MEDI-CAL PROGRAM ESTIMATE SUMMARY
FISCAL YEAR 2015-16

	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
I. BASE ESTIMATES			
A. B/Y FFS BASE	$14,590,987,710	$7,295,493,850	$7,295,493,850
B. B/Y BASE POLICY CHANGES	$28,810,648,000	$16,316,303,850	$12,494,344,150
C. BASE ADJUSTMENTS	-$197,064,000	-$114,228,400	-$82,835,600
D. ADJUSTED BASE	$43,204,571,710	$23,497,569,300	$19,707,002,400
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	$784,639,770	$579,963,390	$204,676,390
B. AFFORDABLE CARE ACT	$16,589,406,010	$17,049,645,570	-$460,239,560
C. BENEFITS	$785,595,100	$616,726,600	$168,868,500
D. PHARMACY	-$2,093,792,080	-$1,321,005,640	-$772,786,440
E. DRUG MEDI-CAL	-$19,945,000	-$20,739,000	$794,000
F. MENTAL HEALTH	$517,681,000	$480,372,000	$37,309,000
G. WAIVER--MH/UCD & BTR	$6,315,203,590	$4,621,955,290	$1,693,248,290
H. MANAGED CARE	$10,023,746,720	$3,804,402,560	$6,219,344,160
I. PROVIDER RATES	$362,487,820	$181,243,910	$181,243,910
J. SUPPLEMENTAL PMNTS.	$9,867,086,050	$5,741,359,030	$4,125,727,030
K. OTHER	$334,498,000	$335,580,500	-$1,082,500
L. TOTAL CHANGE	$43,466,607,000	$32,069,504,220	$11,397,102,780
III. TOTAL MEDI-CAL ESTIMATE	**$86,671,178,700**	**$55,567,073,520**	**$31,104,105,180**

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2015-16

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	ELIGIBILITY			
1	FAMILY PACT PROGRAM	$540,109,000	$404,731,200	$135,377,800
2	BREAST AND CERVICAL CANCER TREATMENT	$109,731,000	$58,224,400	$51,506,600
4	MEDI-CAL ADULT INMATE PROGRAMS	$59,918,000	$59,918,000	$0
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	$56,404,000	$56,404,000	$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13	$29,630,000	$14,815,000	$14,815,000
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	$1,469,000	$955,000	$514,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	$6,424,000	$4,175,750	$2,248,250
11	NEW QUALIFIED IMMIGRANTS	$0	-$178,884,000	$178,884,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	$80,419,200	-$80,419,200
13	SCHIP FUNDING FOR PRENATAL CARE	$0	$87,287,200	-$87,287,200
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	$38,895,000	-$38,895,000
15	INCARCERATION VERIFICATION PROGRAM	-$1,260,350	-$630,180	-$630,180
16	PARIS-VETERANS	-$4,552,880	-$2,276,440	-$2,276,440
17	TLICP PREMIUMS	-$74,115,000	-$48,174,750	-$25,940,250
211	FEDERAL IMMIGRATION REFORM	$20,883,000	$4,104,000	$16,779,000
218	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSI(	$40,000,000	$0	$40,000,000
	ELIGIBILITY SUBTOTAL	**$784,639,770**	**$579,963,390**	**$204,676,390**
	AFFORDABLE CARE ACT			
18	ACA OPTIONAL EXPANSION	$13,773,270,000	$13,764,717,000	$8,553,000
19	ACA MANDATORY EXPANSION	$269,720,270	$143,869,130	$125,851,140
20	ACA EXPRESS LANE ENROLLMENT	$1,052,416,000	$1,029,617,500	$22,798,500
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	$5,716,000	$5,716,000	$0
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	$647,227,000	$515,807,250	$131,419,750
23	COMMUNITY FIRST CHOICE OPTION	$1,399,733,000	$1,399,733,000	$0
24	ACA DELAY OF REDETERMINATIONS	$0	$0	$0
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	$256,614,000	$163,580,000	$93,034,000
26	HEALTH INSURER FEE	$257,898,000	$167,633,500	$90,264,500
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COS	$83,370,000	$83,370,000	$0
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	$57,454,000	-$57,454,000
31	ACA MAGI SAVINGS	$0	$19,581,920	-$19,581,920
32	RECOVERY AUDIT CONTRACTOR SAVINGS	-$2,890	-$1,440	-$1,440
34	MANAGED CARE DRUG REBATES	-$450,000,000	-$304,086,000	-$145,914,000
200	ACCELERATED ENROLLMENT	$557,000	$278,500	$278,500
210	ACA REDETERMINATIONS	-$784,889,370	-$456,528,790	-$328,360,590
216	ACA EXPANSION-ADDITIONAL CHIP FUNDING	$77,777,000	$458,904,000	-$381,127,000
	AFFORDABLE CARE ACT SUBTOTAL	**$16,589,406,010**	**$17,049,645,570**	**-$460,239,560**
	BENEFITS			

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
	BENEFITS			
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$273,184,000	$273,184,000	$0
36	BEHAVIORAL HEALTH TREATMENT	$228,717,000	$114,358,500	$114,358,500
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$135,735,000	$135,735,000	$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$40,464,000	$20,232,000	$20,232,000
39	CCS DEMONSTRATION PROJECT PILOTS	$41,388,000	$20,694,000	$20,694,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$32,253,000	$29,522,000	$2,731,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	$21,252,000	$11,263,500	$9,988,500
42	VOLUNTARY INPATIENT DETOXIFICATION	$0	$0	$0
43	YOUTH REGIONAL TREATMENT CENTERS	$5,272,000	$5,243,000	$29,000
44	CCT FUND TRANSFER TO CDSS AND CDDS	$4,909,000	$4,909,000	$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	$760,000	$380,000	$380,000
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	$296,000	$296,000	$0
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	$138,000	$138,000	$0
48	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FO	$18,236,000	$9,337,450	$8,898,550
49	CHDP PROGRAM DENTAL REFERRAL	$808,000	$404,000	$404,000
50	WOMEN'S HEALTH SERVICES	-$406,900	-$326,500	-$80,400
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-$16,764,000	-$8,382,000	-$8,382,000
201	ALLIED DENTAL PROFESSIONALS ENROLLMENT	$1,647,000	$885,150	$761,850
202	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-$2,293,000	-$1,146,500	-$1,146,500
	BENEFITS SUBTOTAL	**$785,595,100**	**$616,726,610**	**$168,868,500**
	PHARMACY			
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	$1,383,930	$691,960	$691,960
54	NON FFP DRUGS	$0	-$244,000	$244,000
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	-$62,779,000	-$54,903,900	-$7,875,100
59	STATE SUPPLEMENTAL DRUG REBATES	-$147,563,000	-$84,359,500	-$63,203,500
60	AGED AND DISPUTED DRUG REBATES	-$200,000,000	-$100,008,000	-$99,992,000
61	FEDERAL DRUG REBATE PROGRAM	-$1,649,234,000	-$1,061,682,200	-$587,551,800
215	HEPATITIS C REVISED CLINICAL GUIDELINES	$13,400,000	$6,700,000	$6,700,000
	PHARMACY SUBTOTAL	**-$2,093,792,070**	**-$1,321,005,640**	**-$772,786,440**
	DRUG MEDI-CAL			
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$3,036,000	$3,036,000	$0
67	ANNUAL RATE ADJUSTMENT	$5,399,000	$4,605,000	$794,000
68	PROVIDER FRAUD IMPACT TO DMC PROGRAM	-$28,380,000	-$28,380,000	$0
	DRUG MEDI-CAL SUBTOTAL	**-$19,945,000**	**-$20,739,000**	**$794,000**

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
	MENTAL HEALTH			
71	ELIMINATION OF STATE MAXIMUM RATES	$78,309,000	$78,309,000	$0
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	-$74,280,000	-$104,157,000	$29,877,000
75	INVESTMENT IN MENTAL HEALTH WELLNESS	$23,964,000	$23,964,000	$0
76	HEALTHY FAMILIES - SED	$5,000	$5,000	$0
77	OVER ONE-YEAR CLAIMS	$3,783,000	$3,783,000	$0
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	$407,834,000	$407,834,000	$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAY	$0	-$3,432,000	$3,432,000
80	IMD ANCILLARY SERVICES	$0	-$4,000,000	$4,000,000
81	CHART REVIEW	-$646,000	-$646,000	$0
	MENTAL HEALTH SUBTOTAL	**$517,681,000**	**$480,372,000**	**$37,309,000**
	WAIVER--MH/UCD & BTR			
82	MH/UCD & BTR—DSH PAYMENT	$1,710,164,000	$1,212,180,500	$497,983,500
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	$1,393,468,000	$696,734,000	$696,734,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	$655,933,000	$327,966,500	$327,966,500
85	BTR - LIHP - MCE	$1,306,712,000	$897,233,000	$409,479,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	$258,309,000	$129,154,500	$129,154,500
87	BTR—SAFETY NET CARE POOL	$226,167,000	$226,167,000	$0
88	MH/UCD & BTR—CCS AND GHPP	-$21,660,000	-$21,660,000	$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	$295,327,000	$151,583,000	$143,744,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	$7,906,000	$7,906,000	$0
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	$326,815,000	$326,815,000	$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	$72,800,000	$72,800,000	$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	$18,191,000	$146,809,000	-$128,618,000
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	$24,412,590	$12,206,290	$12,206,290
95	MH/UCD—SAFETY NET CARE POOL	$8,186,000	$8,186,000	$0
97	MH/UCD—STABILIZATION FUNDING	$2,650,000	$0	$2,650,000
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	$4,713,000	$2,356,500	$2,356,500
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HE	$1,601,000	$1,601,000	$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	$23,509,000	$23,509,000	$0
103	MH/UCD & BTR—BCCTP	$0	$378,000	-$378,000
104	MH/UCD & BTR—DPH INTERIM RATE	$0	$400,862,000	-$400,862,000
105	MH/UCD & BTR—MIA-LTC	$0	-$832,000	$832,000
	WAIVER--MH/UCD & BTR SUBTOTAL	**$6,315,203,590**	**$4,621,955,290**	**$1,693,248,290**
	MANAGED CARE			
110	CCI-MANAGED CARE PAYMENTS	$10,228,902,730	$5,114,451,370	$5,114,451,370

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
	MANAGED CARE			
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	$2,840,320,000	$0	$2,840,320,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	$1,062,016,000	$690,310,000	$371,706,000
115	MANAGED CARE RATE RANGE IGTS	$902,617,000	$479,584,000	$423,033,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	$510,340,000	$255,170,000	$255,170,000
122	BLOOD FACTOR CARVE OUT	$8,506,370	$4,253,180	$4,253,180
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	$0	$0	$0
126	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	$2,000,000	$0	$2,000,000
128	CAPITATED RATE ADJUSTMENT FOR FY 2015-16	$0	$0	$0
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	-$5,656,215,380	-$2,828,107,690	-$2,828,107,690
203	HQAF RATE RANGE INCREASES	$65,077,000	$34,577,000	$30,500,000
213	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEE	$60,183,000	$54,164,700	$6,018,300
	MANAGED CARE SUBTOTAL	**$10,023,746,720**	**$3,804,402,560**	**$6,219,344,160**
	PROVIDER RATES			
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	$248,693,520	$124,346,760	$124,346,760
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	$90,191,000	$45,095,500	$45,095,500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	$59,190,420	$29,595,210	$29,595,210
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	$22,918,000	$11,459,000	$11,459,000
141	AB 1629 ADD-ONS	$17,716,990	$8,858,490	$8,858,490
142	LTC RATE ADJUSTMENT	$59,757,860	$29,878,930	$29,878,930
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$15,682,380	$7,841,190	$7,841,190
145	GENETIC DISEASE SCREENING PROGRAM FEE INCF	$7,257,540	$3,628,770	$3,628,770
146	HOSPICE RATE INCREASES	$8,363,580	$4,181,790	$4,181,790
147	LONG TERM CARE QUALITY ASSURANCE FUND EXP	$0	$0	$0
148	LABORATORY RATE METHODOLOGY CHANGE	-$47,625,940	-$23,812,970	-$23,812,970
149	NON-AB 1629 LTC RATE FREEZE	-$23,325,960	-$11,662,980	-$11,662,980
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-$4,294,770	-$2,147,390	-$2,147,390
151	REDUCTION TO RADIOLOGY RATES	-$41,734,390	-$20,867,200	-$20,867,200
153	10% PROVIDER PAYMENT REDUCTION	-$110,346,400	-$55,173,200	-$55,173,200
217	ELIMINATION OF DENTAL PROVIDER PAYMENT RED	$60,044,000	$30,022,000	$30,022,000
	PROVIDER RATES SUBTOTAL	**$362,487,830**	**$181,243,910**	**$181,243,910**
	SUPPLEMENTAL PMNTS.			
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	$8,620,326,000	$4,915,821,000	$3,704,505,000

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
	SUPPLEMENTAL PMNTS.			
155	HOSPITAL QAF - HOSPITAL PAYMENTS	$304,964,000	$101,821,000	$203,143,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	$62,986,000	$62,986,000	$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	$97,315,000	$58,561,500	$38,753,500
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$183,170,000	$183,170,000	$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	$120,513,000	$60,256,500	$60,256,500
160	FFP FOR LOCAL TRAUMA CENTERS	$78,700,000	$39,350,000	$39,350,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	$46,924,000	$46,924,000	$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	$10,400,000	$5,200,000	$5,200,000
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	$189,150,000	$189,150,000	$0
164	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	$10,000,000	$5,000,000	$5,000,000
165	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	$8,000,000	$4,000,000	$4,000,000
166	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	$3,600,000	$3,600,000	$0
207	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P/	$131,038,050	$65,519,030	$65,519,030
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$9,867,086,050**	**$5,741,359,030**	**$4,125,727,030**
	OTHER			
173	ARRA HITECH - PROVIDER PAYMENTS	$156,676,000	$156,676,000	$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- (	$139,734,000	$139,734,000	$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	$28,083,000	$14,041,500	$14,041,500
180	AUDIT SETTLEMENTS	$854,000	$0	$854,000
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDD	$15,665,000	$8,235,000	$7,430,000
184	OVERTIME FOR WPCS PROVIDERS	$3,000,000	$1,500,000	$1,500,000
186	CDDS DENTAL SERVICES	$1,248,000	$0	$1,248,000
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	$4,596,000	$2,298,000	$2,298,000
212	COUNTY SHARE OF OTLICP-CCS COSTS	-$18,000,000	$0	-$18,000,000
	OTHER SUBTOTAL	**$334,498,000**	**$335,580,500**	**-$1,082,500**
	GRAND TOTAL	**$43,466,607,000**	**$32,069,504,220**	**$11,397,102,780**

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

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

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	$5,805,658,110	$3,702,998,970	$2,102,659,140
PHYSICIANS	$939,157,020	$668,365,260	$270,791,760
OTHER MEDICAL	$2,991,639,220	$1,884,612,410	$1,107,026,810
COUNTY OUTPATIENT	$130,605,440	$107,987,090	$22,618,350
COMMUNITY OUTPATIENT	$1,744,256,430	$1,042,034,210	$702,222,220
PHARMACY	$266,920,620	$360,158,940	-$93,238,320
HOSPITAL INPATIENT	$11,829,970,610	$7,873,857,920	$3,956,112,690
COUNTY INPATIENT	$2,504,750,370	$2,105,789,830	$398,960,540
COMMUNITY INPATIENT	$9,325,220,240	$5,768,068,090	$3,557,152,150
LONG TERM CARE	$1,426,338,830	$738,261,440	$688,077,390
NURSING FACILITIES	$1,295,142,780	$667,386,500	$627,756,280
ICF-DD	$131,196,050	$70,874,940	$60,321,110
OTHER SERVICES	$786,335,220	$631,739,850	$154,595,370
MEDICAL TRANSPORTATION	$159,661,110	$122,287,480	$37,373,630
OTHER SERVICES	$517,264,190	$448,756,770	$68,507,420
HOME HEALTH	$109,409,930	$60,695,590	$48,714,330
TOTAL FEE-FOR-SERVICE	**$20,115,223,390**	**$13,307,017,110**	**$6,808,206,280**
MANAGED CARE	$50,386,927,650	$30,736,254,430	$19,650,673,220
TWO PLAN MODEL	$32,295,871,790	$19,037,495,220	$13,258,376,580
COUNTY ORGANIZED HEALTH SYS	$10,565,610,520	$7,114,996,850	$3,450,613,670
GEOGRAPHIC MANAGED CARE	$5,696,227,170	$3,452,324,530	$2,243,902,630
PHP & OTHER MANAG. CARE	$605,093,390	$329,015,080	$276,078,310
REGIONAL MODEL	$1,224,124,780	$802,422,750	$421,702,030
DENTAL	$1,228,477,560	$794,204,330	$434,273,230
MENTAL HEALTH	$2,734,654,380	$2,601,020,830	$133,633,550
AUDITS/ LAWSUITS	$6,547,500	$1,864,860	$4,682,640
EPSDT SCREENS	$55,403,810	$29,168,000	$26,235,810
MEDICARE PAYMENTS	$4,259,230,170	$1,235,867,670	$3,023,362,500
STATE HOSP./DEVELOPMENTAL CNTRS.	$206,883,020	$208,710,230	-$1,827,210
MISC. SERVICES	$7,800,707,000	$6,658,879,100	$1,141,827,910
RECOVERIES	-$277,857,640	-$140,294,490	-$137,563,150
DRUG MEDI-CAL	$154,981,860	$134,381,450	$20,600,410
GRAND TOTAL MEDI-CAL	**$86,671,178,700**	**$55,567,073,520**	**$31,104,105,180**

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

SERVICE CATEGORY	MAY 2015 EST. FOR 2014-15	MAY 2015 EST. FOR 2015-16	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$6,622,746,110	$5,805,658,110	-$817,088,000	-12.34
PHYSICIANS	$1,454,082,900	$939,157,020	-$514,925,880	-35.41
OTHER MEDICAL	$3,013,225,240	$2,991,639,220	-$21,586,020	-0.72
COUNTY OUTPATIENT	$131,939,060	$130,605,440	-$1,333,620	-1.01
COMMUNITY OUTPATIENT	$2,023,498,920	$1,744,256,430	-$279,242,490	-13.80
PHARMACY	$1,062,621,600	$266,920,620	-$795,700,990	-74.88
HOSPITAL INPATIENT	$12,925,919,650	$11,829,970,610	-$1,095,949,040	-8.48
COUNTY INPATIENT	$2,568,441,130	$2,504,750,370	-$63,690,760	-2.48
COMMUNITY INPATIENT	$10,357,478,520	$9,325,220,240	-$1,032,258,280	-9.97
LONG TERM CARE	$3,160,783,140	$1,426,338,830	-$1,734,444,310	-54.87
NURSING FACILITIES	$2,878,894,630	$1,295,142,780	-$1,583,751,840	-55.01
ICF-DD	$281,888,510	$131,196,050	-$150,692,470	-53.46
OTHER SERVICES	$908,122,730	$786,335,220	-$121,787,500	-13.41
MEDICAL TRANSPORTATION	$150,338,680	$159,661,110	$9,322,430	6.20
OTHER SERVICES	$557,684,660	$517,264,190	-$40,420,480	-7.25
HOME HEALTH	$200,099,380	$109,409,930	-$90,689,450	-45.32
TOTAL FEE-FOR-SERVICE	**$24,680,193,230**	**$20,115,223,390**	**-$4,564,969,840**	**-18.50**
MANAGED CARE	$38,830,552,640	$50,386,927,650	$11,556,375,010	29.76
TWO PLAN MODEL	$23,924,125,230	$32,295,871,790	$8,371,746,560	34.99
COUNTY ORGANIZED HEALTH SYSTEMS	$9,034,488,760	$10,565,610,520	$1,531,121,760	16.95
GEOGRAPHIC MANAGED CARE	$4,422,478,450	$5,696,227,170	$1,273,748,710	28.80
PHP & OTHER MANAG. CARE	$535,506,410	$605,093,390	$69,586,980	12.99
REGIONAL MODEL	$913,953,780	$1,224,124,780	$310,170,990	33.94
DENTAL	$1,101,632,530	$1,228,477,560	$126,845,030	11.51
MENTAL HEALTH	$2,203,361,180	$2,734,654,380	$531,293,200	24.11
AUDITS/ LAWSUITS	$1,413,330	$6,547,500	$5,134,170	363.27
EPSDT SCREENS	$36,882,560	$55,403,810	$18,521,250	50.22
MEDICARE PAYMENTS	$4,099,981,000	$4,259,230,170	$159,249,170	3.88
STATE HOSP./DEVELOPMENTAL CNTRS.	$245,511,250	$206,883,020	-$38,628,230	-15.73
MISC. SERVICES	$6,371,947,220	$7,800,707,000	$1,428,759,790	22.42
RECOVERIES	-$297,905,010	-$277,857,640	$20,047,360	-6.73
DRUG MEDI-CAL	$107,499,000	$154,981,860	$47,482,860	44.17
GRAND TOTAL MEDI-CAL	**$77,381,068,930**	**$86,671,178,700**	**$9,290,109,770**	**12.01**
STATE FUNDS	**$26,091,569,830**	**$31,104,105,180**	**$5,012,535,350**	**19.21**

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

SERVICE CATEGORY	NOV. 2014 EST. FOR 2015-16	MAY 2015 EST. FOR 2015-16	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$7,169,876,880	$5,805,658,110	-$1,364,218,770	-19.03
PHYSICIANS	$871,021,240	$939,157,020	$68,135,780	7.82
OTHER MEDICAL	$4,482,982,060	$2,991,639,220	-$1,491,342,840	-33.27
COUNTY OUTPATIENT	$124,623,920	$130,605,440	$5,981,520	4.80
COMMUNITY OUTPATIENT	$1,691,249,660	$1,744,256,430	$53,006,770	3.13
PHARMACY	$123,173,730	$266,920,620	$143,746,890	116.70
HOSPITAL INPATIENT	$11,313,101,110	$11,829,970,610	$516,869,500	4.57
COUNTY INPATIENT	$2,379,778,180	$2,504,750,370	$124,972,190	5.25
COMMUNITY INPATIENT	$8,933,322,940	$9,325,220,240	$391,897,310	4.39
LONG TERM CARE	$1,698,499,100	$1,426,338,830	-$272,160,270	-16.02
NURSING FACILITIES	$1,591,912,500	$1,295,142,780	-$296,769,720	-18.64
ICF-DD	$106,586,600	$131,196,050	$24,609,450	23.09
OTHER SERVICES	$638,117,870	$786,335,220	$148,217,350	23.23
MEDICAL TRANSPORTATION	$134,162,550	$159,661,110	$25,498,560	19.01
OTHER SERVICES	$401,960,400	$517,264,190	$115,303,790	28.69
HOME HEALTH	$101,994,920	$109,409,930	$7,415,000	7.27
TOTAL FEE-FOR-SERVICE	**$20,942,768,690**	**$20,115,223,390**	**-$827,545,300**	**-3.95**
MANAGED CARE	$50,994,929,090	$50,386,927,650	-$608,001,440	-1.19
TWO PLAN MODEL	$33,224,633,690	$32,295,871,790	-$928,761,890	-2.80
COUNTY ORGANIZED HEALTH SYSTEMS	$10,895,223,160	$10,565,610,520	-$329,612,630	-3.03
GEOGRAPHIC MANAGED CARE	$5,453,466,210	$5,696,227,170	$242,760,960	4.45
PHP & OTHER MANAG. CARE	$1,421,606,040	$605,093,390	-$816,512,650	-57.44
REGIONAL MODEL	$0	$1,224,124,780	$1,224,124,780	
DENTAL	$998,448,000	$1,228,477,560	$230,029,560	23.04
MENTAL HEALTH	$2,818,581,410	$2,734,654,380	-$83,927,040	-2.98
AUDITS/ LAWSUITS	$3,865,090	$6,547,500	$2,682,420	69.40
EPSDT SCREENS	$55,453,440	$55,403,810	-$49,640	-0.09
MEDICARE PAYMENTS	$4,278,782,000	$4,259,230,170	-$19,551,830	-0.46
STATE HOSP./DEVELOPMENTAL CNTRS.	$265,012,560	$206,883,020	-$58,129,530	-21.93
MISC. SERVICES	$11,239,621,690	$7,800,707,000	-$3,438,914,690	-30.60
RECOVERIES	-$265,697,000	-$277,857,640	-$12,160,640	4.58
DRUG MEDI-CAL	$0	$154,981,860	$154,981,860	
GRAND TOTAL MEDI-CAL	**$91,331,764,970**	**$86,671,178,700**	**-$4,660,586,270**	**-5.10**
STATE FUNDS	**$32,871,814,940**	**$31,104,105,180**	**-$1,767,709,760**	**-5.38**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	ELIGIBILITY						
1	FAMILY PACT PROGRAM	$571,452,000	$143,234,200	$540,109,000	$135,377,800	-$31,343,000	-$7,856,400
2	BREAST AND CERVICAL CANCER TREATMENT	$162,970,000	$71,495,500	$109,731,000	$51,506,600	-$53,239,000	-$19,988,900
3	MEDI-CAL ACCESS PROGRAM MOTHERS 200-300% FPL	$99,663,000	$44,631,000	$0	$0	-$99,663,000	-$44,631,000
4	MEDI-CAL ADULT INMATE PROGRAMS	$49,009,000	$0	$59,918,000	$0	$10,909,000	$0
5	MEDI-CAL ACCESS PROGRAM INFANTS 250-300% FPL	$25,751,000	$9,012,850	$0	$0	-$25,751,000	-$9,012,850
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATI	$31,546,000	$0	$56,404,000	$0	$24,858,000	$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	$2,699,000	$1,349,500	$29,630,000	$14,815,000	$26,931,000	$13,465,500
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	$1,661,000	$581,000	$1,469,000	$514,000	-$192,000	-$67,000
9	REFUGEES	$1,012,000	$1,012,000	$0	$0	-$1,012,000	-$1,012,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	$5,747,000	$2,010,950	$6,424,000	$2,248,250	$677,000	$237,300
11	NEW QUALIFIED IMMIGRANTS	$0	$74,545,000	$0	$178,884,000	$0	$104,339,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	-$80,419,200	$0	-$80,419,200	$0	$0
13	SCHIP FUNDING FOR PRENATAL CARE	$0	-$85,415,200	$0	-$87,287,200	$0	-$1,872,000
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	-$39,460,000	$0	-$38,895,000	$0	$565,000
15	INCARCERATION VERIFICATION PROGRAM	-$1,301,000	-$650,500	-$1,939,000	-$969,500	-$638,000	-$319,000
16	PARIS-VETERANS	-$5,135,570	-$2,567,780	-$10,309,950	-$5,154,980	-$5,174,390	-$2,587,190
17	TLICP PREMIUMS	-$70,507,000	-$24,677,450	-$74,115,000	-$25,940,250	-$3,608,000	-$1,262,800
211	FEDERAL IMMIGRATION REFORM	$0	$0	$20,883,000	$16,779,000	$20,883,000	$16,779,000
218	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	$0	$0	$40,000,000	$40,000,000	$40,000,000	$40,000,000
	ELIGIBILITY SUBTOTAL	**$874,566,430**	**$114,681,870**	**$778,204,050**	**$201,458,520**	**-$96,362,390**	**$86,776,660**
	AFFORDABLE CARE ACT						
18	ACA OPTIONAL EXPANSION	$14,319,656,000	$7,485,000	$13,773,270,000	$8,553,000	-$546,386,000	$1,068,000
19	ACA MANDATORY EXPANSION	$2,020,469,000	$961,388,350	$2,772,048,000	$1,293,434,100	$751,579,000	$332,045,750
20	ACA EXPRESS LANE ENROLLMENT	$1,222,964,000	$15,245,750	$1,052,416,000	$22,798,500	-$170,548,000	$7,552,750
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	$0	$0	$5,716,000	$0	$5,716,000	$0

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	AFFORDABLE CARE ACT						
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	$689,780,000	$125,227,750	$647,227,000	$131,419,750	-$42,553,000	$6,192,000
23	COMMUNITY FIRST CHOICE OPTION	$225,260,000	$0	$1,399,733,000	$0	$1,174,473,000	$0
24	ACA DELAY OF REDETERMINATIONS	$43,470,000	$17,836,300	$43,470,000	$17,836,300	$0	$0
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	$95,588,000	$34,655,000	$256,614,000	$93,034,000	$161,026,000	$58,379,000
26	HEALTH INSURER FEE	$80,353,000	$36,159,000	$257,898,000	$90,264,500	$177,545,000	$54,105,500
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	$51,916,000	$0	$83,370,000	$0	$31,454,000	$0
28	USPSTF GRADE A AND B RECOMMENDATIONS	$10,266,480	$5,133,240	$0	$0	-$10,266,480	-$5,133,240
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	-$45,544,000	$0	-$57,454,000	$0	-$11,910,000
31	ACA MAGI SAVINGS	$0	-$36,129,000	$0	-$36,129,000	$0	$0
32	RECOVERY AUDIT CONTRACTOR SAVINGS	-$2,890	-$1,440	-$2,890	-$1,440	$0	$0
34	MANAGED CARE DRUG REBATES	-$415,800,000	-$170,100,000	-$450,000,000	-$145,914,000	-$34,200,000	$24,186,000
200	ACCELERATED ENROLLMENT	$99,000	$49,500	$557,000	$278,500	$458,000	$229,000
210	ACA REDETERMINATIONS	$0	$0	-$796,842,000	-$333,361,000	-$796,842,000	-$333,361,000
216	ACA EXPANSION-ADDITIONAL CHIP FUNDING	$0	$0	$77,777,000	-$381,127,000	$77,777,000	-$381,127,000
	AFFORDABLE CARE ACT SUBTOTAL	**$18,344,018,590**	**$951,405,450**	**$19,123,251,110**	**$703,632,210**	**$779,232,520**	**-$247,773,240**
	BENEFITS						
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$291,544,000	$0	$273,184,000	$0	-$18,360,000	$0
36	BEHAVIORAL HEALTH TREATMENT	$320,000,000	$151,000,000	$228,717,000	$114,358,500	-$91,283,000	-$36,641,500
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$130,839,000	$0	$135,735,000	$0	$4,896,000	$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$40,464,000	$20,232,000	$40,464,000	$20,232,000	$0	$0
39	CCS DEMONSTRATION PROJECT PILOTS	$34,020,000	$17,010,000	$41,388,000	$20,694,000	$7,368,000	$3,684,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$31,677,000	$3,846,000	$32,253,000	$2,731,000	$576,000	-$1,115,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	$22,251,000	$10,274,000	$21,252,000	$9,988,500	-$999,000	-$285,500
42	VOLUNTARY INPATIENT DETOXIFICATION	$29,458,000	$12,537,500	$31,911,000	$10,754,500	$2,453,000	-$1,783,000
43	YOUTH REGIONAL TREATMENT CENTERS	$6,589,000	$36,000	$5,272,000	$29,000	-$1,317,000	-$7,000

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
44	CCT FUND TRANSFER TO CDSS AND CDDS	$4,330,000	$0	$4,909,000	$0	$579,000	$0
45	PEDIATRIC PALLIATIVE CARE WAIVER	$760,000	$380,000	$760,000	$380,000	$0	$0
46	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	$411,000	$0	$296,000	$0	-$115,000	$0
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	$155,000	$0	$138,000	$0	-$17,000	$0
48	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	$18,236,000	$8,434,300	$18,236,000	$8,898,550	$0	$464,250
49	CHDP PROGRAM DENTAL REFERRAL	$808,000	$404,000	$808,000	$404,000	$0	$0
50	WOMEN'S HEALTH SERVICES	-$14,890,690	-$3,082,670	-$9,688,020	-$1,914,340	$5,202,670	$1,168,330
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-$21,481,000	-$10,740,500	-$16,764,000	-$8,382,000	$4,717,000	$2,358,500
201	ALLIED DENTAL PROFESSIONALS ENROLLMENT	$2,000,000	$925,000	$1,647,000	$761,850	-$353,000	-$163,150
202	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVING	-$2,293,000	-$1,146,500	-$2,293,000	-$1,146,500	$0	$0
	BENEFITS SUBTOTAL	**$894,877,310**	**$210,109,130**	**$808,224,980**	**$177,789,060**	**-$86,652,330**	**-$32,320,070**
	PHARMACY						
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	$28,892,000	$14,446,000	$28,892,000	$14,446,000	$0	$0
53	PEDIATRIC MOBILE VISION PROJECT	$4,072,000	$2,036,000	$0	$0	-$4,072,000	-$2,036,000
54	NON FFP DRUGS	$0	$1,550,000	$0	$244,000	$0	-$1,306,000
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
58	FAMILY PACT DRUG REBATES	-$66,036,000	-$8,283,600	-$62,779,000	-$7,875,100	$3,257,000	$408,500
59	STATE SUPPLEMENTAL DRUG REBATES	-$173,570,000	-$72,407,800	-$147,563,000	-$63,203,500	$26,007,000	$9,204,300
60	AGED AND DISPUTED DRUG REBATES	-$170,000,000	-$84,993,200	-$200,000,000	-$99,992,000	-$30,000,000	-$14,998,800
61	FEDERAL DRUG REBATE PROGRAM	-$1,265,829,000	-$528,063,700	-$1,649,234,000	-$587,551,800	-$383,405,000	-$59,488,100
215	HEPATITIS C REVISED CLINICAL GUIDELINES	$0	$0	$13,400,000	$6,700,000	$13,400,000	$6,700,000
	PHARMACY SUBTOTAL	**-$1,691,471,000**	**-$697,516,300**	**-$2,066,284,000**	**-$759,032,400**	**-$374,813,000**	**-$61,516,100**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	DRUG MEDI-CAL						
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$3,036,000	$0	$3,036,000	$0	$0	$0
67	ANNUAL RATE ADJUSTMENT	$5,398,000	$793,000	$5,399,000	$794,000	$1,000	$1,000
68	PROVIDER FRAUD IMPACT TO DMC PROGRAM	$0	$0	-$28,380,000	$0	-$28,380,000	$0
	DRUG MEDI-CAL SUBTOTAL	**$8,434,000**	**$793,000**	**-$19,945,000**	**$794,000**	**-$28,379,000**	**$1,000**
	MENTAL HEALTH						
71	ELIMINATION OF STATE MAXIMUM RATES	$93,734,000	$0	$78,309,000	$0	-$15,425,000	$0
72	TRANSITION OF HFP - SMH SERVICES	$42,520,000	$0	$42,520,000	$0	$0	$0
73	KATIE A. V. DIANA BONTA	$36,192,000	$0	$36,192,000	$0	$0	$0
74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$27,375,000	$23,830,000	-$74,280,000	$29,877,000	-$101,655,000	$6,047,000
75	INVESTMENT IN MENTAL HEALTH WELLNESS	$12,276,000	$0	$23,964,000	$0	$11,688,000	$0
76	HEALTHY FAMILIES - SED	$186,000	$0	$5,000	$0	-$181,000	$0
77	OVER ONE-YEAR CLAIMS	$942,000	$0	$3,783,000	$0	$2,841,000	$0
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	$417,023,000	$0	$407,834,000	$0	-$9,189,000	$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	$0	$0	$0	$3,432,000	$0	$3,432,000
80	IMD ANCILLARY SERVICES	$0	$3,000,000	$0	$4,000,000	$0	$1,000,000
81	CHART REVIEW	-$795,000	$0	-$646,000	$0	$149,000	$0
	MENTAL HEALTH SUBTOTAL	**$629,453,000**	**$26,830,000**	**$517,681,000**	**$37,309,000**	**-$111,772,000**	**$10,479,000**
	WAIVER--MH/UCD & BTR						
82	MH/UCD & BTR—DSH PAYMENT	$1,753,168,000	$566,513,000	$1,710,164,000	$497,983,500	-$43,004,000	-$68,529,500
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE P(	$1,402,298,000	$701,149,000	$1,393,468,000	$696,734,000	-$8,830,000	-$4,415,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	$545,435,000	$272,717,500	$655,933,000	$327,966,500	$110,498,000	$55,249,000
85	BTR - LIHP - MCE	$3,412,258,000	$1,534,672,000	$1,306,712,000	$409,479,000	-$2,105,546,000	-$1,125,193,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	$344,803,000	$172,401,500	$258,309,000	$129,154,500	-$86,494,000	-$43,247,000

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	WAIVER--MH/UCD & BTR						
87	BTR—SAFETY NET CARE POOL	$122,917,000	$0	$226,167,000	$0	$103,250,000	$0
88	MH/UCD & BTR—CCS AND GHPP	$6,882,000	$0	-$21,660,000	$0	-$28,542,000	$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	$213,326,000	$106,663,000	$295,327,000	$143,744,000	$82,001,000	$37,081,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	$21,750,000	$0	$7,906,000	$0	-$13,844,000	$0
91	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	$326,815,000	$0	$326,815,000	$0	$0	$0
92	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	$80,000,000	$0	$72,800,000	$0	-$7,200,000	$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	$18,191,000	-$128,618,000	$18,191,000	-$128,618,000	$0	$0
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	$100,260,690	$50,130,340	$24,412,590	$12,206,290	-$75,848,100	-$37,924,050
95	MH/UCD—SAFETY NET CARE POOL	$10,835,000	$0	$8,186,000	$0	-$2,649,000	$0
97	MH/UCD—STABILIZATION FUNDING	$0	$0	$2,650,000	$2,650,000	$2,650,000	$2,650,000
100	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	$3,801,000	$1,900,500	$4,713,000	$2,356,500	$912,000	$456,000
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	$2,161,000	$0	$1,601,000	$0	-$560,000	$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	$3,539,000	$0	$23,509,000	$0	$19,970,000	$0
103	MH/UCD & BTR—BCCTP	$0	-$655,000	$0	-$378,000	$0	$277,000
104	MH/UCD & BTR—DPH INTERIM RATE	$0	-$450,468,500	$0	-$400,862,000	$0	$49,606,500
105	MH/UCD & BTR—MIA-LTC	$0	-$5,152,000	$0	$832,000	$0	$5,984,000
	WAIVER--MH/UCD & BTR SUBTOTAL	**$8,368,439,690**	**$2,821,253,340**	**$6,315,203,590**	**$1,693,248,290**	**-$2,053,236,100**	**-$1,128,005,050**
	MANAGED CARE						
110	CCI-MANAGED CARE PAYMENTS	$11,265,739,000	$5,632,869,500	$11,095,458,000	$5,547,729,000	-$170,281,000	-$85,140,500
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	$3,015,512,000	$3,015,512,000	$2,840,320,000	$2,840,320,000	-$175,192,000	-$175,192,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	$1,909,157,000	$705,708,500	$1,062,016,000	$371,706,000	-$847,141,000	-$334,002,500
115	MANAGED CARE RATE RANGE IGTS	$864,408,000	$395,465,000	$902,617,000	$423,033,000	$38,209,000	$27,568,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	$478,650,000	$239,325,000	$510,340,000	$255,170,000	$31,690,000	$15,845,000
122	BLOOD FACTOR CARVE OUT	$43,900,000	$21,950,000	$52,671,000	$26,335,500	$8,771,000	$4,385,500
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	$1,472,000	$736,000	$1,302,000	$651,000	-$170,000	-$85,000

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MANAGED CARE						
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	$581,653,000	$281,211,300	$0	$0	-$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
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	-$8,131,660,000	-$4,065,830,000	-$8,082,617,000	-$4,041,308,500	$49,043,000	$24,521,500
196	ANNUAL OPEN ENROLLMENT	-$5,939,000	-$2,969,500	$0	$0	$5,939,000	$2,969,500
203	HQAF RATE RANGE INCREASES	$0	$0	$65,077,000	$30,500,000	$65,077,000	$30,500,000
213	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	$0	$0	$60,183,000	$6,018,300	$60,183,000	$6,018,300
	MANAGED CARE SUBTOTAL	**$10,024,892,000**	**$6,225,977,800**	**$8,509,367,000**	**$5,462,154,300**	**-$1,515,525,000**	**-$763,823,500**
	PROVIDER RATES						
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	$260,156,850	$130,078,420	$265,131,680	$132,565,840	$4,974,830	$2,487,420
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	$90,002,000	$45,001,000	$90,191,000	$45,095,500	$189,000	$94,500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	$177,384,520	$88,692,260	$97,496,990	$48,748,500	-$79,887,530	-$39,943,770
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	$9,000,000	$4,500,000	$22,918,000	$11,459,000	$13,918,000	$6,959,000
141	AB 1629 ADD-ONS	$84,941,800	$42,470,900	$17,716,990	$8,858,490	-$67,224,810	-$33,612,410
142	LTC RATE ADJUSTMENT	$67,150,570	$33,575,280	$62,176,530	$31,088,270	-$4,974,040	-$2,487,020
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$18,772,880	$9,386,440	$19,358,570	$9,679,280	$585,690	$292,850
145	GENETIC DISEASE SCREENING PROGRAM FEE INCRE/	$7,407,180	$3,703,590	$7,257,540	$3,628,770	-$149,640	-$74,820
146	HOSPICE RATE INCREASES	$13,035,390	$6,517,700	$13,051,790	$6,525,890	$16,390	$8,200
147	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	$0	$0	$0	$0	$0	$0
148	LABORATORY RATE METHODOLOGY CHANGE	-$55,494,030	-$27,747,020	-$47,625,940	-$23,812,970	$7,868,090	$3,934,040
149	NON-AB 1629 LTC RATE FREEZE	-$26,283,000	-$13,141,500	-$23,361,000	-$11,680,500	$2,922,000	$1,461,000

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PROVIDER RATES						
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-$20,837,000	-$10,418,500	-$14,529,000	-$7,264,500	$6,308,000	$3,154,000
151	REDUCTION TO RADIOLOGY RATES	-$42,212,150	-$21,106,080	-$41,734,390	-$20,867,200	$477,760	$238,880
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-$194,990,000	-$97,495,000	$0	$0	$194,990,000	$97,495,000
153	10% PROVIDER PAYMENT REDUCTION	-$427,714,250	-$213,857,120	-$228,177,000	-$114,088,500	$199,537,250	$99,768,620
217	ELIMINATION OF DENTAL PROVIDER PAYMENT REDUC	$0	$0	$60,044,000	$30,022,000	$60,044,000	$30,022,000
	PROVIDER RATES SUBTOTAL	**-$39,679,240**	**-$19,839,620**	**$299,915,750**	**$149,957,870**	**$339,594,990**	**$169,797,490**
	SUPPLEMENTAL PMNTS.						
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	$7,547,970,000	$3,410,589,000	$8,620,326,000	$3,704,505,000	$1,072,356,000	$293,916,000
155	HOSPITAL QAF - HOSPITAL PAYMENTS	$0	$0	$304,964,000	$203,143,000	$304,964,000	$203,143,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	$61,759,000	$0	$62,986,000	$0	$1,227,000	$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	$97,148,000	$38,670,000	$97,315,000	$38,753,500	$167,000	$83,500
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$173,833,000	$0	$183,170,000	$0	$9,337,000	$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	$70,000,000	$35,000,000	$120,513,000	$60,256,500	$50,513,000	$25,256,500
160	FFP FOR LOCAL TRAUMA CENTERS	$80,200,000	$40,100,000	$78,700,000	$39,350,000	-$1,500,000	-$750,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	$46,924,000	$0	$46,924,000	$0	$0	$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	$15,000,000	$7,500,000	$10,400,000	$5,200,000	-$4,600,000	-$2,300,000
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	$159,938,000	$0	$189,150,000	$0	$29,212,000	$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 PAYMENTS	$3,600,000	$0	$3,600,000	$0	$0	$0
207	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	$0	$0	$131,038,050	$65,519,030	$131,038,050	$65,519,030
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$8,274,372,000**	**$3,540,859,000**	**$9,867,086,050**	**$4,125,727,030**	**$1,592,714,050**	**$584,868,030**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2015 ESTIMATE COMPARED TO NOVEMBER 2014 ESTIMATE
FISCAL YEAR 2015-16

		NOV. 2014 EST. FOR 2015-16		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
173	ARRA HITECH - PROVIDER PAYMENTS	$114,822,000	$0	$156,676,000	$0	$41,854,000	$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	$122,158,000	$0	$139,734,000	$0	$17,576,000	$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	$66,980,000	$33,490,000	$28,083,000	$14,041,500	-$38,897,000	-$19,448,500
180	AUDIT SETTLEMENTS	$0	$0	$854,000	$854,000	$854,000	$854,000
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$16,415,000	$6,481,000	$15,665,000	$7,430,000	-$750,000	$949,000
184	OVERTIME FOR WPCS PROVIDERS	$4,000,000	$2,000,000	$3,000,000	$1,500,000	-$1,000,000	-$500,000
186	CDDS DENTAL SERVICES	$2,016,000	$2,016,000	$1,248,000	$1,248,000	-$768,000	-$768,000
188	INDIAN HEALTH SERVICES	$2,317,000	-$10,616,500	$2,317,000	-$10,616,500	$0	$0
189	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	$325,000	$162,500	$325,000	$162,500	$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
199	WPCS WORKERS' COMPENSATION	$2,332,000	$1,166,000	$4,596,000	$2,298,000	$2,264,000	$1,132,000
212	COUNTY SHARE OF OTLICP-CCS COSTS	$0	$0	-$18,000,000	-$18,000,000	-$18,000,000	-$18,000,000
	OTHER SUBTOTAL	**$331,365,000**	**$34,699,000**	**$334,498,000**	**-$1,082,500**	**$3,133,000**	**-$35,781,500**
	GRAND TOTAL	**$46,019,267,780**	**$13,209,252,670**	**$44,467,202,530**	**$11,791,955,390**	**-$1,552,065,250**	**-$1,417,297,280**

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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	ELIGIBILITY						
1	FAMILY PACT PROGRAM	$490,782,000	$123,014,200	$540,109,000	$135,377,800	$49,327,000	$12,363,600
2	BREAST AND CERVICAL CANCER TREATMENT	$102,781,000	$49,110,500	$109,731,000	$51,506,600	$6,950,000	$2,396,100
4	MEDI-CAL ADULT INMATE PROGRAMS	$10,464,000	$0	$59,918,000	$0	$49,454,000	$0
6	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	$514,000	$0	$56,404,000	$0	$55,890,000	$0
7	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	$0	$0	$29,630,000	$14,815,000	$29,630,000	$14,815,000
8	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	$1,474,000	$516,000	$1,469,000	$514,000	-$5,000	-$2,000
10	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	$1,270,000	$444,800	$6,424,000	$2,248,250	$5,154,000	$1,803,450
11	NEW QUALIFIED IMMIGRANTS	$0	$178,884,000	$0	$178,884,000	$0	$0
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	-$80,419,200	$0	-$80,419,200	$0	$0
13	SCHIP FUNDING FOR PRENATAL CARE	$0	-$85,612,800	$0	-$87,287,200	$0	-$1,674,400
14	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	$0	$0	-$38,895,000	$0	-$38,895,000
15	INCARCERATION VERIFICATION PROGRAM	-$1,050,000	-$525,000	-$1,939,000	-$969,500	-$889,000	-$444,500
16	PARIS-VETERANS	-$5,634,910	-$2,817,460	-$10,309,950	-$5,154,980	-$4,675,040	-$2,337,520
17	TLICP PREMIUMS	-$71,176,000	-$24,911,600	-$74,115,000	-$25,940,250	-$2,939,000	-$1,028,650
211	FEDERAL IMMIGRATION REFORM	$0	$0	$20,883,000	$16,779,000	$20,883,000	$16,779,000
218	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	$0	$0	$40,000,000	$40,000,000	$40,000,000	$40,000,000
	ELIGIBILITY SUBTOTAL	**$529,424,090**	**$157,683,440**	**$778,204,050**	**$201,458,520**	**$248,779,960**	**$43,775,080**
	AFFORDABLE CARE ACT						
18	ACA OPTIONAL EXPANSION	$13,518,507,000	$8,142,000	$13,773,270,000	$8,553,000	$254,763,000	$411,000
19	ACA MANDATORY EXPANSION	$2,078,434,000	$968,777,750	$2,772,048,000	$1,293,434,100	$693,614,000	$324,656,350
20	ACA EXPRESS LANE ENROLLMENT	$1,163,488,000	$23,049,350	$1,052,416,000	$22,798,500	-$111,072,000	-$250,850
21	PAYMENTS TO PRIMARY CARE PHYSICIANS	$1,109,648,370	$25,978,450	$5,716,000	$0	-$1,103,932,370	-$25,978,450
22	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	$618,969,000	$150,317,450	$647,227,000	$131,419,750	$28,258,000	-$18,897,700
23	COMMUNITY FIRST CHOICE OPTION	$349,950,000	$0	$1,399,733,000	$0	$1,049,783,000	$0
24	ACA DELAY OF REDETERMINATIONS	$203,389,000	$81,537,950	$43,470,000	$17,836,300	-$159,919,000	-$63,701,650

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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	AFFORDABLE CARE ACT						
25	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	$246,525,000	$89,377,000	$256,614,000	$93,034,000	$10,089,000	$3,657,000
26	HEALTH INSURER FEE	$97,233,000	$43,755,000	$257,898,000	$90,264,500	$160,665,000	$46,509,500
27	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	$28,006,000	$0	$83,370,000	$0	$55,364,000	$0
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	-$65,907,000	$0	-$57,454,000	$0	$8,453,000
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	-$342,000,000	-$105,846,500	-$450,000,000	-$145,914,000	-$108,000,000	-$40,067,500
200	ACCELERATED ENROLLMENT	$572,000	$286,000	$557,000	$278,500	-$15,000	-$7,500
210	ACA REDETERMINATIONS	-$129,098,000	-$54,009,000	-$796,842,000	-$333,361,000	-$667,744,000	-$279,352,000
216	ACA EXPANSION-ADDITIONAL CHIP FUNDING	$0	$0	$77,777,000	-$381,127,000	$77,777,000	-$381,127,000
	AFFORDABLE CARE ACT SUBTOTAL	**$18,943,623,370**	**$1,147,946,450**	**$19,123,251,110**	**$703,632,210**	**$179,627,750**	**-$444,314,250**
	BENEFITS						
35	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$202,020,000	$0	$273,184,000	$0	$71,164,000	$0
36	BEHAVIORAL HEALTH TREATMENT	$0	$0	$228,717,000	$114,358,500	$228,717,000	$114,358,500
37	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$133,489,000	$0	$135,735,000	$0	$2,246,000	$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$40,464,000	$20,232,000	$40,464,000	$20,232,000	$0	$0
39	CCS DEMONSTRATION PROJECT PILOTS	$71,388,000	$20,694,000	$41,388,000	$20,694,000	-$30,000,000	$0
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$21,809,000	$1,530,000	$32,253,000	$2,731,000	$10,444,000	$1,201,000
41	DENTAL CHILDREN'S OUTREACH AGES 0-3	$6,199,000	$2,913,500	$21,252,000	$9,988,500	$15,053,000	$7,075,000
42	VOLUNTARY INPATIENT DETOXIFICATION	$25,850,000	$8,903,500	$31,911,000	$10,754,500	$6,061,000	$1,851,000
43	YOUTH REGIONAL TREATMENT CENTERS	$5,040,000	$29,000	$5,272,000	$29,000	$232,000	$0
44	CCT FUND TRANSFER TO CDSS AND CDDS	$3,956,000	$0	$4,909,000	$0	$953,000	$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	$275,000	$0	$296,000	$0	$21,000	$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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
47	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	$138,000	$0	$138,000	$0	$0	$0
48	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	$0	$0	$18,236,000	$8,898,550	$18,236,000	$8,898,550
49	CHDP PROGRAM DENTAL REFERRAL	$0	$0	$808,000	$404,000	$808,000	$404,000
50	WOMEN'S HEALTH SERVICES	-$7,977,000	-$1,521,900	-$9,688,020	-$1,914,340	-$1,711,020	-$392,440
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-$12,319,000	-$6,159,000	-$16,764,000	-$8,382,000	-$4,445,000	-$2,223,000
201	ALLIED DENTAL PROFESSIONALS ENROLLMENT	$0	$0	$1,647,000	$761,850	$1,647,000	$761,850
202	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVING	$0	$0	-$2,293,000	-$1,146,500	-$2,293,000	-$1,146,500
	BENEFITS SUBTOTAL	**$490,872,000**	**$46,891,100**	**$808,224,980**	**$177,789,060**	**$317,352,980**	**$130,897,960**
	PHARMACY						
52	RESTORATION OF ENTERAL NUTRITION BENEFIT	$28,753,320	$14,376,660	$28,892,000	$14,446,000	$138,680	$69,340
54	NON FFP DRUGS	$0	$1,087,000	$0	$244,000	$0	-$843,000
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	-$41,121,000	-$41,121,000	$0	$0	$41,121,000	$41,121,000
58	FAMILY PACT DRUG REBATES	-$63,868,000	-$8,011,600	-$62,779,000	-$7,875,100	$1,089,000	$136,500
59	STATE SUPPLEMENTAL DRUG REBATES	-$128,535,000	-$54,397,300	-$147,563,000	-$63,203,500	-$19,028,000	-$8,806,200
60	AGED AND DISPUTED DRUG REBATES	-$350,000,000	-$174,986,000	-$200,000,000	-$99,992,000	$150,000,000	$74,994,000
61	FEDERAL DRUG REBATE PROGRAM	-$1,488,812,000	-$539,846,300	-$1,649,234,000	-$587,551,800	-$160,422,000	-$47,705,500
215	HEPATITIS C REVISED CLINICAL GUIDELINES	$0	$0	$13,400,000	$6,700,000	$13,400,000	$6,700,000
	PHARMACY SUBTOTAL	**-$2,092,582,680**	**-$824,698,540**	**-$2,066,284,000**	**-$759,032,400**	**$26,298,680**	**$65,666,140**
	DRUG MEDI-CAL						
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$75,000	$0	$3,036,000	$0	$2,961,000	$0
67	ANNUAL RATE ADJUSTMENT	$0	$0	$5,399,000	$794,000	$5,399,000	$794,000
68	PROVIDER FRAUD IMPACT TO DMC PROGRAM	-$28,380,000	$0	-$28,380,000	$0	$0	$0
	DRUG MEDI-CAL SUBTOTAL	**-$28,305,000**	**$0**	**-$19,945,000**	**$794,000**	**$8,360,000**	**$794,000**

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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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MENTAL HEALTH						
71	ELIMINATION OF STATE MAXIMUM RATES	$76,079,000	$0	$78,309,000	$0	$2,230,000	$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	-$74,280,000	$29,877,000	-$74,280,000	$29,877,000
75	INVESTMENT IN MENTAL HEALTH WELLNESS	$17,160,000	$0	$23,964,000	$0	$6,804,000	$0
76	HEALTHY FAMILIES - SED	$276,000	$0	$5,000	$0	-$271,000	$0
77	OVER ONE-YEAR CLAIMS	$744,000	$0	$3,783,000	$0	$3,039,000	$0
78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	$0	$0	$407,834,000	$0	$407,834,000	$0
79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	$0	$2,500,000	$0	$3,432,000	$0	$932,000
80	IMD ANCILLARY SERVICES	$0	$4,000,000	$0	$4,000,000	$0	$0
81	CHART REVIEW	-$1,641,000	$0	-$646,000	$0	$995,000	$0
	MENTAL HEALTH SUBTOTAL	**$161,873,000**	**$6,500,000**	**$517,681,000**	**$37,309,000**	**$355,808,000**	**$30,809,000**
	WAIVER--MH/UCD & BTR						
82	MH/UCD & BTR—DSH PAYMENT	$1,775,254,000	$500,966,000	$1,710,164,000	$497,983,500	-$65,090,000	-$2,982,500
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE P(	$1,401,646,000	$700,823,000	$1,393,468,000	$696,734,000	-$8,178,000	-$4,089,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	$506,753,000	$253,376,500	$655,933,000	$327,966,500	$149,180,000	$74,590,000
85	BTR - LIHP - MCE	$290,460,000	$9,827,000	$1,306,712,000	$409,479,000	$1,016,252,000	$399,652,000
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL I	$258,786,000	$129,393,000	$258,309,000	$129,154,500	-$477,000	-$238,500
87	BTR—SAFETY NET CARE POOL	$242,250,000	$0	$226,167,000	$0	-$16,083,000	$0
88	MH/UCD & BTR—CCS AND GHPP	$110,669,000	$0	-$21,660,000	$0	-$132,329,000	$0
89	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	$0	$0	$295,327,000	$143,744,000	$295,327,000	$143,744,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	$80,078,000	$1,740,000	$7,906,000	$0	-$72,172,000	-$1,740,000
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	$72,800,000	$0	$0	$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	$13,515,000	-$332,865,000	$18,191,000	-$128,618,000	$4,676,000	$204,247,000

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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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	WAIVER--MH/UCD & BTR						
94	MH/UCD & BTR—DPH INTERIM RATE GROWTH	$0	$0	$24,412,590	$12,206,290	$24,412,590	$12,206,290
95	MH/UCD—SAFETY NET CARE POOL	$48,511,000	$0	$8,186,000	$0	-$40,325,000	$0
96	BTR—INCREASE SAFETY NET CARE POOL	$30,750,000	$0	$0	$0	-$30,750,000	$0
97	MH/UCD—STABILIZATION FUNDING	$6,907,000	$6,907,000	$2,650,000	$2,650,000	-$4,257,000	-$4,257,000
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	$3,800,000	$1,900,000	$4,713,000	$2,356,500	$913,000	$456,500
101	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	$3,156,000	$0	$1,601,000	$0	-$1,555,000	$0
102	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	$0	$0	$23,509,000	$0	$23,509,000	$0
103	MH/UCD & BTR—BCCTP	$0	-$1,115,000	$0	-$378,000	$0	$737,000
104	MH/UCD & BTR—DPH INTERIM RATE	$0	-$381,576,500	$0	-$400,862,000	$0	-$19,285,500
105	MH/UCD & BTR—MIA-LTC	$0	-$20,118,000	$0	$832,000	$0	$20,950,000
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	$16,981,000	$0	$0	$0	-$16,981,000
108	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVEI	-$61,500,000	$0	$0	$0	$61,500,000	$0
	WAIVER--MH/UCD & BTR SUBTOTAL	**$4,895,388,000**	**$861,919,000**	**$6,315,203,590**	**$1,693,248,290**	**$1,419,815,590**	**$831,329,290**
	MANAGED CARE						
110	CCI-MANAGED CARE PAYMENTS	$5,765,001,000	$2,882,500,500	$11,095,458,000	$5,547,729,000	$5,330,457,000	$2,665,228,500
113	CCI-TRANSFER OF IHSS COSTS TO CDSS	$1,406,244,000	$1,406,244,000	$2,840,320,000	$2,840,320,000	$1,434,076,000	$1,434,076,000
114	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	$1,407,405,000	$479,186,000	$1,062,016,000	$371,706,000	-$345,389,000	-$107,480,000
115	MANAGED CARE RATE RANGE IGTS	$796,935,000	$373,502,000	$902,617,000	$423,033,000	$105,682,000	$49,531,000
117	MANAGED CARE PUBLIC HOSPITAL IGTS	$384,834,000	$192,417,000	$510,340,000	$255,170,000	$125,506,000	$62,753,000
118	RETRO MC RATE ADJUSTMENTS	$357,434,000	$178,717,000	$0	$0	-$357,434,000	-$178,717,000
122	BLOOD FACTOR CARVE OUT	$34,977,430	$17,488,720	$52,671,000	$26,335,500	$17,693,570	$8,846,780
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	$18,583,000	$9,291,500	$0	$0	-$18,583,000	-$9,291,500

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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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MANAGED CARE						
124	MANAGED CARE EXPANSION TO RURAL COUNTIES	$56,843,000	$28,421,500	$1,302,000	$651,000	-$55,541,000	-$27,770,500
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	$0	$0	$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 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	-$4,340,888,000	-$2,170,444,000	-$8,082,617,000	-$4,041,308,500	-$3,741,729,000	-$1,870,864,500
203	HQAF RATE RANGE INCREASES	$0	$0	$65,077,000	$30,500,000	$65,077,000	$30,500,000
213	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	$0	$0	$60,183,000	$6,018,300	$60,183,000	$6,018,300
	MANAGED CARE SUBTOTAL	**$5,889,368,430**	**$3,399,324,220**	**$8,509,367,000**	**$5,462,154,300**	**$2,619,998,570**	**$2,062,830,080**
	PROVIDER RATES						
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	$224,480,720	$112,240,360	$265,131,680	$132,565,840	$40,650,960	$20,325,480
138	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYI	$89,012,000	$44,506,000	$90,191,000	$45,095,500	$1,179,000	$589,500
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	$87,524,430	$43,762,210	$97,496,990	$48,748,500	$9,972,570	$4,986,280
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	$20,345,000	$10,172,000	$22,918,000	$11,459,000	$2,573,000	$1,287,000
141	AB 1629 ADD-ONS	$7,347,870	$3,673,930	$17,716,990	$8,858,490	$10,369,120	$5,184,560
142	LTC RATE ADJUSTMENT	$4,234,390	$2,117,190	$62,176,530	$31,088,270	$57,942,140	$28,971,070
143	DENTAL RETROACTIVE RATE CHANGES	$19,728,000	$9,571,950	$0	$0	-$19,728,000	-$9,571,950
144	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$18,865,640	$9,432,820	$19,358,570	$9,679,280	$492,930	$246,470
145	GENETIC DISEASE SCREENING PROGRAM FEE INCRE/	$6,141,230	$3,070,610	$7,257,540	$3,628,770	$1,116,310	$558,160
146	HOSPICE RATE INCREASES	$6,180,240	$3,090,120	$13,051,790	$6,525,890	$6,871,540	$3,435,770

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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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PROVIDER RATES						
147	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	$0	$0	$0	$0	$0	$0
148	LABORATORY RATE METHODOLOGY CHANGE	-$3,403,080	-$1,701,540	-$47,625,940	-$23,812,970	-$44,222,860	-$22,111,430
149	NON-AB 1629 LTC RATE FREEZE	-$79,000	-$39,500	-$23,361,000	-$11,680,500	-$23,282,000	-$11,641,000
150	10% PAYMENT REDUCTION FOR LTC FACILITIES	-$10,492,330	-$5,246,170	-$14,529,000	-$7,264,500	-$4,036,670	-$2,018,330
151	REDUCTION TO RADIOLOGY RATES	-$7,735,900	-$3,867,950	-$41,734,390	-$20,867,200	-$33,998,490	-$16,999,240
152	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	$5,657,000	$2,828,500	$0	$0	-$5,657,000	-$2,828,500
153	10% PROVIDER PAYMENT REDUCTION	-$258,885,110	-$129,442,550	-$228,177,000	-$114,088,500	$30,708,110	$15,354,050
217	ELIMINATION OF DENTAL PROVIDER PAYMENT REDUC	$0	$0	$60,044,000	$30,022,000	$60,044,000	$30,022,000
	PROVIDER RATES SUBTOTAL	**$208,921,080**	**$104,167,990**	**$299,915,750**	**$149,957,870**	**$90,994,670**	**$45,789,890**
	SUPPLEMENTAL PMNTS.						
154	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	$5,583,727,000	$2,346,583,000	$8,620,326,000	$3,704,505,000	$3,036,599,000	$1,357,922,000
155	HOSPITAL QAF - HOSPITAL PAYMENTS	$385,824,000	$191,005,000	$304,964,000	$203,143,000	-$80,860,000	$12,138,000
156	GEMT SUPPLEMENTAL PAYMENT PROGRAM	$15,820,000	$0	$62,986,000	$0	$47,166,000	$0
157	CAPITAL PROJECT DEBT REIMBURSEMENT	$136,070,000	$58,131,000	$97,315,000	$38,753,500	-$38,755,000	-$19,377,500
158	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$162,375,000	$0	$183,170,000	$0	$20,795,000	$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	$177,015,000	$88,507,500	$120,513,000	$60,256,500	-$56,502,000	-$28,251,000
160	FFP FOR LOCAL TRAUMA CENTERS	$100,400,000	$50,200,000	$78,700,000	$39,350,000	-$21,700,000	-$10,850,000
161	CERTIFICATION PAYMENTS FOR DP-NFS	$72,021,000	$0	$46,924,000	$0	-$25,097,000	$0
162	IGT PAYMENTS FOR HOSPITAL SERVICES	$8,333,000	$4,166,000	$10,400,000	$5,200,000	$2,067,000	$1,034,000
163	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	$0	$0	$189,150,000	$0	$189,150,000	$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
207	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	$135,920	$67,960	$131,038,050	$65,519,030	$130,902,130	$65,451,070
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$6,663,720,920**	**$2,747,660,460**	**$9,867,086,050**	**$4,125,727,030**	**$3,203,365,130**	**$1,378,066,570**

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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

		MAY 2015 EST. FOR 2014-15		MAY 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
173	ARRA HITECH - PROVIDER PAYMENTS	$222,163,000	$0	$156,676,000	$0	-$65,487,000	$0
175	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	$95,434,000	$0	$139,734,000	$0	$44,300,000	$0
176	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	$29,102,000	$14,551,000	$28,083,000	$14,041,500	-$1,019,000	-$509,500
180	AUDIT SETTLEMENTS	$32,613,000	$32,613,000	$854,000	$854,000	-$31,759,000	-$31,759,000
181	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$22,797,000	$11,702,000	$15,665,000	$7,430,000	-$7,132,000	-$4,272,000
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	$12,234,000	$3,670,000	$0	$0	-$12,234,000	-$3,670,000
184	OVERTIME FOR WPCS PROVIDERS	$0	$0	$3,000,000	$1,500,000	$3,000,000	$1,500,000
186	CDDS DENTAL SERVICES	$1,248,000	$1,248,000	$1,248,000	$1,248,000	$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	-$226,825,000	$0	$0	$0	$226,825,000	$0
199	WPCS WORKERS' COMPENSATION	$0	$0	$4,596,000	$2,298,000	$4,596,000	$2,298,000
212	COUNTY SHARE OF OTLICP-CCS COSTS	-$18,000,000	-$18,000,000	-$18,000,000	-$18,000,000	$0	$0
	OTHER SUBTOTAL	**$172,133,000**	**$35,272,000**	**$334,498,000**	**-$1,082,500**	**$162,365,000**	**-$36,354,500**
	GRAND TOTAL	**$35,834,436,200**	**$7,682,666,120**	**$44,467,202,530**	**$11,791,955,390**	**$8,632,766,330**	**$4,109,289,260**

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2015 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-ATD	PA-AFDC	LT-OAS	LT-ATD	POV 250
PHYSICIANS	$2,228,180	$12,470,220	$57,013,820	$461,440	$823,860	$21,161,590
OTHER MEDICAL	$27,202,280	$161,402,270	$380,764,520	$3,656,340	$3,095,910	$142,270,110
COUNTY OUTPATIENT	$101,010	$915,000	$2,568,340	$39,970	$84,020	$659,500
COMMUNITY OUTPATIENT	$1,712,880	$31,639,890	$30,375,470	$170,380	$226,090	$27,891,600
PHARMACY	-$11,799,930	-$703,284,160	$62,040,760	-$6,032,650	-$11,938,980	$31,839,430
COUNTY INPATIENT	$3,124,450	$27,032,820	$40,445,100	$1,467,620	$10,322,140	$6,387,370
COMMUNITY INPATIENT	$29,237,000	$206,095,000	$393,988,260	$7,128,860	$11,346,540	$121,489,040
NURSING FACILITIES	$114,859,100	$204,604,350	$4,338,160	$485,765,800	$144,272,440	$349,720
ICF-DD	$292,180	$62,113,000	$316,220	$9,403,610	$49,361,430	$57,520
MEDICAL TRANSPORTATION	$6,113,130	$19,286,260	$4,733,560	$1,990,440	$1,107,420	$622,430
OTHER SERVICES	$14,981,860	$84,351,330	$49,856,530	$27,081,380	$4,392,290	-$6,378,680
HOME HEALTH	$298,330	$50,861,210	$6,435,100	$10,530	$6,730	$4,246,360
FFS SUBTOTAL	**$188,350,450**	**$157,487,190**	**$1,032,875,840**	**$531,143,710**	**$213,099,890**	**$350,595,980**
DENTAL	$58,432,040	$135,850,810	$229,489,050	$6,033,590	$1,909,190	$109,073,140
MENTAL HEALTH	$6,154,370	$510,948,810	$936,574,320	$500,040	$2,775,920	$73,595,210
TWO PLAN MODEL	$2,103,207,300	$9,185,458,800	$1,674,435,450	$0	$0	$845,712,800
COUNTY ORGANIZED HEALTH SYSTEMS	$310,641,240	$1,591,041,590	$416,841,230	$855,535,250	$294,796,600	$407,123,480
GEOGRAPHIC MANAGED CARE	$312,528,450	$1,715,529,150	$291,436,350	$0	$0	$190,768,740
PHP & OTHER MANAG. CARE	$147,133,520	$91,307,210	$23,800,080	$6,406,220	$210,900	$15,048,890
EPSDT SCREENS	$0	$0	$11,593,150	$0	$0	$7,864,660
MEDICARE PAYMENTS	$1,415,449,190	$1,351,602,040	$0	$139,285,820	$35,692,020	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$8,352,290	$20,187,740	$29,287,520	$858,110	$286,760	$0
MISC. SERVICES	$301,992,180	$3,367,987,860	$883,310	$29,650	$9,540	-$74,115,000
DRUG MEDI-CAL	$5,534,840	$13,100,590	$19,404,480	$565,860	$179,890	$12,311,340
REGIONAL MODEL	$3,596,790	$352,291,270	$98,824,160	$0	$0	$57,856,470
NON-FFS SUBTOTAL	**$4,673,022,200**	**$18,335,305,870**	**$3,732,569,100**	**$1,009,214,550**	**$335,860,820**	**$1,645,239,720**
TOTAL DOLLARS (1)	**$4,861,372,650**	**$18,492,793,060**	**$4,765,444,940**	**$1,540,358,260**	**$548,960,710**	**$1,995,835,700**
ELIGIBLES ***	**436,300**	**1,039,000**	**1,509,600**	**43,300**	**13,700**	**1,046,500**
ANNUAL $/ELIGIBLE	**$11,142**	**$17,799**	**$3,157**	**$35,574**	**$40,070**	**$1,907**
AVG. MO. $/ELIGIBLE	**$929**	**$1,483**	**$263**	**$2,965**	**$3,339**	**$159**

(1) Does not include Audits & Lawsuits and Recoveries.

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

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2015 ESTIMATE

SERVICE CATEGORY	MN-OAS	MN-ATD	MN-AFDC	MI-C	MI-A	REFUGEE
PHYSICIANS	$1,571,330	$3,640,480	$199,472,020	$28,420,390	$196,337,230	$228,900
OTHER MEDICAL	$31,105,520	$38,151,370	$908,452,280	$119,262,660	$167,498,710	$641,670
COUNTY OUTPATIENT	$341,960	$731,930	$19,949,040	$1,681,140	$10,816,970	$19,280
COMMUNITY OUTPATIENT	$1,870,510	$5,206,070	$109,055,900	$13,507,040	$33,619,410	$46,630
PHARMACY	-$19,164,270	-$74,274,230	$91,266,870	$26,242,610	$762,289,320	$325,020
COUNTY INPATIENT	$11,552,260	$80,184,610	$284,197,090	$14,323,500	$183,252,530	$11,060
COMMUNITY INPATIENT	$24,662,980	$49,846,640	$1,346,289,400	$97,268,540	$631,749,530	$575,260
NURSING FACILITIES	$62,964,020	$20,843,100	$19,628,580	$4,876,350	$21,923,330	$15,930
ICF-DD	$225,140	$3,758,140	$131,390	$1,145,290	$647,990	$0
MEDICAL TRANSPORTATION	$5,758,620	$8,392,280	$13,764,720	$1,967,790	$22,977,870	$5,080
OTHER SERVICES	$11,871,120	$13,574,670	$105,693,610	$12,765,960	$155,210,750	$11,320
HOME HEALTH	$206,290	$14,853,510	$10,108,380	$13,841,130	$195,180	$160
FFS SUBTOTAL	**$132,965,490**	**$164,908,570**	**$3,108,009,270**	**$335,302,390**	**$2,186,518,820**	**$1,880,300**
DENTAL	$46,250,930	$23,742,890	$486,945,410	$38,172,930	$188,590	$296,630
MENTAL HEALTH	$7,141,630	$52,485,410	$577,060,070	$128,798,380	$13,180	$87,250
TWO PLAN MODEL	$1,901,556,770	$960,167,190	$3,277,920,310	$46,840,820	$6,642,157,380	$1,196,910
COUNTY ORGANIZED HEALTH SYSTEMS	$314,754,580	$352,145,350	$1,194,224,810	$40,407,630	$3,342,417,150	$250,670
GEOGRAPHIC MANAGED CARE	$228,855,230	$178,908,310	$530,356,840	$7,584,060	$1,283,087,320	$202,720
PHP & OTHER MANAG. CARE	$115,242,900	$15,333,190	$59,226,720	$18,926,350	$4,963,960	$0
EPSDT SCREENS	$0	$0	$29,154,180	$1,673,530	$0	$0
MEDICARE PAYMENTS	$812,336,670	$400,853,850	$76,835,950	$0	$27,174,640	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$6,903,040	$3,708,730	$78,705,430	$4,683,710	$42,028,440	$0
MISC. SERVICES	$246,775,270	$651,347,960	$2,373,930	$56,683,270	$153,957,060	$0
DRUG MEDI-CAL	$4,587,520	$2,441,240	$52,150,260	$3,098,740	$27,840,900	$31,580
REGIONAL MODEL	$15,648,350	$24,729,900	$220,091,560	$2,086,800	$281,290,800	$5,690
NON-FFS SUBTOTAL	**$3,700,052,890**	**$2,665,864,010**	**$6,585,045,470**	**$348,956,230**	**$11,805,119,410**	**$2,071,450**
TOTAL DOLLARS (1)	**$3,833,018,380**	**$2,830,772,570**	**$9,693,054,740**	**$684,258,630**	**$13,991,638,230**	**$3,951,750**
ELIGIBLES ***	**379,000**	**192,200**	**3,822,700**	**227,500**	**2,524,100**	**1,600**
ANNUAL $/ELIGIBLE	**$10,114**	**$14,728**	**$2,536**	**$3,008**	**$5,543**	**$2,470**
AVG. MO. $/ELIGIBLE	**$843**	**$1,227**	**$211**	**$251**	**$462**	**$206**

(1) Does not include Audits & Lawsuits and Recoveries.

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

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2015 ESTIMATE

SERVICE CATEGORY	OBRA	POV 185	POV 133	POV 100	TOTAL
PHYSICIANS	$35,280,770	$176,145,550	$2,746,050	$6,916,790	**$744,918,640**
OTHER MEDICAL	$54,320,920	$288,377,760	$46,266,260	$69,230,700	**$2,441,699,300**
COUNTY OUTPATIENT	$9,431,090	$3,936,220	$225,190	$474,200	**$51,974,860**
COMMUNITY OUTPATIENT	$14,357,720	$30,446,230	$3,342,210	$7,168,700	**$310,636,710**
PHARMACY	$6,999,150	$5,302,080	$3,278,950	$5,656,660	**$168,746,640**
COUNTY INPATIENT	$174,623,110	$115,300,780	$931,780	$3,658,010	**$956,814,230**
COMMUNITY INPATIENT	$205,707,330	$840,841,490	$21,990,490	$46,680,330	**$4,034,896,690**
NURSING FACILITIES	$18,613,590	$526,710	$651,870	$512,410	**$1,104,745,450**
ICF-DD	$190,680	$0	$0	$178,930	**$127,821,510**
MEDICAL TRANSPORTATION	$5,665,770	$2,404,660	$171,750	$310,650	**$95,272,400**
OTHER SERVICES	$4,381,380	$14,515,990	$6,968,460	$9,476,040	**$508,754,020**
HOME HEALTH	$14,960	$2,254,680	$1,078,060	$2,132,100	**$106,542,700**
FFS SUBTOTAL	**$529,586,470**	**$1,480,052,160**	**$87,651,060**	**$152,395,530**	**$10,652,823,130**
DENTAL	$24,075,100	$17,250,590	$21,558,530	$27,914,130	**$1,227,183,540**
MENTAL HEALTH	$629,720	$2,240,860	$1,802,470	$5,857,810	**$2,306,665,430**
TWO PLAN MODEL	$0	$220,316,060	$210,526,390	$361,451,890	**$27,430,948,080**
COUNTY ORGANIZED HEALTH SYSTEMS	$4,535,470	$88,413,300	$101,173,630	$160,041,400	**$9,474,343,380**
GEOGRAPHIC MANAGED CARE	$0	$37,376,210	$52,814,070	$86,658,450	**$4,916,105,910**
PHP & OTHER MANAG. CARE	$0	$4,361,970	$3,586,410	$6,247,080	**$511,795,410**
EPSDT SCREENS	$0	$0	$1,866,150	$3,250,610	**$55,402,270**
MEDICARE PAYMENTS	$0	$0	$0	$0	**$4,259,230,170**
STATE HOSP./DEVELOPMENTAL CNTRS.	$57,350	$5,257,230	$0	$6,557,190	**$206,873,560**
MISC. SERVICES	$0	$250,870	$82,150	$124,060	**$4,708,382,120**
DRUG MEDI-CAL	$0	$3,486,400	$2,873,240	$4,338,990	**$151,945,860**
REGIONAL MODEL	$0	$12,419,530	$14,972,470	$28,606,270	**$1,112,420,030**
NON-FFS SUBTOTAL	**$29,297,650**	**$391,373,020**	**$411,255,510**	**$691,047,870**	**$56,361,295,760**
TOTAL DOLLARS (1)	**$558,884,120**	**$1,871,425,170**	**$498,906,580**	**$843,443,400**	**$67,014,118,890**
ELIGIBLES ***	**208,800**	**305,900**	**248,400**	**432,200**	**12,430,800**
ANNUAL $/ELIGIBLE	**$2,677**	**$6,118**	**$2,008**	**$1,952**	**$5,391**
AVG. MO. $/ELIGIBLE	**$223**	**$510**	**$167**	**$163**	**$449**

(1) Does not include Audits & Lawsuits and Recoveries.

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

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

1	FAMILY PACT PROGRAM
2	BREAST AND CERVICAL CANCER TREATMENT
3	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% 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 MAY 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

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
135	MCO TAX MANAGED CARE PLANS
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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

173	ARRA HITECH - PROVIDER PAYMENTS
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