET CARE POOL

FISCAL YEAR 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 71

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
110	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
112	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNDS
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 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 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

FISCAL YEAR 2014-15 COST PER ELIGIBLE BASED ON MAY 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 71

184	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS
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