

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2015-16

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$17,343,950,190	\$8,671,975,100	\$8,671,975,100
B. C/Y BASE POLICY CHANGES	\$46,227,142,010	\$33,990,134,770	\$12,237,007,230
C. BASE ADJUSTMENTS	-\$147,025,000	-\$185,902,100	\$38,877,100
D. ADJUSTED BASE	<u>\$63,424,067,200</u>	<u>\$42,476,207,770</u>	<u>\$20,947,859,430</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$729,470,170	\$189,348,650	\$540,121,520
B. AFFORDABLE CARE ACT	\$2,035,454,360	\$2,071,735,970	-\$36,281,610
C. BENEFITS	\$618,616,000	\$535,836,120	\$82,779,880
D. PHARMACY	-\$2,538,827,880	-\$1,540,900,800	-\$997,927,080
E. DRUG MEDI-CAL	\$3,036,000	\$3,036,000	\$0
F. MENTAL HEALTH	\$29,392,270	-\$4,896,730	\$34,289,000
G. WAIVER--MH/UCD & BTR	\$3,605,120,000	\$2,034,284,500	\$1,570,835,500
H. MANAGED CARE	\$5,770,211,820	\$1,369,432,230	\$4,400,779,590
I. PROVIDER RATES	\$600,203,850	\$685,615,170	-\$85,411,320
J. SUPPLEMENTAL PMNTS.	\$8,230,541,480	\$4,436,254,310	\$3,794,287,170
K. OTHER	\$315,507,880	\$2,130,142,980	-\$1,814,635,100
L. TOTAL CHANGES	<u>\$19,398,725,960</u>	<u>\$11,909,888,410</u>	<u>\$7,488,837,550</u>
III. TOTAL MEDI-CAL ESTIMATE	<u>\$82,822,793,160</u>	<u>\$54,386,096,180</u>	<u>\$28,436,696,980</u>

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	\$421,075,000	\$316,775,900	\$104,299,100
2	MEDI-CAL ADULT INMATE PROGRAMS	\$202,922,000	\$202,922,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$80,529,000	\$39,794,300	\$40,734,700
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATES	\$47,492,000	\$47,492,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$26,838,000	\$13,419,000	\$13,419,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$29,922,000	\$7,142,000	\$22,780,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,740,000	\$1,187,580	\$552,420
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$101,821,410	-\$101,821,410
13	NEW QUALIFIED IMMIGRANTS	\$0	-\$638,428,000	\$638,428,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$113,092,870	-\$113,092,870
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$48,374,310	-\$48,374,310
16	INCARCERATION VERIFICATION PROGRAM	-\$7,560,010	-\$4,760,310	-\$2,799,700
17	PARIS-VETERANS	-\$2,974,820	-\$1,487,410	-\$1,487,410
18	OTLICP PREMIUMS	-\$70,513,000	-\$57,997,000	-\$12,516,000
	ELIGIBILITY SUBTOTAL	\$729,470,170	\$189,348,650	\$540,121,520
AFFORDABLE CARE ACT				
19	COMMUNITY FIRST CHOICE OPTION	\$1,485,413,000	\$1,485,413,000	\$0
20	ACA OPTIONAL EXPANSION	\$160,359,000	\$160,308,000	\$51,000
21	HEALTH INSURER FEE	\$220,710,000	\$143,064,150	\$77,645,850
22	ACA MANDATORY EXPANSION	\$7,221,000	\$4,120,960	\$3,100,040
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$109,249,360	\$109,249,360	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$22,080,000	-\$22,080,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	\$94,998,500	-\$94,998,500
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$52,502,000	\$52,502,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$2,035,454,360	\$2,071,735,970	-\$36,281,610
BENEFITS				
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$273,219,000	\$273,219,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$128,729,000	\$128,729,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$89,048,000	\$49,143,880	\$39,904,120
36	CCS DEMONSTRATION PROJECT PILOTS	\$40,958,000	\$22,100,530	\$18,857,470
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,005,000	\$20,002,000	\$20,003,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$10,902,000	\$6,154,050	\$4,747,950
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$33,380,000	\$28,777,000	\$4,603,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,126,000	\$5,104,000	\$22,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,928,000	\$4,928,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$33,000	\$16,500	\$16,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$710,000	\$372,080	\$337,920
45	CHDP PROGRAM DENTAL REFERRAL	\$176,000	\$92,940	\$83,060
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$56,000	\$28,000	\$28,000

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
<u>BENEFITS</u>				
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$118,000	\$118,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$156,000	\$156,000	\$0
49	WOMEN'S HEALTH SERVICES	\$1,027,000	\$795,600	\$231,400
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-\$1,469,000	-\$774,400	-\$694,600
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$24,789,000	-\$12,394,000	-\$12,395,000
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION CC	\$16,303,000	\$9,267,940	\$7,035,060
	BENEFITS SUBTOTAL	\$618,616,000	\$535,836,120	\$82,779,880
<u>PHARMACY</u>				
52	ORKAMBI BENEFIT	\$8,171,910	\$4,208,220	\$3,963,690
53	ADAP RYAN WHITE MEDS DATA MATCH	\$186,160	\$93,080	\$93,080
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$390,960	\$195,480	\$195,480
55	NON FFP DRUGS	\$0	-\$253,500	\$253,500
56	BCCTP DRUG REBATES	-\$13,069,000	-\$8,494,850	-\$4,574,150
57	MEDICAL SUPPLY REBATES	-\$25,309,000	-\$15,059,000	-\$10,250,000
58	LITIGATION SETTLEMENTS	-\$12,495,000	\$0	-\$12,495,000
59	FAMILY PACT DRUG REBATES	-\$33,014,000	-\$28,872,600	-\$4,141,400
60	STATE SUPPLEMENTAL DRUG REBATES	-\$168,017,000	-\$97,820,290	-\$70,196,710
61	AGED AND DISPUTED DRUG REBATES	-\$350,000,000	-\$212,065,000	-\$137,935,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,846,769,000	-\$1,122,792,720	-\$723,976,280
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY	-\$98,903,900	-\$60,039,620	-\$38,864,280
	PHARMACY SUBTOTAL	-\$2,538,827,880	-\$1,540,900,800	-\$997,927,080
<u>DRUG MEDI-CAL</u>				
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
	DRUG MEDI-CAL SUBTOTAL	\$3,036,000	\$3,036,000	\$0
<u>MENTAL HEALTH</u>				
73	ELIMINATION OF STATE MAXIMUM RATES	\$34,455,960	\$34,455,960	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$28,516,120	\$28,516,120	\$0
75	KATIE A. V. DIANA BONTA	\$18,458,190	\$18,458,190	\$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 OVERPA	\$0	-\$4,412,000	\$4,412,000
80	CHART REVIEW	-\$1,763,000	-\$1,763,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$74,280,000	-\$104,157,000	\$29,877,000
	MENTAL HEALTH SUBTOTAL	\$29,392,270	-\$4,896,730	\$34,289,000
<u>WAIVER--MH/UCD & BTR</u>				
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE	\$784,458,000	\$392,229,000	\$392,229,000
87	BTR—SAFETY NET CARE POOL	\$19,667,000	\$19,667,000	\$0
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

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
WAIVER--MH/UCD & BTR				
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$23,509,000	\$23,509,000	\$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$3,458,000	\$56,880,000	-\$53,422,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$9,272,000	\$4,636,000	\$4,636,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$1,457,000	\$1,457,000	\$0
101	MH/UCD & BTR—BCCTP	\$0	\$327,000	-\$327,000
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	\$1,656,225,000	\$828,112,500	\$828,112,500
	WAIVER--MH/UCD & BTR SUBTOTAL	\$3,605,120,000	\$2,034,284,500	\$1,570,835,500
MANAGED CARE				
32	MANAGED CARE DRUG REBATES	-\$663,951,000	-\$397,077,790	-\$266,873,210
108	CCI-MANAGED CARE PAYMENTS	\$3,590,373,540	\$1,795,186,770	\$1,795,186,770
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,394,978,000	\$0	\$2,394,978,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,609,742,000	\$1,135,158,110	\$474,583,890
112	MANAGED CARE RATE RANGE IGTS	\$585,048,000	\$313,061,000	\$271,987,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$39,500,000	\$19,750,000	\$19,750,000
115	HQAF RATE RANGE INCREASES	\$65,077,000	\$34,577,000	\$30,500,000
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
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	-\$673,861,720	-\$336,930,860	-\$336,930,860
133	RETRO MC RATE ADJUSTMENTS	-\$1,209,890,000	-\$1,209,890,000	\$0
	MANAGED CARE SUBTOTAL	\$5,770,211,820	\$1,369,432,230	\$4,400,779,590
PROVIDER RATES				
102	DPH INTERIM RATE	\$0	\$341,091,500	-\$341,091,500
135	DENTAL RETROACTIVE RATE CHANGES	\$252,417,000	\$148,666,200	\$103,750,800
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$175,788,300	\$108,742,170	\$67,046,130
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$88,137,000	\$44,068,500	\$44,068,500
138	LTC RATE ADJUSTMENT	\$29,354,520	\$14,677,260	\$14,677,260
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$47,921,320	\$23,960,660	\$23,960,660
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$18,162,000	\$9,081,000	\$9,081,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,410,630	\$5,821,340	\$3,589,290

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
PROVIDER RATES				
142	HOSPICE RATE INCREASES	\$2,144,170	\$1,072,090	\$1,072,090
144	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
147	LABORATORY RATE METHODOLOGY CHANGE	-\$5,494,610	-\$2,747,300	-\$2,747,300
148	10% PROVIDER PAYMENT REDUCTION	-\$6,981,580	-\$3,490,790	-\$3,490,790
149	REDUCTION TO RADIOLOGY RATES	-\$10,654,900	-\$5,327,450	-\$5,327,450
	PROVIDER RATES SUBTOTAL	\$600,203,850	\$685,615,170	-\$85,411,320
SUPPLEMENTAL PMNTS.				
82	DSH PAYMENT	\$566,095,000	\$325,438,000	\$240,657,000
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$636,447,000	\$318,223,500	\$318,223,500
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$280,647,000	\$140,323,500	\$140,323,500
91	DPH PHYSICIAN & NON-PHYS. COST	\$87,608,000	\$87,608,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$1,900,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$5,641,276,000	\$2,919,908,000	\$2,721,368,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$180,823,000	\$180,823,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$203,511,000	\$93,091,000	\$110,420,000
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$161,073,000	\$104,055,000	\$57,018,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$82,027,000	\$82,027,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P	\$130,427,480	\$69,871,810	\$60,555,670
157	FFP FOR LOCAL TRAUMA CENTERS	\$69,340,000	\$34,670,000	\$34,670,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,887,000	\$60,961,500	\$40,925,500
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$57,513,000	\$57,513,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$4,000,000	\$2,000,000	\$2,000,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,004,000	\$4,002,000	\$4,002,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$6,063,000	\$6,063,000	\$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	-\$57,224,000	\$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,230,541,480	\$4,436,254,310	\$3,794,287,170
OTHER				
170	ARRA HITECH - PROVIDER PAYMENTS	\$139,426,000	\$139,426,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$97,703,000	\$97,703,000	\$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	\$13,444,000	\$8,784,000	\$4,660,000
179	INDIAN HEALTH SERVICES	\$6,211,000	\$23,946,500	-\$17,735,500
181	OVERTIME FOR WPCS PROVIDERS	\$2,732,880	\$1,366,440	\$1,366,440
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$2,939,000	\$2,057,500	\$881,500
186	CDDS DENTAL SERVICES	\$984,000	\$0	\$984,000
187	AUDIT SETTLEMENTS	\$814,000	\$0	\$814,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$325,000	\$162,500	\$162,500
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,741,241,000	-\$1,741,241,000
190	FUNDING ADJUST.—OTLICP	\$0	\$102,977,540	-\$102,977,540

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

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

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
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
196	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0
210	FFP REPAYMENT FOR CDDS COSTS	\$0	-\$12,986,000	\$12,986,000
	OTHER SUBTOTAL	\$315,507,880	\$2,130,142,980	-\$1,814,635,100
	GRAND TOTAL	\$19,398,725,960	\$11,909,888,410	\$7,488,837,550

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	\$6,522,312,890	\$4,069,731,760	\$2,452,581,130
PHYSICIANS	\$994,620,160	\$669,105,690	\$325,514,470
OTHER MEDICAL	\$3,459,937,440	\$2,202,398,410	\$1,257,539,030
CO. & COMM. OUTPATIENT	\$2,067,755,290	\$1,198,227,660	\$869,527,630
PHARMACY	\$1,509,322,000	\$960,579,540	\$548,742,460
HOSPITAL INPATIENT	\$12,698,142,230	\$7,854,247,400	\$4,843,894,830
COUNTY INPATIENT	\$2,683,313,620	\$1,816,386,520	\$866,927,100
COMMUNITY INPATIENT	\$10,014,828,610	\$6,037,860,870	\$3,976,967,730
LONG TERM CARE	\$3,245,220,300	\$1,655,991,320	\$1,589,228,980
NURSING FACILITIES	\$2,850,066,420	\$1,454,445,310	\$1,395,621,110
ICF-DD	\$395,153,880	\$201,546,010	\$193,607,870
OTHER SERVICES	\$1,134,353,740	\$689,074,050	\$445,279,700
MEDICAL TRANSPORTATION	\$164,727,240	\$114,965,360	\$49,761,880
OTHER SERVICES	\$720,553,160	\$447,770,840	\$272,782,320
HOME HEALTH	\$249,073,340	\$126,337,850	\$122,735,490
TOTAL FEE-FOR-SERVICE	\$25,109,351,160	\$15,229,624,060	\$9,879,727,100
MANAGED CARE	\$42,780,203,730	\$28,591,262,570	\$14,188,941,160
TWO PLAN MODEL	\$26,402,754,580	\$17,402,633,430	\$9,000,121,150
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,907,509,920	\$6,851,444,120	\$3,056,065,800
GEOGRAPHIC MANAGED CARE	\$4,492,700,260	\$3,012,636,070	\$1,480,064,190
PHP & OTHER MANAG. CARE	\$575,990,940	\$305,348,640	\$270,642,300
REGIONAL MODEL	\$1,401,248,040	\$1,019,200,310	\$382,047,740
DENTAL	\$1,187,428,570	\$771,097,170	\$416,331,410
MENTAL HEALTH	\$2,322,230,160	\$2,176,852,920	\$145,377,240
AUDITS/ LAWSUITS	-\$6,311,000	\$1,663,000	-\$7,974,000
EPSDT SCREENS	\$41,550,000	\$22,356,230	\$19,193,770
MEDICARE PAYMENTS	\$4,443,906,000	\$1,277,017,500	\$3,166,888,500
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,129,000	\$193,143,000	\$12,986,000
MISC. SERVICES	\$6,906,422,530	\$6,132,074,050	\$774,348,480
RECOVERIES	-\$306,519,000	-\$146,174,000	-\$160,345,000
DRUG MEDI-CAL	\$138,402,000	\$137,179,680	\$1,222,320
GRAND TOTAL MEDI-CAL	\$82,822,793,160	\$54,386,096,180	\$28,436,696,980

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2015-16**

SERVICE CATEGORY	2015-16 APPROPRIATION	MAY 2016 EST. FOR 2015-16	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$5,805,658,110	\$6,522,312,890	\$716,654,780	12.34
PHYSICIANS	\$939,157,020	\$994,620,160	\$55,463,140	5.91
OTHER MEDICAL	\$2,991,639,220	\$3,459,937,440	\$468,298,230	15.65
CO. & COMM. OUTPATIENT	\$1,874,861,870	\$2,067,755,290	\$192,893,420	10.29
PHARMACY	\$266,920,620	\$1,509,322,000	\$1,242,401,380	465.46
HOSPITAL INPATIENT	\$11,829,970,610	\$12,698,142,230	\$868,171,610	7.34
COUNTY INPATIENT	\$2,504,750,370	\$2,683,313,620	\$178,563,250	7.13
COMMUNITY INPATIENT	\$9,325,220,240	\$10,014,828,610	\$689,608,360	7.40
LONG TERM CARE	\$1,426,338,830	\$3,245,220,300	\$1,818,881,470	127.52
NURSING FACILITIES	\$1,295,142,780	\$2,850,066,420	\$1,554,923,630	120.06
ICF-DD	\$131,196,050	\$395,153,880	\$263,957,830	201.19
OTHER SERVICES	\$786,335,220	\$1,134,353,740	\$348,018,520	44.26
MEDICAL TRANSPORTATION	\$159,661,110	\$164,727,240	\$5,066,130	3.17
OTHER SERVICES	\$517,264,190	\$720,553,160	\$203,288,970	39.30
HOME HEALTH	\$109,409,930	\$249,073,340	\$139,663,420	127.65
TOTAL FEE-FOR-SERVICE	\$20,115,223,390	\$25,109,351,160	\$4,994,127,770	24.83
MANAGED CARE	\$50,386,927,650	\$42,780,203,730	-\$7,606,723,920	-15.10
TWO PLAN MODEL	\$32,295,871,790	\$26,402,754,580	-\$5,893,117,210	-18.25
COUNTY ORGANIZED HEALTH SYSTEMS	\$10,565,610,520	\$9,907,509,920	-\$658,100,610	-6.23
GEOGRAPHIC MANAGED CARE	\$5,696,227,170	\$4,492,700,260	-\$1,203,526,910	-21.13
PHP & OTHER MANAG. CARE	\$605,093,390	\$575,990,940	-\$29,102,450	-4.81
REGIONAL MODEL	\$1,224,124,780	\$1,401,248,040	\$177,123,270	14.47
DENTAL	\$1,228,477,560	\$1,187,428,570	-\$41,048,990	-3.34
MENTAL HEALTH	\$2,734,654,380	\$2,322,230,160	-\$412,424,220	-15.08
AUDITS/ LAWSUITS	\$6,547,500	-\$6,311,000	-\$12,858,500	-196.39
EPSDT SCREENS	\$55,403,810	\$41,550,000	-\$13,853,800	-25.01
MEDICARE PAYMENTS	\$4,259,230,170	\$4,443,906,000	\$184,675,830	4.34
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,883,020	\$206,129,000	-\$754,020	-0.36
MISC. SERVICES	\$7,800,707,000	\$6,906,422,530	-\$894,284,480	-11.46
RECOVERIES	-\$277,857,640	-\$306,519,000	-\$28,661,360	10.32
DRUG MEDI-CAL	\$154,981,860	\$138,402,000	-\$16,579,860	-10.70
GRAND TOTAL MEDI-CAL	\$86,671,178,700	\$82,822,793,160	-\$3,848,385,550	-4.44
STATE FUNDS	\$31,104,105,180	\$28,436,696,980	-\$2,667,408,200	-8.58

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

SERVICE CATEGORY	NOV. 2015 EST. FOR 2015-16	MAY 2016 EST. FOR 2015-16	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,883,700,130	\$6,522,312,890	-\$361,387,240	-5.25
PHYSICIANS	\$930,353,720	\$994,620,160	\$64,266,440	6.91
OTHER MEDICAL	\$3,752,830,580	\$3,459,937,440	-\$292,893,140	-7.80
CO. & COMM. OUTPATIENT	\$2,200,515,830	\$2,067,755,290	-\$132,760,540	-6.03
PHARMACY	\$1,001,911,480	\$1,509,322,000	\$507,410,520	50.64
HOSPITAL INPATIENT	\$13,532,437,430	\$12,698,142,230	-\$834,295,200	-6.17
COUNTY INPATIENT	\$3,644,862,690	\$2,683,313,620	-\$961,549,070	-26.38
COMMUNITY INPATIENT	\$9,887,574,740	\$10,014,828,610	\$127,253,870	1.29
LONG TERM CARE	\$3,064,107,350	\$3,245,220,300	\$181,112,950	5.91
NURSING FACILITIES	\$2,676,430,470	\$2,850,066,420	\$173,635,950	6.49
ICF-DD	\$387,676,880	\$395,153,880	\$7,477,000	1.93
OTHER SERVICES	\$1,032,519,500	\$1,134,353,740	\$101,834,240	9.86
MEDICAL TRANSPORTATION	\$169,747,550	\$164,727,240	-\$5,020,310	-2.96
OTHER SERVICES	\$620,806,700	\$720,553,160	\$99,746,450	16.07
HOME HEALTH	\$241,965,240	\$249,073,340	\$7,108,100	2.94
TOTAL FEE-FOR-SERVICE	\$25,514,675,890	\$25,109,351,160	-\$405,324,730	-1.59
MANAGED CARE	\$47,187,755,440	\$42,780,203,730	-\$4,407,551,700	-9.34
TWO PLAN MODEL	\$29,590,851,670	\$26,402,754,580	-\$3,188,097,090	-10.77
COUNTY ORGANIZED HEALTH SYST	\$10,452,796,350	\$9,907,509,920	-\$545,286,430	-5.22
GEOGRAPHIC MANAGED CARE	\$5,012,550,600	\$4,492,700,260	-\$519,850,340	-10.37
PHP & OTHER MANAG. CARE	\$661,697,720	\$575,990,940	-\$85,706,780	-12.95
REGIONAL MODEL	\$1,469,859,100	\$1,401,248,040	-\$68,611,060	-4.67
DENTAL	\$1,256,258,310	\$1,187,428,570	-\$68,829,730	-5.48
MENTAL HEALTH	\$2,302,672,340	\$2,322,230,160	\$19,557,820	0.85
AUDITS/ LAWSUITS	-\$30,038,000	-\$6,311,000	\$23,727,000	-78.99
EPSDT SCREENS	\$47,172,920	\$41,550,000	-\$5,622,920	-11.92
MEDICARE PAYMENTS	\$4,464,007,000	\$4,443,906,000	-\$20,101,000	-0.45
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,129,000	\$206,129,000	\$0	0.00
MISC. SERVICES	\$7,112,717,700	\$6,906,422,530	-\$206,295,170	-2.90
RECOVERIES	-\$306,727,000	-\$306,519,000	\$208,000	-0.07
DRUG MEDI-CAL	\$163,283,000	\$138,402,000	-\$24,881,000	-15.24
GRAND TOTAL MEDI-CAL	\$87,917,906,600	\$82,822,793,160	-\$5,095,113,440	-5.80
STATE FUNDS	\$30,357,431,970	\$28,436,696,980	-\$1,920,734,990	-6.33

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	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	\$421,075,000	\$104,299,100	-\$119,034,000	-\$31,078,700	-\$38,956,000	-\$9,649,000
2	MEDI-CAL ADULT INMATE PROGRAMS	\$59,918,000	\$0	\$148,598,000	\$0	\$202,922,000	\$0	\$143,004,000	\$0	\$54,324,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$109,731,000	\$51,506,600	\$101,577,000	\$48,657,250	\$80,529,000	\$40,734,700	-\$29,202,000	-\$10,771,900	-\$21,048,000	-\$7,922,550
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$56,404,000	\$0	\$46,958,000	\$0	\$47,492,000	\$0	-\$8,912,000	\$0	\$534,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$29,630,000	\$14,815,000	\$30,024,000	\$15,012,000	\$26,838,000	\$13,419,000	-\$2,792,000	-\$1,396,000	-\$3,186,000	-\$1,593,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$40,000,000	\$40,000,000	\$26,193,000	\$20,420,000	\$29,922,000	\$22,780,000	-\$10,078,000	-\$17,220,000	\$3,729,000	\$2,360,000
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,469,000	\$514,000	\$2,383,000	\$423,040	\$1,740,000	\$552,420	\$271,000	\$38,420	-\$643,000	\$129,380
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$80,419,200	\$0	-\$201,893,790	\$0	-\$101,821,410	\$0	-\$21,402,210	\$0	\$100,072,380
13	NEW QUALIFIED IMMIGRANTS	\$0	\$178,884,000	\$0	\$388,613,000	\$0	\$638,428,000	\$0	\$459,544,000	\$0	\$249,815,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$87,287,200	\$0	-\$110,502,990	\$0	-\$113,092,870	\$0	-\$25,805,670	\$0	-\$2,589,880
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$38,895,000	\$0	-\$43,872,980	\$0	-\$48,374,310	\$0	-\$9,479,310	\$0	-\$4,501,330
16	INCARCERATION VERIFICATION PROGRAM	-\$1,939,000	-\$969,500	-\$7,711,000	-\$1,267,500	-\$10,681,000	-\$3,955,500	-\$8,742,000	-\$2,986,000	-\$2,970,000	-\$2,688,000
17	PARIS-VETERANS	-\$10,309,950	-\$5,154,980	-\$10,895,720	-\$5,447,860	-\$9,094,520	-\$4,547,260	\$1,215,430	\$607,720	\$1,801,200	\$900,600
18	OTLIPC PREMIUMS	-\$74,115,000	-\$25,940,250	-\$72,911,000	-\$12,941,760	-\$70,513,000	-\$12,516,000	\$3,602,000	\$13,424,250	\$2,398,000	\$425,760
--	FEDERAL IMMIGRATION REFORM	\$20,883,000	\$16,779,000	\$0	\$0	\$0	\$0	-\$20,883,000	-\$16,779,000	\$0	\$0
--	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$6,424,000	\$2,248,250	\$6,424,000	\$1,140,190	\$0	\$0	-\$6,424,000	-\$2,248,250	-\$6,424,000	-\$1,140,190
	ELIGIBILITY SUBTOTAL	\$778,204,050	\$201,458,520	\$730,670,280	\$212,286,700	\$720,229,480	\$535,905,870	-\$57,974,570	\$334,447,350	-\$10,440,800	\$323,619,170
AFFORDABLE CARE ACT											
19	COMMUNITY FIRST CHOICE OPTION	\$1,399,733,000	\$0	\$1,399,733,000	\$0	\$1,485,413,000	\$0	\$85,680,000	\$0	\$85,680,000	\$0
20	ACA OPTIONAL EXPANSION	\$13,773,270,000	\$8,553,000	\$793,495,000	\$563,000	\$160,359,000	\$51,000	-\$13,612,911,000	-\$8,502,000	-\$633,136,000	-\$512,000
21	HEALTH INSURER FEE	\$257,898,000	\$90,264,500	\$258,130,000	\$83,352,790	\$220,710,000	\$77,645,850	-\$37,188,000	-\$12,618,650	-\$37,420,000	-\$5,706,940
22	ACA MANDATORY EXPANSION	\$2,772,048,000	\$1,293,434,100	\$85,609,000	\$36,379,010	\$7,221,000	\$3,100,040	-\$2,764,827,000	-\$1,290,334,060	-\$78,388,000	-\$33,278,970
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$5,716,000	\$0	\$5,716,000	\$0	\$121,240,000	\$0	\$115,524,000	\$0	\$115,524,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$57,454,000	\$0	-\$24,295,000	\$0	-\$22,080,000	\$0	\$35,374,000	\$0	\$2,215,000
26	ACA MAGI SAVINGS	\$0	-\$36,129,000	\$0	\$0	\$0	\$0	\$0	\$36,129,000	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST	\$647,227,000	\$131,419,750	\$0	-\$134,502,500	\$0	-\$94,998,500	-\$647,227,000	-\$226,418,250	\$0	\$39,504,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$0	\$0	\$0	\$0	\$52,502,000	\$0	\$52,502,000	\$0	\$52,502,000	\$0
--	ACA DELAY OF REDETERMINATIONS	\$43,470,000	\$17,836,300	\$0	\$0	\$0	\$0	-\$43,470,000	-\$17,836,300	\$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
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
AFFORDABLE CARE ACT											
--	ACA EXPANSION-ADDITIONAL CHIP FUNDING	\$77,777,000	-\$381,127,000	\$0	\$0	\$0	\$0	-\$77,777,000	\$381,127,000	\$0	\$0
--	ACA EXPANSION-ADULT INMATES INPT. HOSP. COSTS	\$83,370,000	\$0	\$0	\$0	\$0	\$0	-\$83,370,000	\$0	\$0	\$0
--	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	\$256,614,000	\$93,034,000	\$0	\$0	\$0	\$0	-\$256,614,000	-\$93,034,000	\$0	\$0
--	ACA EXPRESS LANE ENROLLMENT	\$1,052,416,000	\$22,798,500	\$0	\$0	\$0	\$0	-\$1,052,416,000	-\$22,798,500	\$0	\$0
--	ACA REDETERMINATIONS	-\$796,842,000	-\$333,361,000	-\$796,842,000	-\$333,361,000	\$0	\$0	\$796,842,000	\$333,361,000	\$796,842,000	\$333,361,000
--	ACCELERATED ENROLLMENT	\$557,000	\$278,500	\$0	\$0	\$0	\$0	-\$557,000	-\$278,500	\$0	\$0
--	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$2,890	-\$1,440	-\$1,891,000	-\$945,500	\$0	\$0	\$2,890	\$1,440	\$1,891,000	\$945,500
--	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$349,000	\$0	\$0	\$0	\$0	\$0	-\$349,000
	AFFORDABLE CARE ACT SUBTOTAL	\$19,573,251,110	\$849,546,210	\$1,743,950,000	-\$372,460,200	\$2,047,445,000	-\$36,281,610	-\$17,525,806,110	-\$885,827,820	\$303,495,000	\$336,178,590
BENEFITS											
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$273,184,000	\$0	\$273,219,000	\$0	\$273,219,000	\$0	\$35,000	\$0	\$0	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$135,735,000	\$0	\$131,198,000	\$0	\$128,729,000	\$0	-\$7,006,000	\$0	-\$2,469,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$228,717,000	\$114,358,500	\$104,304,000	\$47,101,100	\$89,048,000	\$39,904,120	-\$139,669,000	-\$74,454,380	-\$15,256,000	-\$7,196,980
36	CCS DEMONSTRATION PROJECT PILOTS	\$41,388,000	\$20,694,000	\$41,388,000	\$20,694,000	\$40,958,000	\$18,857,470	-\$430,000	-\$1,836,530	-\$430,000	-\$1,836,530
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$40,005,000	\$20,003,000	-\$459,000	-\$229,000	-\$459,000	-\$229,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$21,252,000	\$9,988,500	\$21,252,000	\$9,255,260	\$10,902,000	\$4,747,950	-\$10,350,000	-\$5,240,550	-\$10,350,000	-\$4,507,310
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,253,000	\$2,731,000	\$20,537,000	\$2,186,000	\$33,380,000	\$4,603,000	\$1,127,000	\$1,872,000	\$12,843,000	\$2,417,000
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,272,000	\$29,000	\$5,126,000	\$22,000	\$5,126,000	\$22,000	-\$146,000	-\$7,000	\$0	\$0
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,909,000	\$0	\$3,803,000	\$0	\$4,928,000	\$0	\$19,000	\$0	\$1,125,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$1,647,000	\$761,850	\$1,153,000	\$576,500	\$33,000	\$16,500	-\$1,614,000	-\$745,350	-\$1,120,000	-\$560,000
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$760,000	\$380,000	\$697,000	\$333,400	\$710,000	\$337,920	-\$50,000	-\$42,080	\$13,000	\$4,520
45	CHDP PROGRAM DENTAL REFERRAL	\$808,000	\$404,000	\$606,000	\$300,720	\$176,000	\$83,060	-\$632,000	-\$320,940	-\$430,000	-\$217,660
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$0	\$0	\$216,000	\$66,660	\$56,000	\$28,000	\$56,000	\$28,000	-\$160,000	-\$38,660
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$296,000	\$0	\$156,000	\$0	\$118,000	\$0	-\$178,000	\$0	-\$38,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$138,000	\$0	\$143,000	\$0	\$156,000	\$0	\$18,000	\$0	\$13,000	\$0
49	WOMEN'S HEALTH SERVICES	-\$9,688,020	-\$1,914,340	\$25,000	\$5,200	\$1,027,000	\$231,400	\$10,715,020	\$2,145,740	\$1,002,000	\$226,200
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVIN	-\$2,293,000	-\$1,146,500	-\$1,642,000	-\$784,880	-\$1,469,000	-\$694,600	\$824,000	\$451,900	\$173,000	\$90,280
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$16,764,000	-\$8,382,000	-\$12,414,000	-\$6,207,000	-\$24,789,000	-\$12,395,000	-\$8,025,000	-\$4,013,000	-\$12,375,000	-\$6,188,000
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COS	\$0	\$0	\$0	\$0	\$16,303,000	\$7,035,060	\$16,303,000	\$7,035,060	\$16,303,000	\$7,035,060

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
--	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$18,236,000	\$8,898,550	\$9,118,000	\$4,323,020	\$0	\$0	-\$18,236,000	-\$8,898,550	-\$9,118,000	-\$4,323,020
--	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	\$0	\$0	-\$96,000	-\$48,000	\$0	\$0	\$0	\$0	\$96,000	\$48,000
--	VOLUNTARY INPATIENT DETOXIFICATION	\$31,911,000	\$10,754,500	\$0	\$0	\$0	\$0	-\$31,911,000	-\$10,754,500	\$0	\$0
	BENEFITS SUBTOTAL	\$808,224,980	\$177,789,060	\$639,253,000	\$98,055,980	\$618,616,000	\$82,779,880	-\$189,608,980	-\$95,009,180	-\$20,637,000	-\$15,276,100
PHARMACY											
52	ORKAMBI BENEFIT	\$0	\$0	\$18,077,490	\$8,588,020	\$12,572,170	\$6,097,980	\$12,572,170	\$6,097,980	-\$5,505,330	-\$2,490,040
53	ADAP RYAN WHITE MEDS DATA MATCH	\$0	\$0	\$2,400,000	\$1,200,000	\$2,392,800	\$1,196,400	\$2,392,800	\$1,196,400	-\$7,200	-\$3,600
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$13,400,000	\$6,700,000	\$2,400,000	\$1,200,000	\$2,400,000	\$1,200,000	-\$11,000,000	-\$5,500,000	\$0	\$0
55	NON FFP DRUGS	\$0	\$244,000	\$0	\$221,500	\$0	\$253,500	\$0	\$9,500	\$0	\$32,000
56	BCCTP DRUG REBATES	-\$18,000,000	-\$6,300,000	-\$16,000,000	-\$5,600,000	-\$13,069,000	-\$4,574,150	\$4,931,000	\$1,725,850	\$2,931,000	\$1,025,850
57	MEDICAL SUPPLY REBATES	-\$31,000,000	-\$15,500,000	-\$29,518,000	-\$12,692,500	-\$25,309,000	-\$10,250,000	\$5,691,000	\$5,250,000	\$4,209,000	\$2,442,500
58	LITIGATION SETTLEMENTS	\$0	\$0	-\$36,262,000	-\$36,262,000	-\$12,495,000	-\$12,495,000	-\$12,495,000	-\$12,495,000	\$23,767,000	\$23,767,000
59	FAMILY PACT DRUG REBATES	-\$62,779,000	-\$7,875,100	-\$54,527,000	-\$6,839,900	-\$33,014,000	-\$4,141,400	\$29,765,000	\$3,733,700	\$21,513,000	\$2,698,500
60	STATE SUPPLEMENTAL DRUG REBATES	-\$147,563,000	-\$63,203,500	-\$185,506,000	-\$74,556,900	-\$168,017,000	-\$70,196,710	-\$20,454,000	-\$6,993,210	\$17,489,000	\$4,360,190
61	AGED AND DISPUTED DRUG REBATES	-\$200,000,000	-\$99,992,000	-\$300,000,000	-\$149,988,000	-\$350,000,000	-\$137,935,000	-\$150,000,000	-\$37,943,000	-\$50,000,000	\$12,053,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,649,234,000	-\$587,551,800	-\$2,056,458,000	-\$776,288,700	-\$1,846,769,000	-\$723,976,280	-\$197,535,000	-\$136,424,480	\$209,689,000	\$52,312,420
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DI	\$0	\$0	\$0	\$0	-\$98,903,900	-\$38,864,280	-\$98,903,900	-\$38,864,280	-\$98,903,900	-\$38,864,280
--	RESTORATION OF ENTERAL NUTRITION BENEFIT	\$28,892,000	\$14,446,000	\$0	\$0	\$0	\$0	-\$28,892,000	-\$14,446,000	\$0	\$0
	PHARMACY SUBTOTAL	-\$2,066,284,000	-\$759,032,400	-\$2,655,393,510	-\$1,051,018,480	-\$2,530,211,940	-\$993,684,940	-\$463,927,940	-\$234,652,540	\$125,181,570	\$57,333,540
DRUG MEDI-CAL											
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0	\$0	\$0
--	ANNUAL RATE ADJUSTMENT	\$5,399,000	\$794,000	\$0	\$0	\$0	\$0	-\$5,399,000	-\$794,000	\$0	\$0
--	PROVIDER FRAUD IMPACT TO DMC PROGRAM	-\$28,380,000	\$0	\$0	\$0	\$0	\$0	\$28,380,000	\$0	\$0	\$0
--	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$0	\$0	\$14,561,000	\$5,096,500	\$0	\$0	\$0	\$0	-\$14,561,000	-\$5,096,500
	DRUG MEDI-CAL SUBTOTAL	-\$19,945,000	\$794,000	\$17,597,000	\$5,096,500	\$3,036,000	\$0	\$22,981,000	-\$794,000	-\$14,561,000	-\$5,096,500
MENTAL HEALTH											
73	ELIMINATION OF STATE MAXIMUM RATES	\$78,309,000	\$0	\$78,309,000	\$0	\$78,309,000	\$0	\$0	\$0	\$0	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$42,520,000	\$0	\$53,804,000	\$0	\$53,804,000	\$0	\$11,284,000	\$0	\$0	\$0
75	KATIE A. V. DIANA BONTA	\$36,192,000	\$0	\$35,954,000	\$0	\$26,751,000	\$0	-\$9,441,000	\$0	-\$9,203,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH											
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$23,964,000	\$0	\$24,000,000	\$0	\$24,000,000	\$0	\$36,000	\$0	\$0	\$0
77	HEALTHY FAMILIES - SED	\$5,000	\$0	\$5,000	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$3,432,000	\$0	\$4,412,000	\$0	\$4,412,000	\$0	\$980,000	\$0	\$0
80	CHART REVIEW	-\$646,000	\$0	-\$1,138,000	\$0	-\$1,763,000	\$0	-\$1,117,000	\$0	-\$625,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$74,280,000	\$29,877,000	-\$74,280,000	\$29,877,000	-\$74,280,000	\$29,877,000	\$0	\$0	\$0	\$0
--	IMD ANCILLARY SERVICES	\$0	\$4,000,000	\$0	\$4,000,000	\$0	\$0	\$0	-\$4,000,000	\$0	-\$4,000,000
--	LATE CLAIMS FOR SMHS	\$3,783,000	\$0	\$3,783,000	\$0	\$0	\$0	-\$3,783,000	\$0	-\$3,783,000	\$0
--	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$407,834,000	\$0	\$232,291,000	\$0	\$0	\$0	-\$407,834,000	\$0	-\$232,291,000	\$0
	MENTAL HEALTH SUBTOTAL	\$517,681,000	\$37,309,000	\$352,728,000	\$38,289,000	\$106,826,000	\$34,289,000	-\$410,855,000	-\$3,020,000	-\$245,902,000	-\$4,000,000
WAIVER--MH/UCD & BTR											
83	BTR--DPH DELIVERY SYSTEM REFORM INCENTIVE PI	\$1,393,468,000	\$696,734,000	\$786,080,000	\$393,040,000	\$784,458,000	\$392,229,000	-\$609,010,000	-\$304,505,000	-\$1,622,000	-\$811,000
87	BTR--SAFETY NET CARE POOL	\$226,167,000	\$0	\$19,667,000	\$0	\$19,667,000	\$0	-\$206,500,000	\$0	\$0	\$0
89	BTR - LIHP - MCE	\$1,306,712,000	\$409,479,000	\$162,795,000	\$0	\$162,795,000	\$0	-\$1,143,917,000	-\$409,479,000	\$0	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$7,906,000	\$0	\$126,379,000	\$0	\$126,379,000	\$0	\$118,473,000	\$0	\$0	\$0
93	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$23,509,000	\$0	\$23,509,000	\$0	\$23,509,000	\$0	\$0	\$0	\$0	\$0
94	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$18,191,000	-\$128,618,000	\$3,458,000	-\$146,481,000	\$3,458,000	-\$53,422,000	-\$14,733,000	\$75,196,000	\$0	\$93,059,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$0	\$0	\$10,204,000	\$5,102,000	\$9,272,000	\$4,636,000	\$9,272,000	\$4,636,000	-\$932,000	-\$466,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$1,601,000	\$0	\$2,164,000	\$0	\$1,457,000	\$0	-\$144,000	\$0	-\$707,000	\$0
101	MH/UCD & BTR--BCCTP	\$0	-\$378,000	\$0	-\$327,000	\$0	-\$327,000	\$0	\$51,000	\$0	\$0
103	MH/UCD & BTR--MIA-LTC	\$0	\$832,000	\$0	-\$393,000	\$0	-\$393,000	\$0	-\$1,225,000	\$0	\$0
104	MH/UCD & BTR--CCS AND GHPP	-\$21,660,000	\$0	\$17,900,000	\$0	\$17,900,000	\$0	\$39,560,000	\$0	\$0	\$0
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	\$0	\$0	\$800,000,000	\$400,000,000	\$800,000,000	\$400,000,000	\$800,000,000	\$400,000,000	\$0	\$0
206	GLOBAL PAYMENT PROGRAM	\$0	\$0	\$2,603,064,000	\$1,301,532,000	\$1,656,225,000	\$828,112,500	\$1,656,225,000	\$828,112,500	-\$946,839,000	-\$473,419,500
--	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$295,327,000	\$143,744,000	\$187,327,000	\$93,663,500	\$0	\$0	-\$295,327,000	-\$143,744,000	-\$187,327,000	-\$93,663,500
--	MH/UCD & BTR--DPH INTERIM & FINAL RECONS	\$326,815,000	\$0	\$326,815,000	\$0	\$0	\$0	-\$326,815,000	\$0	-\$326,815,000	\$0
--	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$24,412,590	\$12,206,290	\$26,066,260	\$13,033,130	\$0	\$0	-\$24,412,590	-\$12,206,290	-\$26,066,260	-\$13,033,130
--	MH/UCD--SAFETY NET CARE POOL	\$8,186,000	\$0	\$8,186,000	\$0	\$0	\$0	-\$8,186,000	\$0	-\$8,186,000	\$0
--	MH/UCD--STABILIZATION FUNDING	\$2,650,000	\$2,650,000	\$2,650,000	\$2,650,000	\$0	\$0	-\$2,650,000	-\$2,650,000	-\$2,650,000	-\$2,650,000
--	WAIVER 2020 DENTAL TRANSFORMATION INITIATIVE	\$0	\$0	\$75,000,000	\$37,500,000	\$0	\$0	\$0	\$0	-\$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
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
WAIVER--MH/UCD & BTR											
--	WAIVER 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	\$0	\$0	-\$37,500,000	\$0	\$0	\$0	\$0	\$0	\$37,500,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$3,613,284,590	\$1,136,649,290	\$5,181,264,260	\$2,061,819,630	\$3,605,120,000	\$1,570,835,500	-\$8,164,590	\$434,186,210	-\$1,576,144,260	-\$490,984,130
MANAGED CARE											
32	MANAGED CARE DRUG REBATES	-\$450,000,000	-\$145,914,000	-\$387,000,000	-\$130,036,950	-\$663,951,000	-\$266,873,210	-\$213,951,000	-\$120,959,210	-\$276,951,000	-\$136,836,260
108	CCI-MANAGED CARE PAYMENTS	\$11,095,458,000	\$5,547,729,000	\$9,889,062,000	\$4,944,531,000	\$8,752,739,000	\$4,376,369,500	-\$2,342,719,000	-\$1,171,359,500	-\$1,136,323,000	-\$568,161,500
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,840,320,000	\$2,840,320,000	\$2,307,539,000	\$2,307,539,000	\$2,394,978,000	\$2,394,978,000	-\$445,342,000	-\$445,342,000	\$87,439,000	\$87,439,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,062,016,000	\$371,706,000	\$1,744,753,000	\$564,183,520	\$1,609,742,000	\$474,583,890	\$547,726,000	\$102,877,890	-\$135,011,000	-\$89,599,630
112	MANAGED CARE RATE RANGE IGTS	\$902,617,000	\$423,033,000	\$637,364,000	\$294,454,000	\$585,048,000	\$271,987,000	-\$317,569,000	-\$151,046,000	-\$52,316,000	-\$22,467,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$510,340,000	\$255,170,000	\$518,150,000	\$259,075,000	\$39,500,000	\$19,750,000	-\$470,840,000	-\$235,420,000	-\$478,650,000	-\$239,325,000
115	HQAF RATE RANGE INCREASES	\$65,077,000	\$30,500,000	\$190,077,000	\$92,998,000	\$65,077,000	\$30,500,000	\$0	\$0	-\$125,000,000	-\$62,498,000
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	\$0	\$0	\$36,700,000	\$18,350,000	\$36,700,000	\$18,350,000	\$36,700,000	\$18,350,000	\$0	\$0
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0	\$0	\$0
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION R/	\$0	\$0	\$183,000	\$91,500	\$183,000	\$91,500	\$183,000	\$91,500	\$0	\$0
124	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$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	-\$5,687,000	-\$2,843,500	\$0	\$0
132	CCI-SAVINGS AND DEFERRAL	-\$8,082,617,000	-\$4,041,308,500	-\$6,783,616,000	-\$3,391,808,000	-\$6,315,480,000	-\$3,157,740,000	\$1,767,137,000	\$883,568,500	\$468,136,000	\$234,068,000
133	RETRO MC RATE ADJUSTMENTS	\$0	\$0	-\$1,094,480,000	\$216,940,500	-\$1,209,890,000	\$0	-\$1,209,890,000	\$0	-\$115,410,000	-\$216,940,500
--	BLOOD FACTOR CARVE OUT	\$52,671,000	\$26,335,500	\$0	\$0	\$0	\$0	-\$52,671,000	-\$26,335,500	\$0	\$0
--	CAPITATED RATE ADJUSTMENT FOR FY 2015-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$60,183,000	\$6,018,300	\$60,200,000	\$6,020,000	\$0	\$0	-\$60,183,000	-\$6,018,300	-\$60,200,000	-\$6,020,000
--	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$1,302,000	\$651,000	\$0	\$0	\$0	\$0	-\$1,302,000	-\$651,000	\$0	\$0
	MANAGED CARE SUBTOTAL	\$8,059,367,000	\$5,316,240,300	\$7,115,245,000	\$5,181,494,070	\$5,290,959,000	\$4,161,153,180	-\$2,768,408,000	-\$1,155,087,120	-\$1,824,286,000	-\$1,020,340,890
PROVIDER RATES											

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES											
102	DPH INTERIM RATE	\$0	-\$400,862,000	\$0	-\$414,987,500	\$0	-\$341,091,500	\$0	\$59,770,500	\$0	\$73,896,000
135	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$252,417,000	\$103,750,800	\$252,417,000	\$103,750,800	\$252,417,000	\$103,750,800	\$0	\$0
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$265,131,680	\$132,565,840	\$238,517,410	\$119,258,710	\$199,419,510	\$76,059,140	-\$65,712,170	-\$56,506,700	-\$39,097,900	-\$43,199,570
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYI	\$90,191,000	\$45,095,500	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	-\$2,054,000	-\$1,027,000	\$0	\$0
138	LTC RATE ADJUSTMENT	\$62,176,530	\$31,088,270	\$45,805,590	\$22,902,800	\$44,389,110	\$22,194,560	-\$17,787,420	-\$8,893,710	-\$1,416,480	-\$708,240
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$97,496,990	\$48,748,500	\$83,218,060	\$41,609,030	\$68,429,700	\$34,214,850	-\$29,067,290	-\$14,533,640	-\$14,788,360	-\$7,394,180
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$22,918,000	\$11,459,000	\$19,700,000	\$9,850,000	\$18,162,000	\$9,081,000	-\$4,756,000	-\$2,378,000	-\$1,538,000	-\$769,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$19,358,570	\$9,679,280	\$24,074,260	\$9,246,890	\$24,074,260	\$9,182,110	\$4,715,690	-\$497,180	\$0	-\$64,780
142	HOSPICE RATE INCREASES	\$13,051,790	\$6,525,890	\$3,539,480	\$1,769,740	\$2,415,430	\$1,207,710	-\$10,636,360	-\$5,318,180	-\$1,124,060	-\$562,030
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPEI	\$0	\$0	-\$31,649,000	-\$31,649,000	\$0	\$0	\$0	\$0	\$31,649,000	\$31,649,000
147	LABORATORY RATE METHODOLOGY CHANGE	-\$47,625,940	-\$23,812,970	-\$20,265,790	-\$10,132,900	-\$5,494,610	-\$2,747,300	\$42,131,340	\$21,065,670	\$14,771,180	\$7,385,590
148	10% PROVIDER PAYMENT REDUCTION	-\$228,177,000	-\$114,088,500	-\$184,559,620	-\$92,279,810	-\$187,173,830	-\$93,586,920	\$41,003,170	\$20,501,580	-\$2,614,220	-\$1,307,110
149	REDUCTION TO RADIOLOGY RATES	-\$41,734,390	-\$20,867,200	-\$44,549,850	-\$22,274,930	-\$21,057,110	-\$10,528,550	\$20,677,290	\$10,338,640	\$23,492,750	\$11,746,370
--	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$14,529,000	-\$7,264,500	-\$13,824,000	-\$6,912,000	\$0	\$0	\$14,529,000	\$7,264,500	\$13,824,000	\$6,912,000
--	AB 1629 ADD-ONS	\$17,716,990	\$8,858,490	\$0	\$0	\$0	\$0	-\$17,716,990	-\$8,858,490	\$0	\$0
--	ELIMINATION OF DENTAL PROVIDER PAYMENT REDUC	\$60,044,000	\$30,022,000	\$0	\$0	\$0	\$0	-\$60,044,000	-\$30,022,000	\$0	\$0
--	GENETIC DISEASE SCREENING PROGRAM FEE INCRE	\$7,257,540	\$3,628,770	\$0	\$0	\$0	\$0	-\$7,257,540	-\$3,628,770	\$0	\$0
--	MEDICARE PART B PREMIUM INCREASE	\$0	\$0	\$152,212,000	\$85,276,500	\$0	\$0	\$0	\$0	-\$152,212,000	-\$85,276,500
--	NON-AB 1629 LTC RATE FREEZE	-\$23,361,000	-\$11,680,500	-\$4,592,000	-\$2,296,000	\$0	\$0	\$23,361,000	\$11,680,500	\$4,592,000	\$2,296,000
	PROVIDER RATES SUBTOTAL	\$299,915,750	-\$250,904,130	\$608,180,550	-\$142,799,170	\$483,718,460	-\$148,195,610	\$183,802,720	\$102,708,520	-\$124,462,090	-\$5,396,440
SUPPLEMENTAL PMNTS.											
82	DSH PAYMENT	\$1,710,164,000	\$497,983,500	\$184,358,000	\$62,090,000	\$566,095,000	\$240,657,000	-\$1,144,069,000	-\$257,326,500	\$381,737,000	\$178,567,000
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$655,933,000	\$327,966,500	\$656,305,000	\$328,152,500	\$636,447,000	\$318,223,500	-\$19,486,000	-\$9,743,000	-\$19,858,000	-\$9,929,000
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$258,309,000	\$129,154,500	\$280,704,000	\$140,352,000	\$280,647,000	\$140,323,500	\$22,338,000	\$11,169,000	-\$57,000	-\$28,500
91	DPH PHYSICIAN & NON-PHYS. COST	\$72,800,000	\$0	\$87,171,000	\$0	\$87,608,000	\$0	\$14,808,000	\$0	\$437,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$4,713,000	\$2,356,500	\$4,712,000	\$2,356,000	\$3,800,000	\$1,900,000	-\$913,000	-\$456,500	-\$912,000	-\$456,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$8,620,326,000	\$3,704,505,000	\$8,613,826,000	\$3,485,813,000	\$5,641,276,000	\$2,721,368,000	-\$2,979,050,000	-\$983,137,000	-\$2,972,550,000	-\$764,445,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$183,170,000	\$0	\$288,962,000	\$0	\$180,823,000	\$0	-\$2,347,000	\$0	-\$108,139,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$304,964,000	\$203,143,000	\$264,597,000	\$162,701,000	\$203,511,000	\$110,420,000	-\$101,453,000	-\$92,723,000	-\$61,086,000	-\$52,281,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.											
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$120,513,000	\$60,256,500	\$136,685,000	\$47,088,000	\$161,073,000	\$57,018,000	\$40,560,000	-\$3,238,500	\$24,388,000	\$9,930,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$46,924,000	\$0	\$111,321,000	\$0	\$82,027,000	\$0	\$35,103,000	\$0	-\$29,294,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$131,038,050	\$65,519,030	\$105,372,460	\$51,831,860	\$130,427,480	\$60,555,670	-\$610,570	-\$4,963,360	\$25,055,020	\$8,723,810
157	FFP FOR LOCAL TRAUMA CENTERS	\$78,700,000	\$39,350,000	\$101,793,000	\$50,896,500	\$69,340,000	\$34,670,000	-\$9,360,000	-\$4,680,000	-\$32,453,000	-\$16,226,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$97,315,000	\$38,753,500	\$100,941,000	\$40,452,500	\$101,887,000	\$40,925,500	\$4,572,000	\$2,172,000	\$946,000	\$473,000
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$62,986,000	\$0	\$61,611,000	\$0	\$57,513,000	\$0	-\$5,473,000	\$0	-\$4,098,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0	\$0	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$10,400,000	\$5,200,000	\$8,333,000	\$4,166,000	\$4,000,000	\$2,000,000	-\$6,400,000	-\$3,200,000	-\$4,333,000	-\$2,166,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,004,000	\$4,002,000	\$4,000	\$2,000	\$4,000	\$2,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$3,600,000	\$0	\$6,063,000	\$0	\$6,063,000	\$0	\$2,463,000	\$0	\$0	\$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	\$0	\$57,224,000	\$57,224,000	\$0	\$57,224,000	\$0	\$57,224,000	-\$57,224,000	\$0
--	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$189,150,000	\$0	\$210,610,000	\$0	\$0	\$0	-\$189,150,000	\$0	-\$210,610,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$12,569,005,050	\$5,083,188,030	\$11,298,588,460	\$4,442,123,360	\$8,230,541,480	\$3,794,287,170	-\$4,338,463,570	-\$1,288,900,860	-\$3,068,046,980	-\$647,836,190
OTHER											
170	ARRA HITECH - PROVIDER PAYMENTS	\$156,676,000	\$0	\$182,108,000	\$0	\$139,426,000	\$0	-\$17,250,000	\$0	-\$42,682,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$139,734,000	\$0	\$155,709,000	\$0	\$97,703,000	\$0	-\$42,031,000	\$0	-\$58,006,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$28,083,000	\$14,041,500	\$50,929,000	\$25,464,500	\$50,929,000	\$25,464,500	\$22,846,000	\$11,423,000	\$0	\$0
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$15,665,000	\$7,430,000	\$18,496,000	\$5,345,000	\$13,444,000	\$4,660,000	-\$2,221,000	-\$2,770,000	-\$5,052,000	-\$685,000
179	INDIAN HEALTH SERVICES	\$2,317,000	-\$10,616,500	\$5,545,000	-\$18,482,500	\$6,211,000	-\$17,735,500	\$3,894,000	-\$7,119,000	\$666,000	\$747,000
181	OVERTIME FOR WPCS PROVIDERS	\$3,000,000	\$1,500,000	\$4,231,000	\$2,115,500	\$2,732,880	\$1,366,440	-\$267,120	-\$133,560	-\$1,498,120	-\$749,060
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$0	\$0	\$2,939,000	\$881,500	\$2,939,000	\$881,500	\$2,939,000	\$881,500	\$0	\$0
186	CDDS DENTAL SERVICES	\$1,248,000	\$1,248,000	\$902,000	\$902,000	\$984,000	\$984,000	-\$264,000	-\$264,000	\$82,000	\$82,000
187	AUDIT SETTLEMENTS	\$854,000	\$854,000	\$854,000	\$854,000	\$814,000	\$814,000	-\$40,000	-\$40,000	-\$40,000	-\$40,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$325,000	\$162,500	\$325,000	\$162,500	\$325,000	\$162,500	\$0	\$0	\$0	\$0
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$0	\$0	-\$1,595,366,800	\$0	-\$1,741,241,000	\$0	-\$1,741,241,000	\$0	-\$145,874,200
190	FUNDING ADJUST.—OTLICP	\$0	\$0	\$0	-\$100,237,360	\$0	-\$102,977,540	\$0	-\$102,977,540	\$0	-\$2,740,180
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$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
MAY 2016 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2015-16**

NO.	POLICY CHANGE TITLE	2015-16 APPROPRIATION		NOV. 2015 EST. FOR 2015-16		MAY 2016 EST. FOR 2015-16		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER										
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-\$18,000,000	-\$18,000,000	-\$17,449,000	-\$17,449,000	\$0	\$0	\$18,000,000	\$18,000,000	\$17,449,000	\$17,449,000
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$0	\$0	\$42,537,000	\$0	\$12,986,000	\$0	\$12,986,000	\$0	-\$29,551,000
--	CCI IHSS RECONCILIATION	\$0	\$0	\$60,000,000	\$0	\$0	\$0	\$0	\$0	-\$60,000,000	\$0
--	IHSS REDUCTION IN SERVICE HOURS	\$0	\$0	-\$2,558,000	\$0	\$0	\$0	\$0	\$0	\$2,558,000	\$0
--	WPCS WORKERS' COMPENSATION	\$4,596,000	\$2,298,000	\$4,764,000	\$2,382,000	\$0	\$0	-\$4,596,000	-\$2,298,000	-\$4,764,000	-\$2,382,000
	OTHER SUBTOTAL	\$334,498,000	-\$1,082,500	\$466,795,000	-\$1,650,891,660	\$315,507,880	-\$1,814,635,100	-\$18,990,120	-\$1,813,552,600	-\$151,287,120	-\$163,743,440
	GRAND TOTAL	\$44,467,202,530	\$11,791,955,390	\$25,498,878,040	\$8,821,995,730	\$18,891,787,360	\$7,186,453,340	-\$25,575,415,170	-\$4,605,502,050	-\$6,607,090,680	-\$1,635,542,400

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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	\$12,647,730	\$128,671,380	\$119,628,820	\$59,645,820	\$2,692,950	\$36,964,080
OTHER MEDICAL	\$57,632,570	\$811,704,380	\$352,697,650	\$285,539,060	\$6,069,300	\$37,918,060
CO. & COMM. OUTPATIENT	\$3,691,840	\$111,487,230	\$118,893,870	\$33,783,170	\$667,700	\$38,760,770
PHARMACY	\$3,590,400	\$331,393,540	\$605,911,830	\$64,273,510	\$2,632,880	\$22,915,390
COUNTY INPATIENT	\$4,280,280	\$434,289,480	\$43,733,460	\$21,506,600	\$2,572,650	\$76,668,680
COMMUNITY INPATIENT	\$72,642,980	\$1,048,389,370	\$737,522,450	\$276,938,260	\$22,232,900	\$214,718,640
NURSING FACILITIES	\$210,459,540	\$95,441,060	\$553,673,550	\$3,292,360	\$1,148,428,870	\$1,641,230
ICF-DD	\$1,252,980	\$1,720,830	\$176,408,480	\$324,590	\$33,000,110	\$0
MEDICAL TRANSPORTATION	\$7,542,330	\$14,943,160	\$30,467,420	\$4,533,870	\$3,507,810	\$3,341,310
OTHER SERVICES	\$60,514,810	\$17,398,900	\$270,731,280	\$38,740,900	\$53,316,150	\$1,808,120
HOME HEALTH	\$1,304,290	\$1,824,990	\$146,529,640	\$5,433,180	\$66,020	\$511,280
FFS SUBTOTAL	\$435,559,770	\$2,997,264,320	\$3,156,198,450	\$794,011,310	\$1,275,187,350	\$435,247,560
DENTAL	\$33,474,320	\$344,861,890	\$77,041,030	\$118,396,070	\$3,366,430	\$0
MENTAL HEALTH	\$7,710,440	\$168,766,860	\$860,290,270	\$622,012,720	\$967,360	\$0
TWO PLAN MODEL	\$1,773,716,250	\$9,576,522,390	\$5,308,850,250	\$1,249,826,810	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$513,719,380	\$3,707,907,060	\$1,293,137,940	\$334,439,860	\$583,399,340	\$0
GEOGRAPHIC MANAGED CARE	\$284,063,890	\$1,619,009,460	\$951,135,240	\$219,776,670	\$0	\$0
PHP & OTHER MANAG. CARE	\$165,946,260	\$39,145,470	\$94,422,330	\$21,463,840	\$6,641,690	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$7,843,480	\$0	\$0
MEDICARE PAYMENTS	\$1,442,348,380	\$51,918,680	\$1,360,185,480	\$2,170,230	\$137,088,610	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,774,380	\$0	\$25,238,880	\$35,344,790	\$1,070,530	\$0
MISC. SERVICES	\$349,446,190	\$85,513,060	\$3,540,126,620	\$687,630	\$0	\$0
DRUG MEDI-CAL	\$4,482,060	\$34,167,490	\$10,499,180	\$14,703,160	\$445,330	\$0
REGIONAL MODEL	\$4,376,190	\$630,579,790	\$299,250,010	\$78,819,100	\$0	\$0
NON-FFS SUBTOTAL	\$4,590,057,730	\$16,258,392,150	\$13,820,177,230	\$2,705,484,370	\$732,979,290	\$0
TOTAL DOLLARS (1)	\$5,025,617,500	\$19,255,656,470	\$16,976,375,680	\$3,499,495,680	\$2,008,166,640	\$435,247,560
ELIGIBLES ***	434,600	3,458,400	1,015,400	1,408,500	43,400	25,500
ANNUAL \$/ELIGIBLE	\$11,564	\$5,568	\$16,719	\$2,485	\$46,271	\$17,069
AVG. MO. \$/ELIGIBLE	\$964	\$464	\$1,393	\$207	\$3,856	\$1,422

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

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

Excluded policy changes: 76. Refer to page following report for listing.

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$2,718,790	\$17,066,430	\$29,386,010	\$16,157,430	\$213,129,020	\$28,373,140
OTHER MEDICAL	\$3,806,650	\$140,203,030	\$101,092,450	\$83,789,840	\$784,831,250	\$101,164,500
CO. & COMM. OUTPATIENT	\$653,420	\$24,932,600	\$15,065,750	\$15,383,250	\$134,240,930	\$16,251,430
PHARMACY	\$5,843,110	\$118,549,500	\$18,586,300	\$45,668,350	\$136,482,230	\$32,558,390
COUNTY INPATIENT	\$6,007,280	\$4,879,540	\$47,185,190	\$52,813,350	\$137,402,610	\$11,135,490
COMMUNITY INPATIENT	\$20,894,070	\$116,113,080	\$178,588,960	\$99,048,570	\$967,583,520	\$120,551,690
NURSING FACILITIES	\$276,250,100	\$728,650	\$234,264,500	\$58,338,870	\$18,252,250	\$5,241,020
ICF-DD	\$166,451,000	\$15,730	\$1,141,300	\$8,104,560	\$771,030	\$1,458,550
MEDICAL TRANSPORTATION	\$1,434,740	\$574,340	\$11,245,860	\$12,115,900	\$11,203,700	\$1,825,530
OTHER SERVICES	\$10,180,430	\$7,194,270	\$62,022,430	\$54,002,890	\$94,046,730	\$10,677,310
HOME HEALTH	\$42,750	\$6,122,030	\$1,117,480	\$55,716,580	\$8,691,790	\$11,687,430
FFS SUBTOTAL	\$494,282,330	\$436,379,200	\$699,696,220	\$501,139,590	\$2,506,635,050	\$340,924,480
DENTAL	\$1,051,170	\$44,906,660	\$27,861,820	\$13,577,060	\$205,838,200	\$21,197,210
MENTAL HEALTH	\$3,129,700	\$44,680,310	\$8,364,830	\$89,586,030	\$411,258,400	\$62,270,660
TWO PLAN MODEL	\$0	\$746,634,440	\$1,411,863,620	\$586,388,040	\$2,531,352,630	\$34,797,290
COUNTY ORGANIZED HEALTH SYSTEMS	\$195,752,360	\$414,203,860	\$489,542,050	\$292,615,230	\$996,834,270	\$32,882,370
GEOGRAPHIC MANAGED CARE	\$0	\$164,763,050	\$203,613,870	\$108,231,250	\$409,235,040	\$5,270,290
PHP & OTHER MANAG. CARE	\$170,460	\$11,090,480	\$138,523,970	\$17,754,750	\$45,073,810	\$2,719,780
EPSDT SCREENS	\$0	\$5,412,370	\$0	\$0	\$21,765,950	\$1,332,570
MEDICARE PAYMENTS	\$12,854,470	\$0	\$924,863,780	\$431,766,580	\$80,709,790	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$328,070	\$0	\$10,443,840	\$4,491,790	\$95,795,250	\$5,525,320
MISC. SERVICES	\$0	-\$70,513,000	\$338,726,000	\$630,895,900	\$1,797,170	\$114,930
DRUG MEDI-CAL	\$136,470	\$10,449,930	\$4,344,560	\$1,868,550	\$39,850,100	\$2,283,330
REGIONAL MODEL	\$0	\$56,346,230	\$19,303,160	\$21,851,460	\$191,188,430	\$1,111,810
NON-FFS SUBTOTAL	\$213,422,690	\$1,427,974,330	\$3,577,451,500	\$2,199,026,640	\$5,030,699,050	\$169,505,560
TOTAL DOLLARS (1)	\$707,705,020	\$1,864,353,530	\$4,277,147,720	\$2,700,166,230	\$7,537,334,100	\$510,430,040
ELIGIBLES ***	13,000	973,200	431,100	180,200	3,908,700	241,500
ANNUAL \$/ELIGIBLE	\$54,439	\$1,916	\$9,921	\$14,984	\$1,928	\$2,114
AVG. MO. \$/ELIGIBLE	\$4,537	\$160	\$827	\$1,249	\$161	\$176

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

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

Excluded policy changes: 76. Refer to page following report for listing.

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$357,410	\$229,430	\$4,083,270	\$135,807,700	\$11,417,510	\$5,997,360
OTHER MEDICAL	\$349,090	\$935,530	\$7,409,830	\$207,862,200	\$122,458,260	\$48,540,170
CO. & COMM. OUTPATIENT	\$99,230	\$94,310	\$3,830,830	\$25,392,870	\$10,083,860	\$6,413,640
PHARMACY	\$785,140	\$236,440	\$3,213,480	\$7,338,210	\$7,017,380	\$10,675,090
COUNTY INPATIENT	\$290,370	\$25,970	\$7,284,870	\$71,824,780	\$2,407,680	\$1,836,650
COMMUNITY INPATIENT	\$908,200	\$817,690	\$41,773,220	\$708,891,320	\$56,057,440	\$33,059,330
NURSING FACILITIES	\$18,189,300	\$1,000	\$2,749,200	\$1,955,580	\$2,308,470	\$170,030
ICF-DD	\$977,280	\$0	\$209,170	\$0	\$0	\$63,140
MEDICAL TRANSPORTATION	\$162,830	\$7,360	\$623,080	\$2,054,760	\$482,600	\$226,280
OTHER SERVICES	\$702,300	\$30,430	\$306,020	\$10,950,600	\$13,254,420	\$7,339,260
HOME HEALTH	\$200	\$260	\$4,290	\$2,954,580	\$3,251,320	\$1,405,830
FFS SUBTOTAL	\$22,821,320	\$2,378,420	\$71,487,280	\$1,175,032,590	\$228,738,940	\$115,726,800
DENTAL	\$71,560	\$128,960	\$15,408,420	\$7,822,930	\$8,927,550	\$11,973,310
MENTAL HEALTH	\$28,450	\$96,820	\$202,210	\$1,015,040	\$5,327,020	\$17,820,230
TWO PLAN MODEL	\$122,180	\$815,400	\$0	\$205,849,650	\$390,005,120	\$220,624,650
COUNTY ORGANIZED HEALTH SYSTEMS	\$189,930	\$197,980	\$2,051,130	\$90,790,060	\$185,342,230	\$106,327,030
GEOGRAPHIC MANAGED CARE	\$24,090	\$174,510	\$0	\$36,226,170	\$74,775,850	\$50,929,210
PHP & OTHER MANAG. CARE	\$6,880	\$0	\$0	\$3,890,410	\$6,973,440	\$3,672,940
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$3,403,170	\$1,792,460
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	\$140	\$0	\$0	\$67,700	\$72,190	\$113,000
DRUG MEDI-CAL	\$7,180	\$13,340	\$0	\$3,501,100	\$5,492,780	\$3,121,430
REGIONAL MODEL	\$1,100	\$5,610	\$0	\$14,007,070	\$34,799,090	\$17,083,770
NON-FFS SUBTOTAL	\$468,780	\$1,432,620	\$18,840,820	\$371,586,370	\$715,118,440	\$440,961,610
TOTAL DOLLARS (1)	\$23,290,100	\$3,811,040	\$90,328,100	\$1,546,618,960	\$943,857,370	\$556,688,410
ELIGIBLES ***	600	1,600	37,600	361,900	611,800	322,500
ANNUAL \$/ELIGIBLE	\$38,817	\$2,382	\$2,402	\$4,274	\$1,543	\$1,726
AVG. MO. \$/ELIGIBLE	\$3,235	\$198	\$200	\$356	\$129	\$144

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

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

Excluded policy changes: 76. Refer to page following report for listing.

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$824,974,270
OTHER MEDICAL	\$3,154,003,790
CO. & COMM. OUTPATIENT	\$559,726,710
PHARMACY	\$1,417,671,180
COUNTY INPATIENT	\$926,144,950
COMMUNITY INPATIENT	\$4,716,731,680
NURSING FACILITIES	\$2,631,385,580
ICF-DD	\$391,898,760
MEDICAL TRANSPORTATION	\$106,292,880
OTHER SERVICES	\$713,217,240
HOME HEALTH	\$246,663,930
FFS SUBTOTAL	\$15,688,710,980
DENTAL	\$935,904,570
MENTAL HEALTH	\$2,303,527,340
TWO PLAN MODEL	\$24,037,368,700
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,239,332,080
GEOGRAPHIC MANAGED CARE	\$4,127,228,610
PHP & OTHER MANAG. CARE	\$557,496,520
EPSDT SCREENS	\$41,550,000
MEDICARE PAYMENTS	\$4,443,906,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,129,000
MISC. SERVICES	\$4,877,047,530
DRUG MEDI-CAL	\$135,366,000
REGIONAL MODEL	\$1,368,722,820
NON-FFS SUBTOTAL	\$52,273,579,180
TOTAL DOLLARS (1)	\$67,962,290,160
ELIGIBLES ***	13,469,500
ANNUAL \$/ELIGIBLE	\$5,046
AVG. MO. \$/ELIGIBLE	\$420

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

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

Excluded policy changes: 76. Refer to page following report for listing.

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

EXCLUDED POLICY CHANGES: 76

1	FAMILY PACT PROGRAM
3	BREAST AND CERVICAL CANCER TREATMENT
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
8	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% 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	DSH PAYMENT
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
84	PRIVATE HOSPITAL DSH REPLACEMENT
86	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	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	NDPH SUPPLEMENTAL PAYMENT
98	MH/UCD—STABILIZATION FUNDING
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PF
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

EXCLUDED POLICY CHANGES: 76

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 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	CPE SUPPLEMENTAL 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

FISCAL YEAR 2015-16 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

EXCLUDED POLICY CHANGES: 76

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	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
214	MCO ENROLLMENT TAX MANAGED CARE PLANS
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS
231	MANAGED CARE ADMIN FINES AND PENALTIES REVENUE