

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2016-17

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$16,860,021,610	\$8,430,010,810	\$8,430,010,810
B. B/Y BASE POLICY CHANGES	\$42,278,796,010	\$29,211,010,890	\$13,067,785,110
C. BASE ADJUSTMENTS	-\$153,558,000	-\$194,491,900	\$40,933,900
D. ADJUSTED BASE	<u>\$58,985,259,620</u>	<u>\$37,446,529,800</u>	<u>\$21,538,729,820</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$911,967,570	\$581,614,500	\$330,353,070
B. AFFORDABLE CARE ACT	\$2,423,391,500	\$2,723,949,780	-\$300,558,280
C. BENEFITS	\$772,235,000	\$628,760,330	\$143,474,670
D. PHARMACY	-\$2,623,608,960	-\$1,604,483,280	-\$1,019,125,680
E. DRUG MEDI-CAL	\$95,063,000	\$62,200,300	\$32,862,700
F. MENTAL HEALTH	\$238,086,000	\$231,638,000	\$6,448,000
G. WAIVER--MH/UCD & BTR	\$6,151,434,840	\$3,572,278,870	\$2,579,155,970
H. MANAGED CARE	\$4,457,494,850	-\$420,704,190	\$4,878,199,050
I. PROVIDER RATES	\$906,554,750	\$434,665,600	\$471,889,160
J. SUPPLEMENTAL PMNTS.	\$8,158,767,000	\$5,121,082,670	\$3,037,684,330
K. OTHER	\$4,693,000	\$1,726,755,870	-\$1,722,062,870
L. TOTAL CHANGE	<u>\$21,496,078,560</u>	<u>\$13,057,758,450</u>	<u>\$8,438,320,110</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$80,481,338,180</u></u>	<u><u>\$50,504,288,250</u></u>	<u><u>\$29,977,049,930</u></u>

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2016-17**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
1	FAMILY PACT PROGRAM	\$460,116,000	\$346,146,600	\$113,969,400
2	MEDI-CAL ADULT INMATE PROGRAMS	\$189,301,000	\$189,301,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$107,444,000	\$57,036,850	\$50,407,150
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$62,482,000	\$62,482,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13i	\$0	\$0	\$0
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSI	\$177,251,000	\$34,436,000	\$142,815,000
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$3,170,170	\$2,789,690	\$380,480
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,496,000	\$1,316,480	\$179,520
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$221,321,880	-\$221,321,880
13	NEW QUALIFIED IMMIGRANTS	\$0	-\$383,543,000	\$383,543,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$115,403,200	-\$115,403,200
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$10,928,120	-\$10,928,120
16	INCARCERATION VERIFICATION PROGRAM	-\$8,864,180	-\$7,258,190	-\$1,605,990
17	PARIS-VETERANS	-\$5,344,410	-\$2,672,210	-\$2,672,210
18	TLICP PREMIUMS	-\$75,084,000	-\$66,073,920	-\$9,010,080
	ELIGIBILITY SUBTOTAL	\$911,967,570	\$581,614,500	\$330,353,070
<u>AFFORDABLE CARE ACT</u>				
19	COMMUNITY FIRST CHOICE OPTION	\$1,743,700,000	\$1,743,700,000	\$0
20	ACA OPTIONAL EXPANSION	\$1,198,736,000	\$1,169,330,800	\$29,405,200
21	HEALTH INSURER FEE	\$140,580,000	\$94,810,070	\$45,769,930
22	ACA MANDATORY EXPANSION	\$161,458,000	\$95,039,800	\$66,418,200
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$8,904,000	-\$8,904,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0
27	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$0	\$131,140,000	-\$131,140,000
29	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	-\$83,925,000	-\$52,161,000	-\$31,764,000
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$1,547,000	-\$773,500	-\$773,500
31	ACA REDETERMINATIONS	-\$199,210,500	-\$115,870,250	-\$83,340,250
32	MANAGED CARE DRUG REBATES	-\$536,400,000	-\$350,170,140	-\$186,229,860
	AFFORDABLE CARE ACT SUBTOTAL	\$2,423,391,500	\$2,723,949,780	-\$300,558,280
<u>BENEFITS</u>				
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$286,516,000	\$286,516,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,135,000	\$138,135,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$206,236,000	\$115,711,200	\$90,524,800
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	\$12,241,000	\$9,011,000
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,282,000	\$27,979,000	\$4,303,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FO	\$18,236,000	\$9,589,960	\$8,646,040
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,298,000	\$5,277,000	\$21,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,090,000	\$4,090,000	\$0
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$972,000	\$511,080	\$460,920
45	CHDP PROGRAM DENTAL REFERRAL	\$808,000	\$407,040	\$400,960
46	BENEFICIARY OUTREACH AND EDUCATION PROGRA	\$860,000	\$589,410	\$270,590
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$115,000	\$115,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$139,000	\$139,000	\$0
49	WOMEN'S HEALTH SERVICES	\$339,000	\$262,800	\$76,200
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-\$4,512,000	-\$2,372,660	-\$2,139,340
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$22,518,000	-\$11,259,000	-\$11,259,000
199	END OF LIFE SERVICES	\$2,330,000	\$0	\$2,330,000
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICE:	-\$195,000	-\$97,500	-\$97,500
	BENEFITS SUBTOTAL	\$772,235,000	\$628,760,330	\$143,474,670
<u>PHARMACY</u>				
52	ORKAMBI BENEFIT	\$56,762,000	\$29,868,000	\$26,894,000
53	ADAP RYAN WHITE MEDS DATA MATCH	\$627,000	\$313,500	\$313,500
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$2,189,040	\$1,094,520	\$1,094,520
55	NON FFP DRUGS	\$0	-\$19,500	\$19,500
56	BCCTP DRUG REBATES	-\$16,000,000	-\$10,400,000	-\$5,600,000
57	MEDICAL SUPPLY REBATES	-\$30,923,000	-\$24,166,300	-\$6,756,700
59	FAMILY PACT DRUG REBATES	-\$54,989,000	-\$48,091,300	-\$6,897,700
60	STATE SUPPLEMENTAL DRUG REBATES	-\$233,749,000	-\$136,093,000	-\$97,656,000
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$150,012,000	-\$149,988,000
62	FEDERAL DRUG REBATE PROGRAM	-\$2,047,526,000	-\$1,266,977,200	-\$780,548,800
	PHARMACY SUBTOTAL	-\$2,623,608,960	-\$1,604,483,280	-\$1,019,125,680
<u>DRUG MEDI-CAL</u>				
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$90,892,000	\$58,398,300	\$32,493,700
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
69	ANNUAL RATE ADJUSTMENT	\$1,135,000	\$766,000	\$369,000
	DRUG MEDI-CAL SUBTOTAL	\$95,063,000	\$62,200,300	\$32,862,700
<u>MENTAL HEALTH</u>				
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$175,544,000	\$175,544,000	\$0
75	KATIE A. V. DIANA BONTA	\$35,364,000	\$35,364,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$25,500,000	\$25,500,000	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	-\$270,000	\$270,000

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>MENTAL HEALTH</u>				
79	IMD ANCILLARY SERVICES	\$0	-\$4,000,000	\$4,000,000
80	CHART REVIEW	-\$913,000	-\$913,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0
198	LATE CLAIMS FOR SMHS	\$2,175,000	\$205,000	\$1,970,000
211	MHP COSTS FOR CHILDREN AND YOUTH IN FOSTER	\$416,000	\$208,000	\$208,000
	MENTAL HEALTH SUBTOTAL	\$238,086,000	\$231,638,000	\$6,448,000
<u>WAIVER--MH/UCD & BTR</u>				
82	MH/UCD & BTR—DSH PAYMENT	\$34,000,000	\$17,000,000	\$17,000,000
84	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$571,258,000	\$285,629,000	\$285,629,000
85	MH/UCD & BTR—DPH INTERIM & FINAL RECONS	-\$218,972,000	-\$218,972,000	\$0
86	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$258,202,000	\$129,101,000	\$129,101,000
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$70,492,000	\$35,246,000	\$35,246,000
89	BTR - LIHP - MCE	\$141,648,000	\$141,648,000	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	-\$12,363,000	-\$12,363,000	\$0
91	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS*	\$80,844,000	\$80,844,000	\$0
92	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$78,470,840	\$39,235,420	\$39,235,420
97	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$1,900,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$1,471,000	\$1,471,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$12,022,000	\$12,022,000
102	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$437,269,450	-\$437,269,450
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MED	\$1,600,000,000	\$800,000,000	\$800,000,000
206	GLOBAL PAYMENT PROGRAM	\$2,492,584,000	\$1,246,292,000	\$1,246,292,000
207	WAIVER 2020 DESIGNATED STATE HEALTH PROGRA	\$0	\$75,000,000	-\$75,000,000
208	WAIVER 2020 WHOLE PERSON CARE PILOTS	\$900,000,000	\$450,000,000	\$450,000,000
209	WAIVER 2020 DENTAL TRANSFORMATION INITIATIVE	\$150,000,000	\$75,000,000	\$75,000,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,151,434,840	\$3,572,278,870	\$2,579,155,970
<u>MANAGED CARE</u>				
108	CCI-MANAGED CARE PAYMENTS	\$4,575,652,110	\$2,287,826,060	\$2,287,826,060
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,477,372,000	\$0	\$2,477,372,000
112	MANAGED CARE RATE RANGE IGTS	\$871,975,000	\$470,874,000	\$401,101,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$531,316,000	\$265,658,000	\$265,658,000
115	HQAF RATE RANGE INCREASES	\$148,000,000	\$74,000,000	\$74,000,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEI	\$207,000,000	\$186,300,000	\$20,700,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
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

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**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2016-17**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>MANAGED CARE</u>				
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
132	CCI-SAVINGS AND DEFERRAL	-\$1,182,240,260	-\$591,120,130	-\$591,120,130
133	RETRO MC RATE ADJUSTMENTS	-\$3,510,424,000	-\$3,291,743,620	-\$218,680,380
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$9,364,000	\$4,682,000	\$4,682,000
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$327,480,000	\$172,819,500	\$154,660,500
	MANAGED CARE SUBTOTAL	\$4,457,494,850	-\$420,704,200	\$4,878,199,040
<u>PROVIDER RATES</u>				
134	MEDICARE PART B PREMIUM INCREASE	\$356,916,000	\$156,953,500	\$199,962,500
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$215,262,300	\$107,631,150	\$107,631,150
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$88,137,000	\$44,068,500	\$44,068,500
138	LTC RATE ADJUSTMENT	\$106,573,880	\$53,286,940	\$53,286,940
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$241,843,320	\$120,921,660	\$120,921,660
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$13,000,000	\$6,500,000	\$6,500,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,959,040	\$15,372,240	\$9,586,800
142	HOSPICE RATE INCREASES	\$8,261,790	\$4,130,900	\$4,130,900
143	GDSP NEWBORN SCREENING PROGRAM FEE INCRE	\$1,940,860	\$970,430	\$970,430
144	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$12,351,550	-\$6,175,770	-\$6,175,770
146	NON-AB 1629 LTC RATE FREEZE	-\$20,828,580	-\$10,414,290	-\$10,414,290
147	LABORATORY RATE METHODOLOGY CHANGE	-\$30,711,260	-\$15,355,630	-\$15,355,630
148	10% PROVIDER PAYMENT REDUCTION	-\$34,370,040	-\$17,185,020	-\$17,185,020
149	REDUCTION TO RADIOLOGY RATES	-\$52,078,000	-\$26,039,000	-\$26,039,000
	PROVIDER RATES SUBTOTAL	\$906,554,760	\$434,665,600	\$471,889,150
<u>SUPPLEMENTAL PMNTS.</u>				
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,150,333,000	\$4,318,351,000	\$2,831,982,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$234,312,000	\$234,312,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$25,661,000	\$0	\$25,661,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$202,400,000	\$202,400,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$100,498,000	\$53,811,000	\$46,687,000
155	CERTIFICATION PAYMENTS FOR DP-NFS	\$103,366,000	\$103,366,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P	\$107,000,000	\$68,003,670	\$38,996,330
157	FFP FOR LOCAL TRAUMA CENTERS	\$80,103,000	\$40,051,500	\$40,051,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,317,000	\$61,176,500	\$41,140,500
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$22,782,000	\$22,782,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
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

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2016-17**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>SUPPLEMENTAL PMNTS.</u>				
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,662,000	\$3,662,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,158,767,000	\$5,121,082,670	\$3,037,684,330
<u>OTHER</u>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$127,681,000	\$127,681,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$59,690,000	\$59,690,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$50,929,000	\$25,464,500	\$25,464,500
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$10,738,000	\$5,902,000	\$4,836,000
179	INDIAN HEALTH SERVICES	\$25,289,000	\$41,629,600	-\$16,340,600
180	WPCS WORKERS' COMPENSATION	\$2,625,000	\$1,312,500	\$1,312,500
181	OVERTIME FOR WPCS PROVIDERS	\$5,391,000	\$2,695,500	\$2,695,500
186	CDDS DENTAL SERVICES	\$902,000	\$0	\$902,000
187	AUDIT SETTLEMENTS	\$854,000	\$0	\$854,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$449,000	\$224,500	\$224,500
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,605,590,850	-\$1,605,590,850
190	FUNDING ADJUST.—OTLICP	\$0	\$122,771,420	-\$122,771,420
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	-\$262,406,000	-\$262,406,000	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-\$17,449,000	\$0	-\$17,449,000
210	FFP REPAYMENT FOR CDDS COSTS	\$0	-\$3,800,000	\$3,800,000
	OTHER SUBTOTAL	\$4,693,000	\$1,726,755,870	-\$1,722,062,870
	GRAND TOTAL	\$21,496,078,560	\$13,057,758,450	\$8,438,320,110

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

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2016-17**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$6,483,662,290	\$4,197,237,780	\$2,286,424,510
PHYSICIANS	\$910,104,230	\$583,466,760	\$326,637,470
OTHER MEDICAL	\$3,774,835,940	\$2,439,176,240	\$1,335,659,700
CO. & COMM. OUTPATIENT	\$1,798,722,120	\$1,174,594,780	\$624,127,340
PHARMACY	\$1,012,331,800	\$749,277,470	\$263,054,340
HOSPITAL INPATIENT	\$11,810,369,670	\$7,554,666,480	\$4,255,703,190
COUNTY INPATIENT	\$3,051,601,710	\$1,964,859,800	\$1,086,741,910
COMMUNITY INPATIENT	\$8,758,767,960	\$5,589,806,680	\$3,168,961,280
LONG TERM CARE	\$2,871,966,080	\$1,512,701,390	\$1,359,264,690
NURSING FACILITIES	\$2,504,856,630	\$1,327,123,890	\$1,177,732,740
ICF-DD	\$367,109,450	\$185,577,500	\$181,531,950
OTHER SERVICES	\$686,095,800	\$335,357,070	\$350,738,730
MEDICAL TRANSPORTATION	\$119,243,490	\$75,176,750	\$44,066,740
OTHER SERVICES	\$342,900,040	\$146,842,870	\$196,057,160
HOME HEALTH	\$223,952,270	\$113,337,450	\$110,614,820
TOTAL FEE-FOR-SERVICE	\$22,864,425,640	\$14,349,240,190	\$8,515,185,450
MANAGED CARE	\$41,700,087,680	\$25,095,672,650	\$16,604,415,030
TWO PLAN MODEL	\$25,893,999,950	\$15,242,777,690	\$10,651,222,250
COUNTY ORGANIZED HEALTH SYS	\$9,224,056,290	\$5,821,530,390	\$3,402,525,900
GEOGRAPHIC MANAGED CARE	\$4,636,292,360	\$2,828,496,500	\$1,807,795,860
PHP & OTHER MANAG. CARE	\$657,945,210	\$347,960,810	\$309,984,400
REGIONAL MODEL	\$1,287,793,870	\$854,907,260	\$432,886,620
DENTAL	\$1,267,208,980	\$804,544,960	\$462,664,010
MENTAL HEALTH	\$2,249,655,710	\$2,120,027,790	\$129,627,920
AUDITS/ LAWSUITS	\$4,719,000	\$932,500	\$3,786,500
EPSDT SCREENS	\$56,507,000	\$30,164,080	\$26,342,920
MEDICARE PAYMENTS	\$4,932,148,000	\$1,400,824,000	\$3,531,324,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000	\$203,530,000	\$3,800,000
MISC. SERVICES	\$7,247,211,170	\$6,442,070,070	\$805,141,100
RECOVERIES	-\$289,203,000	-\$137,917,000	-\$151,286,000
DRUG MEDI-CAL	\$241,248,000	\$195,199,000	\$46,049,000
GRAND TOTAL MEDI-CAL	\$80,481,338,180	\$50,504,288,250	\$29,977,049,930

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

<u>SERVICE CATEGORY</u>	<u>NOV. 2015 EST. FOR 2015-16</u>	<u>NOV. 2015 EST. FOR 2016-17</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$6,883,700,130	\$6,483,662,290	-\$400,037,840	-5.81
PHYSICIANS	\$930,353,720	\$910,104,230	-\$20,249,490	-2.18
OTHER MEDICAL	\$3,752,830,580	\$3,774,835,940	\$22,005,360	0.59
CO. & COMM. OUTPATIENT	\$2,200,515,830	\$1,798,722,120	-\$401,793,710	-18.26
PHARMACY	\$1,001,911,480	\$1,012,331,800	\$10,420,330	1.04
HOSPITAL INPATIENT	\$13,532,437,430	\$11,810,369,670	-\$1,722,067,760	-12.73
COUNTY INPATIENT	\$3,644,862,690	\$3,051,601,710	-\$593,260,980	-16.28
COMMUNITY INPATIENT	\$9,887,574,740	\$8,758,767,960	-\$1,128,806,780	-11.42
LONG TERM CARE	\$3,064,107,350	\$2,871,966,080	-\$192,141,280	-6.27
NURSING FACILITIES	\$2,676,430,470	\$2,504,856,630	-\$171,573,840	-6.41
ICF-DD	\$387,676,880	\$367,109,450	-\$20,567,430	-5.31
OTHER SERVICES	\$1,032,519,500	\$686,095,800	-\$346,423,700	-33.55
MEDICAL TRANSPORTATION	\$169,747,550	\$119,243,490	-\$50,504,060	-29.75
OTHER SERVICES	\$620,806,700	\$342,900,040	-\$277,906,670	-44.77
HOME HEALTH	\$241,965,240	\$223,952,270	-\$18,012,970	-7.44
TOTAL FEE-FOR-SERVICE	\$25,514,675,890	\$22,864,425,640	-\$2,650,250,250	-10.39
MANAGED CARE	\$47,187,755,440	\$41,700,087,680	-\$5,487,667,750	-11.63
TWO PLAN MODEL	\$29,590,851,670	\$25,893,999,950	-\$3,696,851,730	-12.49
COUNTY ORGANIZED HEALTH SYSTEMS	\$10,452,796,350	\$9,224,056,290	-\$1,228,740,050	-11.76
GEOGRAPHIC MANAGED CARE	\$5,012,550,600	\$4,636,292,360	-\$376,258,240	-7.51
PHP & OTHER MANAG. CARE	\$661,697,720	\$657,945,210	-\$3,752,510	-0.57
REGIONAL MODEL	\$1,469,859,100	\$1,287,793,870	-\$182,065,230	-12.39
DENTAL	\$1,256,258,310	\$1,267,208,980	\$10,950,670	0.87
MENTAL HEALTH	\$2,302,672,340	\$2,249,655,710	-\$53,016,630	-2.30
AUDITS/ LAWSUITS	-\$30,038,000	\$4,719,000	\$34,757,000	-115.71
EPSDT SCREENS	\$47,172,920	\$56,507,000	\$9,334,080	19.79
MEDICARE PAYMENTS	\$4,464,007,000	\$4,932,148,000	\$468,141,000	10.49
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,129,000	\$207,330,000	\$1,201,000	0.58
MISC. SERVICES	\$7,112,717,700	\$7,247,211,170	\$134,493,470	1.89
RECOVERIES	-\$306,727,000	-\$289,203,000	\$17,524,000	-5.71
DRUG MEDI-CAL	\$163,283,000	\$241,248,000	\$77,965,000	47.75
GRAND TOTAL MEDI-CAL	\$87,917,906,600	\$80,481,338,180	-\$7,436,568,420	-8.46
STATE FUNDS	\$30,357,431,970	\$29,977,049,930	-\$380,382,040	-1.25

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$460,031,000	\$113,948,100	\$460,116,000	\$113,969,400	\$85,000	\$21,300
2	MEDI-CAL ADULT INMATE PROGRAMS	\$148,598,000	\$0	\$189,301,000	\$0	\$40,703,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$101,577,000	\$48,657,250	\$107,444,000	\$50,407,150	\$5,867,000	\$1,749,900
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$46,958,000	\$0	\$62,482,000	\$0	\$15,524,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$30,024,000	\$15,012,000	\$0	\$0	-\$30,024,000	-\$15,012,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$26,193,000	\$20,420,000	\$177,251,000	\$142,815,000	\$151,058,000	\$122,395,000
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$6,424,000	\$1,140,190	\$6,735,000	\$808,320	\$311,000	-\$331,870
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$2,383,000	\$423,040	\$1,496,000	\$179,520	-\$887,000	-\$243,520
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$201,893,790	\$0	-\$221,321,880	\$0	-\$19,428,090
13	NEW QUALIFIED IMMIGRANTS	\$0	\$388,613,000	\$0	\$383,543,000	\$0	-\$5,070,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$110,502,990	\$0	-\$115,403,200	\$0	-\$4,900,210
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$43,872,980	\$0	-\$10,928,120	\$0	\$32,944,860
16	INCARCERATION VERIFICATION PROGRAM	-\$7,711,000	-\$1,267,500	-\$12,047,000	-\$2,182,650	-\$4,336,000	-\$915,150
17	PARIS-VETERANS	-\$10,895,720	-\$5,447,860	-\$16,474,760	-\$8,237,380	-\$5,579,030	-\$2,789,520
18	TLICP PREMIUMS	-\$72,911,000	-\$12,941,760	-\$75,084,000	-\$9,010,080	-\$2,173,000	\$3,931,680
	ELIGIBILITY SUBTOTAL	\$730,670,280	\$212,286,700	\$901,219,240	\$324,639,080	\$170,548,970	\$112,352,380
AFFORDABLE CARE ACT							
19	COMMUNITY FIRST CHOICE OPTION	\$1,399,733,000	\$0	\$1,743,700,000	\$0	\$343,967,000	\$0
20	ACA OPTIONAL EXPANSION	\$793,495,000	\$563,000	\$1,198,736,000	\$29,405,200	\$405,241,000	\$28,842,200
21	HEALTH INSURER FEE	\$258,130,000	\$83,352,790	\$140,580,000	\$45,769,930	-\$117,550,000	-\$37,582,860
22	ACA MANDATORY EXPANSION	\$85,609,000	\$36,379,010	\$161,458,000	\$66,418,200	\$75,849,000	\$30,039,190
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$5,716,000	\$0	\$0	\$0	-\$5,716,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$24,295,000	\$0	-\$8,904,000	\$0	\$15,391,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$349,000	\$0	\$0	\$0	-\$349,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
27	ACA HOSPITAL PRESUMPTIVE ELIGIBILITY	\$0	-\$134,502,500	\$0	-\$131,140,000	\$0	\$3,362,500
29	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$0	\$0	-\$83,925,000	-\$31,764,000	-\$83,925,000	-\$31,764,000
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$1,891,000	-\$945,500	-\$1,547,000	-\$773,500	\$344,000	\$172,000
31	ACA REDETERMINATIONS	-\$796,842,000	-\$333,361,000	-\$796,842,000	-\$333,361,000	\$0	\$0
32	MANAGED CARE DRUG REBATES	-\$387,000,000	-\$130,036,950	-\$536,400,000	-\$186,229,860	-\$149,400,000	-\$56,192,910
	AFFORDABLE CARE ACT SUBTOTAL	\$1,356,950,000	-\$502,497,150	\$1,825,760,000	-\$550,579,030	\$468,810,000	-\$48,081,880
<u>BENEFITS</u>							
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$273,219,000	\$0	\$286,516,000	\$0	\$13,297,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$131,198,000	\$0	\$138,135,000	\$0	\$6,937,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$104,304,000	\$47,101,100	\$206,236,000	\$90,524,800	\$101,932,000	\$43,423,700
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	\$9,255,260	\$21,252,000	\$9,011,000	\$0	-\$244,260
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$20,537,000	\$2,186,000	\$32,282,000	\$4,303,000	\$11,745,000	\$2,117,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$9,118,000	\$4,323,020	\$18,236,000	\$8,646,040	\$9,118,000	\$4,323,020
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,126,000	\$22,000	\$5,298,000	\$21,000	\$172,000	-\$1,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$3,803,000	\$0	\$4,090,000	\$0	\$287,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$1,153,000	\$576,500	\$0	\$0	-\$1,153,000	-\$576,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$697,000	\$333,400	\$972,000	\$460,920	\$275,000	\$127,520
45	CHDP PROGRAM DENTAL REFERRAL	\$606,000	\$300,720	\$808,000	\$400,960	\$202,000	\$100,240
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$216,000	\$66,660	\$860,000	\$270,590	\$644,000	\$203,930
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$156,000	\$0	\$115,000	\$0	-\$41,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$143,000	\$0	\$139,000	\$0	-\$4,000	\$0
49	WOMEN'S HEALTH SERVICES	\$25,000	\$5,200	\$339,000	\$76,200	\$314,000	\$71,000
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINC	-\$1,642,000	-\$784,880	-\$4,512,000	-\$2,139,340	-\$2,870,000	-\$1,354,460

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$12,414,000	-\$6,207,000	-\$22,518,000	-\$11,259,000	-\$10,104,000	-\$5,052,000
199	END OF LIFE SERVICES	\$0	\$0	\$2,330,000	\$2,330,000	\$2,330,000	\$2,330,000
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	-\$96,000	-\$48,000	-\$195,000	-\$97,500	-\$99,000	-\$49,500
	BENEFITS SUBTOTAL	\$639,253,000	\$98,055,980	\$772,235,000	\$143,474,670	\$132,982,000	\$45,418,690
<u>PHARMACY</u>							
52	ORKAMBI BENEFIT	\$18,077,490	\$8,588,020	\$56,762,000	\$26,894,000	\$38,684,510	\$18,305,980
53	ADAP RYAN WHITE MEDS DATA MATCH	\$2,400,000	\$1,200,000	\$627,000	\$313,500	-\$1,773,000	-\$886,500
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$2,400,000	\$1,200,000	\$2,400,000	\$1,200,000	\$0	\$0
55	NON FFP DRUGS	\$0	\$221,500	\$0	\$19,500	\$0	-\$202,000
56	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$16,000,000	-\$5,600,000	\$0	\$0
57	MEDICAL SUPPLY REBATES	-\$29,518,000	-\$12,692,500	-\$30,923,000	-\$6,756,700	-\$1,405,000	\$5,935,800
58	LITIGATION SETTLEMENTS	-\$36,262,000	-\$36,262,000	\$0	\$0	\$36,262,000	\$36,262,000
59	FAMILY PACT DRUG REBATES	-\$54,527,000	-\$6,839,900	-\$54,989,000	-\$6,897,700	-\$462,000	-\$57,800
60	STATE SUPPLEMENTAL DRUG REBATES	-\$185,506,000	-\$74,556,900	-\$233,749,000	-\$97,656,000	-\$48,243,000	-\$23,099,100
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$149,988,000	-\$300,000,000	-\$149,988,000	\$0	\$0
62	FEDERAL DRUG REBATE PROGRAM	-\$2,056,458,000	-\$776,288,700	-\$2,047,526,000	-\$780,548,800	\$8,932,000	-\$4,260,100
	PHARMACY SUBTOTAL	-\$2,655,393,510	-\$1,051,018,480	-\$2,623,398,000	-\$1,019,020,200	\$31,995,510	\$31,998,280
<u>DRUG MEDI-CAL</u>							
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$14,561,000	\$5,096,500	\$90,892,000	\$32,493,700	\$76,331,000	\$27,397,200
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
69	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$1,135,000	\$369,000	\$1,135,000	\$369,000
	DRUG MEDI-CAL SUBTOTAL	\$17,597,000	\$5,096,500	\$95,063,000	\$32,862,700	\$77,466,000	\$27,766,200
<u>MENTAL HEALTH</u>							
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$232,291,000	\$0	\$175,544,000	\$0	-\$56,747,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$78,309,000	\$0	\$0	\$0	-\$78,309,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH							
74	TRANSITION OF HFP - SMH SERVICES	\$53,804,000	\$0	\$0	\$0	-\$53,804,000	\$0
75	KATIE A. V. DIANA BONTA	\$35,954,000	\$0	\$35,364,000	\$0	-\$590,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,000,000	\$0	\$25,500,000	\$0	\$1,500,000	\$0
77	HEALTHY FAMILIES - SED	\$5,000	\$0	\$0	\$0	-\$5,000	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$4,412,000	\$0	\$270,000	\$0	-\$4,142,000
79	IMD ANCILLARY SERVICES	\$0	\$4,000,000	\$0	\$4,000,000	\$0	\$0
80	CHART REVIEW	-\$1,138,000	\$0	-\$913,000	\$0	\$225,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$74,280,000	\$29,877,000	\$0	\$0	\$74,280,000	-\$29,877,000
198	LATE CLAIMS FOR SMHS	\$3,783,000	\$0	\$2,175,000	\$1,970,000	-\$1,608,000	\$1,970,000
211	MHP COSTS FOR CHILDREN AND YOUTH IN FOSTER C	\$0	\$0	\$416,000	\$208,000	\$416,000	\$208,000
	MENTAL HEALTH SUBTOTAL	\$352,728,000	\$38,289,000	\$238,086,000	\$6,448,000	-\$114,642,000	-\$31,841,000
WAIVER--MH/UCD & BTR							
82	MH/UCD & BTR--DSH PAYMENT	\$184,358,000	\$62,090,000	\$34,000,000	\$17,000,000	-\$150,358,000	-\$45,090,000
83	BTR--DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$786,080,000	\$393,040,000	\$0	\$0	-\$786,080,000	-\$393,040,000
84	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEME	\$656,305,000	\$328,152,500	\$571,258,000	\$285,629,000	-\$85,047,000	-\$42,523,500
85	MH/UCD & BTR--DPH INTERIM & FINAL RECONS	\$326,815,000	\$0	-\$218,972,000	\$0	-\$545,787,000	\$0
86	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTAL F	\$280,704,000	\$140,352,000	\$258,202,000	\$129,101,000	-\$22,502,000	-\$11,251,000
87	BTR--SAFETY NET CARE POOL	\$19,667,000	\$0	\$0	\$0	-\$19,667,000	\$0
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$187,327,000	\$93,663,500	\$70,492,000	\$35,246,000	-\$116,835,000	-\$58,417,500
89	BTR - LIHP - MCE	\$162,795,000	\$0	\$141,648,000	\$0	-\$21,147,000	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$126,379,000	\$0	-\$12,363,000	\$0	-\$138,742,000	\$0
91	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYS. COST	\$87,171,000	\$0	\$80,844,000	\$0	-\$6,327,000	\$0
92	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$26,066,260	\$13,033,130	\$78,635,980	\$39,317,990	\$52,569,710	\$26,284,860
93	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$23,509,000	\$0	\$0	\$0	-\$23,509,000	\$0
94	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$3,458,000	-\$146,481,000	\$0	\$0	-\$3,458,000	\$146,481,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$10,204,000	\$5,102,000	\$0	\$0	-\$10,204,000	-\$5,102,000
96	MH/UCD—SAFETY NET CARE POOL	\$8,186,000	\$0	\$0	\$0	-\$8,186,000	\$0
97	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,712,000	\$2,356,000	\$3,800,000	\$1,900,000	-\$912,000	-\$456,000
98	MH/UCD—STABILIZATION FUNDING	\$2,650,000	\$2,650,000	\$0	\$0	-\$2,650,000	-\$2,650,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$2,164,000	\$0	\$1,471,000	\$0	-\$693,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$0	\$12,022,000	\$0	\$12,022,000
101	MH/UCD & BTR—BCCTP	\$0	-\$327,000	\$0	\$0	\$0	\$327,000
102	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$414,987,500	\$0	-\$437,269,450	\$0	-\$22,281,950
103	MH/UCD & BTR—MIA-LTC	\$0	-\$393,000	\$0	\$0	\$0	\$393,000
104	MH/UCD & BTR—CCS AND GHPP	\$17,900,000	\$0	\$0	\$0	-\$17,900,000	\$0
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	\$800,000,000	\$400,000,000	\$1,600,000,000	\$800,000,000	\$800,000,000	\$400,000,000
206	GLOBAL PAYMENT PROGRAM	\$2,603,064,000	\$1,301,532,000	\$2,492,584,000	\$1,246,292,000	-\$110,480,000	-\$55,240,000
207	WAIVER 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	-\$37,500,000	\$0	-\$75,000,000	\$0	-\$37,500,000
208	WAIVER 2020 WHOLE PERSON CARE PILOTS	\$0	\$0	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000
209	WAIVER 2020 DENTAL TRANSFORMATION INITIATIVE	\$75,000,000	\$37,500,000	\$150,000,000	\$75,000,000	\$75,000,000	\$37,500,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,394,514,260	\$2,179,782,630	\$6,151,599,980	\$2,579,238,540	-\$242,914,290	\$399,455,910
<u>MANAGED CARE</u>							
108	CCI-MANAGED CARE PAYMENTS	\$9,889,062,000	\$4,944,531,000	\$10,319,468,000	\$5,159,734,000	\$430,406,000	\$215,203,000
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,307,539,000	\$2,307,539,000	\$2,477,372,000	\$2,477,372,000	\$169,833,000	\$169,833,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,744,753,000	\$564,183,520	\$0	\$0	-\$1,744,753,000	-\$564,183,520
112	MANAGED CARE RATE RANGE IGTS	\$637,364,000	\$294,454,000	\$871,975,000	\$401,101,000	\$234,611,000	\$106,647,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$518,150,000	\$259,075,000	\$531,316,000	\$265,658,000	\$13,166,000	\$6,583,000
115	HQAF RATE RANGE INCREASES	\$190,077,000	\$92,998,000	\$148,000,000	\$74,000,000	-\$42,077,000	-\$18,998,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$60,200,000	\$6,020,000	\$207,000,000	\$20,700,000	\$146,800,000	\$14,680,000
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	\$36,700,000	\$18,350,000	\$0	\$0	-\$36,700,000	-\$18,350,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
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	\$183,000	\$91,500	\$0	\$0	-\$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	-\$5,687,000	-\$2,843,500	\$0	\$0	\$5,687,000	\$2,843,500
132	CCI-SAVINGS AND DEFERRAL	-\$6,783,616,000	-\$3,391,808,000	-\$7,716,973,000	-\$3,858,486,500	-\$933,357,000	-\$466,678,500
133	RETRO MC RATE ADJUSTMENTS	-\$1,094,480,000	\$216,940,500	-\$3,510,424,000	-\$218,680,380	-\$2,415,944,000	-\$435,620,880
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$0	\$0	\$9,364,000	\$4,682,000	\$9,364,000	\$4,682,000
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$0	\$0	\$327,480,000	\$154,660,500	\$327,480,000	\$154,660,500
MANAGED CARE SUBTOTAL		\$7,502,245,000	\$5,311,531,020	\$3,666,578,000	\$4,482,740,620	-\$3,835,667,000	-\$828,790,400
PROVIDER RATES							
134	MEDICARE PART B PREMIUM INCREASE	\$152,212,000	\$85,276,500	\$356,916,000	\$199,962,500	\$204,704,000	\$114,686,000
135	DENTAL RETROACTIVE RATE CHANGES	\$252,417,000	\$103,750,800	\$0	\$0	-\$252,417,000	-\$103,750,800
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$238,517,410	\$119,258,710	\$216,474,550	\$108,237,280	-\$22,042,860	-\$11,021,430
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	\$0	\$0
138	LTC RATE ADJUSTMENT	\$45,805,590	\$22,902,800	\$106,573,880	\$53,286,940	\$60,768,290	\$30,384,150
139	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE	\$83,218,060	\$41,609,030	\$241,843,320	\$120,921,660	\$158,625,260	\$79,312,630
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$19,700,000	\$9,850,000	\$13,000,000	\$6,500,000	-\$6,700,000	-\$3,350,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,074,260	\$9,246,890	\$24,959,040	\$9,586,800	\$884,780	\$339,910
142	HOSPICE RATE INCREASES	\$3,539,480	\$1,769,740	\$8,261,790	\$4,130,900	\$4,722,310	\$2,361,150
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREAS	\$0	\$0	\$1,940,860	\$970,430	\$1,940,860	\$970,430

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 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>							
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	-\$31,649,000	-\$31,649,000	\$0	\$0	\$31,649,000	\$31,649,000
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$13,824,000	-\$6,912,000	-\$23,087,000	-\$11,543,500	-\$9,263,000	-\$4,631,500
146	NON-AB 1629 LTC RATE FREEZE	-\$4,592,000	-\$2,296,000	-\$20,839,000	-\$10,419,500	-\$16,247,000	-\$8,123,500
147	LABORATORY RATE METHODOLOGY CHANGE	-\$20,265,790	-\$10,132,900	-\$30,711,260	-\$15,355,630	-\$10,445,470	-\$5,222,730
148	10% PROVIDER PAYMENT REDUCTION	-\$184,559,620	-\$92,279,810	-\$196,963,000	-\$98,481,500	-\$12,403,380	-\$6,201,690
149	REDUCTION TO RADIOLOGY RATES	-\$44,549,850	-\$22,274,930	-\$52,078,000	-\$26,039,000	-\$7,528,150	-\$3,764,070
	PROVIDER RATES SUBTOTAL	\$608,180,550	\$272,188,330	\$734,428,180	\$385,825,870	\$126,247,630	\$113,637,530
<u>SUPPLEMENTAL PMNTS.</u>							
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$8,613,826,000	\$3,485,813,000	\$7,150,333,000	\$2,831,982,000	-\$1,463,493,000	-\$653,831,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$288,962,000	\$0	\$234,312,000	\$0	-\$54,650,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$264,597,000	\$162,701,000	\$25,661,000	\$25,661,000	-\$238,936,000	-\$137,040,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$210,610,000	\$0	\$202,400,000	\$0	-\$8,210,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$136,685,000	\$47,088,000	\$100,498,000	\$46,687,000	-\$36,187,000	-\$401,000
155	CERTIFICATION PAYMENTS FOR DP-NFS	\$111,321,000	\$0	\$103,366,000	\$0	-\$7,955,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$105,372,460	\$51,831,860	\$107,000,000	\$38,996,330	\$1,627,540	-\$12,835,530
157	FFP FOR LOCAL TRAUMA CENTERS	\$101,793,000	\$50,896,500	\$80,103,000	\$40,051,500	-\$21,690,000	-\$10,845,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$100,941,000	\$40,452,500	\$102,317,000	\$41,140,500	\$1,376,000	\$688,000
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$61,611,000	\$0	\$22,782,000	\$0	-\$38,829,000	\$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	\$8,333,000	\$4,166,000	\$8,333,000	\$4,166,000	\$0	\$0
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:	\$6,063,000	\$0	\$3,662,000	\$0	-\$2,401,000	\$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$57,224,000	\$57,224,000	\$0	\$0	-\$57,224,000	-\$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$10,085,338,460	\$3,909,172,860	\$8,158,767,000	\$3,037,684,330	-\$1,926,571,460	-\$871,488,530
<u>OTHER</u>							

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 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2015-16		NOV. 2015 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
170	ARRA HITECH - PROVIDER PAYMENTS	\$182,108,000	\$0	\$127,681,000	\$0	-\$54,427,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	\$155,709,000	\$0	\$59,690,000	\$0	-\$96,019,000	\$0
173	CCI IHSS RECONCILIATION	\$60,000,000	\$0	\$0	\$0	-\$60,000,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$50,929,000	\$25,464,500	\$50,929,000	\$25,464,500	\$0	\$0
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$18,496,000	\$5,345,000	\$10,738,000	\$4,836,000	-\$7,758,000	-\$509,000
179	INDIAN HEALTH SERVICES	\$5,545,000	-\$18,482,500	\$25,289,000	-\$16,340,600	\$19,744,000	\$2,141,900
180	WPCS WORKERS' COMPENSATION	\$4,764,000	\$2,382,000	\$2,625,000	\$1,312,500	-\$2,139,000	-\$1,069,500
181	OVERTIME FOR WPCS PROVIDERS	\$4,231,000	\$2,115,500	\$5,391,000	\$2,695,500	\$1,160,000	\$580,000
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$2,939,000	\$881,500	\$0	\$0	-\$2,939,000	-\$881,500
186	CDDS DENTAL SERVICES	\$902,000	\$902,000	\$902,000	\$902,000	\$0	\$0
187	AUDIT SETTLEMENTS	\$854,000	\$854,000	\$854,000	\$854,000	\$0	\$0
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$325,000	\$162,500	\$449,000	\$224,500	\$124,000	\$62,000
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	-\$1,595,366,800	\$0	-\$1,605,590,850	\$0	-\$10,224,050
190	FUNDING ADJUST.—OTLICP	\$0	-\$100,237,360	\$0	-\$122,771,420	\$0	-\$22,534,060
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	-\$2,558,000	\$0	-\$262,406,000	\$0	-\$259,848,000	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-\$17,449,000	-\$17,449,000	-\$17,449,000	-\$17,449,000	\$0	\$0
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$42,537,000	\$0	\$3,800,000	\$0	-\$38,737,000
	OTHER SUBTOTAL	\$466,795,000	-\$1,650,891,660	\$4,693,000	-\$1,722,062,870	-\$462,102,000	-\$71,171,210
	GRAND TOTAL	\$25,498,878,040	\$8,821,995,730	\$19,925,031,400	\$7,701,251,710	-\$5,573,846,640	-\$1,120,744,020

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

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	\$8,314,530	\$132,743,520	\$61,122,690	\$51,523,040	\$1,638,740	\$46,505,970
OTHER MEDICAL	\$58,081,630	\$681,276,490	\$338,253,220	\$323,669,600	\$6,680,530	\$44,066,530
CO. & COMM. OUTPATIENT	\$4,606,000	\$114,762,280	\$115,983,690	\$30,643,180	\$835,760	\$43,121,890
PHARMACY	\$1,932,320	\$349,785,390	\$233,604,610	\$66,745,020	\$1,449,960	\$27,170,140
COUNTY INPATIENT	\$1,860,670	\$385,883,280	\$17,608,920	\$20,158,400	\$940,510	\$101,684,040
COMMUNITY INPATIENT	\$34,021,970	\$1,051,638,550	\$394,947,020	\$272,063,580	\$15,853,380	\$373,686,030
NURSING FACILITIES	\$168,057,620	\$94,316,950	\$402,343,570	\$3,566,240	\$1,068,782,340	\$3,178,760
ICF-DD	\$1,150,860	\$1,749,710	\$165,475,210	\$416,530	\$29,113,830	\$0
MEDICAL TRANSPORTATION	\$5,369,890	\$15,093,410	\$24,550,870	\$3,851,460	\$2,766,970	\$4,535,050
OTHER SERVICES	\$9,852,800	\$19,970,700	\$47,875,300	\$45,204,060	\$41,940,960	\$1,829,780
HOME HEALTH	\$961,620	\$1,966,730	\$130,040,100	\$5,185,950	\$48,260	\$515,120
FFS SUBTOTAL	\$294,209,920	\$2,849,187,010	\$1,931,805,210	\$823,027,050	\$1,170,051,250	\$646,293,330
DENTAL	\$44,986,240	\$460,939,860	\$103,535,700	\$161,164,070	\$4,521,390	\$0
MENTAL HEALTH	\$5,601,590	\$119,974,330	\$774,708,050	\$569,316,480	\$702,780	\$0
TWO PLAN MODEL	\$1,865,005,200	\$6,785,920,770	\$5,693,135,640	\$1,148,232,310	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$476,297,860	\$2,743,708,400	\$1,314,210,140	\$285,094,680	\$628,544,630	\$0
GEOGRAPHIC MANAGED CARE	\$316,441,650	\$1,339,843,220	\$1,013,464,270	\$204,601,070	\$0	\$0
PHP & OTHER MANAG. CARE	\$180,032,560	\$38,919,660	\$104,053,770	\$18,040,820	\$7,811,840	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$10,899,080	\$0	\$0
MEDICARE PAYMENTS	\$1,630,060,790	\$0	\$1,548,034,980	\$2,432,550	\$157,949,400	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,893,760	\$0	\$25,552,960	\$35,261,120	\$1,065,320	\$0
MISC. SERVICES	\$508,783,430	\$69,794,000	\$3,722,359,560	\$579,380	\$0	\$0
DRUG MEDI-CAL	\$8,429,220	\$58,434,130	\$19,724,040	\$27,218,880	\$827,560	\$0
REGIONAL MODEL	\$4,887,860	\$499,238,900	\$294,874,080	\$68,115,610	\$0	\$0
NON-FFS SUBTOTAL	\$5,051,420,170	\$12,116,773,270	\$14,613,653,180	\$2,530,956,060	\$801,422,930	\$0
TOTAL DOLLARS (1)	\$5,345,630,090	\$14,965,960,280	\$16,545,458,390	\$3,353,983,110	\$1,971,474,180	\$646,293,330
ELIGIBLES ***	443,800	3,392,000	1,041,000	1,436,500	43,400	22,000
ANNUAL \$/ELIGIBLE	\$12,045	\$4,412	\$15,894	\$2,335	\$45,426	\$29,377
AVG. MO. \$/ELIGIBLE	\$1,004	\$368	\$1,324	\$195	\$3,785	\$2,448

(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 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$2,044,140	\$17,662,000	\$16,269,400	\$9,664,670	\$198,100,800	\$22,150,120
OTHER MEDICAL	\$4,937,790	\$157,183,580	\$88,847,540	\$84,673,610	\$880,563,230	\$110,062,770
CO. & COMM. OUTPATIENT	\$850,620	\$24,778,670	\$12,982,240	\$16,661,390	\$129,635,970	\$11,166,570
PHARMACY	\$2,948,590	\$33,856,290	\$6,945,490	\$20,247,250	\$121,886,950	\$27,827,790
COUNTY INPATIENT	\$8,780,190	\$3,094,480	\$26,831,970	\$41,429,970	\$140,148,290	\$14,005,660
COMMUNITY INPATIENT	\$18,638,120	\$91,318,970	\$108,612,450	\$74,578,520	\$1,005,702,200	\$123,948,540
NURSING FACILITIES	\$248,332,320	\$202,010	\$180,537,850	\$49,541,280	\$18,888,040	\$4,982,560
ICF-DD	\$155,056,250	\$22,740	\$950,410	\$7,390,320	\$366,960	\$1,295,410
MEDICAL TRANSPORTATION	\$1,179,870	\$563,360	\$8,986,510	\$11,934,790	\$11,194,870	\$1,682,030
OTHER SERVICES	\$7,944,220	-\$9,087,560	\$13,466,650	\$7,131,370	\$105,744,930	\$9,315,890
HOME HEALTH	\$6,670	\$4,542,220	\$738,740	\$49,469,280	\$9,589,450	\$12,578,950
FFS SUBTOTAL	\$450,718,770	\$324,136,760	\$465,169,250	\$372,722,460	\$2,621,821,680	\$339,016,300
DENTAL	\$1,411,810	\$60,873,450	\$37,443,590	\$18,246,250	\$284,153,730	\$28,854,240
MENTAL HEALTH	\$2,273,710	\$18,059,880	\$6,077,000	\$81,996,400	\$382,384,130	\$69,877,610
TWO PLAN MODEL	\$0	\$716,004,410	\$1,514,575,230	\$627,002,690	\$2,338,003,540	\$30,649,580
COUNTY ORGANIZED HEALTH SYSTEMS	\$209,896,640	\$328,782,140	\$493,852,470	\$303,349,060	\$849,985,740	\$27,498,330
GEOGRAPHIC MANAGED CARE	\$0	\$156,087,210	\$226,792,290	\$116,205,690	\$382,543,770	\$4,842,780
PHP & OTHER MANAG. CARE	\$249,550	\$12,579,890	\$153,132,690	\$17,568,940	\$49,820,210	\$2,679,530
EPSDT SCREENS	\$0	\$7,866,590	\$0	\$0	\$29,773,270	\$1,654,520
MEDICARE PAYMENTS	\$41,081,070	\$0	\$989,535,050	\$480,557,410	\$82,496,760	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$326,470	\$0	\$10,832,390	\$4,654,030	\$95,945,110	\$5,429,700
MISC. SERVICES	\$0	-\$75,084,000	\$431,935,330	\$668,399,830	\$1,467,120	\$11,788,320
DRUG MEDI-CAL	\$252,740	\$11,789,890	\$8,098,700	\$3,592,980	\$73,602,670	\$4,003,180
REGIONAL MODEL	\$0	\$49,137,030	\$20,378,460	\$21,186,110	\$165,782,770	\$947,120
NON-FFS SUBTOTAL	\$255,491,980	\$1,286,096,480	\$3,892,653,210	\$2,342,759,380	\$4,735,958,810	\$188,224,900
TOTAL DOLLARS (1)	\$706,210,760	\$1,610,233,240	\$4,357,822,460	\$2,715,481,840	\$7,357,780,490	\$527,241,210
ELIGIBLES ***	13,300	1,060,300	449,000	194,800	3,908,700	221,200
ANNUAL \$/ELIGIBLE	\$53,099	\$1,519	\$9,706	\$13,940	\$1,882	\$2,384
AVG. MO. \$/ELIGIBLE	\$4,425	\$127	\$809	\$1,162	\$157	\$199

(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 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$113,570	\$168,410	\$4,186,680	\$117,088,760	\$11,737,880	\$6,175,660
OTHER MEDICAL	\$345,490	\$626,150	\$5,280,070	\$228,141,090	\$107,964,510	\$49,377,780
CO. & COMM. OUTPATIENT	\$61,660	\$67,330	\$3,597,970	\$23,456,980	\$8,858,810	\$6,823,470
PHARMACY	\$675,710	\$124,110	\$2,493,450	\$7,265,030	\$8,492,630	\$10,916,020
COUNTY INPATIENT	\$147,130	\$4,370	\$4,723,730	\$55,953,220	\$1,084,790	\$1,041,180
COMMUNITY INPATIENT	\$799,080	\$352,000	\$23,138,650	\$608,054,960	\$58,224,080	\$28,196,150
NURSING FACILITIES	\$19,109,310	\$370	\$3,186,590	\$2,325,020	\$1,334,490	\$487,750
ICF-DD	\$746,760	\$0	\$237,270	\$0	\$0	\$61,830
MEDICAL TRANSPORTATION	\$105,370	\$4,690	\$748,780	\$2,057,960	\$594,380	\$215,420
OTHER SERVICES	\$659,520	\$15,190	\$307,360	\$13,895,080	\$8,152,190	\$11,017,100
HOME HEALTH	\$20	\$90	\$4,020	\$1,776,790	\$2,453,720	\$1,489,370
FFS SUBTOTAL	\$22,763,650	\$1,362,710	\$47,904,560	\$1,060,014,900	\$208,897,480	\$115,801,740
DENTAL	\$96,200	\$173,370	\$20,952,370	\$10,118,610	\$12,324,230	\$16,511,880
MENTAL HEALTH	\$20,670	\$71,270	\$149,310	\$746,570	\$6,073,900	\$20,319,940
TWO PLAN MODEL	\$110,670	\$756,740	\$0	\$217,523,850	\$368,958,450	\$208,431,510
COUNTY ORGANIZED HEALTH SYSTEMS	\$155,200	\$173,350	\$1,738,150	\$91,030,400	\$163,073,260	\$93,329,640
GEOGRAPHIC MANAGED CARE	\$22,670	\$158,900	\$0	\$37,438,450	\$71,773,520	\$48,924,830
PHP & OTHER MANAG. CARE	\$7,900	\$0	\$0	\$3,910,600	\$6,565,870	\$3,726,150
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$4,027,770	\$2,285,770
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$14,730	\$0	\$1,175,780	\$8,525,020	\$0	\$7,653,620
MISC. SERVICES	\$3,723,090	\$0	\$0	\$67,010	\$40,910	\$71,190
DRUG MEDI-CAL	\$12,340	\$25,450	\$0	\$6,433,040	\$10,058,780	\$5,708,390
REGIONAL MODEL	\$980	\$5,280	\$0	\$12,240,200	\$30,811,860	\$15,100,130
NON-FFS SUBTOTAL	\$4,164,460	\$1,364,350	\$24,015,610	\$388,033,750	\$673,708,550	\$422,063,070
TOTAL DOLLARS (1)	\$26,928,100	\$2,727,050	\$71,920,170	\$1,448,048,650	\$882,606,020	\$537,864,810
ELIGIBLES ***	600	1,300	47,900	347,300	543,500	311,800
ANNUAL \$/ELIGIBLE	\$44,880	\$2,098	\$1,501	\$4,169	\$1,624	\$1,725
AVG. MO. \$/ELIGIBLE	\$3,740	\$175	\$125	\$347	\$135	\$144

(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 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$707,210,580
OTHER MEDICAL	\$3,170,031,630
CO. & COMM. OUTPATIENT	\$548,894,480
PHARMACY	\$924,366,760
COUNTY INPATIENT	\$825,380,830
COMMUNITY INPATIENT	\$4,283,774,250
NURSING FACILITIES	\$2,269,173,080
ICF-DD	\$364,034,090
MEDICAL TRANSPORTATION	\$95,435,670
OTHER SERVICES	\$335,235,540
HOME HEALTH	\$221,367,120
FFS SUBTOTAL	\$13,744,904,030
DENTAL	\$1,266,306,980
MENTAL HEALTH	\$2,058,353,630
TWO PLAN MODEL	\$21,514,310,610
COUNTY ORGANIZED HEALTH SYSTEMS	\$8,010,720,100
GEOGRAPHIC MANAGED CARE	\$3,919,140,320
PHP & OTHER MANAG. CARE	\$599,099,980
EPSDT SCREENS	\$56,507,000
MEDICARE PAYMENTS	\$4,932,148,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000
MISC. SERVICES	\$5,343,925,170
DRUG MEDI-CAL	\$238,212,000
REGIONAL MODEL	\$1,182,706,380
NON-FFS SUBTOTAL	\$49,328,760,140
TOTAL DOLLARS (1)	\$63,073,664,170
ELIGIBLES ***	13,478,400
ANNUAL \$/ELIGIBLE	\$4,680
AVG. MO. \$/ELIGIBLE	\$390

(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 2016-17 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 PAYMENT
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 PROG
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

101	MH/UCD & BTR—BCCTP
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 EXPENDITURES
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

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON NOVEMBER 2015 ESTIMATE

EXCLUDED POLICY CHANGES: 71

192	CLPP FUND
193	CCI-TRANSFER OF IHSS COSTS TO DHCS
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