

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

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. C/Y FFS BASE	\$16,476,166,850	\$8,238,083,420	\$8,238,083,420
B. C/Y BASE POLICY CHANGES	\$28,326,922,000	\$17,082,247,150	\$11,244,674,850
C. BASE ADJUSTMENTS	-\$245,570,000	-\$168,797,400	-\$76,772,600
D. ADJUSTED BASE	<u>\$44,557,518,850</u>	<u>\$25,151,533,170</u>	<u>\$19,405,985,680</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$795,445,020	\$651,190,560	\$144,254,460
B. AFFORDABLE CARE ACT	\$16,189,319,040	\$15,890,432,350	\$298,886,690
C. BENEFITS	\$688,563,380	\$560,522,450	\$128,040,930
D. PHARMACY	-\$1,629,364,680	-\$931,279,540	-\$698,085,140
E. DRUG MEDI-CAL	\$3,036,000	\$3,036,000	\$0
F. MENTAL HEALTH	\$176,036,000	\$165,639,000	\$10,397,000
G. WAIVER--MH/UCD & BTR	\$5,195,716,700	\$4,184,563,850	\$1,011,152,850
H. MANAGED CARE	\$6,306,832,940	\$2,656,358,470	\$3,650,474,470
I. PROVIDER RATES	\$182,152,880	\$93,043,340	\$89,109,540
J. SUPPLEMENTAL PMNTS.	\$8,518,827,000	\$4,817,690,500	\$3,701,136,500
K. OTHER	\$257,948,000	\$185,997,000	\$71,951,000
L. TOTAL CHANGES	<u>\$36,684,512,270</u>	<u>\$28,277,193,980</u>	<u>\$8,407,318,300</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<b><u>\$81,242,031,120</u></b>	<b><u>\$53,428,727,150</u></b>	<b><u>\$27,813,303,970</u></b>

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>				
1	FAMILY PACT PROGRAM	\$532,922,000	\$399,345,100	\$133,576,900
2	BREAST AND CERVICAL CANCER TREATMENT	\$153,282,000	\$85,723,300	\$67,558,700
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% F	\$85,180,000	\$46,695,000	\$38,485,000
4	MEDI-CAL ADULT INMATE PROGRAMS	\$27,741,000	\$27,741,000	\$0
5	MEDI-CAL ACCESS PROGRAM INFANTS 250-300% FF	\$24,082,000	\$15,653,300	\$8,428,700
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$22,374,000	\$22,374,000	\$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13/	\$17,636,000	\$8,818,000	\$8,818,000
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,840,000	\$1,196,000	\$644,000
9	REFUGEES	\$1,001,000	\$0	\$1,001,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$740,000	\$480,900	\$259,100
11	NEW QUALIFIED IMMIGRANTS	\$0	-\$74,545,000	\$74,545,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$80,419,200	-\$80,419,200
13	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$83,328,700	-\$83,328,700
15	INCARCERATION VERIFICATION PROGRAM	-\$448,980	-\$224,490	-\$224,490
16	PARIS-VETERANS	-\$1,821,000	-\$910,500	-\$910,500
17	TLICP PREMIUMS	-\$69,083,000	-\$44,903,950	-\$24,179,050
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$795,445,020</b>	<b>\$651,190,560</b>	<b>\$144,254,460</b>
<b>AFFORDABLE CARE ACT</b>				
18	ACA OPTIONAL EXPANSION	\$12,583,273,000	\$12,575,955,000	\$7,318,000
19	ACA MANDATORY EXPANSION	\$493,984,260	\$259,175,720	\$234,808,540
20	ACA EXPRESS LANE ENROLLMENT	\$1,309,980,000	\$1,295,066,250	\$14,913,750
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$932,154,590	\$907,631,860	\$24,522,740
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$499,157,000	\$408,536,400	\$90,620,600
23	COMMUNITY FIRST CHOICE OPTION	\$248,108,000	\$248,108,000	\$0
24	ACA DELAY OF REDETERMINATIONS	\$203,389,000	\$121,851,050	\$81,537,950
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$134,679,000	\$85,852,000	\$48,827,000
26	HEALTH INSURER FEE	\$125,518,000	\$69,035,000	\$56,483,000
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS	\$51,916,000	\$51,916,000	\$0
28	USPSTF GRADE A AND B RECOMMENDATIONS	\$2,445,190	\$1,222,590	\$1,222,590
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$85,513,000	-\$85,513,000
30	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	-\$230,000	\$230,000
31	ACA MAGI SAVINGS	\$0	\$14,441,990	-\$14,441,990
34	MANAGED CARE DRUG REBATES	-\$396,000,000	-\$234,000,000	-\$162,000,000
200	ACCELERATED ENROLLMENT	\$715,000	\$357,500	\$357,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$16,189,319,040</b>	<b>\$15,890,432,360</b>	<b>\$298,886,690</b>
<b>BENEFITS</b>				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$263,397,000	\$263,397,000	\$0
36	BEHAVIORAL HEALTH TREATMENT	\$190,000,000	\$101,000,000	\$89,000,000
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$128,839,000	\$128,839,000	\$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>BENEFITS</b>				
39	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$34,020,000	\$17,010,000	\$17,010,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$21,367,000	\$19,087,000	\$2,280,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$6,590,000	\$3,544,000	\$3,046,000
42	VOLUNTARY INPATIENT DETOXIFICATION	\$10,627,980	\$6,142,100	\$4,485,880
43	YOUTH REGIONAL TREATMENT CENTERS	\$6,301,000	\$6,271,000	\$30,000
44	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,116,000	\$4,116,000	\$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$320,000	\$320,000	\$0
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$145,000	\$145,000	\$0
50	WOMEN'S HEALTH SERVICES	-\$2,516,600	-\$2,027,160	-\$489,440
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$15,647,000	-\$7,823,500	-\$7,823,500
	<b>BENEFITS SUBTOTAL</b>	<b>\$688,563,380</b>	<b>\$560,522,450</b>	<b>\$128,040,930</b>
<b>PHARMACY</b>				
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,753,320	\$14,376,660	\$14,376,660
53	PEDIATRIC MOBILE VISION PROJECT	\$2,036,000	\$1,018,000	\$1,018,000
54	NON FFP DRUGS	\$0	-\$1,389,000	\$1,389,000
55	BCCTP DRUG REBATES	-\$18,000,000	-\$11,700,000	-\$6,300,000
56	MEDICAL SUPPLY REBATES	-\$31,000,000	-\$15,500,000	-\$15,500,000
57	LITIGATION SETTLEMENTS	-\$40,959,000	\$0	-\$40,959,000
58	FAMILY PACT DRUG REBATES	-\$66,036,000	-\$57,752,400	-\$8,283,600
59	STATE SUPPLEMENTAL DRUG REBATES	-\$157,745,000	-\$91,925,400	-\$65,819,600
60	AGED AND DISPUTED DRUG REBATES	-\$196,000,000	-\$98,008,000	-\$97,992,000
61	FEDERAL DRUG REBATE PROGRAM	-\$1,150,414,000	-\$670,399,400	-\$480,014,600
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,629,364,680</b>	<b>-\$931,279,540</b>	<b>-\$698,085,140</b>
<b>DRUG MEDI-CAL</b>				
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
67	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$3,036,000</b>	<b>\$3,036,000</b>	<b>\$0</b>
<b>MENTAL HEALTH</b>				
71	ELIMINATION OF STATE MAXIMUM RATES	\$91,236,000	\$91,236,000	\$0
72	TRANSITION OF HFP - SMH SERVICES	\$42,008,000	\$42,008,000	\$0
73	KATIE A. V. DIANA BONTA	\$27,247,000	\$27,247,000	\$0
75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$9,672,000	\$9,672,000	\$0
76	HEALTHY FAMILIES - SED	\$4,095,000	\$4,095,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,585,000	\$3,585,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAID	\$0	-\$2,397,000	\$2,397,000
80	IMD ANCILLARY SERVICES	\$0	-\$8,000,000	\$8,000,000
81	CHART REVIEW	-\$1,807,000	-\$1,807,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$176,036,000</b>	<b>\$165,639,000</b>	<b>\$10,397,000</b>

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
82	MH/UCD & BTR—DSH PAYMENT	\$1,758,626,000	\$1,191,420,000	\$567,206,000
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,399,432,000	\$699,716,000	\$699,716,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$599,313,000	\$299,656,500	\$299,656,500
85	BTR - LIHP - MCE	\$365,680,000	\$354,297,000	\$11,383,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$262,741,000	\$131,370,500	\$131,370,500
87	BTR—SAFETY NET CARE POOL	\$242,250,000	\$242,250,000	\$0
88	MH/UCD & BTR—CCS AND GHPP	\$109,910,000	\$109,910,000	\$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$92,162,000	\$50,000,000	\$42,162,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$87,064,000	\$85,157,000	\$1,907,000
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$84,949,000	\$84,949,000	\$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS'	\$72,800,000	\$72,800,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$14,534,000	\$346,380,000	-\$331,846,000
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$46,822,700	\$23,411,350	\$23,411,350
95	MH/UCD—SAFETY NET CARE POOL	\$35,917,000	\$35,917,000	\$0
96	BTR—INCREASE SAFETY NET CARE POOL	\$30,750,000	\$30,750,000	\$0
97	MH/UCD—STABILIZATION FUNDING	\$19,500,000	\$0	\$19,500,000
98	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$13,744,000	\$13,744,000	\$0
99	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$12,860,000	\$6,430,000	\$6,430,000
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,708,000	\$2,354,000	\$2,354,000
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$2,756,000	\$2,756,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$698,000	\$698,000	\$0
103	MH/UCD & BTR—BCCTP	\$0	\$1,980,000	-\$1,980,000
104	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$427,930,500	-\$427,930,500
105	MH/UCD & BTR—MIA-LTC	\$0	\$21,161,000	-\$21,161,000
106	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$30,750,000	-\$30,750,000
107	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$19,724,000	\$19,724,000
108	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$61,500,000	-\$61,500,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,195,716,700</b>	<b>\$4,184,563,850</b>	<b>\$1,011,152,850</b>
<b><u>MANAGED CARE</u></b>				
110	CCI-MANAGED CARE PAYMENTS	\$5,191,949,760	\$2,595,974,880	\$2,595,974,880
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$1,497,113,000	\$0	\$1,497,113,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,432,849,000	\$922,055,000	\$510,794,000
115	MANAGED CARE RATE RANGE IGTS	\$1,102,724,000	\$598,230,000	\$504,494,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	\$384,834,000	\$192,417,000	\$192,417,000
118	RETRO MC RATE ADJUSTMENTS	\$357,434,000	\$178,717,000	\$178,717,000
122	BLOOD FACTOR CARVE OUT	\$37,200,000	\$18,600,000	\$18,600,000
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$23,288,000	\$11,644,000	\$11,644,000
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$22,744,000	\$11,372,000	\$11,372,000
126	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
129	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
130	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>				
131	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
132	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
133	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
134	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	\$0	\$0	\$0
135	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
136	CCI-SAVINGS AND DEFERRAL	-\$3,745,302,820	-\$1,872,651,410	-\$1,872,651,410
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$6,306,832,940</b>	<b>\$2,656,358,470</b>	<b>\$3,650,474,470</b>
<b>PROVIDER RATES</b>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$229,166,710	\$114,583,360	\$114,583,360
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$90,003,000	\$45,001,500	\$45,001,500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$32,440,390	\$16,220,190	\$16,220,190
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$42,280,000	\$21,140,000	\$21,140,000
141	AB 1629 ADD-ONS	\$18,199,140	\$9,099,570	\$9,099,570
142	LTC RATE ADJUSTMENT	\$23,406,700	\$11,703,350	\$11,703,350
143	DENTAL RETROACTIVE RATE CHANGES	\$21,979,000	\$12,956,400	\$9,022,600
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$7,459,470	\$3,729,740	\$3,729,740
145	GENETIC DISEASE SCREENING PROGRAM FEE INCF	\$5,985,600	\$2,992,800	\$2,992,800
146	HOSPICE RATE INCREASES	\$6,052,310	\$3,026,160	\$3,026,160
147	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
148	LABORATORY RATE METHODOLOGY CHANGE	-\$14,654,480	-\$7,327,240	-\$7,327,240
149	NON-AB 1629 LTC RATE FREEZE	-\$6,590,220	-\$3,295,110	-\$3,295,110
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$7,038,080	-\$3,519,040	-\$3,519,040
151	REDUCTION TO RADIOLOGY RATES	-\$17,681,570	-\$8,840,790	-\$8,840,790
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$55,670,810	-\$27,835,400	-\$27,835,400
153	10% PROVIDER PAYMENT REDUCTION	-\$193,184,280	-\$96,592,140	-\$96,592,140
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$182,152,890</b>	<b>\$93,043,340</b>	<b>\$89,109,540</b>
<b>SUPPLEMENTAL PMNTS.</b>				
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,945,877,000	\$3,823,407,000	\$3,122,470,000
155	HOSPITAL QAF - HOSPITAL PAYMENTS	\$628,134,000	\$262,438,000	\$365,696,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$222,242,000	\$222,242,000	\$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	\$169,187,000	\$94,516,500	\$74,670,500
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$165,486,000	\$165,486,000	\$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000
160	FFP FOR LOCAL TRAUMA CENTERS	\$103,600,000	\$51,800,000	\$51,800,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	\$95,488,000	\$95,488,000	\$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$7,500,000
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$11,813,000	\$11,813,000	\$0
164	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
165	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
166	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$4,000,000	\$4,000,000	\$0

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

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

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<b>SUPPLEMENTAL PMNTS.</b>			
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,518,827,000</b>	<b>\$4,817,690,500</b>	<b>\$3,701,136,500</b>
	<b>OTHER</b>			
173	ARRA HITECH - PROVIDER PAYMENTS	\$217,513,000	\$217,513,000	\$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$114,643,000	\$114,643,000	\$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$68,216,000	\$34,108,000	\$34,108,000
180	AUDIT SETTLEMENTS	\$33,206,000	\$0	\$33,206,000
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$16,415,000	\$9,934,000	\$6,481,000
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$11,734,000	\$8,214,000	\$3,520,000
184	OVERTIME FOR IHSS PROVIDERS	\$4,000,000	\$2,000,000	\$2,000,000
186	CDDS DENTAL SERVICES	\$2,016,000	\$0	\$2,016,000
188	INDIAN HEALTH SERVICES	\$1,158,000	\$11,774,500	-\$10,616,500
189	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$209,000	\$104,500	\$104,500
190	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
194	IHSS REDUCTION IN SERVICE HOURS	-\$213,426,000	-\$213,426,000	\$0
199	WPCS WORKERS' COMPENSATION	\$2,264,000	\$1,132,000	\$1,132,000
	<b>OTHER SUBTOTAL</b>	<b>\$257,948,000</b>	<b>\$185,997,000</b>	<b>\$71,951,000</b>
	<b>GRAND TOTAL</b>	<b>\$36,684,512,280</b>	<b>\$28,277,193,980</b>	<b>\$8,407,318,300</b>

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

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

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$8,049,783,930	\$5,460,435,820	\$2,589,348,100
PHYSICIANS	\$1,211,239,590	\$822,482,370	\$388,757,210
OTHER MEDICAL	\$4,634,021,870	\$3,363,099,330	\$1,270,922,550
COUNTY OUTPATIENT	\$128,822,220	\$101,375,320	\$27,446,910
COMMUNITY OUTPATIENT	\$2,075,700,240	\$1,173,478,810	\$902,221,430
<b>PHARMACY</b>	\$1,019,707,130	\$573,688,120	\$446,019,010
<b>HOSPITAL INPATIENT</b>	\$13,036,479,660	\$8,168,396,510	\$4,868,083,140
COUNTY INPATIENT	\$2,504,880,420	\$1,992,935,260	\$511,945,150
COMMUNITY INPATIENT	\$10,531,599,240	\$6,175,461,250	\$4,356,137,990
<b>LONG TERM CARE</b>	\$3,500,222,280	\$1,790,839,400	\$1,709,382,870
NURSING FACILITIES	\$3,248,902,810	\$1,663,607,060	\$1,585,295,750
ICF-DD	\$251,319,460	\$127,232,340	\$124,087,120
<b>OTHER SERVICES</b>	\$1,005,693,900	\$624,902,700	\$380,791,200
MEDICAL TRANSPORTATION	\$345,417,310	\$287,324,670	\$58,092,640
OTHER SERVICES	\$466,461,400	\$236,006,430	\$230,454,960
HOME HEALTH	\$193,815,190	\$101,571,590	\$92,243,600
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$26,611,886,880</b>	<b>\$16,618,262,550</b>	<b>\$9,993,624,330</b>
<b>MANAGED CARE</b>	\$39,569,324,900	\$25,470,546,670	\$14,098,778,230
TWO PLAN MODEL	\$25,039,523,720	\$15,979,977,810	\$9,059,545,910
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,111,917,570	\$6,195,118,360	\$2,916,799,210
GEOGRAPHIC MANAGED CARE	\$4,277,726,340	\$2,699,522,660	\$1,578,203,680
PHP & OTHER MANAG. CARE	\$1,140,157,260	\$595,927,840	\$544,229,420
<b>DENTAL</b>	\$939,168,410	\$561,806,300	\$377,362,110
<b>MENTAL HEALTH</b>	\$2,197,144,920	\$2,083,374,070	\$113,770,850
<b>AUDITS/ LAWSUITS</b>	\$2,168,440	\$3,961,780	-\$1,793,350
<b>EPSDT SCREENS</b>	\$37,256,320	\$19,394,560	\$17,861,770
<b>MEDICARE PAYMENTS</b>	\$4,135,900,000	\$1,205,387,500	\$2,930,512,500
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$265,014,540	\$265,009,450	\$5,090
<b>MISC. SERVICES</b>	\$7,752,934,710	\$7,334,470,260	\$418,464,440
<b>RECOVERIES</b>	-\$268,768,000	-\$133,486,000	-\$135,282,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$81,242,031,120</b>	<b>\$53,428,727,150</b>	<b>\$27,813,303,970</b>

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

<b>SERVICE CATEGORY</b>	<b>2014-15 APPROPRIATION</b>	<b>NOV. 2014 EST. FOR 2014-15</b>	<b>DOLLAR DIFFERENCE</b>	<b>% CHANGE</b>
<b>PROFESSIONAL</b>	\$7,905,361,270	\$8,049,783,930	\$144,422,650	1.83
PHYSICIANS	\$1,283,601,880	\$1,211,239,590	-\$72,362,300	-5.64
OTHER MEDICAL	\$4,364,776,830	\$4,634,021,870	\$269,245,050	6.17
COUNTY OUTPATIENT	\$147,597,560	\$128,822,220	-\$18,775,340	-12.72
COMMUNITY OUTPATIENT	\$2,109,385,000	\$2,075,700,240	-\$33,684,760	-1.60
<b>PHARMACY</b>	\$1,011,369,760	\$1,019,707,130	\$8,337,370	0.82
<b>HOSPITAL INPATIENT</b>	\$13,161,701,890	\$13,036,479,660	-\$125,222,240	-0.95
COUNTY INPATIENT	\$2,643,713,380	\$2,504,880,420	-\$138,832,960	-5.25
COMMUNITY INPATIENT	\$10,517,988,510	\$10,531,599,240	\$13,610,720	0.13
<b>LONG TERM CARE</b>	\$3,318,276,140	\$3,500,222,280	\$181,946,140	5.48
NURSING FACILITIES	\$3,079,591,210	\$3,248,902,810	\$169,311,610	5.50
ICF-DD	\$238,684,940	\$251,319,460	\$12,634,530	5.29
<b>OTHER SERVICES</b>	\$923,431,840	\$1,005,693,900	\$82,262,050	8.91
MEDICAL TRANSPORTATION	\$160,335,360	\$345,417,310	\$185,081,950	115.43
OTHER SERVICES	\$560,704,580	\$466,461,400	-\$94,243,180	-16.81
HOME HEALTH	\$202,391,910	\$193,815,190	-\$8,576,720	-4.24
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$26,320,140,910</b>	<b>\$26,611,886,880</b>	<b>\$291,745,970</b>	<b>1.11</b>
<b>MANAGED CARE</b>	\$40,944,108,920	\$39,569,324,900	-\$1,374,784,030	-3.36
TWO PLAN MODEL	\$26,060,613,660	\$25,039,523,720	-\$1,021,089,930	-3.92
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,638,537,040	\$9,111,917,570	-\$526,619,470	-5.46
GEOGRAPHIC MANAGED CARE	\$4,315,518,970	\$4,277,726,340	-\$37,792,630	-0.88
PHP & OTHER MANAG. CARE	\$929,439,250	\$1,140,157,260	\$210,718,010	22.67
<b>DENTAL</b>	\$947,437,230	\$939,168,410	-\$8,268,820	-0.87
<b>MENTAL HEALTH</b>	\$2,434,957,490	\$2,197,144,920	-\$237,812,570	-9.77
<b>AUDITS/ LAWSUITS</b>	\$20,358,240	\$2,168,440	-\$18,189,800	-89.35
<b>EPSDT SCREENS</b>	\$37,505,900	\$37,256,320	-\$249,570	-0.67
<b>MEDICARE PAYMENTS</b>	\$4,037,746,000	\$4,135,900,000	\$98,154,000	2.43
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$267,389,730	\$265,014,540	-\$2,375,200	-0.89
<b>MISC. SERVICES</b>	\$11,363,964,890	\$7,752,934,710	-\$3,611,030,190	-31.78
<b>RECOVERIES</b>	-\$266,285,000	-\$268,768,000	-\$2,483,000	0.93
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$86,107,324,320</b>	<b>\$81,242,031,120</b>	<b>-\$4,865,293,190</b>	<b>-5.65</b>
<b>STATE FUNDS</b>	<b>\$30,802,292,810</b>	<b>\$27,813,303,970</b>	<b>-\$2,988,988,840</b>	<b>-9.70</b>

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$587,160,000	\$147,064,500	\$532,922,000	\$133,576,900	-\$54,238,000	-\$13,487,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$159,874,000	\$69,940,000	\$153,282,000	\$67,558,700	-\$6,592,000	-\$2,381,300
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% FPL	\$126,172,000	\$56,396,000	\$85,180,000	\$38,485,000	-\$40,992,000	-\$17,911,000
4	MEDI-CAL ADULT INMATE PROGRAMS	\$27,477,000	\$0	\$27,741,000	\$0	\$264,000	\$0
5	MEDI-CAL ACCESS PROGRAM INFANTS 250-300% FPL	\$33,232,000	\$11,631,200	\$24,082,000	\$8,428,700	-\$9,150,000	-\$3,202,500
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$5,469,000	\$0	\$22,374,000	\$0	\$16,905,000	\$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$0	\$0	\$17,636,000	\$8,818,000	\$17,636,000	\$8,818,000
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,726,000	\$604,000	\$1,840,000	\$644,000	\$114,000	\$40,000
9	REFUGEES	\$5,844,000	\$5,844,000	\$1,001,000	\$1,001,000	-\$4,843,000	-\$4,843,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$0	\$0	\$740,000	\$259,100	\$740,000	\$259,100
11	NEW QUALIFIED IMMIGRANTS	\$0	\$63,324,000	\$0	\$74,545,000	\$0	\$11,221,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$86,018,250	\$0	-\$80,419,200	\$0	\$5,599,050
13	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$92,502,800	\$0	-\$83,328,700	\$0	\$9,174,100
15	INCARCERATION VERIFICATION PROGRAM	-\$573,000	-\$286,500	-\$815,000	-\$407,500	-\$242,000	-\$121,000
16	PARIS-VETERANS	-\$4,041,760	-\$2,020,880	-\$4,382,670	-\$2,191,340	-\$340,910	-\$170,450
17	TLICP PREMIUMS	\$0	\$0	-\$69,083,000	-\$24,179,050	-\$69,083,000	-\$24,179,050
--	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,949,550	\$0	\$0	\$0	\$8,949,550
--	PARIS-FEDERAL	-\$15,826,000	-\$7,913,000	\$0	\$0	\$15,826,000	\$7,913,000
--	PARIS-INTERSTATE	-\$32,216,000	-\$16,108,000	\$0	\$0	\$32,216,000	\$16,108,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$894,297,240</b>	<b>\$141,004,720</b>	<b>\$792,517,330</b>	<b>\$142,790,610</b>	<b>-\$101,779,910</b>	<b>\$1,785,900</b>
<b>AFFORDABLE CARE ACT</b>							
18	ACA OPTIONAL EXPANSION	\$12,553,609,000	\$6,283,000	\$12,583,273,000	\$7,318,000	\$29,664,000	\$1,035,000
19	ACA MANDATORY EXPANSION	\$1,673,939,000	\$777,929,000	\$1,603,845,000	\$762,365,400	-\$70,094,000	-\$15,563,600
20	ACA EXPRESS LANE ENROLLMENT	\$1,508,167,000	\$59,423,050	\$1,309,980,000	\$14,913,750	-\$198,187,000	-\$44,509,300

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$745,128,630	\$23,465,250	\$977,408,610	\$25,713,260	\$232,279,990	\$2,248,010
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$98,079,000	\$18,945,250	\$499,157,000	\$90,620,600	\$401,078,000	\$71,675,350
23	COMMUNITY FIRST CHOICE OPTION	\$228,504,000	\$0	\$248,108,000	\$0	\$19,604,000	\$0
24	ACA DELAY OF REDETERMINATIONS	\$53,303,000	\$26,011,700	\$203,389,000	\$81,537,950	\$150,086,000	\$55,526,250
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$56,924,000	\$20,638,000	\$134,679,000	\$48,827,000	\$77,755,000	\$28,189,000
26	HEALTH INSURER FEE	\$121,306,000	\$54,587,500	\$125,518,000	\$56,483,000	\$4,212,000	\$1,895,500
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$67,870,000	\$0	\$51,916,000	\$0	-\$15,954,000	\$0
28	USPSTF GRADE A AND B RECOMMENDATIONS	\$90,749,790	\$29,176,740	\$9,765,120	\$4,882,560	-\$80,984,670	-\$24,294,180
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$39,582,000	\$0	-\$85,513,000	\$0	-\$45,931,000
30	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$115,000	\$0	\$230,000	\$0	\$115,000
31	ACA MAGI SAVINGS	\$0	-\$17,742,000	\$0	-\$17,742,000	\$0	\$0
34	MANAGED CARE DRUG REBATES	-\$330,400,000	-\$165,200,000	-\$396,000,000	-\$162,000,000	-\$65,600,000	\$3,200,000
200	ACCELERATED ENROLLMENT	\$0	\$0	\$715,000	\$357,500	\$715,000	\$357,500
--	ACA EXPANSION-PREGNANCY ONLY	-\$33,145,000	-\$16,572,500	\$0	\$0	\$33,145,000	\$16,572,500
--	MENTAL HEALTH SERVICES EXPANSION	\$391,459,000	\$138,584,950	\$0	\$0	-\$391,459,000	-\$138,584,950
--	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$76,610	-\$38,310	\$0	\$0	\$76,610	\$38,310
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$17,225,416,810</b>	<b>\$916,024,630</b>	<b>\$17,351,753,740</b>	<b>\$827,994,020</b>	<b>\$126,336,920</b>	<b>-\$88,030,610</b>
<b><u>BENEFITS</u></b>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$312,967,000	\$0	\$263,397,000	\$0	-\$49,570,000	\$0
36	BEHAVIORAL HEALTH TREATMENT	\$0	\$0	\$190,000,000	\$89,000,000	\$190,000,000	\$89,000,000
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$144,536,000	\$0	\$128,839,000	\$0	-\$15,697,000	\$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$0	\$0
39	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOT	\$34,170,000	\$17,085,000	\$34,020,000	\$17,010,000	-\$150,000	-\$75,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$26,085,000	\$2,819,000	\$21,367,000	\$2,280,000	-\$4,718,000	-\$539,000

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$17,636,000	\$8,146,000	\$6,590,000	\$3,046,000	-\$11,046,000	-\$5,100,000
42	VOLUNTARY INPATIENT DETOXIFICATION	\$28,925,000	\$10,622,500	\$25,007,000	\$10,555,000	-\$3,918,000	-\$67,500
43	YOUTH REGIONAL TREATMENT CENTERS	\$6,345,000	\$34,000	\$6,301,000	\$30,000	-\$44,000	-\$4,000
44	CCT FUND TRANSFER TO CDSS AND CDDS	\$3,912,000	\$0	\$4,116,000	\$0	\$204,000	\$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$540,000	\$270,000	\$0	\$0
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$516,000	\$0	\$320,000	\$0	-\$196,000	\$0
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$150,000	\$0	\$145,000	\$0	-\$5,000	\$0
50	WOMEN'S HEALTH SERVICES	-\$20,645,660	-\$4,388,190	-\$8,648,090	-\$1,681,930	\$11,997,570	\$2,706,260
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$20,218,000	-\$10,109,000	-\$15,647,000	-\$7,823,500	\$4,571,000	\$2,285,500
--	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	\$0	\$0	\$33,707,000	\$16,853,500
--	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$4,841,000	\$2,420,500	\$0	\$0	-\$4,841,000	-\$2,420,500
--	RESTORATION OF SELECT ADULT DENTAL BENEFITS	\$311,879,000	\$109,948,000	\$0	\$0	-\$311,879,000	-\$109,948,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$858,395,340</b>	<b>\$140,226,310</b>	<b>\$696,810,910</b>	<b>\$132,917,570</b>	<b>-\$161,584,430</b>	<b>-\$7,308,740</b>
<b>PHARMACY</b>							
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,646,420	\$14,323,210	\$28,753,320	\$14,376,660	\$106,900	\$53,450
53	PEDIATRIC MOBILE VISION PROJECT	\$2,036,000	\$1,018,000	\$2,036,000	\$1,018,000	\$0	\$0
54	NON FFP DRUGS	\$0	\$2,106,000	\$0	\$1,389,000	\$0	-\$717,000
55	BCCTP DRUG REBATES	-\$15,764,000	-\$5,517,400	-\$18,000,000	-\$6,300,000	-\$2,236,000	-\$782,600
56	MEDICAL SUPPLY REBATES	-\$24,428,000	-\$12,214,000	-\$31,000,000	-\$15,500,000	-\$6,572,000	-\$3,286,000
57	LITIGATION SETTLEMENTS	\$0	\$0	-\$40,959,000	-\$40,959,000	-\$40,959,000	-\$40,959,000
58	FAMILY PACT DRUG REBATES	-\$73,085,000	-\$9,357,700	-\$66,036,000	-\$8,283,600	\$7,049,000	\$1,074,100
59	STATE SUPPLEMENTAL DRUG REBATES	-\$161,296,000	-\$79,158,800	-\$157,745,000	-\$65,819,600	\$3,551,000	\$13,339,200
60	AGED AND DISPUTED DRUG REBATES	-\$196,000,000	-\$97,982,000	-\$196,000,000	-\$97,992,000	\$0	-\$10,000
61	FEDERAL DRUG REBATE PROGRAM	-\$1,299,000,000	-\$559,917,100	-\$1,150,414,000	-\$480,014,600	\$148,586,000	\$79,902,500

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PHARMACY</b>							
--	STATE SUPPLEMENTAL SPECIALTY DRUG REBATES	-\$12,056,000	-\$6,028,000	\$0	\$0	\$12,056,000	\$6,028,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,750,946,580</b>	<b>-\$752,727,790</b>	<b>-\$1,629,364,680</b>	<b>-\$698,085,140</b>	<b>\$121,581,900</b>	<b>\$54,642,650</b>
<b>DRUG MEDI-CAL</b>							
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
67	ANNUAL RATE ADJUSTMENT	-\$2,607,000	-\$248,000	\$0	\$0	\$2,607,000	\$248,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$429,000</b>	<b>-\$248,000</b>	<b>\$3,036,000</b>	<b>\$0</b>	<b>\$2,607,000</b>	<b>\$248,000</b>
<b>MENTAL HEALTH</b>							
71	ELIMINATION OF STATE MAXIMUM RATES	\$72,161,000	\$0	\$91,236,000	\$0	\$19,075,000	\$0
72	TRANSITION OF HFP - SMH SERVICES	\$41,848,000	\$0	\$42,008,000	\$0	\$160,000	\$0
73	KATIE A. V. DIANA BONTA	\$26,751,000	\$0	\$27,247,000	\$0	\$496,000	\$0
75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$0	\$9,672,000	\$0	-\$15,128,000	\$0
76	HEALTHY FAMILIES - SED	\$7,070,000	\$0	\$4,095,000	\$0	-\$2,975,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,000,000	\$0	\$3,585,000	\$0	\$585,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$2,397,000	\$0	\$2,397,000
80	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$8,000,000	\$0	\$2,000,000
81	CHART REVIEW	-\$320,000	\$0	-\$1,807,000	\$0	-\$1,487,000	\$0
--	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0
--	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$0	\$0	\$0	\$0	\$0	\$0
--	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$353,018,000	\$0	\$0	\$0	-\$353,018,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$528,328,000</b>	<b>\$6,000,000</b>	<b>\$176,036,000</b>	<b>\$10,397,000</b>	<b>-\$352,292,000</b>	<b>\$4,397,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
82	MH/UCD & BTR--DSH PAYMENT	\$1,762,250,000	\$592,433,000	\$1,758,626,000	\$567,206,000	-\$3,624,000	-\$25,227,000
83	BTR--DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,152,624,000	\$576,312,000	\$1,399,432,000	\$699,716,000	\$246,808,000	\$123,404,000

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>WAIVER--MH/UCD &amp; BTR</b>							
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$551,013,000	\$275,506,500	\$599,313,000	\$299,656,500	\$48,300,000	\$24,150,000
85	BTR - LIHP - MCE	\$4,210,969,000	\$1,985,006,000	\$365,680,000	\$11,383,000	-\$3,845,289,000	-\$1,973,623,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$268,001,000	\$134,000,500	\$262,741,000	\$131,370,500	-\$5,260,000	-\$2,630,000
87	BTR—SAFETY NET CARE POOL	\$242,250,000	\$0	\$242,250,000	\$0	\$0	\$0
88	MH/UCD & BTR—CCS AND GHPP	\$117,158,000	\$0	\$109,910,000	\$0	-\$7,248,000	\$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$275,629,000	\$135,686,000	\$92,162,000	\$42,162,000	-\$183,467,000	-\$93,524,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$21,373,000	\$0	\$87,064,000	\$1,907,000	\$65,691,000	\$1,907,000
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$435,143,000	\$0	\$84,949,000	\$0	-\$350,194,000	\$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$85,000,000	\$0	\$72,800,000	\$0	-\$12,200,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$53,645,000	-\$286,449,000	\$14,534,000	-\$331,846,000	-\$39,111,000	-\$45,397,000
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$20,369,360	\$10,184,680	\$47,613,070	\$23,806,540	\$27,243,720	\$13,621,860
95	MH/UCD—SAFETY NET CARE POOL	\$46,752,000	\$0	\$35,917,000	\$0	-\$10,835,000	\$0
96	BTR—INCREASE SAFETY NET CARE POOL	\$6,500,000	\$0	\$30,750,000	\$0	\$24,250,000	\$0
97	MH/UCD—STABILIZATION FUNDING	\$41,378,000	\$29,628,000	\$19,500,000	\$19,500,000	-\$21,878,000	-\$10,128,000
98	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$0	\$0	\$13,744,000	\$0	\$13,744,000	\$0
99	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$0	\$0	\$12,860,000	\$6,430,000	\$12,860,000	\$6,430,000
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,712,000	\$2,356,000	\$4,708,000	\$2,354,000	-\$4,000	-\$2,000
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$2,370,000	\$0	\$2,756,000	\$0	\$386,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$0	\$0	\$698,000	\$0	\$698,000	\$0
103	MH/UCD & BTR—BCCTP	\$0	-\$2,179,000	\$0	-\$1,980,000	\$0	\$199,000
104	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$392,395,000	\$0	-\$427,930,500	\$0	-\$35,535,500
105	MH/UCD & BTR—MIA-LTC	\$0	-\$20,118,000	\$0	-\$21,161,000	\$0	-\$1,043,000
106	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$6,500,000	\$0	-\$30,750,000	\$0	-\$24,250,000
107	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$8,959,000	\$0	\$19,724,000	\$0	\$28,683,000
108	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVEI	-\$13,000,000	\$0	-\$61,500,000	\$0	-\$48,500,000	\$0

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>WAIVER--MH/UCD &amp; BTR</b>							
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$9,284,136,360</b>	<b>\$3,024,512,680</b>	<b>\$5,196,507,070</b>	<b>\$1,011,548,040</b>	<b>-\$4,087,629,280</b>	<b>-\$2,012,964,640</b>
<b>MANAGED CARE</b>							
110	CCI-MANAGED CARE PAYMENTS	\$6,901,009,000	\$3,450,504,500	\$5,703,559,000	\$2,851,779,500	-\$1,197,450,000	-\$598,725,000
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,496,678,000	\$2,496,678,000	\$1,497,113,000	\$1,497,113,000	-\$999,565,000	-\$999,565,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,481,657,000	\$521,697,000	\$1,432,849,000	\$510,794,000	-\$48,808,000	-\$10,903,000
115	MANAGED CARE RATE RANGE IGTS	\$860,767,000	\$400,038,000	\$1,102,724,000	\$504,494,000	\$241,957,000	\$104,456,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	\$431,688,000	\$215,844,000	\$384,834,000	\$192,417,000	-\$46,854,000	-\$23,427,000
118	RETRO MC RATE ADJUSTMENTS	\$337,849,000	\$168,924,500	\$357,434,000	\$178,717,000	\$19,585,000	\$9,792,500
122	BLOOD FACTOR CARVE OUT	\$0	\$0	\$37,200,000	\$18,600,000	\$37,200,000	\$18,600,000
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION R/A	\$0	\$0	\$23,288,000	\$11,644,000	\$23,288,000	\$11,644,000
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$26,934,000	-\$13,467,000	\$22,744,000	\$11,372,000	\$49,678,000	\$24,839,000
126	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
129	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
130	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
131	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
132	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
133	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
134	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
135	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
136	CCI-SAVINGS AND DEFERRAL	-\$4,502,299,000	-\$2,251,149,500	-\$4,114,361,000	-\$2,057,180,500	\$387,938,000	\$193,969,000
--	CAPITATED RATE ADJUSTMENT FOR FY 2014-15	\$0	\$0	\$0	\$0	\$0	\$0
--	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$1,071,000	-\$535,500	\$0	\$0	\$1,071,000	\$535,500
--	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$7,981,344,000</b>	<b>\$4,990,534,000</b>	<b>\$6,449,384,000</b>	<b>\$3,721,750,000</b>	<b>-\$1,531,960,000</b>	<b>-\$1,268,784,000</b>

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$194,678,560	\$97,339,280	\$232,349,910	\$116,174,950	\$37,671,350	\$18,835,670
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$90,068,000	\$45,034,000	\$90,003,000	\$45,001,500	-\$65,000	-\$32,500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$125,322,250	\$62,661,130	\$96,034,290	\$48,017,150	-\$29,287,960	-\$14,643,980
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$30,000,000	\$15,000,000	\$42,280,000	\$21,140,000	\$12,280,000	\$6,140,000
141	AB 1629 ADD-ONS	\$38,764,880	\$19,382,440	\$18,564,870	\$9,282,430	-\$20,200,020	-\$10,100,010
142	LTC RATE ADJUSTMENT	\$23,234,380	\$11,617,190	\$24,014,260	\$12,007,130	\$779,880	\$389,940
143	DENTAL RETROACTIVE RATE CHANGES	-\$4,485,000	-\$2,242,500	\$21,979,000	\$9,022,600	\$26,464,000	\$11,265,100
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$18,905,100	\$9,452,550	\$18,865,640	\$9,432,820	-\$39,470	-\$19,730
145	GENETIC DISEASE SCREENING PROGRAM FEE INCRE/	\$7,619,000	\$3,809,500	\$5,985,600	\$2,992,800	-\$1,633,400	-\$816,700
146	HOSPICE RATE INCREASES	\$11,136,200	\$5,568,100	\$6,180,240	\$3,090,120	-\$4,955,960	-\$2,477,980
147	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
148	LABORATORY RATE METHODOLOGY CHANGE	-\$10,900,700	-\$5,450,350	-\$14,654,480	-\$7,327,240	-\$3,753,780	-\$1,876,890
149	NON-AB 1629 LTC RATE FREEZE	-\$26,302,000	-\$13,151,000	-\$6,634,000	-\$3,317,000	\$19,668,000	\$9,834,000
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$29,896,510	-\$14,948,260	-\$9,379,110	-\$4,689,550	\$20,517,400	\$10,258,700
151	REDUCTION TO RADIOLOGY RATES	-\$32,891,820	-\$16,445,910	-\$17,681,570	-\$8,840,790	\$15,210,250	\$7,605,120
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$185,418,780	-\$92,709,390	-\$171,084,230	-\$85,542,110	\$14,334,550	\$7,167,280
153	10% PROVIDER PAYMENT REDUCTION	-\$513,029,890	-\$256,514,940	-\$379,313,330	-\$189,656,660	\$133,716,560	\$66,858,280
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$263,196,320</b>	<b>-\$131,598,160</b>	<b>-\$42,489,910</b>	<b>-\$23,211,850</b>	<b>\$220,706,410</b>	<b>\$108,386,310</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,945,877,000	\$3,125,877,000	\$6,945,877,000	\$3,122,470,000	\$0	-\$3,407,000
155	HOSPITAL QAF - HOSPITAL PAYMENTS	\$740,311,000	\$416,522,000	\$628,134,000	\$365,696,000	-\$112,177,000	-\$50,826,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$20,000,000	\$0	\$222,242,000	\$0	\$202,242,000	\$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	\$146,731,000	\$63,461,500	\$169,187,000	\$74,670,500	\$22,456,000	\$11,209,000
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$197,287,000	\$0	\$165,486,000	\$0	-\$31,801,000	\$0

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$140,000,000	\$70,000,000	\$70,000,000	\$35,000,000
160	FFP FOR LOCAL TRAUMA CENTERS	\$70,000,000	\$35,000,000	\$103,600,000	\$51,800,000	\$33,600,000	\$16,800,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	\$46,235,000	\$0	\$95,488,000	\$0	\$49,253,000	\$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$15,000,000	\$7,500,000	\$0	\$0
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$183,000,000	\$0	\$11,813,000	\$0	-\$171,187,000	\$0
164	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
165	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
166	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,325,000	\$0	\$4,000,000	\$0	\$675,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,455,766,000</b>	<b>\$3,692,360,500</b>	<b>\$8,518,827,000</b>	<b>\$3,701,136,500</b>	<b>\$63,061,000</b>	<b>\$8,776,000</b>
<b>OTHER</b>							
173	ARRA HITECH - PROVIDER PAYMENTS	\$149,720,000	\$0	\$217,513,000	\$0	\$67,793,000	\$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$107,104,000	\$0	\$114,643,000	\$0	\$7,539,000	\$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$61,544,000	\$30,772,000	\$68,216,000	\$34,108,000	\$6,672,000	\$3,336,000
180	AUDIT SETTLEMENTS	\$9,910,000	\$9,910,000	\$33,206,000	\$33,206,000	\$23,296,000	\$23,296,000
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$16,415,000	\$6,481,000	\$16,415,000	\$6,481,000	\$0	\$0
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$3,919,000	\$1,176,000	\$11,734,000	\$3,520,000	\$7,815,000	\$2,344,000
184	OVERTIME FOR IHSS PROVIDERS	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000	\$0	\$0
186	CDDS DENTAL SERVICES	\$11,972,000	\$11,972,000	\$2,016,000	\$2,016,000	-\$9,956,000	-\$9,956,000
188	INDIAN HEALTH SERVICES	\$2,180,000	-\$9,435,500	\$1,158,000	-\$10,616,500	-\$1,022,000	-\$1,181,000
189	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$209,000	\$104,500	\$209,000	\$104,500	\$0	\$0
190	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	2014-15 APPROPRIATION		NOV. 2014 EST. FOR 2014-15		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
194	IHSS REDUCTION IN SERVICE HOURS	-\$212,833,000	\$0	-\$213,426,000	\$0	-\$593,000	\$0
199	WPCS WORKERS' COMPENSATION	\$0	\$0	\$2,264,000	\$1,132,000	\$2,264,000	\$1,132,000
--	PACE RATE INCREASE	\$3,649,000	\$1,824,500	\$0	\$0	-\$3,649,000	-\$1,824,500
	<b>OTHER SUBTOTAL</b>	<b>\$157,789,000</b>	<b>\$54,804,500</b>	<b>\$257,948,000</b>	<b>\$71,951,000</b>	<b>\$100,159,000</b>	<b>\$17,146,500</b>
	<b>GRAND TOTAL</b>	<b>\$43,371,758,840</b>	<b>\$12,080,893,390</b>	<b>\$37,770,965,450</b>	<b>\$8,899,187,750</b>	<b>-\$5,600,793,390</b>	<b>-\$3,181,705,640</b>

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

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

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$21,898,840	\$2,464,800	\$109,618,170	\$67,548,010	\$3,843,290	\$67,930
OTHER MEDICAL	\$50,279,590	\$7,314,490	\$299,541,240	\$378,161,080	\$6,993,370	\$223,990
COUNTY OUTPATIENT	\$382,770	\$45,220	\$4,676,320	\$2,210,680	\$123,540	\$1,630
COMMUNITY OUTPATIENT	\$6,415,430	\$1,410,460	\$92,205,230	\$30,704,390	\$551,000	\$3,810
PHARMACY	\$3,945,320	\$2,295,030	\$162,271,520	\$102,478,690	\$1,341,160	\$22,150
COUNTY INPATIENT	\$4,868,260	\$492,850	\$49,019,510	\$32,194,850	\$1,932,680	\$38,630
COMMUNITY INPATIENT	\$97,774,330	\$11,431,590	\$532,844,420	\$335,625,270	\$21,338,700	\$303,910
NURSING FACILITIES	\$378,701,440	\$16,070,250	\$561,473,500	\$3,899,990	\$1,321,969,750	\$5,463,340
ICF-DD	\$421,160	\$5,489,730	\$112,025,010	\$341,520	\$19,940,340	\$2,107,250
MEDICAL TRANSPORTATION	\$13,074,100	\$2,672,680	\$34,414,990	\$4,096,840	\$3,787,830	\$79,730
OTHER SERVICES	\$28,211,910	\$4,747,770	\$84,048,220	\$38,698,490	\$50,438,080	\$169,620
HOME HEALTH	\$444,180	\$7,219,770	\$99,055,000	\$6,102,900	\$19,430	\$0
<b>FFS SUBTOTAL</b>	<b>\$606,417,340</b>	<b>\$61,654,640</b>	<b>\$2,141,193,130</b>	<b>\$1,002,062,710</b>	<b>\$1,432,279,170</b>	<b>\$8,481,990</b>
DENTAL	\$41,418,190	\$2,096,210	\$96,797,430	\$146,812,900	\$4,396,070	\$21,510
TWO PLAN MODEL	\$868,827,940	\$108,053,630	\$6,410,175,190	\$1,865,836,300	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$318,344,440	\$26,207,240	\$1,379,214,230	\$448,748,530	\$750,975,850	\$1,671,390
GEOGRAPHIC MANAGED CARE	\$158,543,640	\$21,309,370	\$1,219,174,760	\$302,519,520	\$0	\$0
PHP & OTHER MANAG. CARE	\$151,152,970	\$3,865,840	\$129,190,200	\$123,704,800	\$6,415,470	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$8,088,050	\$0	\$0
MEDICARE PAYMENTS	\$1,420,829,920	\$42,603,260	\$1,339,635,730	\$0	\$143,244,420	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,789,820	\$549,480	\$25,426,010	\$38,014,140	\$1,123,940	\$24,980
MISC. SERVICES	\$743,962,380	\$37,852,250	\$3,504,844,850	\$741,660	\$4,650	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$3,713,869,310</b>	<b>\$242,537,280</b>	<b>\$14,104,458,400</b>	<b>\$2,934,465,910</b>	<b>\$906,160,390</b>	<b>\$1,717,870</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$4,320,286,650</b>	<b>\$304,191,920</b>	<b>\$16,245,651,520</b>	<b>\$3,936,528,620</b>	<b>\$2,338,439,560</b>	<b>\$10,199,860</b>
<b>ELIGIBLES ***</b>	<b>432,200</b>	<b>21,600</b>	<b>1,017,500</b>	<b>1,522,000</b>	<b>44,900</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$9,996</b>	<b>\$14,083</b>	<b>\$15,966</b>	<b>\$2,586</b>	<b>\$52,081</b>	<b>\$50,999</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$833</b>	<b>\$1,174</b>	<b>\$1,331</b>	<b>\$216</b>	<b>\$4,340</b>	<b>\$4,250</b>

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

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

**Excluded policy changes: 70. Refer to page following report for listing.**

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

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>POV 250</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>
PHYSICIANS	\$6,290,380	\$25,902,120	\$21,002,080	\$199,730	\$34,998,950	\$308,043,810
OTHER MEDICAL	\$5,672,700	\$141,541,100	\$65,393,320	\$662,700	\$85,127,750	\$1,035,143,820
COUNTY OUTPATIENT	\$280,370	\$827,030	\$988,190	\$20,330	\$3,679,570	\$22,458,240
COMMUNITY OUTPATIENT	\$720,140	\$29,151,430	\$7,107,250	\$43,360	\$19,802,950	\$132,809,030
PHARMACY	\$2,532,630	\$75,433,490	\$4,589,450	\$74,730	\$26,097,050	\$201,269,390
COUNTY INPATIENT	\$16,181,570	\$4,549,760	\$16,227,390	\$543,820	\$129,536,910	\$249,039,370
COMMUNITY INPATIENT	\$32,723,350	\$94,064,860	\$67,700,900	\$749,450	\$254,177,400	\$1,539,275,510
NURSING FACILITIES	\$409,216,360	\$134,260	\$200,078,650	\$681,720	\$65,766,500	\$20,344,810
ICF-DD	\$101,821,150	\$17,630	\$533,800	\$0	\$6,008,740	\$151,450
MEDICAL TRANSPORTATION	\$1,997,640	\$751,420	\$12,024,930	\$149,540	\$15,916,830	\$14,891,220
OTHER SERVICES	\$10,312,870	\$11,402,120	\$18,908,600	\$66,770	\$16,725,730	\$106,221,260
HOME HEALTH	\$65,510	\$4,250,830	\$424,080	\$50	\$41,827,330	\$10,954,500
<b>FFS SUBTOTAL</b>	<b>\$587,814,680</b>	<b>\$388,026,040</b>	<b>\$414,978,630</b>	<b>\$3,192,190</b>	<b>\$699,665,720</b>	<b>\$3,640,602,410</b>
DENTAL	\$1,403,370	\$13,417,520	\$31,636,160	\$56,990	\$18,441,070	\$377,124,220
TWO PLAN MODEL	\$0	\$874,494,430	\$1,171,087,540	\$3,189,670	\$655,816,610	\$3,716,940,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$265,233,220	\$422,704,140	\$312,942,430	\$493,690	\$329,656,320	\$1,331,091,430
GEOGRAPHIC MANAGED CARE	\$0	\$185,474,110	\$141,275,350	\$126,090	\$115,118,580	\$601,940,790
PHP & OTHER MANAG. CARE	\$209,800	\$70,821,850	\$127,063,610	\$260,740	\$22,640,060	\$281,279,600
EPSDT SCREENS	\$0	\$5,093,050	\$0	\$0	\$0	\$20,059,590
MEDICARE PAYMENTS	\$40,288,410	\$0	\$707,059,980	\$0	\$372,066,980	\$70,171,310
STATE HOSP./DEVELOPMENTAL CNTRS.	\$349,670	\$0	\$8,766,730	\$24,980	\$4,620,640	\$99,905,750
MISC. SERVICES	\$1,500	-\$69,083,000	\$574,987,970	\$1,046,610	\$650,369,530	\$2,118,180
<b>NON-FFS SUBTOTAL</b>	<b>\$307,485,960</b>	<b>\$1,502,922,110</b>	<b>\$3,074,819,780</b>	<b>\$5,198,760</b>	<b>\$2,168,729,800</b>	<b>\$6,500,631,290</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$895,300,630</b>	<b>\$1,890,948,150</b>	<b>\$3,489,798,410</b>	<b>\$8,390,950</b>	<b>\$2,868,395,520</b>	<b>\$10,141,233,700</b>
<b>ELIGIBLES ***</b>	<b>14,200</b>	<b>952,200</b>	<b>358,200</b>	<b>600</b>	<b>189,200</b>	<b>3,998,200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$63,049</b>	<b>\$1,986</b>	<b>\$9,743</b>	<b>\$13,985</b>	<b>\$15,161</b>	<b>\$2,536</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$5,254</b>	<b>\$165</b>	<b>\$812</b>	<b>\$1,165</b>	<b>\$1,263</b>	<b>\$211</b>

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

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

**Excluded policy changes: 70. Refer to page following report for listing.**

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

<b>SERVICE CATEGORY</b>	<b>MI-C</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>
PHYSICIANS	\$42,884,090	\$64,919,300	\$303,090	\$50,776,940	\$244,106,860	\$5,448,210
OTHER MEDICAL	\$124,987,220	\$1,575,847,670	\$1,493,180	\$54,253,360	\$292,552,310	\$51,775,450
COUNTY OUTPATIENT	\$1,980,530	\$3,844,370	\$33,900	\$10,168,840	\$4,171,160	\$242,140
COMMUNITY OUTPATIENT	\$16,328,680	\$14,449,170	\$114,410	\$14,749,510	\$33,955,070	\$4,422,660
PHARMACY	\$52,265,310	\$209,027,880	\$544,990	\$20,421,710	\$13,083,560	\$5,799,360
COUNTY INPATIENT	\$18,453,960	\$63,202,150	\$24,540	\$111,474,340	\$90,869,450	\$687,840
COMMUNITY INPATIENT	\$115,618,810	\$232,518,460	\$593,770	\$222,770,260	\$690,341,480	\$24,588,490
NURSING FACILITIES	\$5,421,200	\$29,073,460	\$36,780	\$19,576,340	\$412,580	\$731,260
ICF-DD	\$1,467,350	\$701,970	\$0	\$250,670	\$0	\$0
MEDICAL TRANSPORTATION	\$1,964,410	\$6,217,570	\$10,300	\$5,510,790	\$2,211,450	\$264,980
OTHER SERVICES	\$12,817,150	\$32,291,790	\$16,850	\$4,290,160	\$16,897,950	\$5,012,780
HOME HEALTH	\$14,384,630	\$88,840	\$1,320	\$17,060	\$1,674,330	\$1,067,050
<b>FFS SUBTOTAL</b>	<b>\$408,573,350</b>	<b>\$2,232,182,610</b>	<b>\$3,173,130</b>	<b>\$514,259,970</b>	<b>\$1,390,276,190</b>	<b>\$100,040,220</b>
DENTAL	\$29,238,370	\$131,741,060	\$244,450	\$211,630	\$1,153,600	\$17,615,820
TWO PLAN MODEL	\$63,255,800	\$6,321,198,580	\$1,190,430	\$0	\$129,615,060	\$208,787,430
COUNTY ORGANIZED HEALTH SYSTEMS	\$48,313,900	\$2,710,178,680	\$259,060	\$6,621,490	\$51,734,990	\$98,453,830
GEOGRAPHIC MANAGED CARE	\$9,822,650	\$1,003,012,820	\$510,000	\$0	\$21,483,960	\$50,441,310
PHP & OTHER MANAG. CARE	\$6,949,750	\$24,858,090	\$13,580	\$0	\$10,025,320	\$14,473,760
EPSDT SCREENS	\$1,172,150	\$0	\$0	\$0	\$0	\$1,118,500
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$6,044,300	\$54,273,800	\$0	\$74,930	\$6,643,730	\$0
MISC. SERVICES	\$22,540,170	\$317,001,140	\$0	\$0	\$76,310	\$58,420
<b>NON-FFS SUBTOTAL</b>	<b>\$187,337,100</b>	<b>\$10,562,264,170</b>	<b>\$2,217,520</b>	<b>\$6,908,050</b>	<b>\$220,732,990</b>	<b>\$390,949,070</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$595,910,450</b>	<b>\$12,794,446,790</b>	<b>\$5,390,650</b>	<b>\$521,168,020</b>	<b>\$1,611,009,180</b>	<b>\$490,989,290</b>
<b>ELIGIBLES ***</b>	<b>241,500</b>	<b>2,172,700</b>	<b>2,500</b>	<b>184,100</b>	<b>266,000</b>	<b>220,300</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$2,468</b>	<b>\$5,889</b>	<b>\$2,156</b>	<b>\$2,831</b>	<b>\$6,056</b>	<b>\$2,229</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$206</b>	<b>\$491</b>	<b>\$180</b>	<b>\$236</b>	<b>\$505</b>	<b>\$186</b>

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

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

**Excluded policy changes: 70. Refer to page following report for listing.**

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

<b>SERVICE CATEGORY</b>	<b>POV 100</b>	<b>TOTAL</b>
PHYSICIANS	\$9,761,260	\$1,020,077,850
OTHER MEDICAL	\$58,379,500	\$4,235,343,840
COUNTY OUTPATIENT	\$549,130	\$56,683,940
COMMUNITY OUTPATIENT	\$7,810,910	\$412,754,910
PHARMACY	\$11,405,050	\$894,898,460
COUNTY INPATIENT	\$3,728,300	\$793,066,200
COMMUNITY INPATIENT	\$46,379,380	\$4,320,820,340
NURSING FACILITIES	\$513,630	\$3,039,565,810
ICF-DD	\$41,700	\$251,319,460
MEDICAL TRANSPORTATION	\$490,440	\$120,527,670
OTHER SERVICES	\$9,804,560	\$451,082,670
HOME HEALTH	\$1,769,750	\$189,366,570
<b>FFS SUBTOTAL</b>	<b>\$150,633,620</b>	<b>\$15,785,507,730</b>
DENTAL	\$22,319,020	\$936,145,600
TWO PLAN MODEL	\$304,502,080	\$22,702,971,130
COUNTY ORGANIZED HEALTH SYSTEMS	\$130,413,550	\$8,633,258,410
GEOGRAPHIC MANAGED CARE	\$73,216,680	\$3,903,969,660
PHP & OTHER MANAG. CARE	\$22,013,270	\$994,938,720
EPSDT SCREENS	\$1,723,120	\$37,254,460
MEDICARE PAYMENTS	\$0	\$4,135,900,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$8,367,110	\$265,000,000
MISC. SERVICES	\$73,910	\$5,786,596,510
<b>NON-FFS SUBTOTAL</b>	<b>\$562,628,740</b>	<b>\$47,396,034,490</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$713,262,360</b>	<b>\$63,181,542,230</b>
<b>ELIGIBLES ***</b>	<b>334,600</b>	<b>11,972,700</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$2,132</b>	<b>\$5,277</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$178</b>	<b>\$440</b>

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

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

**Excluded policy changes: 70. Refer to page following report for listing.**

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

EXCLUDED POLICY CHANGES: 70

1	FAMILY PACT PROGRAM
2	BREAST AND CERVICAL CANCER TREATMENT
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% FPL
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
12	RESOURCE DISREGARD - % PROGRAM CHILDREN
13	SCHIP FUNDING FOR PRENATAL CARE
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
31	ACA MAGI SAVINGS
50	WOMEN'S HEALTH SERVICES
54	NON FFP DRUGS
58	FAMILY PACT DRUG REBATES
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
82	MH/UCD & BTR—DSH PAYMENT
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
85	BTR - LIHP - MCE
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
87	BTR—SAFETY NET CARE POOL
88	MH/UCD & BTR—CCS AND GHPP
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST
93	BTR—DESIGNATED STATE HEALTH PROGRAMS
95	MH/UCD—SAFETY NET CARE POOL
96	BTR—INCREASE SAFETY NET CARE POOL
97	MH/UCD—STABILIZATION FUNDING
98	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
99	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PF

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

EXCLUDED POLICY CHANGES: 70

102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
103	MH/UCD & BTR—BCCTP
104	MH/UCD & BTR—DPH INTERIM RATE
105	MH/UCD & BTR—MIA-LTC
106	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
107	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
108	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
113	CCI-TRANSFER OF IHSS COSTS TO CDSS
129	MANAGED CARE IGT ADMIN. & PROCESSING FEE
130	GENERAL FUND REIMBURSEMENTS FROM DPHS
131	EXTEND GROSS PREMIUM TAX
132	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
134	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
143	DENTAL RETROACTIVE RATE CHANGES
147	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITUF
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
155	HOSPITAL QAF - HOSPITAL PAYMENTS
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM
157	CAPITAL PROJECT DEBT REIMBURSEMENT
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
159	NDPH IGT SUPPLEMENTAL PAYMENTS
160	FFP FOR LOCAL TRAUMA CENTERS
161	CERTIFICATION PAYMENTS FOR DP-NFS
162	IGT PAYMENTS FOR HOSPITAL SERVICES
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
164	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
165	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
166	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
173	ARRA HITECH - PROVIDER PAYMENTS
177	MEDI-CAL TCM PROGRAM
180	AUDIT SETTLEMENTS

---

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

EXCLUDED POLICY CHANGES: 70

- 186 CDDS DENTAL SERVICES
- 190 EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
- 191 CIGARETTE AND TOBACCO SURTAX FUNDS
- 192 CLPP FUND
- 193 CCI-TRANSFER OF IHSS COSTS TO DHCS
- 200 ACCELERATED ENROLLMENT