

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	\$17,571,764,030	\$8,785,882,020	\$8,785,882,020
B. B/Y BASE POLICY CHANGES	\$44,160,067,000	\$30,778,771,190	\$13,381,295,810
C. BASE ADJUSTMENTS	-\$157,248,000	-\$190,839,900	\$33,591,900
D. ADJUSTED BASE	<u>\$61,574,583,030</u>	<u>\$39,373,813,310</u>	<u>\$22,200,769,730</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$997,047,990	\$541,920,160	\$455,127,830
B. AFFORDABLE CARE ACT	\$3,624,917,000	\$3,541,729,980	\$83,187,020
C. BENEFITS	\$942,251,400	\$724,603,570	\$217,647,830
D. PHARMACY	-\$2,399,140,890	-\$1,492,557,790	-\$906,583,090
E. DRUG MEDI-CAL	\$44,661,000	\$32,276,500	\$12,384,500
F. MENTAL HEALTH	\$472,345,950	\$461,911,950	\$10,434,000
G. WAIVER--MH/UCD & BTR	\$4,605,390,000	\$2,432,126,500	\$2,173,263,500
H. MANAGED CARE	\$4,886,865,620	-\$15,397,810	\$4,902,263,430
I. PROVIDER RATES	\$947,637,440	\$763,841,430	\$183,796,010
J. SUPPLEMENTAL PMNTS.	\$9,451,947,000	\$5,466,961,110	\$3,984,985,890
K. OTHER	\$478,739,930	\$2,286,418,350	-\$1,807,678,430
L. TOTAL CHANGE	<u>\$24,052,662,430</u>	<u>\$14,743,833,940</u>	<u>\$9,308,828,480</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$85,627,245,460</u></u>	<u><u>\$54,117,647,250</u></u>	<u><u>\$31,509,598,210</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>ELIGIBILITY</u>				
1	FAMILY PACT PROGRAM	\$414,876,000	\$312,112,500	\$102,763,500
2	MEDI-CAL ADULT INMATE PROGRAMS	\$272,397,000	\$272,397,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$85,914,000	\$43,232,800	\$42,681,200
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$63,016,000	\$63,016,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13i	\$0	\$0	\$0
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSI	\$243,880,000	\$55,680,500	\$188,199,500
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$6,232,000	\$5,484,160	\$747,840
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$365,023,930	-\$365,023,930
13	NEW QUALIFIED IMMIGRANTS	\$0	-\$633,813,000	\$633,813,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$118,174,320	-\$118,174,320
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$14,801,360	-\$14,801,360
16	INCARCERATION VERIFICATION PROGRAM	-\$13,090,070	-\$8,161,720	-\$4,928,350
17	PARIS-VETERANS	-\$1,819,950	-\$909,970	-\$909,970
18	OTLCP PREMIUMS	-\$70,919,000	-\$62,408,720	-\$8,510,280
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	-\$3,438,000	-\$2,709,000	-\$729,000
	ELIGIBILITY SUBTOTAL	\$997,047,990	\$541,920,160	\$455,127,830
<u>AFFORDABLE CARE ACT</u>				
19	COMMUNITY FIRST CHOICE OPTION	\$1,884,200,000	\$1,884,200,000	\$0
20	ACA OPTIONAL EXPANSION	\$1,309,663,000	\$1,268,878,650	\$40,784,350
21	HEALTH INSURER FEE	\$246,342,000	\$163,650,500	\$82,691,500
22	ACA MANDATORY EXPANSION	\$140,760,000	\$82,067,280	\$58,692,720
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$10,000,000	\$10,000,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$6,363,000	-\$6,363,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	-\$349,000	\$349,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJ	\$0	\$92,623,550	-\$92,623,550
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$688,000	-\$344,000	-\$344,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMEN	\$34,640,000	\$34,640,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$3,624,917,000	\$3,541,729,980	\$83,187,020
<u>BENEFITS</u>				
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$286,516,000	\$286,516,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$126,049,000	\$126,049,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$213,974,000	\$121,639,800	\$92,334,200
36	CCS DEMONSTRATION PROJECT PILOTS	\$40,958,000	\$22,358,860	\$18,599,140
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,778,000	\$19,889,000	\$19,889,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$6,871,000	\$3,957,620	\$2,913,380
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$36,080,000	\$30,809,000	\$5,271,000

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	\$12,996,800	\$6,850,470	\$6,146,320
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,298,000	\$5,277,000	\$21,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$5,107,000	\$5,107,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$201,000	\$100,500	\$100,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$1,163,000	\$613,040	\$549,960
45	CHDP PROGRAM DENTAL REFERRAL	\$234,000	\$123,460	\$110,540
46	BENEFICIARY OUTREACH AND EDUCATION PROGR/	\$448,000	\$224,000	\$224,000
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$159,000	\$159,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$154,000	\$154,000	\$0
49	WOMEN'S HEALTH SERVICES	-\$6,367,000	-\$4,935,300	-\$1,431,700
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-\$6,203,000	-\$3,269,460	-\$2,933,540
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$27,106,000	-\$13,553,000	-\$13,553,000
199	END OF LIFE SERVICES	\$1,275,010	\$0	\$1,275,010
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICE:	-\$843,000	-\$421,500	-\$421,500
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$313,590	\$165,190	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION CC	\$203,683,000	\$115,789,400	\$87,893,600
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$1,512,000	\$1,000,490	\$511,510
	BENEFITS SUBTOTAL	\$942,251,400	\$724,603,570	\$217,647,830
<u>PHARMACY</u>				
52	ORKAMBI BENEFIT	\$40,246,620	\$20,693,870	\$19,552,750
53	ADAP RYAN WHITE MEDS DATA MATCH	\$0	\$0	\$0
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$387,600	\$193,800	\$193,800
55	NON FFP DRUGS	\$0	-\$269,500	\$269,500
56	BCCTP DRUG REBATES	-\$13,349,000	-\$8,676,850	-\$4,672,150
57	MEDICAL SUPPLY REBATES	-\$26,514,000	-\$15,650,050	-\$10,863,950
59	FAMILY PACT DRUG REBATES	-\$30,337,000	-\$26,531,700	-\$3,805,300
60	STATE SUPPLEMENTAL DRUG REBATES	-\$148,506,000	-\$89,939,850	-\$58,566,150
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$181,710,000	-\$118,290,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,593,279,000	-\$992,944,480	-\$600,334,520
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY	-\$327,790,110	-\$197,723,030	-\$130,067,070
	PHARMACY SUBTOTAL	-\$2,399,140,890	-\$1,492,557,790	-\$906,583,100
<u>DRUG MEDI-CAL</u>				
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$39,059,000	\$26,709,600	\$12,349,400
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
69	ANNUAL RATE ADJUSTMENT	\$2,566,000	\$2,530,900	\$35,100
	DRUG MEDI-CAL SUBTOTAL	\$44,661,000	\$32,276,500	\$12,384,500

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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>				
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$407,835,000	\$407,835,000	\$0
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	\$24,855,870	\$24,855,870	\$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
80	CHART REVIEW	-\$1,148,000	-\$1,148,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$63,306,000	-\$64,047,000	\$741,000
198	LATE CLAIMS FOR SMHS	\$3,598,000	\$952,000	\$2,646,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$12,039,000	\$5,262,000	\$6,777,000
MENTAL HEALTH SUBTOTAL		\$472,345,950	\$461,911,950	\$10,434,000
<u>WAIVER--MH/UCD & BTR</u>				
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$232,498,000	\$116,249,000	\$116,249,000
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
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	-\$48,958,000	\$48,958,000
96	MH/UCD—SAFETY NET CARE POOL	\$8,186,000	\$8,186,000	\$0
98	MH/UCD—STABILIZATION FUNDING	\$11,298,000	\$0	\$11,298,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$1,764,000	\$1,764,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$1,921,000	-\$1,921,000
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MED	\$1,600,000,000	\$800,000,000	\$800,000,000
206	GLOBAL PAYMENT PROGRAM	\$1,917,088,000	\$958,544,000	\$958,544,000
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGF	\$0	\$112,500,000	-\$112,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$600,000,000	\$300,000,000	\$300,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATI	\$105,271,000	\$52,635,500	\$52,635,500
WAIVER--MH/UCD & BTR SUBTOTAL		\$4,605,390,000	\$2,432,126,500	\$2,173,263,500
<u>MANAGED CARE</u>				
32	MANAGED CARE DRUG REBATES	-\$694,758,000	-\$413,461,310	-\$281,296,690
108	CCI-MANAGED CARE PAYMENTS	\$3,587,456,060	\$1,793,728,030	\$1,793,728,030
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,776,709,000	\$0	\$2,776,709,000
112	MANAGED CARE RATE RANGE IGTS	\$883,801,000	\$491,813,000	\$391,988,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$1,082,601,000	\$541,301,000	\$541,300,000
115	HQAF RATE RANGE INCREASES	\$273,000,000	\$136,500,000	\$136,500,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEI	\$1,372,000	\$1,234,800	\$137,200
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

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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>MANAGED CARE</u>				
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	\$0	\$0	\$0
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
132	CCI-SAVINGS AND DEFERRAL	-\$1,826,283,440	-\$913,141,720	-\$913,141,720
133	RETRO MC RATE ADJUSTMENTS	-\$3,139,097,000	-\$2,914,182,800	-\$224,914,200
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$915,000	\$457,500	\$457,500
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$0	\$0	\$0
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. C,	\$1,938,526,000	\$1,260,041,690	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDIN	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$624,000	\$312,000	\$312,000
	MANAGED CARE SUBTOTAL	\$4,886,865,620	-\$15,397,810	\$4,902,263,430
<u>PROVIDER RATES</u>				
85	DPH INTERIM & FINAL RECONS	\$21,588,000	\$21,588,000	\$0
92	DPH INTERIM RATE GROWTH	\$28,805,380	\$14,402,690	\$14,402,690
102	DPH INTERIM RATE	\$0	\$351,104,600	-\$351,104,600
134	MEDICARE PART B PREMIUM INCREASE	\$48,229,000	\$21,336,500	\$26,892,500
135	DENTAL RETROACTIVE RATE CHANGES	\$75,601,000	\$49,849,160	\$25,751,840
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,970,080	\$121,290,360	\$76,679,710
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$88,137,000	\$44,068,500	\$44,068,500
138	LTC RATE ADJUSTMENT	\$126,871,150	\$63,435,580	\$63,435,580
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$410,561,270	\$205,280,640	\$205,280,640
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$14,500,000	\$7,250,000	\$7,250,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$23,909,820	\$14,648,570	\$9,261,260
142	HOSPICE RATE INCREASES	\$11,675,610	\$5,837,800	\$5,837,800
143	GDSP NEWBORN SCREENING PROGRAM FEE INCRE	\$3,096,840	\$1,548,420	\$1,548,420
144	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
147	LABORATORY RATE METHODOLOGY CHANGE	-\$41,362,430	-\$20,681,220	-\$20,681,220
148	10% PROVIDER PAYMENT REDUCTION	-\$24,022,620	-\$12,011,310	-\$12,011,310
149	REDUCTION TO RADIOLOGY RATES	-\$39,794,280	-\$19,897,140	-\$19,897,140
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENES	\$0	-\$106,279,000	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$1,871,630	\$1,069,280	\$802,340
	PROVIDER RATES SUBTOTAL	\$947,637,440	\$763,841,430	\$183,796,010
<u>SUPPLEMENTAL PMNTS.</u>				
82	DSH PAYMENT	\$767,903,000	\$383,951,500	\$383,951,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$560,664,000	\$280,332,000	\$280,332,000
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$260,393,000	\$130,196,500	\$130,196,500
91	DPH PHYSICIAN & NON-PHYS. COST	\$100,693,000	\$100,693,000	\$0

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>				
97	NDPH SUPPLEMENTAL PAYMENT	\$4,712,000	\$2,356,000	\$2,356,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,643,733,000	\$3,746,562,000	\$2,897,171,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$254,275,000	\$254,275,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$83,672,000	\$0	\$83,672,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$194,489,000	\$194,489,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$100,498,000	\$53,811,000	\$46,687,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$72,005,000	\$72,005,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P/	\$141,495,000	\$89,293,610	\$52,201,390
157	FFP FOR LOCAL TRAUMA CENTERS	\$112,556,000	\$56,278,000	\$56,278,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,317,000	\$61,176,500	\$41,140,500
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$26,880,000	\$26,880,000	\$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	\$8,000,000	\$4,000,000	\$4,000,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,662,000	\$3,662,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$9,451,947,000	\$5,466,961,110	\$3,984,985,890
<u>OTHER</u>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$186,216,000	\$186,216,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$117,245,000	\$117,245,000	\$0
173	CCI IHSS RECONCILIATION	\$62,300,000	\$62,300,000	\$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	\$19,146,000	\$13,704,000	\$5,442,000
179	INDIAN HEALTH SERVICES	\$26,153,000	\$40,498,150	-\$14,345,150
180	WPCS WORKERS' COMPENSATION	\$4,764,000	\$2,382,000	\$2,382,000
181	OVERTIME FOR WPCS PROVIDERS	\$6,632,930	\$3,316,460	\$3,316,460
186	CDDS DENTAL SERVICES	\$984,000	\$0	\$984,000
187	AUDIT SETTLEMENTS	\$10,771,000	\$0	\$10,771,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$449,000	\$224,500	\$224,500
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,725,221,850	-\$1,725,221,850
190	FUNDING ADJUST.—OTLICP	\$0	\$140,873,890	-\$140,873,890
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	-\$27,603,000	\$27,603,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$8,150,000	\$4,075,000	\$4,075,000

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>
	OTHER			
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECC	-\$15,000,000	-\$7,500,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REV	\$0	\$0	\$0
	OTHER SUBTOTAL	\$478,739,930	\$2,286,418,350	-\$1,807,678,430
	GRAND TOTAL	\$24,052,662,430	\$14,743,833,950	\$9,308,828,480

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	\$6,355,775,380	\$4,176,428,640	\$2,179,346,740
PHYSICIANS	\$913,097,040	\$590,150,100	\$322,946,940
OTHER MEDICAL	\$3,663,365,030	\$2,449,978,750	\$1,213,386,280
CO. & COMM. OUTPATIENT	\$1,779,313,320	\$1,136,299,790	\$643,013,520
PHARMACY	\$1,422,397,240	\$973,400,340	\$448,996,910
HOSPITAL INPATIENT	\$12,390,766,510	\$7,785,626,320	\$4,605,140,190
COUNTY INPATIENT	\$2,892,704,090	\$1,910,186,720	\$982,517,360
COMMUNITY INPATIENT	\$9,498,062,420	\$5,875,439,600	\$3,622,622,830
LONG TERM CARE	\$3,032,374,150	\$1,498,192,080	\$1,534,182,070
NURSING FACILITIES	\$2,674,442,300	\$1,312,767,180	\$1,361,675,120
ICF-DD	\$357,931,850	\$185,424,900	\$172,506,950
OTHER SERVICES	\$951,719,630	\$590,565,140	\$361,154,480
MEDICAL TRANSPORTATION	\$119,263,680	\$77,536,820	\$41,726,870
OTHER SERVICES	\$627,433,150	\$406,676,940	\$220,756,210
HOME HEALTH	\$205,022,800	\$106,351,390	\$98,671,400
TOTAL FEE-FOR-SERVICE	\$24,153,032,910	\$15,024,212,520	\$9,128,820,380
MANAGED CARE	\$44,353,920,010	\$26,920,454,090	\$17,433,465,910
TWO PLAN MODEL	\$26,621,098,600	\$16,043,259,120	\$10,577,839,480
COUNTY ORGANIZED HEALTH SYS	\$10,822,833,890	\$6,562,296,740	\$4,260,537,150
GEOGRAPHIC MANAGED CARE	\$4,827,944,190	\$3,033,431,930	\$1,794,512,260
PHP & OTHER MANAG. CARE	\$767,531,120	\$414,255,440	\$353,275,680
REGIONAL MODEL	\$1,314,512,210	\$867,210,860	\$447,301,350
DENTAL	\$1,201,347,430	\$778,370,650	\$422,976,780
MENTAL HEALTH	\$3,011,514,210	\$2,861,431,890	\$150,082,320
AUDITS/ LAWSUITS	\$14,684,000	\$956,500	\$13,727,500
EPSDT SCREENS	\$55,189,800	\$31,141,580	\$24,048,220
MEDICARE PAYMENTS	\$4,959,576,000	\$1,397,545,000	\$3,562,031,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000	\$179,727,000	\$27,603,000
MISC. SERVICES	\$7,796,886,110	\$6,903,089,010	\$893,797,090
RECOVERIES	-\$309,693,000	-\$148,035,000	-\$161,658,000
DRUG MEDI-CAL	\$183,458,000	\$168,754,000	\$14,704,000
GRAND TOTAL MEDI-CAL	\$85,627,245,460	\$54,117,647,250	\$31,509,598,210

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

<u>SERVICE CATEGORY</u>	<u>MAY 2016 EST. FOR 2015-16</u>	<u>MAY 2016 EST. FOR 2016-17</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$6,522,312,890	\$6,355,775,380	-\$166,537,510	-2.55
PHYSICIANS	\$994,620,160	\$913,097,040	-\$81,523,120	-8.20
OTHER MEDICAL	\$3,459,937,440	\$3,663,365,030	\$203,427,580	5.88
CO. & COMM. OUTPATIENT	\$2,067,755,290	\$1,779,313,320	-\$288,441,970	-13.95
PHARMACY	\$1,509,322,000	\$1,422,397,240	-\$86,924,760	-5.76
HOSPITAL INPATIENT	\$12,698,142,230	\$12,390,766,510	-\$307,375,720	-2.42
COUNTY INPATIENT	\$2,683,313,620	\$2,892,704,090	\$209,390,460	7.80
COMMUNITY INPATIENT	\$10,014,828,610	\$9,498,062,420	-\$516,766,180	-5.16
LONG TERM CARE	\$3,245,220,300	\$3,032,374,150	-\$212,846,150	-6.56
NURSING FACILITIES	\$2,850,066,420	\$2,674,442,300	-\$175,624,120	-6.16
ICF-DD	\$395,153,880	\$357,931,850	-\$37,222,040	-9.42
OTHER SERVICES	\$1,134,353,740	\$951,719,630	-\$182,634,120	-16.10
MEDICAL TRANSPORTATION	\$164,727,240	\$119,263,680	-\$45,463,560	-27.60
OTHER SERVICES	\$720,553,160	\$627,433,150	-\$93,120,010	-12.92
HOME HEALTH	\$249,073,340	\$205,022,800	-\$44,050,550	-17.69
TOTAL FEE-FOR-SERVICE	\$25,109,351,160	\$24,153,032,910	-\$956,318,250	-3.81
MANAGED CARE	\$42,780,203,730	\$44,353,920,010	\$1,573,716,280	3.68
TWO PLAN MODEL	\$26,402,754,580	\$26,621,098,600	\$218,344,010	0.83
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,907,509,920	\$10,822,833,890	\$915,323,980	9.24
GEOGRAPHIC MANAGED CARE	\$4,492,700,260	\$4,827,944,190	\$335,243,940	7.46
PHP & OTHER MANAG. CARE	\$575,990,940	\$767,531,120	\$191,540,180	33.25
REGIONAL MODEL	\$1,401,248,040	\$1,314,512,210	-\$86,735,830	-6.19
DENTAL	\$1,187,428,570	\$1,201,347,430	\$13,918,860	1.17
MENTAL HEALTH	\$2,322,230,160	\$3,011,514,210	\$689,284,050	29.68
AUDITS/ LAWSUITS	-\$6,311,000	\$14,684,000	\$20,995,000	-332.67
EPSDT SCREENS	\$41,550,000	\$55,189,800	\$13,639,800	32.83
MEDICARE PAYMENTS	\$4,443,906,000	\$4,959,576,000	\$515,670,000	11.60
STATE HOSP./DEVELOPMENTAL CNTRS.	\$206,129,000	\$207,330,000	\$1,201,000	0.58
MISC. SERVICES	\$6,906,422,530	\$7,796,886,110	\$890,463,580	12.89
RECOVERIES	-\$306,519,000	-\$309,693,000	-\$3,174,000	1.04
DRUG MEDI-CAL	\$138,402,000	\$183,458,000	\$45,056,000	32.55
GRAND TOTAL MEDI-CAL	\$82,822,793,160	\$85,627,245,460	\$2,804,452,300	3.39
STATE FUNDS	\$28,436,696,980	\$31,509,598,210	\$3,072,901,230	10.81

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

<u>SERVICE CATEGORY</u>	<u>NOV. 2015 EST. FOR 2016-17</u>	<u>MAY 2016 EST. FOR 2016-17</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$6,483,662,290	\$6,355,775,380	-\$127,886,910	-1.97
PHYSICIANS	\$910,104,230	\$913,097,040	\$2,992,810	0.33
OTHER MEDICAL	\$3,774,835,940	\$3,663,365,030	-\$111,470,920	-2.95
CO. & COMM. OUTPATIENT	\$1,798,722,120	\$1,779,313,320	-\$19,408,800	-1.08
PHARMACY	\$1,012,331,800	\$1,422,397,240	\$410,065,440	40.51
HOSPITAL INPATIENT	\$11,810,369,670	\$12,390,766,510	\$580,396,840	4.91
COUNTY INPATIENT	\$3,051,601,710	\$2,892,704,090	-\$158,897,620	-5.21
COMMUNITY INPATIENT	\$8,758,767,960	\$9,498,062,420	\$739,294,460	8.44
LONG TERM CARE	\$2,871,966,080	\$3,032,374,150	\$160,408,070	5.59
NURSING FACILITIES	\$2,504,856,630	\$2,674,442,300	\$169,585,670	6.77
ICF-DD	\$367,109,450	\$357,931,850	-\$9,177,600	-2.50
OTHER SERVICES	\$686,095,800	\$951,719,630	\$265,623,830	38.72
MEDICAL TRANSPORTATION	\$119,243,490	\$119,263,680	\$20,190	0.02
OTHER SERVICES	\$342,900,040	\$627,433,150	\$284,533,110	82.98
HOME HEALTH	\$223,952,270	\$205,022,800	-\$18,929,480	-8.45
TOTAL FEE-FOR-SERVICE	\$22,864,425,640	\$24,153,032,910	\$1,288,607,260	5.64
MANAGED CARE	\$41,700,087,680	\$44,353,920,010	\$2,653,832,330	6.36
TWO PLAN MODEL	\$25,893,999,950	\$26,621,098,600	\$727,098,650	2.81
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,224,056,290	\$10,822,833,890	\$1,598,777,600	17.33
GEOGRAPHIC MANAGED CARE	\$4,636,292,360	\$4,827,944,190	\$191,651,830	4.13
PHP & OTHER MANAG. CARE	\$657,945,210	\$767,531,120	\$109,585,910	16.66
REGIONAL MODEL	\$1,287,793,870	\$1,314,512,210	\$26,718,330	2.07
DENTAL	\$1,267,208,980	\$1,201,347,430	-\$65,861,550	-5.20
MENTAL HEALTH	\$2,249,655,710	\$3,011,514,210	\$761,858,500	33.87
AUDITS/ LAWSUITS	\$4,719,000	\$14,684,000	\$9,965,000	211.17
EPSDT SCREENS	\$56,507,000	\$55,189,800	-\$1,317,200	-2.33
MEDICARE PAYMENTS	\$4,932,148,000	\$4,959,576,000	\$27,428,000	0.56
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000	\$207,330,000	\$0	0.00
MISC. SERVICES	\$7,247,211,170	\$7,796,886,110	\$549,674,940	7.58
RECOVERIES	-\$289,203,000	-\$309,693,000	-\$20,490,000	7.08
DRUG MEDI-CAL	\$241,248,000	\$183,458,000	-\$57,790,000	-23.95
GRAND TOTAL MEDI-CAL	\$80,481,338,180	\$85,627,245,460	\$5,145,907,280	6.39
STATE FUNDS	\$29,977,049,930	\$31,509,598,210	\$1,532,548,280	5.11

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$460,116,000	\$113,969,400	\$414,876,000	\$102,763,500	-\$45,240,000	-\$11,205,900
2	MEDI-CAL ADULT INMATE PROGRAMS	\$189,301,000	\$0	\$272,397,000	\$0	\$83,096,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$107,444,000	\$50,407,150	\$85,914,000	\$42,681,200	-\$21,530,000	-\$7,725,950
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$62,482,000	\$0	\$63,016,000	\$0	\$534,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$0	\$0	\$0	\$0	\$0	\$0
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$177,251,000	\$142,815,000	\$243,880,000	\$188,199,500	\$66,629,000	\$45,384,500
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$6,735,000	\$808,320	\$0	\$0	-\$6,735,000	-\$808,320
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,496,000	\$179,520	\$6,232,000	\$747,840	\$4,736,000	\$568,320
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$221,321,880	\$0	-\$365,023,930	\$0	-\$143,702,050
13	NEW QUALIFIED IMMIGRANTS	\$0	\$383,543,000	\$0	\$633,813,000	\$0	\$250,270,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$115,403,200	\$0	-\$118,174,320	\$0	-\$2,771,120
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$10,928,120	\$0	-\$14,801,360	\$0	-\$3,873,240
16	INCARCERATION VERIFICATION PROGRAM	-\$12,047,000	-\$2,182,650	-\$16,688,000	-\$6,282,950	-\$4,641,000	-\$4,100,300
17	PARIS-VETERANS	-\$16,474,760	-\$8,237,380	-\$10,910,940	-\$5,455,470	\$5,563,810	\$2,781,910
18	OTLICP PREMIUMS	-\$75,084,000	-\$9,010,080	-\$70,919,000	-\$8,510,280	\$4,165,000	\$499,800
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	\$0	\$0	-\$3,438,000	-\$729,000	-\$3,438,000	-\$729,000
	ELIGIBILITY SUBTOTAL	\$901,219,240	\$324,639,080	\$984,359,060	\$449,227,730	\$83,139,810	\$124,588,650
AFFORDABLE CARE ACT							
19	COMMUNITY FIRST CHOICE OPTION	\$1,743,700,000	\$0	\$1,884,200,000	\$0	\$140,500,000	\$0
20	ACA OPTIONAL EXPANSION	\$1,198,736,000	\$29,405,200	\$1,309,663,000	\$40,784,350	\$110,927,000	\$11,379,150
21	HEALTH INSURER FEE	\$140,580,000	\$45,769,930	\$246,342,000	\$82,691,500	\$105,762,000	\$36,921,570
22	ACA MANDATORY EXPANSION	\$161,458,000	\$66,418,200	\$140,760,000	\$58,692,720	-\$20,698,000	-\$7,725,480
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$10,000,000	\$0	\$10,000,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$8,904,000	\$0	-\$6,363,000	\$0	\$2,541,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$349,000	\$0	\$349,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
26	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUS	\$0	-\$131,140,000	\$0	-\$92,623,550	\$0	\$38,516,450
29	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	-\$83,925,000	-\$31,764,000	\$0	\$0	\$83,925,000	\$31,764,000
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$1,547,000	-\$773,500	-\$688,000	-\$344,000	\$859,000	\$429,500
31	ACA REDETERMINATIONS	-\$796,842,000	-\$333,361,000	\$0	\$0	\$796,842,000	\$333,361,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$0	\$0	\$34,640,000	\$0	\$34,640,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$2,362,160,000	-\$364,349,170	\$3,624,917,000	\$83,187,020	\$1,262,757,000	\$447,536,190
<u>BENEFITS</u>							
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$286,516,000	\$0	\$286,516,000	\$0	\$0	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,135,000	\$0	\$126,049,000	\$0	-\$12,086,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$206,236,000	\$90,524,800	\$213,974,000	\$92,334,200	\$7,738,000	\$1,809,400
36	CCS DEMONSTRATION PROJECT PILOTS	\$41,388,000	\$20,694,000	\$40,958,000	\$18,599,140	-\$430,000	-\$2,094,860
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,778,000	\$19,889,000	-\$686,000	-\$343,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$21,252,000	\$9,011,000	\$6,871,000	\$2,913,380	-\$14,381,000	-\$6,097,620
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,282,000	\$4,303,000	\$36,080,000	\$5,271,000	\$3,798,000	\$968,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$18,236,000	\$8,646,040	\$12,996,800	\$6,146,320	-\$5,239,200	-\$2,499,720
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,298,000	\$21,000	\$5,298,000	\$21,000	\$0	\$0
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,090,000	\$0	\$5,107,000	\$0	\$1,017,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$0	\$0	\$201,000	\$100,500	\$201,000	\$100,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$972,000	\$460,920	\$1,163,000	\$549,960	\$191,000	\$89,040
45	CHDP PROGRAM DENTAL REFERRAL	\$808,000	\$400,960	\$234,000	\$110,540	-\$574,000	-\$290,420
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$860,000	\$270,590	\$448,000	\$224,000	-\$412,000	-\$46,590
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$115,000	\$0	\$159,000	\$0	\$44,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$139,000	\$0	\$154,000	\$0	\$15,000	\$0
49	WOMEN'S HEALTH SERVICES	\$339,000	\$76,200	-\$6,367,000	-\$1,431,700	-\$6,706,000	-\$1,507,900

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVIN	-\$4,512,000	-\$2,139,340	-\$6,203,000	-\$2,933,540	-\$1,691,000	-\$794,200
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$22,518,000	-\$11,259,000	-\$27,106,000	-\$13,553,000	-\$4,588,000	-\$2,294,000
199	END OF LIFE SERVICES	\$2,330,000	\$2,330,000	\$1,275,010	\$1,275,010	-\$1,054,990	-\$1,054,990
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	-\$195,000	-\$97,500	-\$843,000	-\$421,500	-\$648,000	-\$324,000
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$0	\$0	\$313,590	\$148,400	\$313,590	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COS	\$0	\$0	\$203,683,000	\$87,893,600	\$203,683,000	\$87,893,600
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$0	\$0	\$1,512,000	\$511,510	\$1,512,000	\$511,510
	BENEFITS SUBTOTAL	\$772,235,000	\$143,474,670	\$942,251,400	\$217,647,830	\$170,016,400	\$74,173,160
<u>PHARMACY</u>							
52	ORKAMBI BENEFIT	\$56,762,000	\$26,894,000	\$45,220,920	\$21,969,380	-\$11,541,080	-\$4,924,620
53	ADAP RYAN WHITE MEDS DATA MATCH	\$627,000	\$313,500	\$2,400,000	\$1,200,000	\$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	\$19,500	\$0	\$269,500	\$0	\$250,000
56	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$13,349,000	-\$4,672,150	\$2,651,000	\$927,850
57	MEDICAL SUPPLY REBATES	-\$30,923,000	-\$6,756,700	-\$26,514,000	-\$10,863,950	\$4,409,000	-\$4,107,250
59	FAMILY PACT DRUG REBATES	-\$54,989,000	-\$6,897,700	-\$30,337,000	-\$3,805,300	\$24,652,000	\$3,092,400
60	STATE SUPPLEMENTAL DRUG REBATES	-\$233,749,000	-\$97,656,000	-\$148,506,000	-\$58,566,150	\$85,243,000	\$39,089,850
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$149,988,000	-\$300,000,000	-\$118,290,000	\$0	\$31,698,000
62	FEDERAL DRUG REBATE PROGRAM	-\$2,047,526,000	-\$780,548,800	-\$1,593,279,000	-\$600,334,520	\$454,247,000	\$180,214,280
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DF	\$0	\$0	-\$327,790,110	-\$130,067,070	-\$327,790,110	-\$130,067,070
	PHARMACY SUBTOTAL	-\$2,623,398,000	-\$1,019,020,200	-\$2,389,754,190	-\$901,960,260	\$233,643,810	\$117,059,940
<u>DRUG MEDI-CAL</u>							
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$90,892,000	\$32,493,700	\$39,059,000	\$12,349,400	-\$51,833,000	-\$20,144,300

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
DRUG MEDI-CAL							
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
69	ANNUAL RATE ADJUSTMENT	\$1,135,000	\$369,000	\$2,566,000	\$35,100	\$1,431,000	-\$333,900
	DRUG MEDI-CAL SUBTOTAL	\$95,063,000	\$32,862,700	\$44,661,000	\$12,384,500	-\$50,402,000	-\$20,478,200
MENTAL HEALTH							
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$175,544,000	\$0	\$407,835,000	\$0	\$232,291,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$0	\$0	\$78,309,000	\$0	\$78,309,000	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$0	\$0	\$53,804,000	\$0	\$53,804,000	\$0
75	KATIE A. V. DIANA BONTA	\$35,364,000	\$0	\$36,023,000	\$0	\$659,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$25,500,000	\$0	\$25,500,000	\$0	\$0	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$270,000	\$0	\$270,000	\$0	\$0
79	IMD ANCILLARY SERVICES	\$0	\$4,000,000	\$0	\$0	\$0	-\$4,000,000
80	CHART REVIEW	-\$913,000	\$0	-\$1,148,000	\$0	-\$235,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	-\$63,306,000	\$741,000	-\$63,306,000	\$741,000
198	LATE CLAIMS FOR SMHS	\$2,175,000	\$1,970,000	\$3,598,000	\$2,646,000	\$1,423,000	\$676,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$416,000	\$208,000	\$12,039,000	\$6,777,000	\$11,623,000	\$6,569,000
	MENTAL HEALTH SUBTOTAL	\$238,086,000	\$6,448,000	\$552,654,000	\$10,434,000	\$314,568,000	\$3,986,000
WAIVER--MH/UCD & BTR							
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$70,492,000	\$35,246,000	\$232,498,000	\$116,249,000	\$162,006,000	\$81,003,000
89	BTR - LIHP - MCE	\$141,648,000	\$0	\$141,648,000	\$0	\$0	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	-\$12,363,000	\$0	-\$12,363,000	\$0	\$0	\$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	\$0	\$0	\$48,958,000	\$0	\$48,958,000
96	MH/UCD—SAFETY NET CARE POOL	\$0	\$0	\$8,186,000	\$0	\$8,186,000	\$0
98	MH/UCD—STABILIZATION FUNDING	\$0	\$0	\$11,298,000	\$11,298,000	\$11,298,000	\$11,298,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$1,471,000	\$0	\$1,764,000	\$0	\$293,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$12,022,000	\$0	-\$1,921,000	\$0	-\$13,943,000
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	\$1,600,000,000	\$800,000,000	\$1,600,000,000	\$800,000,000	\$0	\$0
206	GLOBAL PAYMENT PROGRAM	\$2,492,584,000	\$1,246,292,000	\$1,917,088,000	\$958,544,000	-\$575,496,000	-\$287,748,000
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAI	\$0	-\$75,000,000	\$0	-\$112,500,000	\$0	-\$37,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$900,000,000	\$450,000,000	\$600,000,000	\$300,000,000	-\$300,000,000	-\$150,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$150,000,000	\$75,000,000	\$105,271,000	\$52,635,500	-\$44,729,000	-\$22,364,500
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,343,832,000	\$2,543,560,000	\$4,605,390,000	\$2,173,263,500	-\$738,442,000	-\$370,296,500
<u>MANAGED CARE</u>							
32	MANAGED CARE DRUG REBATES	-\$536,400,000	-\$186,229,860	-\$694,758,000	-\$281,296,690	-\$158,358,000	-\$95,066,830
108	CCI-MANAGED CARE PAYMENTS	\$10,319,468,000	\$5,159,734,000	\$9,998,484,000	\$4,999,242,000	-\$320,984,000	-\$160,492,000
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,477,372,000	\$2,477,372,000	\$2,776,709,000	\$2,776,709,000	\$299,337,000	\$299,337,000
112	MANAGED CARE RATE RANGE IGTS	\$871,975,000	\$401,101,000	\$883,801,000	\$391,988,000	\$11,826,000	-\$9,113,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$531,316,000	\$265,658,000	\$1,082,601,000	\$541,300,000	\$551,285,000	\$275,642,000
115	HQAF RATE RANGE INCREASES	\$148,000,000	\$74,000,000	\$273,000,000	\$136,500,000	\$125,000,000	\$62,500,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$207,000,000	\$20,700,000	\$1,372,000	\$137,200	-\$205,628,000	-\$20,562,800
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$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
132	CCI-SAVINGS AND DEFERRAL	-\$7,716,973,000	-\$3,858,486,500	-\$7,487,837,000	-\$3,743,918,500	\$229,136,000	\$114,568,000
133	RETRO MC RATE ADJUSTMENTS	-\$3,510,424,000	-\$218,680,380	-\$3,139,097,000	-\$224,914,200	\$371,327,000	-\$6,233,820
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$9,364,000	\$4,682,000	\$915,000	\$457,500	-\$8,449,000	-\$4,224,500
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$327,480,000	\$154,660,500	\$0	\$0	-\$327,480,000	-\$154,660,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP	\$0	\$0	\$1,938,526,000	\$678,484,310	\$1,938,526,000	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING /	\$0	\$0	\$0	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$0	\$0	\$624,000	\$312,000	\$624,000	\$312,000
	MANAGED CARE SUBTOTAL	\$3,130,178,000	\$4,296,510,760	\$5,636,340,000	\$5,277,000,620	\$2,506,162,000	\$980,489,860
PROVIDER RATES							
85	DPH INTERIM & FINAL RECONS	-\$218,972,000	\$0	\$21,588,000	\$0	\$240,560,000	\$0
92	DPH INTERIM RATE GROWTH	\$78,635,980	\$39,317,990	\$28,805,380	\$14,402,690	-\$49,830,600	-\$24,915,300
102	DPH INTERIM RATE	\$0	-\$437,269,450	\$0	-\$351,104,600	\$0	\$86,164,850
134	MEDICARE PART B PREMIUM INCREASE	\$356,916,000	\$199,962,500	\$48,229,000	\$26,892,500	-\$308,687,000	-\$173,070,000
135	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$75,601,000	\$25,751,840	\$75,601,000	\$25,751,840
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$216,474,550	\$108,237,280	\$209,049,710	\$80,971,190	-\$7,424,840	-\$27,266,090
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	\$0	\$0
138	LTC RATE ADJUSTMENT	\$106,573,880	\$53,286,940	\$137,723,790	\$68,861,890	\$31,149,900	\$15,574,950
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$241,843,320	\$120,921,660	\$410,561,270	\$205,280,640	\$168,717,960	\$84,358,980
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$13,000,000	\$6,500,000	\$14,500,000	\$7,250,000	\$1,500,000	\$750,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,959,040	\$9,586,800	\$28,624,230	\$11,087,340	\$3,665,200	\$1,500,550
142	HOSPICE RATE INCREASES	\$8,261,790	\$4,130,900	\$11,675,610	\$5,837,800	\$3,413,810	\$1,706,910
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREAS	\$1,940,860	\$970,430	\$3,096,840	\$1,548,420	\$1,155,980	\$577,990
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$23,087,000	-\$11,543,500	\$0	\$0	\$23,087,000	\$11,543,500
146	NON-AB 1629 LTC RATE FREEZE	-\$20,839,000	-\$10,419,500	\$0	\$0	\$20,839,000	\$10,419,500
147	LABORATORY RATE METHODOLOGY CHANGE	-\$30,711,260	-\$15,355,630	-\$41,362,430	-\$20,681,220	-\$10,651,170	-\$5,325,590
148	10% PROVIDER PAYMENT REDUCTION	-\$196,963,000	-\$98,481,500	-\$204,274,000	-\$102,137,000	-\$7,311,000	-\$3,655,500
149	REDUCTION TO RADIOLOGY RATES	-\$52,078,000	-\$26,039,000	-\$53,365,000	-\$26,682,500	-\$1,287,000	-\$643,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PROVIDER RATES							
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS	\$0	\$0	\$0	\$106,279,000	\$0	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$0	\$0	\$1,871,630	\$802,340	\$1,871,630	\$802,340
	PROVIDER RATES SUBTOTAL	\$594,092,160	-\$12,125,590	\$780,462,020	\$98,428,840	\$186,369,860	\$110,554,430
SUPPLEMENTAL PMNTS.							
82	DSH PAYMENT	\$34,000,000	\$17,000,000	\$767,903,000	\$383,951,500	\$733,903,000	\$366,951,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$571,258,000	\$285,629,000	\$560,664,000	\$280,332,000	-\$10,594,000	-\$5,297,000
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$258,202,000	\$129,101,000	\$260,393,000	\$130,196,500	\$2,191,000	\$1,095,500
91	DPH PHYSICIAN & NON-PHYS. COST	\$80,844,000	\$0	\$100,693,000	\$0	\$19,849,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$4,712,000	\$2,356,000	\$912,000	\$456,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,150,333,000	\$2,831,982,000	\$6,643,733,000	\$2,897,171,000	-\$506,600,000	\$65,189,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$234,312,000	\$0	\$254,275,000	\$0	\$19,963,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$25,661,000	\$25,661,000	\$83,672,000	\$83,672,000	\$58,011,000	\$58,011,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$202,400,000	\$0	\$194,489,000	\$0	-\$7,911,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$100,498,000	\$46,687,000	\$100,498,000	\$46,687,000	\$0	\$0
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$103,366,000	\$0	\$72,005,000	\$0	-\$31,361,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$107,000,000	\$38,996,330	\$141,495,000	\$52,201,390	\$34,495,000	\$13,205,060
157	FFP FOR LOCAL TRAUMA CENTERS	\$80,103,000	\$40,051,500	\$112,556,000	\$56,278,000	\$32,453,000	\$16,226,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,317,000	\$41,140,500	\$102,317,000	\$41,140,500	\$0	\$0
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$22,782,000	\$0	\$26,880,000	\$0	\$4,098,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$8,333,000	\$4,166,000	\$4,000,000	\$2,000,000	-\$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	\$0	\$0
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,662,000	\$0	\$3,662,000	\$0	\$0	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$9,106,871,000	\$3,471,314,330	\$9,451,947,000	\$3,984,985,890	\$345,076,000	\$513,671,560

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
170	ARRA HITECH - PROVIDER PAYMENTS	\$127,681,000	\$0	\$186,216,000	\$0	\$58,535,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	\$59,690,000	\$0	\$117,245,000	\$0	\$57,555,000	\$0
173	CCI IHSS RECONCILIATION	\$0	\$0	\$62,300,000	\$0	\$62,300,000	\$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	\$10,738,000	\$4,836,000	\$19,146,000	\$5,442,000	\$8,408,000	\$606,000
179	INDIAN HEALTH SERVICES	\$25,289,000	-\$16,340,600	\$26,153,000	-\$14,345,150	\$864,000	\$1,995,450
180	WPCS WORKERS' COMPENSATION	\$2,625,000	\$1,312,500	\$4,764,000	\$2,382,000	\$2,139,000	\$1,069,500
181	OVERTIME FOR WPCS PROVIDERS	\$5,391,000	\$2,695,500	\$6,632,930	\$3,316,460	\$1,241,930	\$620,960
186	CDDS DENTAL SERVICES	\$902,000	\$902,000	\$984,000	\$984,000	\$82,000	\$82,000
187	AUDIT SETTLEMENTS	\$854,000	\$854,000	\$10,771,000	\$10,771,000	\$9,917,000	\$9,917,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$449,000	\$224,500	\$449,000	\$224,500	\$0	\$0
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	-\$1,605,590,850	\$0	-\$1,725,221,850	\$0	-\$119,631,000
190	FUNDING ADJUST.—OTLICP	\$0	-\$122,771,420	\$0	-\$140,873,890	\$0	-\$18,102,470
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	-\$262,406,000	\$0	\$0	\$0	\$262,406,000	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-\$17,449,000	-\$17,449,000	\$0	\$0	\$17,449,000	\$17,449,000
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$3,800,000	\$0	\$27,603,000	\$0	\$23,803,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$0	\$0	\$8,150,000	\$4,075,000	\$8,150,000	\$4,075,000
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECOV	\$0	\$0	-\$15,000,000	-\$7,500,000	-\$15,000,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REVEN	\$0	\$0	\$0	\$0	\$0	\$0
	OTHER SUBTOTAL	\$4,693,000	-\$1,722,062,870	\$478,739,930	-\$1,807,678,430	\$474,046,930	-\$85,615,560
	GRAND TOTAL	\$19,925,031,400	\$7,701,251,710	\$24,711,967,220	\$9,596,921,230	\$4,786,935,810	\$1,895,669,520

**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	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$421,075,000	\$104,299,100	\$414,876,000	\$102,763,500	-\$6,199,000	-\$1,535,600
2	MEDI-CAL ADULT INMATE PROGRAMS	\$202,922,000	\$0	\$272,397,000	\$0	\$69,475,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$80,529,000	\$40,734,700	\$85,914,000	\$42,681,200	\$5,385,000	\$1,946,500
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$47,492,000	\$0	\$63,016,000	\$0	\$15,524,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$26,838,000	\$13,419,000	\$0	\$0	-\$26,838,000	-\$13,419,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$29,922,000	\$22,780,000	\$243,880,000	\$188,199,500	\$213,958,000	\$165,419,500
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,740,000	\$552,420	\$6,232,000	\$747,840	\$4,492,000	\$195,420
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$101,821,410	\$0	-\$365,023,930	\$0	-\$263,202,520
13	NEW QUALIFIED IMMIGRANTS	\$0	\$638,428,000	\$0	\$633,813,000	\$0	-\$4,615,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$113,092,870	\$0	-\$118,174,320	\$0	-\$5,081,450
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$48,374,310	\$0	-\$14,801,360	\$0	\$33,572,950
16	INCARCERATION VERIFICATION PROGRAM	-\$10,681,000	-\$3,955,500	-\$16,688,000	-\$6,282,950	-\$6,007,000	-\$2,327,450
17	PARIS-VETERANS	-\$9,094,520	-\$4,547,260	-\$10,910,940	-\$5,455,470	-\$1,816,420	-\$908,210
18	OTLICP PREMIUMS	-\$70,513,000	-\$12,516,000	-\$70,919,000	-\$8,510,280	-\$406,000	\$4,005,720
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	\$0	\$0	-\$3,438,000	-\$729,000	-\$3,438,000	-\$729,000
	ELIGIBILITY SUBTOTAL	\$720,229,480	\$535,905,870	\$984,359,060	\$449,227,730	\$264,129,580	-\$86,678,140
AFFORDABLE CARE ACT							
19	COMMUNITY FIRST CHOICE OPTION	\$1,485,413,000	\$0	\$1,884,200,000	\$0	\$398,787,000	\$0
20	ACA OPTIONAL EXPANSION	\$160,359,000	\$51,000	\$1,309,663,000	\$40,784,350	\$1,149,304,000	\$40,733,350
21	HEALTH INSURER FEE	\$220,710,000	\$77,645,850	\$246,342,000	\$82,691,500	\$25,632,000	\$5,045,650
22	ACA MANDATORY EXPANSION	\$7,221,000	\$3,100,040	\$140,760,000	\$58,692,720	\$133,539,000	\$55,592,680
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$121,240,000	\$0	\$10,000,000	\$0	-\$111,240,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$22,080,000	\$0	-\$6,363,000	\$0	\$15,717,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$349,000	\$0	\$349,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUS	\$0	-\$94,998,500	\$0	-\$92,623,550	\$0	\$2,374,950
30	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$688,000	-\$344,000	-\$688,000	-\$344,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$52,502,000	\$0	\$34,640,000	\$0	-\$17,862,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$2,047,445,000	-\$36,281,610	\$3,624,917,000	\$83,187,020	\$1,577,472,000	\$119,468,630
<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	\$128,729,000	\$0	\$126,049,000	\$0	-\$2,680,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$89,048,000	\$39,904,120	\$213,974,000	\$92,334,200	\$124,926,000	\$52,430,080
36	CCS DEMONSTRATION PROJECT PILOTS	\$40,958,000	\$18,857,470	\$40,958,000	\$18,599,140	\$0	-\$258,330
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,005,000	\$20,003,000	\$39,778,000	\$19,889,000	-\$227,000	-\$114,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$10,902,000	\$4,747,950	\$6,871,000	\$2,913,380	-\$4,031,000	-\$1,834,570
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$33,380,000	\$4,603,000	\$36,080,000	\$5,271,000	\$2,700,000	\$668,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$0	\$0	\$12,996,800	\$6,146,320	\$12,996,800	\$6,146,320
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	\$4,928,000	\$0	\$5,107,000	\$0	\$179,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$33,000	\$16,500	\$201,000	\$100,500	\$168,000	\$84,000
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$710,000	\$337,920	\$1,163,000	\$549,960	\$453,000	\$212,040
45	CHDP PROGRAM DENTAL REFERRAL	\$176,000	\$83,060	\$234,000	\$110,540	\$58,000	\$27,480
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$56,000	\$28,000	\$448,000	\$224,000	\$392,000	\$196,000
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$118,000	\$0	\$159,000	\$0	\$41,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$156,000	\$0	\$154,000	\$0	-\$2,000	\$0
49	WOMEN'S HEALTH SERVICES	\$1,027,000	\$231,400	-\$6,367,000	-\$1,431,700	-\$7,394,000	-\$1,663,100
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINC	-\$1,469,000	-\$694,600	-\$6,203,000	-\$2,933,540	-\$4,734,000	-\$2,238,940
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$24,789,000	-\$12,395,000	-\$27,106,000	-\$13,553,000	-\$2,317,000	-\$1,158,000
199	END OF LIFE SERVICES	\$0	\$0	\$1,275,010	\$1,275,010	\$1,275,010	\$1,275,010

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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	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	\$0	\$0	-\$843,000	-\$421,500	-\$843,000	-\$421,500
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$0	\$0	\$313,590	\$148,400	\$313,590	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COS'	\$16,303,000	\$7,035,060	\$203,683,000	\$87,893,600	\$187,380,000	\$80,858,540
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$0	\$0	\$1,512,000	\$511,510	\$1,512,000	\$511,510
	BENEFITS SUBTOTAL	\$618,616,000	\$82,779,880	\$942,251,400	\$217,647,830	\$323,635,400	\$134,867,950
<u>PHARMACY</u>							
52	ORKAMBI BENEFIT	\$12,572,170	\$6,097,980	\$45,220,920	\$21,969,380	\$32,648,750	\$15,871,400
53	ADAP RYAN WHITE MEDS DATA MATCH	\$2,392,800	\$1,196,400	\$2,400,000	\$1,200,000	\$7,200	\$3,600
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	\$253,500	\$0	\$269,500	\$0	\$16,000
56	BCCTP DRUG REBATES	-\$13,069,000	-\$4,574,150	-\$13,349,000	-\$4,672,150	-\$280,000	-\$98,000
57	MEDICAL SUPPLY REBATES	-\$25,309,000	-\$10,250,000	-\$26,514,000	-\$10,863,950	-\$1,205,000	-\$613,950
58	LITIGATION SETTLEMENTS	-\$12,495,000	-\$12,495,000	\$0	\$0	\$12,495,000	\$12,495,000
59	FAMILY PACT DRUG REBATES	-\$33,014,000	-\$4,141,400	-\$30,337,000	-\$3,805,300	\$2,677,000	\$336,100
60	STATE SUPPLEMENTAL DRUG REBATES	-\$168,017,000	-\$70,196,710	-\$148,506,000	-\$58,566,150	\$19,511,000	\$11,630,560
61	AGED AND DISPUTED DRUG REBATES	-\$350,000,000	-\$137,935,000	-\$300,000,000	-\$118,290,000	\$50,000,000	\$19,645,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,846,769,000	-\$723,976,280	-\$1,593,279,000	-\$600,334,520	\$253,490,000	\$123,641,760
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DF	-\$98,903,900	-\$38,864,280	-\$327,790,110	-\$130,067,070	-\$228,886,200	-\$91,202,790
	PHARMACY SUBTOTAL	-\$2,530,211,940	-\$993,684,940	-\$2,389,754,190	-\$901,960,260	\$140,457,750	\$91,724,680
<u>DRUG MEDI-CAL</u>							
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$0	\$0	\$39,059,000	\$12,349,400	\$39,059,000	\$12,349,400
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
69	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$2,566,000	\$35,100	\$2,566,000	\$35,100
	DRUG MEDI-CAL SUBTOTAL	\$3,036,000	\$0	\$44,661,000	\$12,384,500	\$41,625,000	\$12,384,500
<u>MENTAL HEALTH</u>							

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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	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH							
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$407,835,000	\$0	\$407,835,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$78,309,000	\$0	\$78,309,000	\$0	\$0	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$53,804,000	\$0	\$53,804,000	\$0	\$0	\$0
75	KATIE A. V. DIANA BONTA	\$26,751,000	\$0	\$36,023,000	\$0	\$9,272,000	\$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
80	CHART REVIEW	-\$1,763,000	\$0	-\$1,148,000	\$0	\$615,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$74,280,000	\$29,877,000	-\$63,306,000	\$741,000	\$10,974,000	-\$29,136,000
198	LATE CLAIMS FOR SMHS	\$0	\$0	\$3,598,000	\$2,646,000	\$3,598,000	\$2,646,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$0	\$0	\$12,039,000	\$6,777,000	\$12,039,000	\$6,777,000
MENTAL HEALTH SUBTOTAL		\$106,826,000	\$34,289,000	\$552,654,000	\$10,434,000	\$445,828,000	-\$23,855,000
WAIVER--MH/UCD & BTR							
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$784,458,000	\$392,229,000	\$0	\$0	-\$784,458,000	-\$392,229,000
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	\$0	\$0	\$232,498,000	\$116,249,000	\$232,498,000	\$116,249,000
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
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	-\$53,422,000	\$0	\$48,958,000	-\$3,458,000	\$102,380,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$9,272,000	\$4,636,000	\$0	\$0	-\$9,272,000	-\$4,636,000
96	MH/UCD—SAFETY NET CARE POOL	\$0	\$0	\$8,186,000	\$0	\$8,186,000	\$0
98	MH/UCD—STABILIZATION FUNDING	\$0	\$0	\$11,298,000	\$11,298,000	\$11,298,000	\$11,298,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$1,457,000	\$0	\$1,764,000	\$0	\$307,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$0	-\$1,921,000	\$0	-\$1,921,000

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
101	MH/UCD & BTR—BCCTP	\$0	-\$327,000	\$0	\$0	\$0	\$327,000
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	\$1,656,225,000	\$828,112,500	\$1,917,088,000	\$958,544,000	\$260,863,000	\$130,431,500
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAI	\$0	\$0	\$0	-\$112,500,000	\$0	-\$112,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$0	\$0	\$600,000,000	\$300,000,000	\$600,000,000	\$300,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$0	\$0	\$105,271,000	\$52,635,500	\$105,271,000	\$52,635,500
WAIVER--MH/UCD & BTR SUBTOTAL		\$3,605,120,000	\$1,570,835,500	\$4,605,390,000	\$2,173,263,500	\$1,000,270,000	\$602,428,000
<u>MANAGED CARE</u>							
32	MANAGED CARE DRUG REBATES	-\$663,951,000	-\$266,873,210	-\$694,758,000	-\$281,296,690	-\$30,807,000	-\$14,423,480
108	CCI-MANAGED CARE PAYMENTS	\$8,752,739,000	\$4,376,369,500	\$9,998,484,000	\$4,999,242,000	\$1,245,745,000	\$622,872,500
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,394,978,000	\$2,394,978,000	\$2,776,709,000	\$2,776,709,000	\$381,731,000	\$381,731,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,609,742,000	\$474,583,890	\$0	\$0	-\$1,609,742,000	-\$474,583,890
112	MANAGED CARE RATE RANGE IGTS	\$585,048,000	\$271,987,000	\$883,801,000	\$391,988,000	\$298,753,000	\$120,001,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$39,500,000	\$19,750,000	\$1,082,601,000	\$541,300,000	\$1,043,101,000	\$521,550,000
115	HQAF RATE RANGE INCREASES	\$65,077,000	\$30,500,000	\$273,000,000	\$136,500,000	\$207,923,000	\$106,000,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$0	\$0	\$1,372,000	\$137,200	\$1,372,000	\$137,200
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	\$36,700,000	\$18,350,000	\$0	\$0	-\$36,700,000	-\$18,350,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$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

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
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	-\$6,315,480,000	-\$3,157,740,000	-\$7,487,837,000	-\$3,743,918,500	-\$1,172,357,000	-\$586,178,500
133	RETRO MC RATE ADJUSTMENTS	-\$1,209,890,000	\$0	-\$3,139,097,000	-\$224,914,200	-\$1,929,207,000	-\$224,914,200
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$0	\$0	\$915,000	\$457,500	\$915,000	\$457,500
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$0	\$0	\$0	\$0	\$0	\$0
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP	\$0	\$0	\$1,938,526,000	\$678,484,310	\$1,938,526,000	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING /	\$0	\$0	\$0	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$0	\$0	\$624,000	\$312,000	\$624,000	\$312,000
MANAGED CARE SUBTOTAL		\$5,290,959,000	\$4,161,153,180	\$5,636,340,000	\$5,277,000,620	\$345,381,000	\$1,115,847,440
PROVIDER RATES							
85	DPH INTERIM & FINAL RECONS	\$0	\$0	\$21,588,000	\$0	\$21,588,000	\$0
92	DPH INTERIM RATE GROWTH	\$0	\$0	\$28,805,380	\$14,402,690	\$28,805,380	\$14,402,690
102	DPH INTERIM RATE	\$0	-\$341,091,500	\$0	-\$351,104,600	\$0	-\$10,013,100
134	MEDICARE PART B PREMIUM INCREASE	\$0	\$0	\$48,229,000	\$26,892,500	\$48,229,000	\$26,892,500
135	DENTAL RETROACTIVE RATE CHANGES	\$252,417,000	\$103,750,800	\$75,601,000	\$25,751,840	-\$176,816,000	-\$77,998,960
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$199,419,510	\$76,059,140	\$209,049,710	\$80,971,190	\$9,630,210	\$4,912,050
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	\$0	\$0
138	LTC RATE ADJUSTMENT	\$44,389,110	\$22,194,560	\$137,723,790	\$68,861,890	\$93,334,680	\$46,667,340
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$68,429,700	\$34,214,850	\$410,561,270	\$205,280,640	\$342,131,570	\$171,065,790
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$18,162,000	\$9,081,000	\$14,500,000	\$7,250,000	-\$3,662,000	-\$1,831,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,074,260	\$9,182,110	\$28,624,230	\$11,087,340	\$4,549,970	\$1,905,230
142	HOSPICE RATE INCREASES	\$2,415,430	\$1,207,710	\$11,675,610	\$5,837,800	\$9,260,180	\$4,630,090

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>							
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$3,096,840	\$1,548,420	\$3,096,840	\$1,548,420
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0
147	LABORATORY RATE METHODOLOGY CHANGE	-\$5,494,610	-\$2,747,300	-\$41,362,430	-\$20,681,220	-\$35,867,820	-\$17,933,910
148	10% PROVIDER PAYMENT REDUCTION	-\$187,173,830	-\$93,586,920	-\$204,274,000	-\$102,137,000	-\$17,100,170	-\$8,550,080
149	REDUCTION TO RADIOLOGY RATES	-\$21,057,110	-\$10,528,550	-\$53,365,000	-\$26,682,500	-\$32,307,890	-\$16,153,950
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS	\$0	\$0	\$0	\$106,279,000	\$0	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$0	\$0	\$1,871,630	\$802,340	\$1,871,630	\$802,340
	PROVIDER RATES SUBTOTAL	\$483,718,460	-\$148,195,610	\$780,462,020	\$98,428,840	\$296,743,560	\$246,624,450
<u>SUPPLEMENTAL PMNTS.</u>							
82	DSH PAYMENT	\$566,095,000	\$240,657,000	\$767,903,000	\$383,951,500	\$201,808,000	\$143,294,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$636,447,000	\$318,223,500	\$560,664,000	\$280,332,000	-\$75,783,000	-\$37,891,500
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$280,647,000	\$140,323,500	\$260,393,000	\$130,196,500	-\$20,254,000	-\$10,127,000
91	DPH PHYSICIAN & NON-PHYS. COST	\$87,608,000	\$0	\$100,693,000	\$0	\$13,085,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$4,712,000	\$2,356,000	\$912,000	\$456,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$5,641,276,000	\$2,721,368,000	\$6,643,733,000	\$2,897,171,000	\$1,002,457,000	\$175,803,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$180,823,000	\$0	\$254,275,000	\$0	\$73,452,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$203,511,000	\$110,420,000	\$83,672,000	\$83,672,000	-\$119,839,000	-\$26,748,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$0	\$0	\$194,489,000	\$0	\$194,489,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$161,073,000	\$57,018,000	\$100,498,000	\$46,687,000	-\$60,575,000	-\$10,331,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$82,027,000	\$0	\$72,005,000	\$0	-\$10,022,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$130,427,480	\$60,555,670	\$141,495,000	\$52,201,390	\$11,067,520	-\$8,354,280
157	FFP FOR LOCAL TRAUMA CENTERS	\$69,340,000	\$34,670,000	\$112,556,000	\$56,278,000	\$43,216,000	\$21,608,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,887,000	\$40,925,500	\$102,317,000	\$41,140,500	\$430,000	\$215,000
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$57,513,000	\$0	\$26,880,000	\$0	-\$30,633,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>SUPPLEMENTAL PMNTS.</u>							
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000	\$0	\$0
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,004,000	\$4,002,000	\$8,000,000	\$4,000,000	-\$4,000	-\$2,000
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	\$0	\$57,224,000	\$0	\$0	\$0	-\$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,230,541,480	\$3,794,287,170	\$9,451,947,000	\$3,984,985,890	\$1,221,405,520	\$190,698,720
<u>OTHER</u>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$139,426,000	\$0	\$186,216,000	\$0	\$46,790,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$97,703,000	\$0	\$117,245,000	\$0	\$19,542,000	\$0
173	CCI IHSS RECONCILIATION	\$0	\$0	\$62,300,000	\$0	\$62,300,000	\$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	\$13,444,000	\$4,660,000	\$19,146,000	\$5,442,000	\$5,702,000	\$782,000
179	INDIAN HEALTH SERVICES	\$6,211,000	-\$17,735,500	\$26,153,000	-\$14,345,150	\$19,942,000	\$3,390,350
180	WPCS WORKERS' COMPENSATION	\$0	\$0	\$4,764,000	\$2,382,000	\$4,764,000	\$2,382,000
181	OVERTIME FOR WPCS PROVIDERS	\$2,732,880	\$1,366,440	\$6,632,930	\$3,316,460	\$3,900,050	\$1,950,020
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$2,939,000	\$881,500	\$0	\$0	-\$2,939,000	-\$881,500
186	CDDS DENTAL SERVICES	\$984,000	\$984,000	\$984,000	\$984,000	\$0	\$0
187	AUDIT SETTLEMENTS	\$814,000	\$814,000	\$10,771,000	\$10,771,000	\$9,957,000	\$9,957,000
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	-\$1,741,241,000	\$0	-\$1,725,221,850	\$0	\$16,019,150
190	FUNDING ADJUST.—OTLICP	\$0	-\$102,977,540	\$0	-\$140,873,890	\$0	-\$37,896,350
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
196	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0	\$0	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$12,986,000	\$0	\$27,603,000	\$0	\$14,617,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$0	\$0	\$8,150,000	\$4,075,000	\$8,150,000	\$4,075,000
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECOV	\$0	\$0	-\$15,000,000	-\$7,500,000	-\$15,000,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REVEN	\$0	\$0	\$0	\$0	\$0	\$0
	OTHER SUBTOTAL	\$315,507,880	-\$1,814,635,100	\$478,739,930	-\$1,807,678,430	\$163,232,050	\$6,956,670
	GRAND TOTAL	\$18,891,787,360	\$7,186,453,340	\$24,711,967,220	\$9,596,921,230	\$5,820,179,850	\$2,410,467,900

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

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	\$6,395,170	\$122,350,100	\$71,752,480	\$56,842,880	\$1,714,620	\$33,582,810
OTHER MEDICAL	\$44,519,040	\$829,079,430	\$270,308,760	\$285,254,780	\$4,947,050	\$37,296,630
CO. & COMM. OUTPATIENT	\$2,088,720	\$111,620,830	\$86,417,690	\$33,083,390	\$542,480	\$35,962,210
PHARMACY	\$2,168,420	\$471,221,720	\$313,870,850	\$82,911,700	\$1,722,170	\$21,569,790
COUNTY INPATIENT	\$2,915,630	\$481,991,290	\$30,929,770	\$22,416,680	\$1,811,800	\$74,400,600
COMMUNITY INPATIENT	\$46,961,220	\$1,104,536,530	\$552,257,170	\$270,992,570	\$17,172,460	\$188,501,360
NURSING FACILITIES	\$154,652,650	\$124,243,530	\$413,535,520	\$3,982,140	\$1,204,612,380	\$1,821,140
ICF-DD	\$1,153,770	\$2,010,410	\$162,506,180	\$433,700	\$29,080,720	\$0
MEDICAL TRANSPORTATION	\$5,301,500	\$15,287,630	\$23,059,530	\$4,504,970	\$2,752,830	\$3,127,010
OTHER SERVICES	\$44,628,470	\$17,792,560	\$214,563,470	\$40,840,870	\$46,755,480	\$1,953,060
HOME HEALTH	\$1,108,580	\$1,846,180	\$113,369,910	\$5,402,810	\$55,920	\$479,000
FFS SUBTOTAL	\$311,893,180	\$3,281,980,210	\$2,252,571,330	\$806,666,480	\$1,311,167,920	\$398,693,620
DENTAL	\$40,711,410	\$419,946,440	\$93,697,190	\$142,397,560	\$4,088,950	\$0
MENTAL HEALTH	\$8,674,870	\$188,661,150	\$959,350,080	\$695,822,450	\$1,088,360	\$0
TWO PLAN MODEL	\$1,746,379,850	\$8,001,706,950	\$5,330,804,120	\$1,305,675,420	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$561,391,700	\$3,079,933,430	\$1,550,874,510	\$326,199,430	\$757,546,750	\$0
GEOGRAPHIC MANAGED CARE	\$301,766,090	\$1,580,420,570	\$966,440,330	\$230,546,430	\$0	\$0
PHP & OTHER MANAG. CARE	\$205,816,440	\$51,119,040	\$116,194,410	\$26,223,850	\$8,091,810	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$10,181,810	\$0	\$0
MEDICARE PAYMENTS	\$1,609,412,050	\$59,628,430	\$1,517,532,170	\$2,492,510	\$152,897,140	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,893,760	\$0	\$25,552,960	\$35,261,120	\$1,065,320	\$0
MISC. SERVICES	\$931,740,830	\$144,440,620	\$2,893,565,420	\$704,750	\$0	\$0
DRUG MEDI-CAL	\$6,114,800	\$46,735,960	\$14,343,200	\$19,792,510	\$597,980	\$0
REGIONAL MODEL	\$4,804,980	\$520,168,930	\$289,875,530	\$69,953,130	\$0	\$0
NON-FFS SUBTOTAL	\$5,427,706,790	\$14,092,761,520	\$13,758,229,930	\$2,865,250,980	\$925,376,310	\$0
TOTAL DOLLARS (1)	\$5,739,599,970	\$17,374,741,740	\$16,010,801,260	\$3,671,917,460	\$2,236,544,230	\$398,693,620
ELIGIBLES ***	440,700	3,842,200	1,031,400	1,401,700	43,400	26,000
ANNUAL \$/ELIGIBLE	\$13,024	\$4,522	\$15,523	\$2,620	\$51,533	\$15,334
AVG. MO. \$/ELIGIBLE	\$1,085	\$377	\$1,294	\$218	\$4,294	\$1,278

(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 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$1,566,250	\$18,695,450	\$20,450,590	\$9,541,390	\$201,360,570	\$25,313,590
OTHER MEDICAL	\$3,072,290	\$148,430,220	\$81,824,200	\$63,707,370	\$828,478,840	\$103,002,320
CO. & COMM. OUTPATIENT	\$457,710	\$23,623,730	\$11,810,100	\$10,549,390	\$138,497,120	\$14,992,470
PHARMACY	\$3,245,890	\$123,350,470	\$10,695,410	\$25,798,740	\$183,108,450	\$42,503,440
COUNTY INPATIENT	\$5,725,190	\$5,930,290	\$40,825,710	\$46,554,850	\$141,196,500	\$12,063,810
COMMUNITY INPATIENT	\$15,588,390	\$125,453,900	\$163,034,780	\$76,331,980	\$959,486,700	\$124,081,340
NURSING FACILITIES	\$273,410,720	\$685,600	\$187,545,500	\$47,252,530	\$18,375,360	\$3,567,250
ICF-DD	\$145,444,910	\$13,270	\$994,610	\$8,249,300	\$919,480	\$1,623,790
MEDICAL TRANSPORTATION	\$1,013,780	\$587,800	\$8,903,720	\$10,129,330	\$11,262,100	\$1,622,210
OTHER SERVICES	\$8,281,130	\$7,107,690	\$51,940,100	\$42,353,390	\$97,269,930	\$10,013,030
HOME HEALTH	\$17,190	\$6,840,130	\$855,860	\$44,499,020	\$8,561,450	\$11,298,550
FFS SUBTOTAL	\$457,823,450	\$460,718,530	\$578,880,580	\$384,967,280	\$2,588,516,490	\$350,081,820
DENTAL	\$1,276,780	\$54,819,790	\$33,885,500	\$16,512,400	\$251,276,920	\$25,494,350
MENTAL HEALTH	\$3,521,160	\$46,496,530	\$9,411,110	\$100,216,560	\$467,545,170	\$68,522,020
TWO PLAN MODEL	\$0	\$837,552,350	\$1,433,934,530	\$592,759,100	\$2,692,366,750	\$35,369,860
COUNTY ORGANIZED HEALTH SYSTEMS	\$252,941,800	\$429,472,670	\$587,034,210	\$362,397,120	\$985,030,980	\$31,970,340
GEOGRAPHIC MANAGED CARE	\$0	\$180,853,260	\$218,704,980	\$111,928,650	\$436,592,200	\$5,535,070
PHP & OTHER MANAG. CARE	\$206,790	\$14,061,670	\$171,640,150	\$21,773,690	\$59,030,360	\$3,203,530
EPSDT SCREENS	\$0	\$7,135,150	\$0	\$0	\$29,029,380	\$1,619,380
MEDICARE PAYMENTS	\$14,916,090	\$0	\$1,031,904,270	\$481,659,010	\$89,134,340	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$326,470	\$0	\$10,832,390	\$4,654,030	\$95,945,110	\$5,429,700
MISC. SERVICES	\$0	-\$70,919,000	\$926,492,180	\$878,978,910	\$1,869,470	\$229,350
DRUG MEDI-CAL	\$183,250	\$11,190,440	\$6,080,360	\$2,612,360	\$53,855,200	\$2,319,980
REGIONAL MODEL	\$0	\$52,090,090	\$20,348,830	\$21,144,310	\$172,474,910	\$987,360
NON-FFS SUBTOTAL	\$273,372,340	\$1,562,752,960	\$4,450,268,510	\$2,594,636,120	\$5,334,150,770	\$180,680,950
TOTAL DOLLARS (1)	\$731,195,790	\$2,023,471,490	\$5,029,149,090	\$2,979,603,400	\$7,922,667,270	\$530,762,770
ELIGIBLES ***	12,900	1,007,200	464,500	187,400	3,996,000	224,700
ANNUAL \$/ELIGIBLE	\$56,682	\$2,009	\$10,827	\$15,900	\$1,983	\$2,362
AVG. MO. \$/ELIGIBLE	\$4,723	\$167	\$902	\$1,325	\$165	\$197

(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 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$251,990	\$240,440	\$2,896,160	\$123,155,400	\$11,559,250	\$6,031,360
OTHER MEDICAL	\$289,810	\$1,195,060	\$6,263,600	\$212,768,160	\$136,832,360	\$52,610,990
CO. & COMM. OUTPATIENT	\$58,890	\$118,600	\$2,895,610	\$25,222,080	\$10,930,580	\$6,549,730
PHARMACY	\$1,092,520	\$333,980	\$3,062,660	\$11,607,170	\$9,904,370	\$16,389,520
COUNTY INPATIENT	\$223,690	\$14,600	\$7,781,320	\$84,320,170	\$2,676,400	\$1,857,240
COMMUNITY INPATIENT	\$1,014,550	\$844,210	\$42,780,490	\$719,978,450	\$59,668,520	\$36,797,160
NURSING FACILITIES	\$20,697,590	\$1,970	\$2,731,360	\$1,982,000	\$1,748,070	\$306,260
ICF-DD	\$1,076,060	\$0	\$259,040	\$0	\$0	\$65,020
MEDICAL TRANSPORTATION	\$174,920	\$7,080	\$495,860	\$2,196,300	\$535,220	\$270,690
OTHER SERVICES	\$713,430	\$28,550	\$142,140	\$11,856,150	\$14,092,130	\$7,695,950
HOME HEALTH	\$40	\$20	\$4,490	\$2,644,020	\$3,347,990	\$1,560,100
FFS SUBTOTAL	\$25,593,490	\$2,784,500	\$69,312,730	\$1,195,729,910	\$251,294,880	\$130,134,010
DENTAL	\$87,140	\$157,040	\$18,531,180	\$9,536,650	\$10,898,300	\$14,615,840
MENTAL HEALTH	\$32,010	\$108,970	\$228,240	\$1,164,480	\$5,958,250	\$19,933,050
TWO PLAN MODEL	\$125,060	\$829,760	\$0	\$221,517,330	\$423,510,190	\$238,840,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$177,070	\$193,360	\$1,941,130	\$93,329,520	\$188,509,790	\$107,705,690
GEOGRAPHIC MANAGED CARE	\$25,350	\$176,860	\$0	\$39,240,450	\$81,663,840	\$55,573,050
PHP & OTHER MANAG. CARE	\$8,210	\$0	\$0	\$5,126,720	\$9,412,200	\$4,824,720
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$4,775,930	\$2,448,150
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	\$120	\$0	\$0	\$70,330	\$99,250	\$105,880
DRUG MEDI-CAL	\$8,270	\$17,910	\$0	\$4,785,200	\$7,488,500	\$4,296,070
REGIONAL MODEL	\$1,000	\$5,270	\$0	\$13,276,190	\$32,038,790	\$15,673,730
NON-FFS SUBTOTAL	\$478,960	\$1,489,160	\$21,876,330	\$396,571,880	\$764,355,040	\$471,670,480
TOTAL DOLLARS (1)	\$26,072,450	\$4,273,670	\$91,189,050	\$1,592,301,790	\$1,015,649,920	\$601,804,490
ELIGIBLES ***	600	1,800	34,300	384,100	670,700	348,100
ANNUAL \$/ELIGIBLE	\$43,454	\$2,374	\$2,659	\$4,146	\$1,514	\$1,729
AVG. MO. \$/ELIGIBLE	\$3,621	\$198	\$222	\$345	\$126	\$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 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$713,700,490
OTHER MEDICAL	\$3,109,880,910
CO. & COMM. OUTPATIENT	\$515,421,350
PHARMACY	\$1,324,557,280
COUNTY INPATIENT	\$963,635,530
COMMUNITY INPATIENT	\$4,505,481,770
NURSING FACILITIES	\$2,461,151,560
ICF-DD	\$353,830,270
MEDICAL TRANSPORTATION	\$91,232,480
OTHER SERVICES	\$618,027,520
HOME HEALTH	\$201,891,250
FFS SUBTOTAL	\$14,858,810,420
DENTAL	\$1,137,933,430
MENTAL HEALTH	\$2,576,734,460
TWO PLAN MODEL	\$22,861,371,940
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,316,649,500
GEOGRAPHIC MANAGED CARE	\$4,209,467,140
PHP & OTHER MANAG. CARE	\$696,733,600
EPSDT SCREENS	\$55,189,800
MEDICARE PAYMENTS	\$4,959,576,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000
MISC. SERVICES	\$5,707,378,110
DRUG MEDI-CAL	\$180,422,000
REGIONAL MODEL	\$1,212,843,060
NON-FFS SUBTOTAL	\$53,121,629,040
TOTAL DOLLARS (1)	\$67,980,439,460
ELIGIBLES ***	14,117,700
ANNUAL \$/ELIGIBLE	\$4,815
AVG. MO. \$/ELIGIBLE	\$401

(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 2016-17 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 PROG

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

EXCLUDED POLICY CHANGES: 76

100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
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	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

FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE

EXCLUDED POLICY CHANGES: 76

191	CIGARETTE AND TOBACCO SURTAX FUNDS
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	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