

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2015-16

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$17,197,916,280	\$8,598,958,140	\$8,598,958,140
B. B/Y BASE POLICY CHANGES	\$29,465,928,000	\$17,835,444,650	\$11,630,483,350
C. BASE ADJUSTMENTS	-\$242,128,000	-\$179,377,800	-\$62,750,200
D. ADJUSTED BASE	<u>\$46,421,716,280</u>	<u>\$26,255,024,990</u>	<u>\$20,166,691,290</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$879,286,480	\$762,244,590	\$117,041,890
B. AFFORDABLE CARE ACT	\$17,028,998,310	\$16,683,713,570	\$345,284,740
C. BENEFITS	\$883,227,970	\$679,852,410	\$203,375,560
D. PHARMACY	-\$1,691,471,000	-\$993,954,700	-\$697,516,300
E. DRUG MEDI-CAL	\$8,434,000	\$7,641,000	\$793,000
F. MENTAL HEALTH	\$629,453,000	\$602,623,000	\$26,830,000
G. WAIVER--MH/UCD & BTR	\$8,368,439,680	\$5,547,186,340	\$2,821,253,340
H. MANAGED CARE	\$9,914,259,010	\$3,743,597,700	\$6,170,661,310
I. PROVIDER RATES	\$283,684,230	\$141,842,120	\$141,842,120
J. SUPPLEMENTAL PMNTS.	\$8,274,372,000	\$4,733,513,000	\$3,540,859,000
K. OTHER	\$331,365,000	\$296,666,000	\$34,699,000
L. TOTAL CHANGE	<u>\$44,910,048,690</u>	<u>\$32,204,925,040</u>	<u>\$12,705,123,650</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$91,331,764,970</u></u>	<u><u>\$58,459,950,030</u></u>	<u><u>\$32,871,814,940</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2015-16

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>ELIGIBILITY</u>				
1	FAMILY PACT PROGRAM	\$571,452,000	\$428,217,800	\$143,234,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$162,970,000	\$91,474,500	\$71,495,500
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% F	\$99,663,000	\$55,032,000	\$44,631,000
4	MEDI-CAL ADULT INMATE PROGRAMS	\$49,009,000	\$49,009,000	\$0
5	MEDI-CAL ACCESS PROGRAM INFANTS 250-300% FF	\$25,751,000	\$16,738,150	\$9,012,850
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$31,546,000	\$31,546,000	\$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13i	\$2,699,000	\$1,349,500	\$1,349,500
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,661,000	\$1,080,000	\$581,000
9	REFUGEES	\$1,012,000	\$0	\$1,012,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$5,747,000	\$3,736,050	\$2,010,950
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	\$85,415,200	-\$85,415,200
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$39,460,000	-\$39,460,000
15	INCARCERATION VERIFICATION PROGRAM	-\$914,340	-\$457,170	-\$457,170
16	PARIS-VETERANS	-\$802,180	-\$401,090	-\$401,090
17	TLICP PREMIUMS	-\$70,507,000	-\$45,829,550	-\$24,677,450
	ELIGIBILITY SUBTOTAL	\$879,286,480	\$762,244,590	\$117,041,890
<u>AFFORDABLE CARE ACT</u>				
18	ACA OPTIONAL EXPANSION	\$14,319,656,000	\$14,312,171,000	\$7,485,000
19	ACA MANDATORY EXPANSION	\$715,246,030	\$374,914,550	\$340,331,480
20	ACA EXPRESS LANE ENROLLMENT	\$1,222,964,000	\$1,207,718,250	\$15,245,750
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$689,780,000	\$564,552,250	\$125,227,750
23	COMMUNITY FIRST CHOICE OPTION	\$225,260,000	\$225,260,000	\$0
24	ACA DELAY OF REDETERMINATIONS	\$43,470,000	\$25,633,700	\$17,836,300
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$95,588,000	\$60,933,000	\$34,655,000
26	HEALTH INSURER FEE	\$80,353,000	\$44,194,000	\$36,159,000
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS'	\$51,916,000	\$51,916,000	\$0
28	USPSTF GRADE A AND B RECOMMENDATIONS	\$469,180	\$234,590	\$234,590
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$45,544,000	-\$45,544,000
31	ACA MAGI SAVINGS	\$0	\$16,294,180	-\$16,294,180
32	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$2,890	-\$1,440	-\$1,440
34	MANAGED CARE DRUG REBATES	-\$415,800,000	-\$245,700,000	-\$170,100,000
200	ACCELERATED ENROLLMENT	\$99,000	\$49,500	\$49,500
	AFFORDABLE CARE ACT SUBTOTAL	\$17,028,998,320	\$16,683,713,570	\$345,284,740
<u>BENEFITS</u>				
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$291,544,000	\$291,544,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2015-16

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
36	BEHAVIORAL HEALTH TREATMENT	\$320,000,000	\$169,000,000	\$151,000,000
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$130,839,000	\$130,839,000	\$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
39	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$34,020,000	\$17,010,000	\$17,010,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$31,677,000	\$27,831,000	\$3,846,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$22,251,000	\$11,977,000	\$10,274,000
42	VOLUNTARY INPATIENT DETOXIFICATION	\$9,685,790	\$5,563,460	\$4,122,330
43	YOUTH REGIONAL TREATMENT CENTERS	\$6,589,000	\$6,553,000	\$36,000
44	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,330,000	\$4,330,000	\$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	\$760,000	\$380,000	\$380,000
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$411,000	\$411,000	\$0
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$155,000	\$155,000	\$0
48	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FO	\$18,236,000	\$9,801,700	\$8,434,300
49	CHDP PROGRAM DENTAL REFERRAL	\$808,000	\$404,000	\$404,000
50	WOMEN'S HEALTH SERVICES	-\$6,767,820	-\$5,366,750	-\$1,401,070
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$21,481,000	-\$10,740,500	-\$10,740,500
201	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$2,000,000	\$1,075,000	\$925,000
202	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-\$2,293,000	-\$1,146,500	-\$1,146,500
	BENEFITS SUBTOTAL	\$883,227,970	\$679,852,410	\$203,375,560
<u>PHARMACY</u>				
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,892,000	\$14,446,000	\$14,446,000
53	PEDIATRIC MOBILE VISION PROJECT	\$4,072,000	\$2,036,000	\$2,036,000
54	NON FFP DRUGS	\$0	-\$1,550,000	\$1,550,000
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
58	FAMILY PACT DRUG REBATES	-\$66,036,000	-\$57,752,400	-\$8,283,600
59	STATE SUPPLEMENTAL DRUG REBATES	-\$173,570,000	-\$101,162,200	-\$72,407,800
60	AGED AND DISPUTED DRUG REBATES	-\$170,000,000	-\$85,006,800	-\$84,993,200
61	FEDERAL DRUG REBATE PROGRAM	-\$1,265,829,000	-\$737,765,300	-\$528,063,700
	PHARMACY SUBTOTAL	-\$1,691,471,000	-\$993,954,700	-\$697,516,300
<u>DRUG MEDI-CAL</u>				
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
67	ANNUAL RATE ADJUSTMENT	\$5,398,000	\$4,605,000	\$793,000
	DRUG MEDI-CAL SUBTOTAL	\$8,434,000	\$7,641,000	\$793,000
<u>MENTAL HEALTH</u>				
71	ELIMINATION OF STATE MAXIMUM RATES	\$93,734,000	\$93,734,000	\$0

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2015-16**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>MENTAL HEALTH</u>				
72	TRANSITION OF HFP - SMH SERVICES	\$42,520,000	\$42,520,000	\$0
73	KATIE A. V. DIANA BONTA	\$36,192,000	\$36,192,000	\$0
74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$27,375,000	\$3,545,000	\$23,830,000
75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,276,000	\$12,276,000	\$0
76	HEALTHY FAMILIES - SED	\$186,000	\$186,000	\$0
77	OVER ONE-YEAR CLAIMS	\$942,000	\$942,000	\$0
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$417,023,000	\$417,023,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	\$0	\$0
80	IMD ANCILLARY SERVICES	\$0	-\$3,000,000	\$3,000,000
81	CHART REVIEW	-\$795,000	-\$795,000	\$0
	MENTAL HEALTH SUBTOTAL	\$629,453,000	\$602,623,000	\$26,830,000
<u>WAIVER--MH/UCD & BTR</u>				
82	MH/UCD & BTR—DSH PAYMENT	\$1,753,168,000	\$1,186,655,000	\$566,513,000
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,402,298,000	\$701,149,000	\$701,149,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$545,435,000	\$272,717,500	\$272,717,500
85	BTR - LIHP - MCE	\$3,412,258,000	\$1,877,586,000	\$1,534,672,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$344,803,000	\$172,401,500	\$172,401,500
87	BTR—SAFETY NET CARE POOL	\$122,917,000	\$122,917,000	\$0
88	MH/UCD & BTR—CCS AND GHPP	\$6,882,000	\$6,882,000	\$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$213,326,000	\$106,663,000	\$106,663,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$21,750,000	\$21,750,000	\$0
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$326,815,000	\$326,815,000	\$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS	\$80,000,000	\$80,000,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$18,191,000	\$146,809,000	-\$128,618,000
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$100,260,690	\$50,130,340	\$50,130,340
95	MH/UCD—SAFETY NET CARE POOL	\$10,835,000	\$10,835,000	\$0
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,801,000	\$1,900,500	\$1,900,500
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$2,161,000	\$2,161,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$3,539,000	\$3,539,000	\$0
103	MH/UCD & BTR—BCCTP	\$0	\$655,000	-\$655,000
104	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$450,468,500	-\$450,468,500
105	MH/UCD & BTR—MIA-LTC	\$0	\$5,152,000	-\$5,152,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$8,368,439,690	\$5,547,186,340	\$2,821,253,340
<u>MANAGED CARE</u>				
110	CCI-MANAGED CARE PAYMENTS	\$10,868,058,410	\$5,434,029,210	\$5,434,029,210
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$3,015,512,000	\$0	\$3,015,512,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,909,157,000	\$1,203,448,500	\$705,708,500

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2015-16**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>MANAGED CARE</u>				
115	MANAGED CARE RATE RANGE IGTS	\$864,408,000	\$468,943,000	\$395,465,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	\$478,650,000	\$239,325,000	\$239,325,000
122	BLOOD FACTOR CARVE OUT	\$43,900,000	\$21,950,000	\$21,950,000
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$1,472,000	\$736,000	\$736,000
126	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
128	CAPITATED RATE ADJUSTMENT FOR FY 2015-16	\$581,653,000	\$300,441,700	\$281,211,300
129	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
130	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$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	-\$7,844,612,400	-\$3,922,306,200	-\$3,922,306,200
196	ANNUAL OPEN ENROLLMENT	-\$5,939,000	-\$2,969,500	-\$2,969,500
	MANAGED CARE SUBTOTAL	\$9,914,259,010	\$3,743,597,710	\$6,170,661,310
<u>PROVIDER RATES</u>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$256,904,890	\$128,452,440	\$128,452,440
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$90,002,000	\$45,001,000	\$45,001,000
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$175,273,650	\$87,636,820	\$87,636,820
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$9,000,000	\$4,500,000	\$4,500,000
141	AB 1629 ADD-ONS	\$84,542,570	\$42,271,290	\$42,271,290
142	LTC RATE ADJUSTMENT	\$67,063,270	\$33,531,640	\$33,531,640
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$18,772,880	\$9,386,440	\$9,386,440
145	GENETIC DISEASE SCREENING PROGRAM FEE INCF	\$7,407,180	\$3,703,590	\$3,703,590
146	HOSPICE RATE INCREASES	\$12,880,270	\$6,440,140	\$6,440,140
147	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
148	LABORATORY RATE METHODOLOGY CHANGE	-\$55,494,030	-\$27,747,020	-\$27,747,020
149	NON-AB 1629 LTC RATE FREEZE	-\$26,267,230	-\$13,133,620	-\$13,133,620
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$18,672,040	-\$9,336,020	-\$9,336,020
151	REDUCTION TO RADIOLOGY RATES	-\$42,212,150	-\$21,106,080	-\$21,106,080
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$79,692,410	-\$39,846,210	-\$39,846,210
153	10% PROVIDER PAYMENT REDUCTION	-\$215,824,610	-\$107,912,310	-\$107,912,300
	PROVIDER RATES SUBTOTAL	\$283,684,240	\$141,842,120	\$141,842,120
<u>SUPPLEMENTAL PMNTS.</u>				
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,547,970,000	\$4,137,381,000	\$3,410,589,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$61,759,000	\$61,759,000	\$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	\$97,148,000	\$58,478,000	\$38,670,000
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$173,833,000	\$173,833,000	\$0

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2015-16**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>SUPPLEMENTAL PMNTS.</u>				
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
160	FFP FOR LOCAL TRAUMA CENTERS	\$80,200,000	\$40,100,000	\$40,100,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	\$46,924,000	\$46,924,000	\$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$7,500,000
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$159,938,000	\$159,938,000	\$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	\$3,600,000	\$3,600,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,274,372,000	\$4,733,513,000	\$3,540,859,000
<u>OTHER</u>				
173	ARRA HITECH - PROVIDER PAYMENTS	\$114,822,000	\$114,822,000	\$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$122,158,000	\$122,158,000	\$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$66,980,000	\$33,490,000	\$33,490,000
180	AUDIT SETTLEMENTS	\$0	\$0	\$0
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$16,415,000	\$9,934,000	\$6,481,000
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	\$2,317,000	\$12,933,500	-\$10,616,500
189	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$325,000	\$162,500	\$162,500
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
199	WPCS WORKERS' COMPENSATION	\$2,332,000	\$1,166,000	\$1,166,000
	OTHER SUBTOTAL	\$331,365,000	\$296,666,000	\$34,699,000
	GRAND TOTAL	\$44,910,048,700	\$32,204,925,050	\$12,705,123,660

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

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2015-16**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$7,169,876,880	\$4,924,314,930	\$2,245,561,950
PHYSICIANS	\$871,021,240	\$555,787,910	\$315,233,340
OTHER MEDICAL	\$4,482,982,060	\$3,301,539,800	\$1,181,442,260
COUNTY OUTPATIENT	\$124,623,920	\$100,056,480	\$24,567,430
COMMUNITY OUTPATIENT	\$1,691,249,660	\$966,930,740	\$724,318,920
PHARMACY	\$123,173,730	\$72,603,900	\$50,569,840
HOSPITAL INPATIENT	\$11,313,101,110	\$7,243,169,470	\$4,069,931,640
COUNTY INPATIENT	\$2,379,778,180	\$1,919,433,410	\$460,344,770
COMMUNITY INPATIENT	\$8,933,322,940	\$5,323,736,060	\$3,609,586,880
LONG TERM CARE	\$1,698,499,100	\$868,127,370	\$830,371,730
NURSING FACILITIES	\$1,591,912,500	\$812,456,000	\$779,456,500
ICF-DD	\$106,586,600	\$55,671,370	\$50,915,230
OTHER SERVICES	\$638,117,870	\$457,314,490	\$180,803,370
MEDICAL TRANSPORTATION	\$134,162,550	\$99,577,290	\$34,585,260
OTHER SERVICES	\$401,960,400	\$303,763,950	\$98,196,450
HOME HEALTH	\$101,994,920	\$53,973,250	\$48,021,670
TOTAL FEE-FOR-SERVICE	\$20,942,768,690	\$13,565,530,160	\$7,377,238,530
MANAGED CARE	\$50,994,929,090	\$31,207,655,330	\$19,787,273,760
TWO PLAN MODEL	\$33,224,633,690	\$19,937,553,900	\$13,287,079,790
COUNTY ORGANIZED HEALTH SYS	\$10,895,223,160	\$7,245,796,820	\$3,649,426,340
GEOGRAPHIC MANAGED CARE	\$5,453,466,210	\$3,281,468,510	\$2,171,997,690
PHP & OTHER MANAG. CARE	\$1,421,606,040	\$742,836,100	\$678,769,940
DENTAL	\$998,448,000	\$599,824,210	\$398,623,790
MENTAL HEALTH	\$2,818,581,410	\$2,676,215,680	\$142,365,730
AUDITS/ LAWSUITS	\$3,865,090	\$932,560	\$2,932,530
EPSDT SCREENS	\$55,453,440	\$29,161,990	\$26,291,450
MEDICARE PAYMENTS	\$4,278,782,000	\$1,222,159,000	\$3,056,623,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$265,012,560	\$265,008,160	\$4,390
MISC. SERVICES	\$11,239,621,690	\$9,025,423,930	\$2,214,197,760
RECOVERIES	-\$265,697,000	-\$131,961,000	-\$133,736,000
GRAND TOTAL MEDI-CAL	\$91,331,764,970	\$58,459,950,030	\$32,871,814,940

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

<u>SERVICE CATEGORY</u>	<u>NOV. 2014 EST. FOR 2014-15</u>	<u>NOV. 2014 EST. FOR 2015-16</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$8,049,783,930	\$7,169,876,880	-\$879,907,050	-10.93
PHYSICIANS	\$1,211,239,590	\$871,021,240	-\$340,218,340	-28.09
OTHER MEDICAL	\$4,634,021,870	\$4,482,982,060	-\$151,039,820	-3.26
COUNTY OUTPATIENT	\$128,822,220	\$124,623,920	-\$4,198,300	-3.26
COMMUNITY OUTPATIENT	\$2,075,700,240	\$1,691,249,660	-\$384,450,580	-18.52
PHARMACY	\$1,019,707,130	\$123,173,730	-\$896,533,390	-87.92
HOSPITAL INPATIENT	\$13,036,479,660	\$11,313,101,110	-\$1,723,378,540	-13.22
COUNTY INPATIENT	\$2,504,880,420	\$2,379,778,180	-\$125,102,240	-4.99
COMMUNITY INPATIENT	\$10,531,599,240	\$8,933,322,940	-\$1,598,276,300	-15.18
LONG TERM CARE	\$3,500,222,280	\$1,698,499,100	-\$1,801,723,180	-51.47
NURSING FACILITIES	\$3,248,902,810	\$1,591,912,500	-\$1,656,990,320	-51.00
ICF-DD	\$251,319,460	\$106,586,600	-\$144,732,870	-57.59
OTHER SERVICES	\$1,005,693,900	\$638,117,870	-\$367,576,030	-36.55
MEDICAL TRANSPORTATION	\$345,417,310	\$134,162,550	-\$211,254,760	-61.16
OTHER SERVICES	\$466,461,400	\$401,960,400	-\$64,501,000	-13.83
HOME HEALTH	\$193,815,190	\$101,994,920	-\$91,820,270	-47.38
TOTAL FEE-FOR-SERVICE	\$26,611,886,880	\$20,942,768,690	-\$5,669,118,190	-21.30
MANAGED CARE	\$39,569,324,900	\$50,994,929,090	\$11,425,604,190	28.87
TWO PLAN MODEL	\$25,039,523,720	\$33,224,633,690	\$8,185,109,960	32.69
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,111,917,570	\$10,895,223,160	\$1,783,305,580	19.57
GEOGRAPHIC MANAGED CARE	\$4,277,726,340	\$5,453,466,210	\$1,175,739,870	27.49
PHP & OTHER MANAG. CARE	\$1,140,157,260	\$1,421,606,040	\$281,448,780	24.69
DENTAL	\$939,168,410	\$998,448,000	\$59,279,590	6.31
MENTAL HEALTH	\$2,197,144,920	\$2,818,581,410	\$621,436,490	28.28
AUDITS/ LAWSUITS	\$2,168,440	\$3,865,090	\$1,696,650	78.24
EPSDT SCREENS	\$37,256,320	\$55,453,440	\$18,197,120	48.84
MEDICARE PAYMENTS	\$4,135,900,000	\$4,278,782,000	\$142,882,000	3.45
STATE HOSP./DEVELOPMENTAL CNTRS.	\$265,014,540	\$265,012,560	-\$1,980	-0.00
MISC. SERVICES	\$7,752,934,710	\$11,239,621,690	\$3,486,686,980	44.97
RECOVERIES	-\$268,768,000	-\$265,697,000	\$3,071,000	-1.14
GRAND TOTAL MEDI-CAL	\$81,242,031,120	\$91,331,764,970	\$10,089,733,850	12.42
STATE FUNDS	\$27,813,303,970	\$32,871,814,940	\$5,058,510,970	18.19

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>ELIGIBILITY</u>							
1	FAMILY PACT PROGRAM	\$532,922,000	\$133,576,900	\$571,452,000	\$143,234,200	\$38,530,000	\$9,657,300
2	BREAST AND CERVICAL CANCER TREATMENT	\$153,282,000	\$67,558,700	\$162,970,000	\$71,495,500	\$9,688,000	\$3,936,800
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% FPI	\$85,180,000	\$38,485,000	\$99,663,000	\$44,631,000	\$14,483,000	\$6,146,000
4	MEDI-CAL ADULT INMATE PROGRAMS	\$27,741,000	\$0	\$49,009,000	\$0	\$21,268,000	\$0
5	MEDI-CAL ACCESS PROGRAM INFANTS 250-300% FPL	\$24,082,000	\$8,428,700	\$25,751,000	\$9,012,850	\$1,669,000	\$584,150
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$22,374,000	\$0	\$31,546,000	\$0	\$9,172,000	\$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$17,636,000	\$8,818,000	\$2,699,000	\$1,349,500	-\$14,937,000	-\$7,468,500
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,840,000	\$644,000	\$1,661,000	\$581,000	-\$179,000	-\$63,000
9	REFUGEES	\$1,001,000	\$1,001,000	\$1,012,000	\$1,012,000	\$11,000	\$11,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$740,000	\$259,100	\$5,747,000	\$2,010,950	\$5,007,000	\$1,751,850
11	NEW QUALIFIED IMMIGRANTS	\$0	\$74,545,000	\$0	\$74,545,000	\$0	\$0
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$80,419,200	\$0	-\$80,419,200	\$0	\$0
13	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$83,328,700	\$0	-\$85,415,200	\$0	-\$2,086,500
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$0	\$0	-\$39,460,000	\$0	-\$39,460,000
15	INCARCERATION VERIFICATION PROGRAM	-\$815,000	-\$407,500	-\$1,301,000	-\$650,500	-\$486,000	-\$243,000
16	PARIS-VETERANS	-\$4,382,670	-\$2,191,340	-\$5,135,570	-\$2,567,780	-\$752,900	-\$376,450
17	TLICP PREMIUMS	-\$69,083,000	-\$24,179,050	-\$70,507,000	-\$24,677,450	-\$1,424,000	-\$498,400
	ELIGIBILITY SUBTOTAL	\$792,517,330	\$142,790,610	\$874,566,430	\$114,681,870	\$82,049,100	-\$28,108,750
<u>AFFORDABLE CARE ACT</u>							
18	ACA OPTIONAL EXPANSION	\$12,583,273,000	\$7,318,000	\$14,319,656,000	\$7,485,000	\$1,736,383,000	\$167,000
19	ACA MANDATORY EXPANSION	\$1,603,845,000	\$762,365,400	\$2,020,469,000	\$961,388,350	\$416,624,000	\$199,022,950
20	ACA EXPRESS LANE ENROLLMENT	\$1,309,980,000	\$14,913,750	\$1,222,964,000	\$15,245,750	-\$87,016,000	\$332,000
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$977,408,610	\$25,713,260	\$0	\$0	-\$977,408,610	-\$25,713,260
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$499,157,000	\$90,620,600	\$689,780,000	\$125,227,750	\$190,623,000	\$34,607,150
23	COMMUNITY FIRST CHOICE OPTION	\$248,108,000	\$0	\$225,260,000	\$0	-\$22,848,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
24	ACA DELAY OF REDETERMINATIONS	\$203,389,000	\$81,537,950	\$43,470,000	\$17,836,300	-\$159,919,000	-\$63,701,650
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$134,679,000	\$48,827,000	\$95,588,000	\$34,655,000	-\$39,091,000	-\$14,172,000
26	HEALTH INSURER FEE	\$125,518,000	\$56,483,000	\$80,353,000	\$36,159,000	-\$45,165,000	-\$20,324,000
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$51,916,000	\$0	\$51,916,000	\$0	\$0	\$0
28	USPSTF GRADE A AND B RECOMMENDATIONS	\$9,765,120	\$4,882,560	\$10,266,480	\$5,133,240	\$501,360	\$250,680
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$85,513,000	\$0	-\$45,544,000	\$0	\$39,969,000
30	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$230,000	\$0	\$0	\$0	-\$230,000
31	ACA MAGI SAVINGS	\$0	-\$17,742,000	\$0	-\$36,129,000	\$0	-\$18,387,000
32	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$2,890	-\$1,440	-\$2,890	-\$1,440
34	MANAGED CARE DRUG REBATES	-\$396,000,000	-\$162,000,000	-\$415,800,000	-\$170,100,000	-\$19,800,000	-\$8,100,000
200	ACCELERATED ENROLLMENT	\$715,000	\$357,500	\$99,000	\$49,500	-\$616,000	-\$308,000
	AFFORDABLE CARE ACT SUBTOTAL	\$17,351,753,740	\$827,994,020	\$18,344,018,590	\$951,405,450	\$992,264,860	\$123,411,420
<u>BENEFITS</u>							
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$263,397,000	\$0	\$291,544,000	\$0	\$28,147,000	\$0
36	BEHAVIORAL HEALTH TREATMENT	\$190,000,000	\$89,000,000	\$320,000,000	\$151,000,000	\$130,000,000	\$62,000,000
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$128,839,000	\$0	\$130,839,000	\$0	\$2,000,000	\$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 PILOTS	\$34,020,000	\$17,010,000	\$34,020,000	\$17,010,000	\$0	\$0
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$21,367,000	\$2,280,000	\$31,677,000	\$3,846,000	\$10,310,000	\$1,566,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$6,590,000	\$3,046,000	\$22,251,000	\$10,274,000	\$15,661,000	\$7,228,000
42	VOLUNTARY INPATIENT DETOXIFICATION	\$25,007,000	\$10,555,000	\$29,458,000	\$12,537,500	\$4,451,000	\$1,982,500
43	YOUTH REGIONAL TREATMENT CENTERS	\$6,301,000	\$30,000	\$6,589,000	\$36,000	\$288,000	\$6,000
44	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,116,000	\$0	\$4,330,000	\$0	\$214,000	\$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$760,000	\$380,000	\$220,000	\$110,000
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$320,000	\$0	\$411,000	\$0	\$91,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$145,000	\$0	\$155,000	\$0	\$10,000	\$0
48	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$0	\$0	\$18,236,000	\$8,434,300	\$18,236,000	\$8,434,300
49	CHDP PROGRAM DENTAL REFERRAL	\$0	\$0	\$808,000	\$404,000	\$808,000	\$404,000
50	WOMEN'S HEALTH SERVICES	-\$8,648,090	-\$1,681,930	-\$14,890,690	-\$3,082,670	-\$6,242,590	-\$1,400,740
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$15,647,000	-\$7,823,500	-\$21,481,000	-\$10,740,500	-\$5,834,000	-\$2,917,000
201	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$0	\$0	\$2,000,000	\$925,000	\$2,000,000	\$925,000
202	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVING	\$0	\$0	-\$2,293,000	-\$1,146,500	-\$2,293,000	-\$1,146,500
	BENEFITS SUBTOTAL	\$696,810,910	\$132,917,570	\$894,877,310	\$210,109,130	\$198,066,410	\$77,191,560
<u>PHARMACY</u>							
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,753,320	\$14,376,660	\$28,892,000	\$14,446,000	\$138,680	\$69,340
53	PEDIATRIC MOBILE VISION PROJECT	\$2,036,000	\$1,018,000	\$4,072,000	\$2,036,000	\$2,036,000	\$1,018,000
54	NON FFP DRUGS	\$0	\$1,389,000	\$0	\$1,550,000	\$0	\$161,000
55	BCCTP DRUG REBATES	-\$18,000,000	-\$6,300,000	-\$18,000,000	-\$6,300,000	\$0	\$0
56	MEDICAL SUPPLY REBATES	-\$31,000,000	-\$15,500,000	-\$31,000,000	-\$15,500,000	\$0	\$0
57	LITIGATION SETTLEMENTS	-\$40,959,000	-\$40,959,000	\$0	\$0	\$40,959,000	\$40,959,000
58	FAMILY PACT DRUG REBATES	-\$66,036,000	-\$8,283,600	-\$66,036,000	-\$8,283,600	\$0	\$0
59	STATE SUPPLEMENTAL DRUG REBATES	-\$157,745,000	-\$65,819,600	-\$173,570,000	-\$72,407,800	-\$15,825,000	-\$6,588,200
60	AGED AND DISPUTED DRUG REBATES	-\$196,000,000	-\$97,992,000	-\$170,000,000	-\$84,993,200	\$26,000,000	\$12,998,800
61	FEDERAL DRUG REBATE PROGRAM	-\$1,150,414,000	-\$480,014,600	-\$1,265,829,000	-\$528,063,700	-\$115,415,000	-\$48,049,100
	PHARMACY SUBTOTAL	-\$1,629,364,680	-\$698,085,140	-\$1,691,471,000	-\$697,516,300	-\$62,106,320	\$568,840
<u>DRUG MEDI-CAL</u>							
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
67	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$5,398,000	\$793,000	\$5,398,000	\$793,000
	DRUG MEDI-CAL SUBTOTAL	\$3,036,000	\$0	\$8,434,000	\$793,000	\$5,398,000	\$793,000
<u>MENTAL HEALTH</u>							

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>MENTAL HEALTH</u>							
71	ELIMINATION OF STATE MAXIMUM RATES	\$91,236,000	\$0	\$93,734,000	\$0	\$2,498,000	\$0
72	TRANSITION OF HFP - SMH SERVICES	\$42,008,000	\$0	\$42,520,000	\$0	\$512,000	\$0
73	KATIE A. V. DIANA BONTA	\$27,247,000	\$0	\$36,192,000	\$0	\$8,945,000	\$0
74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$27,375,000	\$23,830,000	\$27,375,000	\$23,830,000
75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$9,672,000	\$0	\$12,276,000	\$0	\$2,604,000	\$0
76	HEALTHY FAMILIES - SED	\$4,095,000	\$0	\$186,000	\$0	-\$3,909,000	\$0
77	OVER ONE-YEAR CLAIMS	\$3,585,000	\$0	\$942,000	\$0	-\$2,643,000	\$0
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$417,023,000	\$0	\$417,023,000	\$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$2,397,000	\$0	\$0	\$0	-\$2,397,000
80	IMD ANCILLARY SERVICES	\$0	\$8,000,000	\$0	\$3,000,000	\$0	-\$5,000,000
81	CHART REVIEW	-\$1,807,000	\$0	-\$795,000	\$0	\$1,012,000	\$0
	MENTAL HEALTH SUBTOTAL	\$176,036,000	\$10,397,000	\$629,453,000	\$26,830,000	\$453,417,000	\$16,433,000
<u>WAIVER--MH/UCD & BTR</u>							
82	MH/UCD & BTR—DSH PAYMENT	\$1,758,626,000	\$567,206,000	\$1,753,168,000	\$566,513,000	-\$5,458,000	-\$693,000
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,399,432,000	\$699,716,000	\$1,402,298,000	\$701,149,000	\$2,866,000	\$1,433,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$599,313,000	\$299,656,500	\$545,435,000	\$272,717,500	-\$53,878,000	-\$26,939,000
85	BTR - LIHP - MCE	\$365,680,000	\$11,383,000	\$3,412,258,000	\$1,534,672,000	\$3,046,578,000	\$1,523,289,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$262,741,000	\$131,370,500	\$344,803,000	\$172,401,500	\$82,062,000	\$41,031,000
87	BTR—SAFETY NET CARE POOL	\$242,250,000	\$0	\$122,917,000	\$0	-\$119,333,000	\$0
88	MH/UCD & BTR—CCS AND GHPP	\$109,910,000	\$0	\$6,882,000	\$0	-\$103,028,000	\$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$92,162,000	\$42,162,000	\$213,326,000	\$106,663,000	\$121,164,000	\$64,501,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$87,064,000	\$1,907,000	\$21,750,000	\$0	-\$65,314,000	-\$1,907,000
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	\$84,949,000	\$0	\$326,815,000	\$0	\$241,866,000	\$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$72,800,000	\$0	\$80,000,000	\$0	\$7,200,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$14,534,000	-\$331,846,000	\$18,191,000	-\$128,618,000	\$3,657,000	\$203,228,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$47,613,070	\$23,806,540	\$100,260,690	\$50,130,340	\$52,647,610	\$26,323,810
95	MH/UCD—SAFETY NET CARE POOL	\$35,917,000	\$0	\$10,835,000	\$0	-\$25,082,000	\$0
96	BTR—INCREASE SAFETY NET CARE POOL	\$30,750,000	\$0	\$0	\$0	-\$30,750,000	\$0
97	MH/UCD—STABILIZATION FUNDING	\$19,500,000	\$19,500,000	\$0	\$0	-\$19,500,000	-\$19,500,000
98	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$13,744,000	\$0	\$0	\$0	-\$13,744,000	\$0
99	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$12,860,000	\$6,430,000	\$0	\$0	-\$12,860,000	-\$6,430,000
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,708,000	\$2,354,000	\$3,801,000	\$1,900,500	-\$907,000	-\$453,500
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$2,756,000	\$0	\$2,161,000	\$0	-\$595,000	\$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$698,000	\$0	\$3,539,000	\$0	\$2,841,000	\$0
103	MH/UCD & BTR—BCCTP	\$0	-\$1,980,000	\$0	-\$655,000	\$0	\$1,325,000
104	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$427,930,500	\$0	-\$450,468,500	\$0	-\$22,538,000
105	MH/UCD & BTR—MIA-LTC	\$0	-\$21,161,000	\$0	-\$5,152,000	\$0	\$16,009,000
106	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$30,750,000	\$0	\$0	\$0	\$30,750,000
107	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$19,724,000	\$0	\$0	\$0	-\$19,724,000
108	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$61,500,000	\$0	\$0	\$0	\$61,500,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,196,507,070	\$1,011,548,040	\$8,368,439,690	\$2,821,253,340	\$3,171,932,610	\$1,809,705,310
<u>MANAGED CARE</u>							
110	CCI-MANAGED CARE PAYMENTS	\$5,703,559,000	\$2,851,779,500	\$11,265,739,000	\$5,632,869,500	\$5,562,180,000	\$2,781,090,000
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$1,497,113,000	\$1,497,113,000	\$3,015,512,000	\$3,015,512,000	\$1,518,399,000	\$1,518,399,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,432,849,000	\$510,794,000	\$1,909,157,000	\$705,708,500	\$476,308,000	\$194,914,500
115	MANAGED CARE RATE RANGE IGTS	\$1,102,724,000	\$504,494,000	\$864,408,000	\$395,465,000	-\$238,316,000	-\$109,029,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	\$384,834,000	\$192,417,000	\$478,650,000	\$239,325,000	\$93,816,000	\$46,908,000
118	RETRO MC RATE ADJUSTMENTS	\$357,434,000	\$178,717,000	\$0	\$0	-\$357,434,000	-\$178,717,000
122	BLOOD FACTOR CARVE OUT	\$37,200,000	\$18,600,000	\$43,900,000	\$21,950,000	\$6,700,000	\$3,350,000
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$23,288,000	\$11,644,000	\$0	\$0	-\$23,288,000	-\$11,644,000

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 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$22,744,000	\$11,372,000	\$1,472,000	\$736,000	-\$21,272,000	-\$10,636,000
126	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
128	CAPITATED RATE ADJUSTMENT FOR FY 2015-16	\$0	\$0	\$581,653,000	\$281,211,300	\$581,653,000	\$281,211,300
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 ADJUSTMEN	\$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	-\$4,114,361,000	-\$2,057,180,500	-\$8,131,660,000	-\$4,065,830,000	-\$4,017,299,000	-\$2,008,649,500
196	ANNUAL OPEN ENROLLMENT	\$0	\$0	-\$5,939,000	-\$2,969,500	-\$5,939,000	-\$2,969,500
	MANAGED CARE SUBTOTAL	\$6,449,384,000	\$3,721,750,000	\$10,024,892,000	\$6,225,977,800	\$3,575,508,000	\$2,504,227,800
PROVIDER RATES							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$232,349,910	\$116,174,950	\$260,156,850	\$130,078,420	\$27,806,940	\$13,903,470
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$90,003,000	\$45,001,500	\$90,002,000	\$45,001,000	-\$1,000	-\$500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$96,034,290	\$48,017,150	\$177,384,520	\$88,692,260	\$81,350,230	\$40,675,110
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$42,280,000	\$21,140,000	\$9,000,000	\$4,500,000	-\$33,280,000	-\$16,640,000
141	AB 1629 ADD-ONS	\$18,564,870	\$9,282,430	\$84,941,800	\$42,470,900	\$66,376,930	\$33,188,460
142	LTC RATE ADJUSTMENT	\$24,014,260	\$12,007,130	\$67,150,570	\$33,575,280	\$43,136,310	\$21,568,160
143	DENTAL RETROACTIVE RATE CHANGES	\$21,979,000	\$9,022,600	\$0	\$0	-\$21,979,000	-\$9,022,600
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$18,865,640	\$9,432,820	\$18,772,880	\$9,386,440	-\$92,760	-\$46,380
145	GENETIC DISEASE SCREENING PROGRAM FEE INCRE	\$5,985,600	\$2,992,800	\$7,407,180	\$3,703,590	\$1,421,580	\$710,790
146	HOSPICE RATE INCREASES	\$6,180,240	\$3,090,120	\$13,035,390	\$6,517,700	\$6,855,150	\$3,427,580
147	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$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
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
148	LABORATORY RATE METHODOLOGY CHANGE	-\$14,654,480	-\$7,327,240	-\$55,494,030	-\$27,747,020	-\$40,839,550	-\$20,419,780
149	NON-AB 1629 LTC RATE FREEZE	-\$6,634,000	-\$3,317,000	-\$26,283,000	-\$13,141,500	-\$19,649,000	-\$9,824,500
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$9,379,110	-\$4,689,550	-\$20,837,000	-\$10,418,500	-\$11,457,890	-\$5,728,950
151	REDUCTION TO RADIOLOGY RATES	-\$17,681,570	-\$8,840,790	-\$42,212,150	-\$21,106,080	-\$24,530,580	-\$12,265,290
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$171,084,230	-\$85,542,110	-\$194,990,000	-\$97,495,000	-\$23,905,770	-\$11,952,890
153	10% PROVIDER PAYMENT REDUCTION	-\$379,313,330	-\$189,656,660	-\$427,714,250	-\$213,857,120	-\$48,400,920	-\$24,200,460
	PROVIDER RATES SUBTOTAL	-\$42,489,910	-\$23,211,850	-\$39,679,240	-\$19,839,620	\$2,810,660	\$3,372,230
SUPPLEMENTAL PMNTS.							
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,945,877,000	\$3,122,470,000	\$7,547,970,000	\$3,410,589,000	\$602,093,000	\$288,119,000
155	HOSPITAL QAF - HOSPITAL PAYMENTS	\$628,134,000	\$365,696,000	\$0	\$0	-\$628,134,000	-\$365,696,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$222,242,000	\$0	\$61,759,000	\$0	-\$160,483,000	\$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	\$169,187,000	\$74,670,500	\$97,148,000	\$38,670,000	-\$72,039,000	-\$36,000,500
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$165,486,000	\$0	\$173,833,000	\$0	\$8,347,000	\$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000	\$35,000,000	-\$70,000,000	-\$35,000,000
160	FFP FOR LOCAL TRAUMA CENTERS	\$103,600,000	\$51,800,000	\$80,200,000	\$40,100,000	-\$23,400,000	-\$11,700,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	\$95,488,000	\$0	\$46,924,000	\$0	-\$48,564,000	\$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	\$11,813,000	\$0	\$159,938,000	\$0	\$148,125,000	\$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:	\$4,000,000	\$0	\$3,600,000	\$0	-\$400,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,518,827,000	\$3,701,136,500	\$8,274,372,000	\$3,540,859,000	-\$244,455,000	-\$160,277,500
OTHER							
173	ARRA HITECH - PROVIDER PAYMENTS	\$217,513,000	\$0	\$114,822,000	\$0	-\$102,691,000	\$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	\$114,643,000	\$0	\$122,158,000	\$0	\$7,515,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2014-15 AND 2015-16**

NO.	POLICY CHANGE TITLE	NOV. 2014 EST. FOR 2014-15		NOV. 2014 EST. FOR 2015-16		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
176	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$68,216,000	\$34,108,000	\$66,980,000	\$33,490,000	-\$1,236,000	-\$618,000
180	AUDIT SETTLEMENTS	\$33,206,000	\$33,206,000	\$0	\$0	-\$33,206,000	-\$33,206,000
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	\$11,734,000	\$3,520,000	\$0	\$0	-\$11,734,000	-\$3,520,000
184	OVERTIME FOR IHSS PROVIDERS	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000	\$0	\$0
186	CDDS DENTAL SERVICES	\$2,016,000	\$2,016,000	\$2,016,000	\$2,016,000	\$0	\$0
188	INDIAN HEALTH SERVICES	\$1,158,000	-\$10,616,500	\$2,317,000	-\$10,616,500	\$1,159,000	\$0
189	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$209,000	\$104,500	\$325,000	\$162,500	\$116,000	\$58,000
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
194	IHSS REDUCTION IN SERVICE HOURS	-\$213,426,000	\$0	\$0	\$0	\$213,426,000	\$0
199	WPCS WORKERS' COMPENSATION	\$2,264,000	\$1,132,000	\$2,332,000	\$1,166,000	\$68,000	\$34,000
	OTHER SUBTOTAL	\$257,948,000	\$71,951,000	\$331,365,000	\$34,699,000	\$73,417,000	-\$37,252,000
	GRAND TOTAL	\$37,770,965,450	\$8,899,187,750	\$46,019,267,780	\$13,209,252,670	\$8,248,302,320	\$4,310,064,920

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$2,262,580	\$239,050	\$10,694,010	\$53,112,070	\$369,120	\$6,060
OTHER MEDICAL	\$23,174,190	\$3,350,550	\$137,024,600	\$401,167,390	\$3,343,080	\$106,060
COUNTY OUTPATIENT	\$125,110	\$15,270	\$1,609,130	\$2,152,750	\$42,140	\$150
COMMUNITY OUTPATIENT	\$2,135,580	\$485,250	\$32,002,140	\$32,667,660	\$171,470	\$1,400
PHARMACY	-\$12,261,410	-\$7,951,650	-\$544,856,440	\$114,814,610	-\$5,396,290	-\$85,030
COUNTY INPATIENT	\$4,145,920	\$468,410	\$41,588,820	\$39,272,720	\$1,613,310	\$11,970
COMMUNITY INPATIENT	\$37,140,490	\$4,612,840	\$221,231,980	\$371,302,970	\$8,607,810	\$111,300
NURSING FACILITIES	\$140,479,660	\$5,978,500	\$207,956,280	\$4,142,320	\$662,175,720	\$2,713,350
ICF-DD	\$156,890	\$2,031,730	\$50,664,870	\$351,140	\$7,346,740	\$736,190
MEDICAL TRANSPORTATION	\$5,259,590	\$1,075,590	\$13,803,100	\$4,158,930	\$1,548,910	\$32,570
OTHER SERVICES	\$21,009,010	\$3,999,490	\$79,880,940	\$41,995,850	\$20,902,430	\$69,050
HOME HEALTH	\$171,690	\$2,686,600	\$39,839,790	\$6,359,130	\$7,320	\$0
FFS SUBTOTAL	\$223,799,310	\$16,991,630	\$291,439,220	\$1,071,497,550	\$700,731,760	\$3,703,070
DENTAL	\$37,900,280	\$1,918,160	\$88,575,800	\$139,035,370	\$4,017,490	\$19,650
TWO PLAN MODEL	\$1,409,627,590	\$160,776,740	\$9,789,120,420	\$1,828,837,580	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$386,962,440	\$31,435,290	\$1,668,755,550	\$452,726,060	\$900,095,450	\$2,010,160
GEOGRAPHIC MANAGED CARE	\$235,117,770	\$29,041,780	\$1,705,194,420	\$297,189,990	\$0	\$0
PHP & OTHER MANAG. CARE	\$210,936,550	\$5,396,600	\$167,725,790	\$145,107,830	\$9,373,150	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$12,023,970	\$0	\$0
MEDICARE PAYMENTS	\$1,470,734,710	\$44,132,120	\$1,387,187,760	\$0	\$148,140,920	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,718,440	\$538,370	\$25,303,350	\$37,490,070	\$1,101,210	\$24,470
MISC. SERVICES	\$775,417,600	\$39,452,670	\$3,699,027,900	\$640,340	\$8,340	\$0
NON-FFS SUBTOTAL	\$4,537,415,380	\$312,691,740	\$18,530,890,990	\$2,913,051,210	\$1,062,736,560	\$2,054,290
TOTAL DOLLARS (1)	\$4,761,214,700	\$329,683,370	\$18,822,330,210	\$3,984,548,760	\$1,763,468,320	\$5,757,360
ELIGIBLES ***	438,200	21,600	1,034,100	1,531,700	44,800	200
ANNUAL \$/ELIGIBLE	\$10,865	\$15,263	\$18,202	\$2,601	\$39,363	\$28,787
AVG. MO. \$/ELIGIBLE	\$905	\$1,272	\$1,517	\$217	\$3,280	\$2,399

(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 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-AB	MN-ATD	MN-AFDC
PHYSICIANS	\$607,340	\$20,807,610	\$2,244,240	\$40,040	\$6,550,310	\$253,508,780
OTHER MEDICAL	\$2,670,030	\$156,567,500	\$30,628,390	\$367,180	\$44,743,260	\$1,086,737,590
COUNTY OUTPATIENT	\$94,110	\$910,790	\$316,630	\$8,770	\$1,595,650	\$22,426,150
COMMUNITY OUTPATIENT	\$233,550	\$32,078,640	\$2,383,570	\$17,630	\$8,555,380	\$135,105,920
PHARMACY	-\$10,120,250	\$82,664,760	-\$13,747,250	-\$152,240	-\$53,215,870	\$218,453,830
COUNTY INPATIENT	\$13,641,480	\$6,558,870	\$13,480,170	\$440,430	\$111,042,880	\$309,697,050
COMMUNITY INPATIENT	\$13,381,520	\$103,634,770	\$26,911,230	\$354,500	\$121,907,560	\$1,688,123,290
NURSING FACILITIES	\$205,939,350	\$131,890	\$72,320,040	\$232,850	\$23,928,820	\$20,053,510
ICF-DD	\$36,460,460	\$18,530	\$200,490	\$0	\$3,801,230	\$153,570
MEDICAL TRANSPORTATION	\$809,940	\$833,020	\$4,975,750	\$77,420	\$8,076,900	\$15,300,680
OTHER SERVICES	\$4,249,220	\$14,442,380	\$14,957,900	\$71,450	\$16,936,290	\$110,019,760
HOME HEALTH	\$14,610	\$4,071,960	\$149,780	\$0	\$16,054,650	\$10,993,310
FFS SUBTOTAL	\$267,981,360	\$422,720,710	\$154,820,950	\$1,458,030	\$309,977,070	\$3,870,573,430
DENTAL	\$1,282,520	\$116,560,290	\$28,551,770	\$52,060	\$16,846,520	\$353,550,760
TWO PLAN MODEL	\$0	\$856,283,490	\$1,810,504,140	\$4,645,140	\$1,011,803,690	\$3,647,226,350
COUNTY ORGANIZED HEALTH SYSTEMS	\$318,481,860	\$432,549,690	\$383,073,610	\$600,350	\$401,179,330	\$1,346,132,080
GEOGRAPHIC MANAGED CARE	\$0	\$183,101,500	\$200,159,650	\$171,970	\$168,486,430	\$594,229,220
PHP & OTHER MANAG. CARE	\$308,860	\$82,520,530	\$178,033,220	\$377,530	\$30,513,850	\$328,617,440
EPSDT SCREENS	\$0	\$7,669,010	\$0	\$0	\$0	\$29,808,330
MEDICARE PAYMENTS	\$41,799,390	\$0	\$729,609,050	\$0	\$384,678,020	\$72,500,030
STATE HOSP./DEVELOPMENTAL CNTRS.	\$342,600	\$0	\$8,858,620	\$24,470	\$4,722,970	\$100,748,450
MISC. SERVICES	\$2,680	-\$70,507,000	\$609,055,220	\$1,090,860	\$696,512,800	\$1,828,810
NON-FFS SUBTOTAL	\$362,217,910	\$1,608,177,500	\$3,947,845,280	\$6,962,380	\$2,714,743,600	\$6,474,641,480
TOTAL DOLLARS (1)	\$630,199,270	\$2,030,898,210	\$4,102,666,230	\$8,420,410	\$3,024,720,670	\$10,345,214,920
ELIGIBLES ***	14,200	971,800	370,300	500	197,400	4,116,500
ANNUAL \$/ELIGIBLE	\$44,380	\$2,090	\$11,079	\$16,841	\$15,323	\$2,513
AVG. MO. \$/ELIGIBLE	\$3,698	\$174	\$923	\$1,403	\$1,277	\$209

(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 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

SERVICE CATEGORY	MI-C	MI-A	REFUGEE	OBRA	POV 185	POV 133
PHYSICIANS	\$30,623,750	\$39,216,430	\$330,410	\$41,047,990	\$197,340,530	\$4,299,730
OTHER MEDICAL	\$126,469,430	\$1,439,578,310	\$1,747,540	\$61,452,160	\$305,956,590	\$54,032,810
COUNTY OUTPATIENT	\$1,782,020	\$2,340,090	\$38,670	\$11,095,420	\$4,226,980	\$232,780
COMMUNITY OUTPATIENT	\$15,640,900	\$9,522,150	\$128,360	\$15,017,820	\$34,709,030	\$4,574,150
PHARMACY	\$55,592,350	\$130,152,680	\$572,240	\$23,567,640	\$15,264,430	\$6,554,370
COUNTY INPATIENT	\$22,837,620	\$37,447,720	\$20,960	\$166,052,050	\$120,477,890	\$881,640
COMMUNITY INPATIENT	\$116,477,410	\$136,938,530	\$628,210	\$242,982,770	\$760,147,970	\$27,309,550
NURSING FACILITIES	\$6,190,220	\$32,055,730	\$43,930	\$19,719,210	\$420,510	\$733,010
ICF-DD	\$1,515,980	\$733,980	\$0	\$258,370	\$0	\$0
MEDICAL TRANSPORTATION	\$1,897,030	\$3,892,420	\$11,890	\$6,161,050	\$2,306,160	\$271,900
OTHER SERVICES	\$13,131,100	\$17,779,880	\$14,420	\$4,304,460	\$14,640,710	\$5,137,990
HOME HEALTH	\$14,810,540	\$46,040	\$200	\$16,290	\$1,697,740	\$1,091,480
FFS SUBTOTAL	\$406,968,340	\$1,849,703,970	\$3,536,830	\$591,675,230	\$1,457,188,550	\$105,119,420
DENTAL	\$27,567,190	\$141,444,110	\$223,030	\$200,350	\$1,026,210	\$16,608,950
TWO PLAN MODEL	\$62,401,970	\$7,650,297,760	\$1,196,980	\$0	\$162,317,460	\$206,786,850
COUNTY ORGANIZED HEALTH SYSTEMS	\$48,792,470	\$3,279,976,020	\$259,140	\$6,820,790	\$65,564,800	\$101,106,450
GEOGRAPHIC MANAGED CARE	\$9,664,950	\$1,213,912,380	\$522,280	\$0	\$27,112,710	\$50,657,400
PHP & OTHER MANAG. CARE	\$8,069,690	\$31,539,610	\$13,550	\$0	\$12,792,960	\$17,085,010
EPSDT SCREENS	\$1,712,980	\$0	\$0	\$0	\$0	\$1,668,860
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$5,995,480	\$53,934,800	\$0	\$73,410	\$6,729,620	\$0
MISC. SERVICES	\$31,716,550	\$339,281,580	\$0	\$0	\$98,320	\$41,730
NON-FFS SUBTOTAL	\$195,921,280	\$12,710,386,270	\$2,214,980	\$7,094,550	\$275,642,080	\$393,955,240
TOTAL DOLLARS (1)	\$602,889,620	\$14,560,090,240	\$5,751,810	\$598,769,780	\$1,732,830,630	\$499,074,670
ELIGIBLES ***	244,600	2,204,200	2,500	184,400	275,200	226,800
ANNUAL \$/ELIGIBLE	\$2,465	\$6,606	\$2,301	\$3,247	\$6,297	\$2,201
AVG. MO. \$/ELIGIBLE	\$205	\$550	\$192	\$271	\$525	\$183

(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 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

SERVICE CATEGORY	POV 100	TOTAL
PHYSICIANS	\$7,465,770	\$670,765,800
OTHER MEDICAL	\$60,025,500	\$3,939,142,170
COUNTY OUTPATIENT	\$558,770	\$49,571,400
COMMUNITY OUTPATIENT	\$7,412,960	\$332,843,570
PHARMACY	\$13,654,230	\$13,504,710
COUNTY INPATIENT	\$4,644,960	\$894,324,860
COMMUNITY INPATIENT	\$51,018,490	\$3,932,823,210
NURSING FACILITIES	\$557,270	\$1,405,772,170
ICF-DD	\$20,620	\$104,450,770
MEDICAL TRANSPORTATION	\$469,000	\$70,961,870
OTHER SERVICES	\$10,383,940	\$393,926,290
HOME HEALTH	\$1,858,710	\$99,869,840
FFS SUBTOTAL	\$158,070,210	\$11,907,956,660
DENTAL	\$21,017,780	\$996,398,300
TWO PLAN MODEL	\$304,696,980	\$28,906,523,140
COUNTY ORGANIZED HEALTH SYSTEMS	\$135,173,140	\$9,961,694,680
GEOGRAPHIC MANAGED CARE	\$74,718,620	\$4,789,281,080
PHP & OTHER MANAG. CARE	\$26,141,510	\$1,254,553,700
EPSDT SCREENS	\$2,568,690	\$55,451,840
MEDICARE PAYMENTS	\$0	\$4,278,782,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$8,393,660	\$265,000,000
MISC. SERVICES	\$52,790	\$6,123,721,170
NON-FFS SUBTOTAL	\$572,763,180	\$56,631,405,900
TOTAL DOLLARS (1)	\$730,833,390	\$68,539,362,560
ELIGIBLES ***	342,500	12,221,500
ANNUAL \$/ELIGIBLE	\$2,134	\$5,608
AVG. MO. \$/ELIGIBLE	\$178	\$467

(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 2015-16 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 PAYMENT
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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 70

101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
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 FUNDS
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 EXPENDITURES
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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON NOVEMBER 2014 ESTIMATE

EXCLUDED POLICY CHANGES: 70

177	MEDI-CAL TCM PROGRAM
180	AUDIT SETTLEMENTS
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