MEDI-CAL PROGRAM ESTIMATE SUMMARY
FISCAL YEAR 2015-16

	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
I. BASE ESTIMATES			
A. C/Y FFS BASE	$17,076,552,830	$8,538,276,410	$8,538,276,410
B. C/Y BASE POLICY CHANGES	$44,156,208,010	$31,821,567,180	$12,334,640,830
C. BASE ADJUSTMENTS	-$170,478,000	-$203,274,400	$32,796,400
D. ADJUSTED BASE	$61,062,282,840	$40,156,569,190	$20,905,713,650
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	$736,493,770	$521,327,430	$215,166,350
B. AFFORDABLE CARE ACT	$1,979,316,240	$2,220,791,730	-$241,475,490
C. BENEFITS	$639,253,000	$541,197,020	$98,055,980
D. PHARMACY	-$2,655,627,510	-$1,604,492,030	-$1,051,135,480
E. DRUG MEDI-CAL	$17,597,000	$12,500,500	$5,096,500
F. MENTAL HEALTH	$352,728,000	$314,439,000	$38,289,000
G. WAIVER--MH/UCD & BTR	$6,394,396,960	$4,214,672,980	$2,179,723,980
H. MANAGED CARE	$8,108,351,100	$2,493,767,030	$5,614,584,070
I. PROVIDER RATES	$730,981,730	$395,849,520	$335,132,210
J. SUPPLEMENTAL PMNTS.	$10,085,338,460	$6,176,165,600	$3,909,172,860
K. OTHER	$466,795,000	$2,117,686,660	-$1,650,891,660
L. TOTAL CHANGES	$26,855,623,770	$17,403,905,440	$9,451,718,320
III. TOTAL MEDI-CAL ESTIMATE	**$87,917,906,600**	**$57,560,474,640**	**$30,357,431,970**

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	$460,031,000	$346,082,900	$113,948,100
2	MEDI-CAL ADULT INMATE PROGRAMS	$148,598,000	$148,598,000	$0
3	BREAST AND CERVICAL CANCER TREATMENT	$101,577,000	$52,919,750	$48,657,250
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	$46,958,000	$46,958,000	$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13	$30,024,000	$15,012,000	$15,012,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSI(	$26,193,000	$5,773,000	$20,420,000
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	$3,634,700	$2,989,580	$645,120
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	$2,383,000	$1,959,960	$423,040
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	$201,893,790	-$201,893,790
13	NEW QUALIFIED IMMIGRANTS	$0	-$388,613,000	$388,613,000
14	SCHIP FUNDING FOR PRENATAL CARE	$0	$110,502,990	-$110,502,990
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	$43,872,980	-$43,872,980
16	INCARCERATION VERIFICATION PROGRAM	-$4,935,040	-$4,123,840	-$811,200
17	PARIS-VETERANS	-$5,058,880	-$2,529,440	-$2,529,440
18	TLICP PREMIUMS	-$72,911,000	-$59,969,240	-$12,941,760
	ELIGIBILITY SUBTOTAL	**$736,493,780**	**$521,327,430**	**$215,166,350**
	AFFORDABLE CARE ACT			
19	COMMUNITY FIRST CHOICE OPTION	$1,399,733,000	$1,399,733,000	$0
20	ACA OPTIONAL EXPANSION	$793,495,000	$792,932,000	$563,000
21	HEALTH INSURER FEE	$258,130,000	$174,777,210	$83,352,790
22	ACA MANDATORY EXPANSION	$85,609,000	$49,229,990	$36,379,010
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	$4,154,960	$4,154,960	$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	$24,295,000	-$24,295,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	$0	-$349,000	$349,000
26	ACA MAGI SAVINGS	$0	$0	$0
27	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	$0	$134,502,500	-$134,502,500
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-$1,891,000	-$945,500	-$945,500
31	ACA REDETERMINATIONS	-$172,914,710	-$100,575,380	-$72,339,340
32	MANAGED CARE DRUG REBATES	-$387,000,000	-$256,963,050	-$130,036,950
	AFFORDABLE CARE ACT SUBTOTAL	**$1,979,316,250**	**$2,220,791,730**	**-$241,475,490**
	BENEFITS			
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$273,219,000	$273,219,000	$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$131,198,000	$131,198,000	$0
35	BEHAVIORAL HEALTH TREATMENT	$104,304,000	$57,202,900	$47,101,100
36	CCS DEMONSTRATION PROJECT PILOTS	$41,388,000	$20,694,000	$20,694,000
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$40,464,000	$20,232,000	$20,232,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	$21,252,000	$11,996,740	$9,255,260
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$20,537,000	$18,351,000	$2,186,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FO	$9,118,000	$4,794,980	$4,323,020
41	YOUTH REGIONAL TREATMENT CENTERS	$5,126,000	$5,104,000	$22,000

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
	BENEFITS			
42	CCT FUND TRANSFER TO CDSS AND CDDS	$3,803,000	$3,803,000	$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	$1,153,000	$576,500	$576,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	$697,000	$363,600	$333,400
45	CHDP PROGRAM DENTAL REFERRAL	$606,000	$305,280	$300,720
46	BENEFICIARY OUTREACH AND EDUCATION PROGRA	$216,000	$149,340	$66,660
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	$156,000	$156,000	$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	$143,000	$143,000	$0
49	WOMEN'S HEALTH SERVICES	$25,000	$19,800	$5,200
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-$1,642,000	-$857,120	-$784,880
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-$12,414,000	-$6,207,000	-$6,207,000
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	-$96,000	-$48,000	-$48,000
	BENEFITS SUBTOTAL	**$639,253,000**	**$541,197,020**	**$98,055,980**
	PHARMACY			
52	ORKAMBI BENEFIT	$18,077,490	$9,489,480	$8,588,020
53	ADAP RYAN WHITE MEDS DATA MATCH	$2,400,000	$1,200,000	$1,200,000
54	HEPATITIS C REVISED CLINICAL GUIDELINES	$2,166,000	$1,083,000	$1,083,000
55	NON FFP DRUGS	$0	-$221,500	$221,500
56	BCCTP DRUG REBATES	-$16,000,000	-$10,400,000	-$5,600,000
57	MEDICAL SUPPLY REBATES	-$29,518,000	-$16,825,500	-$12,692,500
58	LITIGATION SETTLEMENTS	-$36,262,000	$0	-$36,262,000
59	FAMILY PACT DRUG REBATES	-$54,527,000	-$47,687,100	-$6,839,900
60	STATE SUPPLEMENTAL DRUG REBATES	-$185,506,000	-$110,949,100	-$74,556,900
61	AGED AND DISPUTED DRUG REBATES	-$300,000,000	-$150,012,000	-$149,988,000
62	FEDERAL DRUG REBATE PROGRAM	-$2,056,458,000	-$1,280,169,300	-$776,288,700
	PHARMACY SUBTOTAL	**-$2,655,627,510**	**-$1,604,492,030**	**-$1,051,135,480**
	DRUG MEDI-CAL			
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	$14,561,000	$9,464,500	$5,096,500
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$3,036,000	$3,036,000	$0
	DRUG MEDI-CAL SUBTOTAL	**$17,597,000**	**$12,500,500**	**$5,096,500**
	MENTAL HEALTH			
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	$232,291,000	$232,291,000	$0
73	ELIMINATION OF STATE MAXIMUM RATES	$78,309,000	$78,309,000	$0
74	TRANSITION OF HFP - SMH SERVICES	$53,804,000	$53,804,000	$0
75	KATIE A. V. DIANA BONTA	$35,954,000	$35,954,000	$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	$24,000,000	$24,000,000	$0
77	HEALTHY FAMILIES - SED	$5,000	$5,000	$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAY	$0	-$4,412,000	$4,412,000
79	IMD ANCILLARY SERVICES	$0	-$4,000,000	$4,000,000
80	CHART REVIEW	-$1,138,000	-$1,138,000	$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-$74,280,000	-$104,157,000	$29,877,000

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			
198	LATE CLAIMS FOR SMHS	$3,783,000	$3,783,000	$0
	MENTAL HEALTH SUBTOTAL	**$352,728,000**	**$314,439,000**	**$38,289,000**
	WAIVER--MH/UCD & BTR			
82	MH/UCD & BTR—DSH PAYMENT	$184,358,000	$122,268,000	$62,090,000
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	$786,080,000	$393,040,000	$393,040,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	$656,305,000	$328,152,500	$328,152,500
85	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	$326,815,000	$326,815,000	$0
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	$280,704,000	$140,352,000	$140,352,000
87	BTR—SAFETY NET CARE POOL	$19,667,000	$19,667,000	$0
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	$187,327,000	$93,663,500	$93,663,500
89	BTR - LIHP - MCE	$162,795,000	$162,795,000	$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	$126,379,000	$126,379,000	$0
91	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	$87,171,000	$87,171,000	$0
92	MH/UCD & BTR—DPH INTERIM RATE GROWTH	$25,948,970	$12,974,480	$12,974,480
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	$23,509,000	$23,509,000	$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	$3,458,000	$149,939,000	-$146,481,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	$10,204,000	$5,102,000	$5,102,000
96	MH/UCD—SAFETY NET CARE POOL	$8,186,000	$8,186,000	$0
97	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	$4,712,000	$2,356,000	$2,356,000
98	MH/UCD—STABILIZATION FUNDING	$2,650,000	$0	$2,650,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HE	$2,164,000	$2,164,000	$0
101	MH/UCD & BTR—BCCTP	$0	$327,000	-$327,000
102	MH/UCD & BTR—DPH INTERIM RATE	$0	$414,987,500	-$414,987,500
103	MH/UCD & BTR—MIA-LTC	$0	$393,000	-$393,000
104	MH/UCD & BTR—CCS AND GHPP	$17,900,000	$17,900,000	$0
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MED	$800,000,000	$400,000,000	$400,000,000
206	GLOBAL PAYMENT PROGRAM	$2,603,064,000	$1,301,532,000	$1,301,532,000
207	WAIVER 2020 DESIGNATED STATE HEALTH PROGRA	$0	$37,500,000	-$37,500,000
209	WAIVER 2020 DENTAL TRANSFORMATION INITIATIVE	$75,000,000	$37,500,000	$37,500,000
	WAIVER--MH/UCD & BTR SUBTOTAL	**$6,394,396,970**	**$4,214,672,980**	**$2,179,723,980**
	MANAGED CARE			
108	CCI-MANAGED CARE PAYMENTS	$4,267,130,250	$2,133,565,130	$2,133,565,130
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	$2,307,539,000	$0	$2,307,539,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	$1,744,753,000	$1,180,569,480	$564,183,520
112	MANAGED CARE RATE RANGE IGTS	$637,364,000	$342,910,000	$294,454,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	$518,150,000	$259,075,000	$259,075,000
115	HQAF RATE RANGE INCREASES	$190,077,000	$97,079,000	$92,998,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEE	$60,200,000	$54,180,000	$6,020,000
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	$36,700,000	$18,350,000	$18,350,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	$2,000,000	$0	$2,000,000

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
	MANAGED CARE			
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	$183,000	$91,500	$91,500
124	EXTEND GROSS PREMIUM TAX	$0	$0	$0
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	$0	$0	$0
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	$0	$0	$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	$0	$0	$0
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	$0	$0	$0
130	MCO TAX MANAGED CARE PLANS	$0	$0	$0
131	FORMER AGNEWS' BENEFICIARIES RECOUPMENT	-$5,687,000	-$2,843,500	-$2,843,500
132	CCI-SAVINGS AND DEFERRAL	-$555,578,150	-$277,789,080	-$277,789,080
133	RETRO MC RATE ADJUSTMENTS	-$1,094,480,000	-$1,311,420,500	$216,940,500
	MANAGED CARE SUBTOTAL	**$8,108,351,100**	**$2,493,767,030**	**$5,614,584,070**
	PROVIDER RATES			
134	MEDICARE PART B PREMIUM INCREASE	$152,212,000	$66,935,500	$85,276,500
135	DENTAL RETROACTIVE RATE CHANGES	$252,417,000	$148,666,200	$103,750,800
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	$237,348,680	$118,674,340	$118,674,340
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	$88,137,000	$44,068,500	$44,068,500
138	LTC RATE ADJUSTMENT	$45,805,590	$22,902,800	$22,902,800
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	$47,658,980	$23,829,490	$23,829,490
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	$19,700,000	$9,850,000	$9,850,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$10,758,790	$6,626,350	$4,132,440
142	HOSPICE RATE INCREASES	$3,268,360	$1,634,180	$1,634,180
144	LONG TERM CARE QUALITY ASSURANCE FUND EXP	-$31,649,000	$0	-$31,649,000
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-$3,088,280	-$1,544,140	-$1,544,140
146	NON-AB 1629 LTC RATE FREEZE	-$4,532,300	-$2,266,150	-$2,266,150
147	LABORATORY RATE METHODOLOGY CHANGE	-$20,265,790	-$10,132,900	-$10,132,900
148	10% PROVIDER PAYMENT REDUCTION	-$22,239,430	-$11,119,720	-$11,119,720
149	REDUCTION TO RADIOLOGY RATES	-$44,549,850	-$22,274,930	-$22,274,930
	PROVIDER RATES SUBTOTAL	**$730,981,730**	**$395,849,530**	**$335,132,210**
	SUPPLEMENTAL PMNTS.			
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	$8,613,826,000	$5,128,013,000	$3,485,813,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$288,962,000	$288,962,000	$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	$264,597,000	$101,896,000	$162,701,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	$210,610,000	$210,610,000	$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	$136,685,000	$89,597,000	$47,088,000
155	CERTIFICATION PAYMENTS FOR DP-NFS	$111,321,000	$111,321,000	$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P/	$105,372,460	$53,540,600	$51,831,860
157	FFP FOR LOCAL TRAUMA CENTERS	$101,793,000	$50,896,500	$50,896,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	$100,941,000	$60,488,500	$40,452,500
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	$61,611,000	$61,611,000	$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	$10,000,000	$5,000,000	$5,000,000

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.			
161	IGT PAYMENTS FOR HOSPITAL SERVICES	$8,333,000	$4,167,000	$4,166,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	$8,000,000	$4,000,000	$4,000,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEI	$6,063,000	$6,063,000	$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	$57,224,000	$0	$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$10,085,338,460**	**$6,176,165,600**	**$3,909,172,860**
	OTHER			
170	ARRA HITECH - PROVIDER PAYMENTS	$182,108,000	$182,108,000	$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- (	$155,709,000	$155,709,000	$0
173	CCI IHSS RECONCILIATION	$60,000,000	$60,000,000	$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMEI	$50,929,000	$25,464,500	$25,464,500
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDI	$18,496,000	$13,151,000	$5,345,000
179	INDIAN HEALTH SERVICES	$5,545,000	$24,027,500	-$18,482,500
180	WPCS WORKERS' COMPENSATION	$4,764,000	$2,382,000	$2,382,000
181	OVERTIME FOR WPCS PROVIDERS	$4,231,000	$2,115,500	$2,115,500
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	$2,939,000	$2,057,500	$881,500
186	CDDS DENTAL SERVICES	$902,000	$0	$902,000
187	AUDIT SETTLEMENTS	$854,000	$0	$854,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	$325,000	$162,500	$162,500
189	FUNDING ADJUST.—ACA OPT. EXPANSION	$0	$1,595,366,800	-$1,595,366,800
190	FUNDING ADJUST.—OTLICP	$0	$100,237,360	-$100,237,360
191	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	$0	$0
192	CLPP FUND	$0	$0	$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	$0	$0	$0
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	$0	$0	$0
195	IHSS REDUCTION IN SERVICE HOURS	-$2,558,000	-$2,558,000	$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-$17,449,000	$0	-$17,449,000
210	FFP REPAYMENT FOR CDDS COSTS	$0	-$42,537,000	$42,537,000
	OTHER SUBTOTAL	**$466,795,000**	**$2,117,686,660**	**-$1,650,891,660**
	GRAND TOTAL	**$26,855,623,770**	**$17,403,905,450**	**$9,451,718,320**

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	$6,883,700,130	$4,447,616,000	$2,436,084,140
PHYSICIANS	$930,353,720	$600,413,910	$329,939,810
OTHER MEDICAL	$3,752,830,580	$2,429,081,030	$1,323,749,550
CO. & COMM. OUTPATIENT	$2,200,515,830	$1,418,121,050	$782,394,780
PHARMACY	$1,001,911,480	$689,414,150	$312,497,330
HOSPITAL INPATIENT	$13,532,437,430	$8,687,518,520	$4,844,918,900
COUNTY INPATIENT	$3,644,862,690	$2,454,278,690	$1,190,584,000
COMMUNITY INPATIENT	$9,887,574,740	$6,233,239,830	$3,654,334,900
LONG TERM CARE	$3,064,107,350	$1,614,825,770	$1,449,281,580
NURSING FACILITIES	$2,676,430,470	$1,414,437,860	$1,261,992,610
ICF-DD	$387,676,880	$200,387,910	$187,288,970
OTHER SERVICES	$1,032,519,500	$652,642,850	$379,876,660
MEDICAL TRANSPORTATION	$169,747,550	$119,850,650	$49,896,900
OTHER SERVICES	$620,806,700	$409,899,840	$210,906,860
HOME HEALTH	$241,965,240	$122,892,350	$119,072,900
TOTAL FEE-FOR-SERVICE	**$25,514,675,890**	**$16,092,017,280**	**$9,422,658,610**
MANAGED CARE	$47,187,755,440	$30,668,786,100	$16,518,969,330
TWO PLAN MODEL	$29,590,851,670	$18,875,007,670	$10,715,844,000
COUNTY ORGANIZED HEALTH SYSTEMS	$10,452,796,350	$7,174,553,280	$3,278,243,060
GEOGRAPHIC MANAGED CARE	$5,012,550,600	$3,222,418,690	$1,790,131,910
PHP & OTHER MANAG. CARE	$661,697,720	$358,554,010	$303,143,720
REGIONAL MODEL	$1,469,859,100	$1,038,252,460	$431,606,640
DENTAL	$1,256,258,310	$799,567,470	$456,690,840
MENTAL HEALTH	$2,302,672,340	$2,155,115,610	$147,556,730
AUDITS/ LAWSUITS	-$30,038,000	$1,663,000	-$31,701,000
EPSDT SCREENS	$47,172,920	$25,264,160	$21,908,760
MEDICARE PAYMENTS	$4,464,007,000	$1,285,622,500	$3,178,384,500
STATE HOSP./DEVELOPMENTAL CNTRS.	$206,129,000	$163,592,000	$42,537,000
MISC. SERVICES	$7,112,717,700	$6,369,227,010	$743,490,690
RECOVERIES	-$306,727,000	-$146,274,000	-$160,453,000
DRUG MEDI-CAL	$163,283,000	$145,893,500	$17,389,500
GRAND TOTAL MEDI-CAL	**$87,917,906,600**	**$57,560,474,640**	**$30,357,431,970**

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

SERVICE CATEGORY	2015-16 APPROPRIATION	NOV. 2015 EST. FOR 2015-16	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$5,805,658,110	$6,883,700,130	$1,078,042,030	18.57
PHYSICIANS	$939,157,020	$930,353,720	-$8,803,300	-0.94
OTHER MEDICAL	$2,991,639,220	$3,752,830,580	$761,191,360	25.44
CO. & COMM. OUTPATIENT	$1,874,861,870	$2,200,515,830	$325,653,960	17.37
PHARMACY	$266,920,620	$1,001,911,480	$734,990,860	275.36
HOSPITAL INPATIENT	$11,829,970,610	$13,532,437,430	$1,702,466,810	14.39
COUNTY INPATIENT	$2,504,750,370	$3,644,862,690	$1,140,112,320	45.52
COMMUNITY INPATIENT	$9,325,220,240	$9,887,574,740	$562,354,490	6.03
LONG TERM CARE	$1,426,338,830	$3,064,107,350	$1,637,768,520	114.82
NURSING FACILITIES	$1,295,142,780	$2,676,430,470	$1,381,287,690	106.65
ICF-DD	$131,196,050	$387,676,880	$256,480,830	195.49
OTHER SERVICES	$786,335,220	$1,032,519,500	$246,184,280	31.31
MEDICAL TRANSPORTATION	$159,661,110	$169,747,550	$10,086,450	6.32
OTHER SERVICES	$517,264,190	$620,806,700	$103,542,510	20.02
HOME HEALTH	$109,409,930	$241,965,240	$132,555,320	121.15
TOTAL FEE-FOR-SERVICE	**$20,115,223,390**	**$25,514,675,890**	**$5,399,452,500**	**26.84**
MANAGED CARE	$50,386,927,650	$47,187,755,440	-$3,199,172,210	-6.35
TWO PLAN MODEL	$32,295,871,790	$29,590,851,670	-$2,705,020,120	-8.38
COUNTY ORGANIZED HEALTH SYSTEMS	$10,565,610,520	$10,452,796,350	-$112,814,180	-1.07
GEOGRAPHIC MANAGED CARE	$5,696,227,170	$5,012,550,600	-$683,676,570	-12.00
PHP & OTHER MANAG. CARE	$605,093,390	$661,697,720	$56,604,330	9.35
REGIONAL MODEL	$1,224,124,780	$1,469,859,100	$245,734,330	20.07
DENTAL	$1,228,477,560	$1,256,258,310	$27,780,740	2.26
MENTAL HEALTH	$2,734,654,380	$2,302,672,340	-$431,982,030	-15.80
AUDITS/ LAWSUITS	$6,547,500	-$30,038,000	-$36,585,500	-558.77
EPSDT SCREENS	$55,403,810	$47,172,920	-$8,230,890	-14.86
MEDICARE PAYMENTS	$4,259,230,170	$4,464,007,000	$204,776,830	4.81
STATE HOSP./DEVELOPMENTAL CNTRS.	$206,883,020	$206,129,000	-$754,020	-0.36
MISC. SERVICES	$7,800,707,000	$7,112,717,700	-$687,989,300	-8.82
RECOVERIES	-$277,857,640	-$306,727,000	-$28,869,360	10.39
DRUG MEDI-CAL	$154,981,860	$163,283,000	$8,301,140	5.36
GRAND TOTAL MEDI-CAL	**$86,671,178,700**	**$87,917,906,600**	**$1,246,727,900**	**1.44**
STATE FUNDS	**$31,104,105,180**	**$30,357,431,970**	**-$746,673,220**	**-2.40**

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

		2015-16 APPROPRIATION		NOV. 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	$540,109,000	$135,377,800	$460,031,000	$113,948,100	-$80,078,000	-$21,429,700
2	MEDI-CAL ADULT INMATE PROGRAMS	$59,918,000	$0	$148,598,000	$0	$88,680,000	$0
3	BREAST AND CERVICAL CANCER TREATMENT	$109,731,000	$51,506,600	$101,577,000	$48,657,250	-$8,154,000	-$2,849,350
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	$56,404,000	$0	$46,958,000	$0	-$9,446,000	$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	$29,630,000	$14,815,000	$30,024,000	$15,012,000	$394,000	$197,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	$40,000,000	$40,000,000	$26,193,000	$20,420,000	-$13,807,000	-$19,580,000
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	$6,424,000	$2,248,250	$6,424,000	$1,140,190	$0	-$1,108,060
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	$1,469,000	$514,000	$2,383,000	$423,040	$914,000	-$90,960
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	$0	-$80,419,200	$0	-$201,893,790	$0	-$121,474,590
13	NEW QUALIFIED IMMIGRANTS	$0	$178,884,000	$0	$388,613,000	$0	$209,729,000
14	SCHIP FUNDING FOR PRENATAL CARE	$0	-$87,287,200	$0	-$110,502,990	$0	-$23,215,790
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	$0	-$38,895,000	$0	-$43,872,980	$0	-$4,977,980
16	INCARCERATION VERIFICATION PROGRAM	-$1,939,000	-$969,500	-$7,711,000	-$1,267,500	-$5,772,000	-$298,000
17	PARIS-VETERANS	-$10,309,950	-$5,154,980	-$10,895,720	-$5,447,860	-$585,770	-$292,880
18	TLICP PREMIUMS	-$74,115,000	-$25,940,250	-$72,911,000	-$12,941,760	$1,204,000	$12,998,490
--	FEDERAL IMMIGRATION REFORM	$20,883,000	$16,779,000	$0	$0	-$20,883,000	-$16,779,000
	ELIGIBILITY SUBTOTAL	**$778,204,050**	**$201,458,520**	**$730,670,280**	**$212,286,700**	**-$47,533,770**	**$10,828,180**
	AFFORDABLE CARE ACT						
19	COMMUNITY FIRST CHOICE OPTION	$1,399,733,000	$0	$1,399,733,000	$0	$0	$0
20	ACA OPTIONAL EXPANSION	$13,773,270,000	$8,553,000	$793,495,000	$563,000	-$12,979,775,000	-$7,990,000
21	HEALTH INSURER FEE	$257,898,000	$90,264,500	$258,130,000	$83,352,790	$232,000	-$6,911,710
22	ACA MANDATORY EXPANSION	$2,772,048,000	$1,293,434,100	$85,609,000	$36,379,010	-$2,686,439,000	-$1,257,055,090
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	$5,716,000	$0	$5,716,000	$0	$0	$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	-$57,454,000	$0	-$24,295,000	$0	$33,159,000

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

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

		2015-16 APPROPRIATION		NOV. 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	STATE-ONLY FORMER FOSTER CARE PROGRAM	$0	$0	$0	$349,000	$0	$349,000
26	ACA MAGI SAVINGS	$0	-$36,129,000	$0	$0	$0	$36,129,000
27	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	$647,227,000	$131,419,750	$0	-$134,502,500	-$647,227,000	-$265,922,250
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-$2,890	-$1,440	-$1,891,000	-$945,500	-$1,888,110	-$944,060
31	ACA REDETERMINATIONS	-$796,842,000	-$333,361,000	-$796,842,000	-$333,361,000	$0	$0
32	MANAGED CARE DRUG REBATES	-$450,000,000	-$145,914,000	-$387,000,000	-$130,036,950	$63,000,000	$15,877,050
--	ACA DELAY OF REDETERMINATIONS	$43,470,000	$17,836,300	$0	$0	-$43,470,000	-$17,836,300
--	ACA EXPANSION-ADDITIONAL CHIP FUNDING	$77,777,000	-$381,127,000	$0	$0	-$77,777,000	$381,127,000
--	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	$83,370,000	$0	$0	$0	-$83,370,000	$0
--	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	$256,614,000	$93,034,000	$0	$0	-$256,614,000	-$93,034,000
--	ACA EXPRESS LANE ENROLLMENT	$1,052,416,000	$22,798,500	$0	$0	-$1,052,416,000	-$22,798,500
--	ACCELERATED ENROLLMENT	$557,000	$278,500	$0	$0	-$557,000	-$278,500
	AFFORDABLE CARE ACT SUBTOTAL	**$19,123,251,110**	**$703,632,210**	**$1,356,950,000**	**-$502,497,150**	**-$17,766,301,110**	**-$1,206,129,360**
	BENEFITS						
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$273,184,000	$0	$273,219,000	$0	$35,000	$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$135,735,000	$0	$131,198,000	$0	-$4,537,000	$0
35	BEHAVIORAL HEALTH TREATMENT	$228,717,000	$114,358,500	$104,304,000	$47,101,100	-$124,413,000	-$67,257,400
36	CCS DEMONSTRATION PROJECT PILOTS	$41,388,000	$20,694,000	$41,388,000	$20,694,000	$0	$0
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	$40,464,000	$20,232,000	$40,464,000	$20,232,000	$0	$0
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	$21,252,000	$9,988,500	$21,252,000	$9,255,260	$0	-$733,240
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$32,253,000	$2,731,000	$20,537,000	$2,186,000	-$11,716,000	-$545,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	$18,236,000	$8,898,550	$9,118,000	$4,323,020	-$9,118,000	-$4,575,530
41	YOUTH REGIONAL TREATMENT CENTERS	$5,272,000	$29,000	$5,126,000	$22,000	-$146,000	-$7,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	$4,909,000	$0	$3,803,000	$0	-$1,106,000	$0

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

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

		2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	$1,647,000	$761,850	$1,153,000	$576,500	-$494,000	-$185,350
44	PEDIATRIC PALLIATIVE CARE WAIVER	$760,000	$380,000	$697,000	$333,400	-$63,000	-$46,600
45	CHDP PROGRAM DENTAL REFERRAL	$808,000	$404,000	$606,000	$300,720	-$202,000	-$103,280
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	$0	$0	$216,000	$66,660	$216,000	$66,660
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	$296,000	$0	$156,000	$0	-$140,000	$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	$138,000	$0	$143,000	$0	$5,000	$0
49	WOMEN'S HEALTH SERVICES	-$9,688,020	-$1,914,340	$25,000	$5,200	$9,713,020	$1,919,540
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVING	-$2,293,000	-$1,146,500	-$1,642,000	-$784,880	$651,000	$361,620
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-$16,764,000	-$8,382,000	-$12,414,000	-$6,207,000	$4,350,000	$2,175,000
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	$0	$0	-$96,000	-$48,000	-$96,000	-$48,000
--	VOLUNTARY INPATIENT DETOXIFICATION	$31,911,000	$10,754,500	$0	$0	-$31,911,000	-$10,754,500
	BENEFITS SUBTOTAL	**$808,224,980**	**$177,789,060**	**$639,253,000**	**$98,055,980**	**-$168,971,980**	**-$79,733,080**
	PHARMACY						
52	ORKAMBI BENEFIT	$0	$0	$18,077,490	$8,588,020	$18,077,490	$8,588,020
53	ADAP RYAN WHITE MEDS DATA MATCH	$0	$0	$2,400,000	$1,200,000	$2,400,000	$1,200,000
54	HEPATITIS C REVISED CLINICAL GUIDELINES	$13,400,000	$6,700,000	$2,400,000	$1,200,000	-$11,000,000	-$5,500,000
55	NON FFP DRUGS	$0	$244,000	$0	$221,500	$0	-$22,500
56	BCCTP DRUG REBATES	-$18,000,000	-$6,300,000	-$16,000,000	-$5,600,000	$2,000,000	$700,000
57	MEDICAL SUPPLY REBATES	-$31,000,000	-$15,500,000	-$29,518,000	-$12,692,500	$1,482,000	$2,807,500
58	LITIGATION SETTLEMENTS	$0	$0	-$36,262,000	-$36,262,000	-$36,262,000	-$36,262,000
59	FAMILY PACT DRUG REBATES	-$62,779,000	-$7,875,100	-$54,527,000	-$6,839,900	$8,252,000	$1,035,200
60	STATE SUPPLEMENTAL DRUG REBATES	-$147,563,000	-$63,203,500	-$185,506,000	-$74,556,900	-$37,943,000	-$11,353,400
61	AGED AND DISPUTED DRUG REBATES	-$200,000,000	-$99,992,000	-$300,000,000	-$149,988,000	-$100,000,000	-$49,996,000
62	FEDERAL DRUG REBATE PROGRAM	-$1,649,234,000	-$587,551,800	-$2,056,458,000	-$776,288,700	-$407,224,000	-$188,736,900

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

		2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PHARMACY						
--	RESTORATION OF ENTERAL NUTRITION BENEFIT	$28,892,000	$14,446,000	$0	$0	-$28,892,000	-$14,446,000
	PHARMACY SUBTOTAL	**-$2,066,284,000**	**-$759,032,400**	**-$2,655,393,510**	**-$1,051,018,480**	**-$589,109,510**	**-$291,986,080**
	DRUG MEDI-CAL						
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	$0	$0	$14,561,000	$5,096,500	$14,561,000	$5,096,500
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$3,036,000	$0	$3,036,000	$0	$0	$0
--	ANNUAL RATE ADJUSTMENT	$5,399,000	$794,000	$0	$0	-$5,399,000	-$794,000
--	PROVIDER FRAUD IMPACT TO DMC PROGRAM	-$28,380,000	$0	$0	$0	$28,380,000	$0
	DRUG MEDI-CAL SUBTOTAL	**-$19,945,000**	**$794,000**	**$17,597,000**	**$5,096,500**	**$37,542,000**	**$4,302,500**
	MENTAL HEALTH						
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	$407,834,000	$0	$232,291,000	$0	-$175,543,000	$0
73	ELIMINATION OF STATE MAXIMUM RATES	$78,309,000	$0	$78,309,000	$0	$0	$0
74	TRANSITION OF HFP - SMH SERVICES	$42,520,000	$0	$53,804,000	$0	$11,284,000	$0
75	KATIE A. V. DIANA BONTA	$36,192,000	$0	$35,954,000	$0	-$238,000	$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	$23,964,000	$0	$24,000,000	$0	$36,000	$0
77	HEALTHY FAMILIES - SED	$5,000	$0	$5,000	$0	$0	$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	$0	$3,432,000	$0	$4,412,000	$0	$980,000
79	IMD ANCILLARY SERVICES	$0	$4,000,000	$0	$4,000,000	$0	$0
80	CHART REVIEW	-$646,000	$0	-$1,138,000	$0	-$492,000	$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-$74,280,000	$29,877,000	-$74,280,000	$29,877,000	$0	$0
198	LATE CLAIMS FOR SMHS	$3,783,000	$0	$3,783,000	$0	$0	$0
	MENTAL HEALTH SUBTOTAL	**$517,681,000**	**$37,309,000**	**$352,728,000**	**$38,289,000**	**-$164,953,000**	**$980,000**
	WAIVER--MH/UCD & BTR						
82	MH/UCD & BTR—DSH PAYMENT	$1,710,164,000	$497,983,500	$184,358,000	$62,090,000	-$1,525,806,000	-$435,893,500

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

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

		2015-16 APPROPRIATION		NOV. 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						
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE PC	$1,393,468,000	$696,734,000	$786,080,000	$393,040,000	-$607,388,000	-$303,694,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	$655,933,000	$327,966,500	$656,305,000	$328,152,500	$372,000	$186,000
85	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	$326,815,000	$0	$326,815,000	$0	$0	$0
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	$258,309,000	$129,154,500	$280,704,000	$140,352,000	$22,395,000	$11,197,500
87	BTR—SAFETY NET CARE POOL	$226,167,000	$0	$19,667,000	$0	-$206,500,000	$0
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	$295,327,000	$143,744,000	$187,327,000	$93,663,500	-$108,000,000	-$50,080,500
89	BTR - LIHP - MCE	$1,306,712,000	$409,479,000	$162,795,000	$0	-$1,143,917,000	-$409,479,000
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	$7,906,000	$0	$126,379,000	$0	$118,473,000	$0
91	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	$72,800,000	$0	$87,171,000	$0	$14,371,000	$0
92	MH/UCD & BTR—DPH INTERIM RATE GROWTH	$24,412,590	$12,206,290	$26,066,260	$13,033,130	$1,653,680	$826,840
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	$23,509,000	$0	$23,509,000	$0	$0	$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	$18,191,000	-$128,618,000	$3,458,000	-$146,481,000	-$14,733,000	-$17,863,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	$0	$0	$10,204,000	$5,102,000	$10,204,000	$5,102,000
96	MH/UCD—SAFETY NET CARE POOL	$8,186,000	$0	$8,186,000	$0	$0	$0
97	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	$4,713,000	$2,356,500	$4,712,000	$2,356,000	-$1,000	-$500
98	MH/UCD—STABILIZATION FUNDING	$2,650,000	$2,650,000	$2,650,000	$2,650,000	$0	$0
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	$1,601,000	$0	$2,164,000	$0	$563,000	$0
101	MH/UCD & BTR—BCCTP	$0	-$378,000	$0	-$327,000	$0	$51,000
102	MH/UCD & BTR—DPH INTERIM RATE	$0	-$400,862,000	$0	-$414,987,500	$0	-$14,125,500
103	MH/UCD & BTR—MIA-LTC	$0	$832,000	$0	-$393,000	$0	-$1,225,000
104	MH/UCD & BTR—CCS AND GHPP	-$21,660,000	$0	$17,900,000	$0	$39,560,000	$0
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	$0	$0	$800,000,000	$400,000,000	$800,000,000	$400,000,000
206	GLOBAL PAYMENT PROGRAM	$0	$0	$2,603,064,000	$1,301,532,000	$2,603,064,000	$1,301,532,000
207	WAIVER 2020 DESIGNATED STATE HEALTH PROGRAM	$0	$0	$0	-$37,500,000	$0	-$37,500,000
209	WAIVER 2020 DENTAL TRANSFORMATION INITIATIVE	$0	$0	$75,000,000	$37,500,000	$75,000,000	$37,500,000

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

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

		2015-16 APPROPRIATION		NOV. 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						
	WAIVER--MH/UCD & BTR SUBTOTAL	**$6,315,203,590**	**$1,693,248,290**	**$6,394,514,260**	**$2,179,782,630**	**$79,310,680**	**$486,534,340**
	MANAGED CARE						
108	CCI-MANAGED CARE PAYMENTS	$11,095,458,000	$5,547,729,000	$9,889,062,000	$4,944,531,000	-$1,206,396,000	-$603,198,000
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	$2,840,320,000	$2,840,320,000	$2,307,539,000	$2,307,539,000	-$532,781,000	-$532,781,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	$1,062,016,000	$371,706,000	$1,744,753,000	$564,183,520	$682,737,000	$192,477,520
112	MANAGED CARE RATE RANGE IGTS	$902,617,000	$423,033,000	$637,364,000	$294,454,000	-$265,253,000	-$128,579,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	$510,340,000	$255,170,000	$518,150,000	$259,075,000	$7,810,000	$3,905,000
115	HQAF RATE RANGE INCREASES	$65,077,000	$30,500,000	$190,077,000	$92,998,000	$125,000,000	$62,498,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	$60,183,000	$6,018,300	$60,200,000	$6,020,000	$17,000	$1,700
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	$0	$0	$36,700,000	$18,350,000	$36,700,000	$18,350,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$0	$0
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	$0	$0	$183,000	$91,500	$183,000	$91,500
124	EXTEND GROSS PREMIUM TAX	$0	$0	$0	$0	$0	$0
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	$0	$0	$0	$0	$0	$0
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	$0	$0	$0	$0	$0	$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	$0	$0	$0	$0	$0	$0
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	$0	$0	$0	$0	$0	$0
130	MCO TAX MANAGED CARE PLANS	$0	$0	$0	$0	$0	$0
131	FORMER AGNEWS' BENEFICIARIES RECOUPMENT	$0	$0	-$5,687,000	-$2,843,500	-$5,687,000	-$2,843,500
132	CCI-SAVINGS AND DEFERRAL	-$8,082,617,000	-$4,041,308,500	-$6,783,616,000	-$3,391,808,000	$1,299,001,000	$649,500,500
133	RETRO MC RATE ADJUSTMENTS	$0	$0	-$1,094,480,000	$216,940,500	-$1,094,480,000	$216,940,500
--	BLOOD FACTOR CARVE OUT	$52,671,000	$26,335,500	$0	$0	-$52,671,000	-$26,335,500
--	CAPITATED RATE ADJUSTMENT FOR FY 2015-16	$0	$0	$0	$0	$0	$0
--	FFS COSTS FOR MANAGED CARE ENROLLEES	$0	$0	$0	$0	$0	$0

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

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

		2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MANAGED CARE						
--	MANAGED CARE EXPANSION TO RURAL COUNTIES	$1,302,000	$651,000	$0	$0	-$1,302,000	-$651,000
	MANAGED CARE SUBTOTAL	**$8,509,367,000**	**$5,462,154,300**	**$7,502,245,000**	**$5,311,531,020**	**-$1,007,122,000**	**-$150,623,280**
	PROVIDER RATES						
134	MEDICARE PART B PREMIUM INCREASE	$0	$0	$152,212,000	$85,276,500	$152,212,000	$85,276,500
135	DENTAL RETROACTIVE RATE CHANGES	$0	$0	$252,417,000	$103,750,800	$252,417,000	$103,750,800
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	$265,131,680	$132,565,840	$238,517,410	$119,258,710	-$26,614,270	-$13,307,130
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYI	$90,191,000	$45,095,500	$88,137,000	$44,068,500	-$2,054,000	-$1,027,000
138	LTC RATE ADJUSTMENT	$62,176,530	$31,088,270	$45,805,590	$22,902,800	-$16,370,940	-$8,185,470
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	$97,496,990	$48,748,500	$83,218,060	$41,609,030	-$14,278,930	-$7,139,470
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	$22,918,000	$11,459,000	$19,700,000	$9,850,000	-$3,218,000	-$1,609,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	$19,358,570	$9,679,280	$24,074,260	$9,246,890	$4,715,690	-$432,390
142	HOSPICE RATE INCREASES	$13,051,790	$6,525,890	$3,539,480	$1,769,740	-$9,512,300	-$4,756,150
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	$0	$0	-$31,649,000	-$31,649,000	-$31,649,000	-$31,649,000
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-$14,529,000	-$7,264,500	-$13,824,000	-$6,912,000	$705,000	$352,500
146	NON-AB 1629 LTC RATE FREEZE	-$23,361,000	-$11,680,500	-$4,592,000	-$2,296,000	$18,769,000	$9,384,500
147	LABORATORY RATE METHODOLOGY CHANGE	-$47,625,940	-$23,812,970	-$20,265,790	-$10,132,900	$27,360,150	$13,680,080
148	10% PROVIDER PAYMENT REDUCTION	-$228,177,000	-$114,088,500	-$184,559,620	-$92,279,810	$43,617,380	$21,808,690
149	REDUCTION TO RADIOLOGY RATES	-$41,734,390	-$20,867,200	-$44,549,850	-$22,274,930	-$2,815,460	-$1,407,730
--	AB 1629 ADD-ONS	$17,716,990	$8,858,490	$0	$0	-$17,716,990	-$8,858,490
--	ELIMINATION OF DENTAL PROVIDER PAYMENT REDUC	$60,044,000	$30,022,000	$0	$0	-$60,044,000	-$30,022,000
--	GENETIC DISEASE SCREENING PROGRAM FEE INCRE/	$7,257,540	$3,628,770	$0	$0	-$7,257,540	-$3,628,770
	PROVIDER RATES SUBTOTAL	**$299,915,750**	**$149,957,870**	**$608,180,550**	**$272,188,330**	**$308,264,800**	**$122,230,460**
	SUPPLEMENTAL PMNTS.						
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	$8,620,326,000	$3,704,505,000	$8,613,826,000	$3,485,813,000	-$6,500,000	-$218,692,000

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

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

		2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	SUPPLEMENTAL PMNTS.						
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$183,170,000	$0	$288,962,000	$0	$105,792,000	$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	$304,964,000	$203,143,000	$264,597,000	$162,701,000	-$40,367,000	-$40,442,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	$189,150,000	$0	$210,610,000	$0	$21,460,000	$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	$120,513,000	$60,256,500	$136,685,000	$47,088,000	$16,172,000	-$13,168,500
155	CERTIFICATION PAYMENTS FOR DP-NFS	$46,924,000	$0	$111,321,000	$0	$64,397,000	$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	$131,038,050	$65,519,030	$105,372,460	$51,831,860	-$25,665,600	-$13,687,170
157	FFP FOR LOCAL TRAUMA CENTERS	$78,700,000	$39,350,000	$101,793,000	$50,896,500	$23,093,000	$11,546,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	$97,315,000	$38,753,500	$100,941,000	$40,452,500	$3,626,000	$1,699,000
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	$62,986,000	$0	$61,611,000	$0	-$1,375,000	$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	$10,000,000	$5,000,000	$10,000,000	$5,000,000	$0	$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	$10,400,000	$5,200,000	$8,333,000	$4,166,000	-$2,067,000	-$1,034,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	$8,000,000	$4,000,000	$8,000,000	$4,000,000	$0	$0
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	$3,600,000	$0	$6,063,000	$0	$2,463,000	$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	$0	$0	$57,224,000	$57,224,000	$57,224,000	$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$9,867,086,050**	**$4,125,727,030**	**$10,085,338,460**	**$3,909,172,860**	**$218,252,400**	**-$216,554,170**
	OTHER						
170	ARRA HITECH - PROVIDER PAYMENTS	$156,676,000	$0	$182,108,000	$0	$25,432,000	$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	$139,734,000	$0	$155,709,000	$0	$15,975,000	$0
173	CCI IHSS RECONCILIATION	$0	$0	$60,000,000	$0	$60,000,000	$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	$28,083,000	$14,041,500	$50,929,000	$25,464,500	$22,846,000	$11,423,000
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$15,665,000	$7,430,000	$18,496,000	$5,345,000	$2,831,000	-$2,085,000
179	INDIAN HEALTH SERVICES	$2,317,000	-$10,616,500	$5,545,000	-$18,482,500	$3,228,000	-$7,866,000
180	WPCS WORKERS' COMPENSATION	$4,596,000	$2,298,000	$4,764,000	$2,382,000	$168,000	$84,000
181	OVERTIME FOR WPCS PROVIDERS	$3,000,000	$1,500,000	$4,231,000	$2,115,500	$1,231,000	$615,500

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

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

		2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	$0	$0	$2,939,000	$881,500	$2,939,000	$881,500
186	CDDS DENTAL SERVICES	$1,248,000	$1,248,000	$902,000	$902,000	-$346,000	-$346,000
187	AUDIT SETTLEMENTS	$854,000	$854,000	$854,000	$854,000	$0	$0
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	$325,000	$162,500	$325,000	$162,500	$0	$0
189	FUNDING ADJUST.—ACA OPT. EXPANSION	$0	$0	$0	-$1,595,366,800	$0	-$1,595,366,800
190	FUNDING ADJUST.—OTLICP	$0	$0	$0	-$100,237,360	$0	-$100,237,360
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	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	$0	$0	$0	$0	$0	$0
195	IHSS REDUCTION IN SERVICE HOURS	$0	$0	-$2,558,000	$0	-$2,558,000	$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-$18,000,000	-$18,000,000	-$17,449,000	-$17,449,000	$551,000	$551,000
210	FFP REPAYMENT FOR CDDS COSTS	$0	$0	$0	$42,537,000	$0	$42,537,000
	OTHER SUBTOTAL	**$334,498,000**	**-$1,082,500**	**$466,795,000**	**-$1,650,891,660**	**$132,297,000**	**-$1,649,809,160**
	GRAND TOTAL	**$44,467,202,530**	**$11,791,955,390**	**$25,498,878,040**	**$8,821,995,730**	**-$18,968,324,490**	**-$2,969,959,650**

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 2015 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	$11,950,480	$131,711,300	$83,476,510	$52,224,450	$2,104,620	$47,538,030
OTHER MEDICAL	$64,688,420	$673,014,010	$376,339,750	$326,168,620	$7,250,060	$44,548,440
CO. & COMM. OUTPATIENT	$5,879,160	$113,722,720	$139,923,040	$31,558,520	$960,590	$44,587,530
PHARMACY	$2,802,730	$272,281,810	$330,666,460	$57,173,050	$1,898,870	$26,269,640
COUNTY INPATIENT	$5,905,840	$450,215,330	$48,579,420	$37,873,000	$2,397,500	$102,703,990
COMMUNITY INPATIENT	$55,401,880	$1,040,721,630	$522,973,710	$286,356,680	$18,537,730	$381,679,720
NURSING FACILITIES	$201,061,590	$84,123,270	$486,236,920	$3,610,810	$1,060,731,910	$3,036,230
ICF-DD	$1,199,070	$1,662,290	$177,979,370	$369,740	$30,192,610	$0
MEDICAL TRANSPORTATION	$6,754,400	$14,811,140	$30,763,810	$4,168,170	$3,330,460	$4,625,830
OTHER SERVICES	$45,845,770	$19,578,610	$223,189,530	$42,541,440	$43,850,990	$1,823,380
HOME HEALTH	$1,083,630	$1,920,000	$142,661,730	$5,254,940	$55,720	$529,220
FFS SUBTOTAL	**$402,572,970**	**$2,803,762,120**	**$2,562,790,240**	**$847,299,410**	**$1,171,311,060**	**$657,342,010**
DENTAL	$38,542,760	$397,142,620	$88,706,030	$138,884,600	$3,872,880	$0
MENTAL HEALTH	$5,694,660	$121,767,500	$751,699,940	$553,292,030	$714,460	$0
TWO PLAN MODEL	$1,960,834,590	$9,718,923,360	$5,869,057,990	$1,273,868,330	$0	$0
COUNTY ORGANIZED HEALTH SYSTEMS	$558,837,550	$3,709,806,420	$1,406,759,740	$320,587,030	$628,127,110	$0
GEOGRAPHIC MANAGED CARE	$309,999,530	$1,639,322,270	$1,037,988,230	$222,218,960	$0	$0
PHP & OTHER MANAG. CARE	$157,193,510	$37,168,440	$91,436,460	$17,127,330	$6,779,320	$0
EPSDT SCREENS	$0	$0	$0	$9,158,670	$0	$0
MEDICARE PAYMENTS	$1,474,059,780	$0	$1,400,205,980	$2,160,340	$143,062,490	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$10,774,380	$0	$25,238,880	$35,344,790	$1,070,530	$0
MISC. SERVICES	$360,873,120	$29,950,000	$3,607,542,430	$692,810	$0	$0
DRUG MEDI-CAL	$5,483,290	$38,173,880	$12,844,750	$17,988,210	$546,920	$0
REGIONAL MODEL	$4,377,490	$640,674,230	$299,334,270	$78,404,690	$0	$0
NON-FFS SUBTOTAL	**$4,886,670,660**	**$16,332,928,730**	**$14,590,814,690**	**$2,669,727,790**	**$784,173,720**	**$0**
TOTAL DOLLARS (1)	**$5,289,243,620**	**$19,136,690,840**	**$17,153,604,930**	**$3,517,027,210**	**$1,955,484,770**	**$657,342,010**
ELIGIBLES ***	**436,800**	**3,329,800**	**1,023,200**	**1,432,900**	**43,400**	**22,000**
ANNUAL $/ELIGIBLE	**$12,109**	**$5,747**	**$16,765**	**$2,454**	**$45,057**	**$29,879**
AVG. MO. $/ELIGIBLE	**$1,009**	**$479**	**$1,397**	**$205**	**$3,755**	**$2,490**

(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 NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	$2,742,730	$17,307,170	$19,905,960	$12,307,670	$196,158,700	$24,430,450
OTHER MEDICAL	$5,312,080	$150,148,350	$98,516,570	$94,280,090	$866,273,630	$111,779,120
CO. & COMM. OUTPATIENT	$994,530	$24,697,100	$14,972,280	$19,568,650	$128,563,160	$12,531,160
PHARMACY	$3,992,620	$28,518,650	$8,975,950	$26,704,060	$102,077,700	$24,635,380
COUNTY INPATIENT	$18,859,850	$2,904,360	$57,372,010	$95,770,670	$251,145,150	$18,750,410
COMMUNITY INPATIENT	$22,901,230	$88,636,190	$123,878,300	$92,768,800	$1,035,351,300	$120,736,890
NURSING FACILITIES	$250,912,720	$274,360	$207,570,640	$54,491,000	$18,777,360	$5,426,650
ICF-DD	$160,468,310	$24,220	$994,350	$8,791,850	$375,230	$1,264,010
MEDICAL TRANSPORTATION	$1,442,570	$532,330	$10,633,230	$12,739,850	$11,609,000	$1,823,210
OTHER SERVICES	$8,823,460	-$10,695,880	$49,983,560	$45,211,450	$98,410,410	$9,585,220
HOME HEALTH	$11,860	$4,665,910	$848,650	$53,550,880	$9,658,800	$12,371,130
FFS SUBTOTAL	**$476,461,970**	**$307,012,750**	**$593,651,480**	**$516,184,970**	**$2,718,400,450**	**$343,333,630**
DENTAL	$1,209,310	$52,458,250	$32,080,450	$15,632,800	$241,519,120	$24,865,400
MENTAL HEALTH	$2,311,480	$70,718,270	$6,177,970	$79,688,460	$366,061,760	$65,436,120
TWO PLAN MODEL	$0	$761,112,620	$1,562,889,050	$643,373,860	$2,551,799,620	$35,070,780
COUNTY ORGANIZED HEALTH SYSTEMS	$210,774,470	$362,291,560	$533,921,040	$315,000,210	$945,037,070	$31,164,430
GEOGRAPHIC MANAGED CARE	$0	$166,733,860	$222,623,920	$117,175,590	$409,280,450	$5,269,880
PHP & OTHER MANAG. CARE	$217,400	$11,599,440	$131,520,090	$15,409,110	$46,365,420	$2,574,180
EPSDT SCREENS	$0	$6,420,760	$0	$0	$24,908,590	$1,406,920
MEDICARE PAYMENTS	$37,175,820	$0	$894,925,010	$434,579,220	$77,838,350	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$328,070	$0	$10,443,840	$4,491,790	$95,795,250	$5,525,320
MISC. SERVICES	$0	-$72,911,000	$306,365,810	$647,546,720	$1,754,340	$12,819,410
DRUG MEDI-CAL	$167,050	$11,392,130	$5,204,070	$2,286,050	$48,922,080	$2,645,050
REGIONAL MODEL	$0	$55,874,480	$19,284,280	$21,597,540	$188,012,330	$1,093,000
NON-FFS SUBTOTAL	**$252,183,590**	**$1,425,690,380**	**$3,725,435,540**	**$2,296,781,350**	**$4,997,294,390**	**$187,870,490**
TOTAL DOLLARS (1)	**$728,645,570**	**$1,732,703,120**	**$4,319,087,020**	**$2,812,966,330**	**$7,715,694,840**	**$531,204,130**
ELIGIBLES ***	**13,300**	**1,018,400**	**431,100**	**187,300**	**3,883,600**	**224,000**
ANNUAL $/ELIGIBLE	**$54,785**	**$1,701**	**$10,019**	**$15,019**	**$1,987**	**$2,371**
AVG. MO. $/ELIGIBLE	**$4,565**	**$142**	**$835**	**$1,252**	**$166**	**$198**

(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 NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	$162,580	$164,660	$4,636,080	$121,957,510	$10,927,140	$5,830,440
OTHER MEDICAL	$347,990	$636,220	$5,815,970	$230,646,150	$105,560,910	$47,324,240
CO. & COMM. OUTPATIENT	$68,820	$68,060	$3,811,100	$24,314,550	$8,600,040	$6,529,170
PHARMACY	$631,070	$120,660	$2,390,860	$6,535,600	$5,918,340	$7,540,330
COUNTY INPATIENT	$322,590	$6,380	$11,402,760	$96,433,540	$1,850,380	$1,808,550
COMMUNITY INPATIENT	$829,710	$349,620	$29,173,610	$621,970,480	$58,025,260	$26,644,700
NURSING FACILITIES	$18,999,340	$340	$3,244,800	$2,324,070	$1,340,650	$477,780
ICF-DD	$741,090	$0	$233,090	$0	$0	$64,580
MEDICAL TRANSPORTATION	$120,970	$4,490	$726,430	$2,055,330	$544,610	$200,670
OTHER SERVICES	$688,140	$17,810	$342,200	$13,972,810	$8,000,230	$10,017,640
HOME HEALTH	$90	$80	$4,300	$1,968,420	$2,558,810	$1,467,260
FFS SUBTOTAL	**$22,912,380**	**$1,368,320**	**$61,781,200**	**$1,122,178,470**	**$203,326,350**	**$107,905,370**
DENTAL	$82,410	$148,510	$18,059,390	$8,939,590	$10,475,090	$14,036,840
MENTAL HEALTH	$21,010	$69,300	$152,040	$760,180	$5,601,560	$18,738,700
TWO PLAN MODEL	$123,130	$786,940	$0	$220,085,810	$398,431,850	$225,411,800
COUNTY ORGANIZED HEALTH SYSTEMS	$179,590	$186,760	$1,936,300	$93,782,440	$178,259,770	$102,271,880
GEOGRAPHIC MANAGED CARE	$24,090	$166,850	$0	$37,375,050	$75,833,230	$51,652,890
PHP & OTHER MANAG. CARE	$7,510	$0	$0	$3,665,490	$6,123,050	$3,456,520
EPSDT SCREENS	$0	$0	$0	$0	$3,373,570	$1,904,410
MEDICARE PAYMENTS	$0	$0	$0	$0	$0	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$17,270	$0	$1,179,060	$8,416,250	$0	$7,503,580
MISC. SERVICES	$4,171,400	$0	$0	$65,040	$61,160	$106,440
DRUG MEDI-CAL	$8,170	$16,820	$0	$4,202,240	$6,625,900	$3,740,390
REGIONAL MODEL	$1,080	$5,480	$0	$13,279,660	$34,586,850	$16,980,770
NON-FFS SUBTOTAL	**$4,635,660**	**$1,380,660**	**$21,326,790**	**$390,571,750**	**$719,372,020**	**$445,804,230**
TOTAL DOLLARS (1)	**$27,548,050**	**$2,748,980**	**$83,107,990**	**$1,512,750,220**	**$922,698,370**	**$553,709,600**
ELIGIBLES ***	**700**	**1,300**	**47,800**	**341,200**	**535,300**	**304,200**
ANNUAL $/ELIGIBLE	**$39,354**	**$2,115**	**$1,739**	**$4,434**	**$1,724**	**$1,820**
AVG. MO. $/ELIGIBLE	**$3,280**	**$176**	**$145**	**$369**	**$144**	**$152**

(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 NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	$745,536,470
OTHER MEDICAL	$3,208,650,610
CO. & COMM. OUTPATIENT	$581,350,170
PHARMACY	$909,133,790
COUNTY INPATIENT	$1,204,301,740
COMMUNITY INPATIENT	$4,526,937,440
NURSING FACILITIES	$2,402,640,430
ICF-DD	$384,359,800
MEDICAL TRANSPORTATION	$106,886,510
OTHER SERVICES	$611,186,770
HOME HEALTH	$238,611,420
FFS SUBTOTAL	$14,919,595,160
DENTAL	$1,086,656,050
MENTAL HEALTH	$2,048,905,450
TWO PLAN MODEL	$25,221,769,740
COUNTY ORGANIZED HEALTH SYSTEMS	$9,398,923,350
GEOGRAPHIC MANAGED CARE	$4,295,664,820
PHP & OTHER MANAG. CARE	$530,643,270
EPSDT SCREENS	$47,172,920
MEDICARE PAYMENTS	$4,464,007,000
STATE HOSP./DEVELOPMENTAL CNTRS.	$206,129,000
MISC. SERVICES	$4,899,037,700
DRUG MEDI-CAL	$160,247,000
REGIONAL MODEL	$1,373,506,150
NON-FFS SUBTOTAL	$53,732,662,440
TOTAL DOLLARS (1)	$68,652,257,600
ELIGIBLES ***	13,276,300
ANNUAL $/ELIGIBLE	$5,171
AVG. MO. $/ELIGIBLE	$431

(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 NOVEMBER 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

1	FAMILY PACT PROGRAM
3	BREAST AND CERVICAL CANCER TREATMENT
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
12	RESOURCE DISREGARD - % PROGRAM CHILDREN
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES
26	ACA MAGI SAVINGS
49	WOMEN'S HEALTH SERVICES
55	NON FFP DRUGS
59	FAMILY PACT DRUG REBATES
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
78	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
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
87	BTR—SAFETY NET CARE POOL
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
89	BTR - LIHP - MCE
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI
91	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
94	BTR—DESIGNATED STATE HEALTH PROGRAMS
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
96	MH/UCD—SAFETY NET CARE POOL
97	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
98	MH/UCD—STABILIZATION FUNDING
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PI
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
101	MH/UCD & BTR—BCCTP

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

EXCLUDED POLICY CHANGES: 71

103	MH/UCD & BTR—MIA-LTC
104	MH/UCD & BTR—CCS AND GHPP
109	CCI-TRANSFER OF IHSS COSTS TO CDSS
124	EXTEND GROSS PREMIUM TAX
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE
127	GENERAL FUND REIMBURSEMENTS FROM DPHS
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
130	MCO TAX MANAGED CARE PLANS
135	DENTAL RETROACTIVE RATE CHANGES
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITUF
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
152	HOSPITAL QAF - HOSPITAL PAYMENTS
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
154	NDPH IGT SUPPLEMENTAL PAYMENTS
155	CERTIFICATION PAYMENTS FOR DP-NFS
157	FFP FOR LOCAL TRAUMA CENTERS
158	CAPITAL PROJECT DEBT REIMBURSEMENT
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
161	IGT PAYMENTS FOR HOSPITAL SERVICES
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
170	ARRA HITECH - PROVIDER PAYMENTS
175	MEDI-CAL TCM PROGRAM
186	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS
191	CIGARETTE AND TOBACCO SURTAX FUNDS
192	CLPP FUND
193	CCI-TRANSFER OF IHSS COSTS TO DHCS

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

EXCLUDED POLICY CHANGES: 71

194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT
202	PALLIATIVE CARE SERVICES IMPLEMENTATION
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
206	GLOBAL PAYMENT PROGRAM
207	WAIVER 2020 DESIGNATED STATE HEALTH PROGRAM
208	WAIVER 2020 WHOLE PERSON CARE PILOTS