

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE  
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PLANNING INITIATIVE	\$667,174,000	\$226,874,400	\$676,495,000	\$170,303,800	\$9,321,000	-\$56,570,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,636,000	\$60,722,850	\$142,622,000	\$64,233,300	\$6,986,000	\$3,510,450
3	CHDP GATEWAY - PREENROLLMENT	\$18,763,000	\$6,567,050	\$16,763,000	\$5,867,050	-\$2,000,000	-\$700,000
4	BRIDGE TO HFP	\$20,335,000	\$7,117,250	\$17,290,000	\$6,051,500	-\$3,045,000	-\$1,065,750
5	REFUGEES	\$10,106,000	\$10,106,000	\$7,713,000	\$7,713,000	-\$2,393,000	-\$2,393,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$23,690,000	\$14,938,000	\$24,136,000	\$15,161,000	\$446,000	\$223,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,200,000	\$600,000	\$0	\$0	-\$1,200,000	-\$600,000
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$6,614,200	\$0	-\$15,522,500	\$0	-\$8,908,300
10	NEW QUALIFIED ALIENS	\$0	\$117,063,500	\$0	\$97,806,000	\$0	-\$19,257,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$35,664,000	\$0	-\$36,335,550	\$0	-\$671,550
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACT	\$0	-\$58,240,300	\$0	-\$58,240,300	\$0	\$0
13	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REF	-\$4,941,000	-\$2,470,500	\$0	\$0	\$4,941,000	\$2,470,500
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$204,000	-\$102,000	-\$2,539,000	-\$1,269,500	-\$2,335,000	-\$1,167,500
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BC	-\$6,464,000	-\$2,892,900	-\$6,371,000	-\$2,851,250	\$93,000	\$41,650
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$23,610,000	-\$17,496,500	-\$20,901,000	-\$15,480,500	\$2,709,000	\$2,016,000
163	ELIMINATION OF PRUCOL	-\$39,598,000	-\$63,797,000	-\$23,903,000	-\$38,510,000	\$15,695,000	\$25,287,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR NC	-\$33,424,000	-\$53,849,000	-\$20,048,000	-\$32,300,000	\$13,376,000	\$21,549,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$768,663,000</b>	<b>\$202,862,650</b>	<b>\$811,257,000</b>	<b>\$166,626,050</b>	<b>\$42,594,000</b>	<b>-\$36,236,600</b>
<b>BENEFITS</b>							
18	ADULT DAY HEALTH CARE - CDA	\$433,248,000	\$216,624,000	\$433,248,000	\$216,624,000	\$0	\$0
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$93,706,000	\$0	\$100,000,000	\$0	\$6,294,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$20,097,000	\$0	-\$2,635,000
21	H1N1 VACCINE	\$2,154,000	\$1,077,000	\$2,156,000	\$1,078,000	\$2,000	\$1,000
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$10,383,000	\$2,295,000	\$7,325,000	\$1,619,000	-\$3,058,000	-\$676,000
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$2,712,000	\$0	\$4,430,000	\$0	\$1,718,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BU	\$0	-\$6,445,500	\$0	-\$4,445,500	\$0	\$2,000,000

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
25	REDUCE ADHC PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0
26	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,357,750	\$0	-\$107,953,950	\$0	\$6,403,800
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$6,445,500	\$0	\$5,445,500	\$0	-\$1,000,000
29	ADULT DAY HEALTH CARE REFORMS	-\$34,775,000	-\$17,387,500	\$0	\$0	\$34,775,000	\$17,387,500
30	PEDIATRIC PALLIATIVE CARE	-\$1,178,000	-\$589,000	-\$1,296,000	-\$648,000	-\$118,000	-\$59,000
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVI	-\$31,803,000	-\$15,901,500	\$0	\$0	\$31,803,000	\$15,901,500
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$10,671,000	-\$5,335,500	-\$10,935,000	-\$5,467,500	-\$264,000	-\$132,000
33	ADHC ONSITE TAR REVIEWS	-\$38,946,000	-\$19,473,000	-\$1,847,000	-\$923,500	\$37,099,000	\$18,549,500
35	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$263,040,000	-\$131,520,000	\$0	\$0	\$263,040,000	\$131,520,000
167	ELIMINATE ADHC SERVICES	-\$350,770,530	-\$175,385,260	-\$267,938,870	-\$133,969,440	\$82,831,660	\$41,415,830
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$133,636,000	\$0	\$105,533,000	\$0	-\$28,103,000	\$0
190	REINSTATEMENT OF OPTOMETRY SERVICES	\$0	\$0	\$2,620,560	\$1,310,280	\$2,620,560	\$1,310,280
201	HEARING AID CAP	\$0	\$0	-\$529,000	-\$264,500	-\$529,000	-\$264,500
202	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	\$0	\$0	-\$157,686,000	-\$78,843,000	-\$157,686,000	-\$78,843,000
205	CAP ON PHYSICIAN AND FQHC/RHC OFFICE VISITS	\$0	\$0	-\$224,526,000	-\$112,263,000	-\$224,526,000	-\$112,263,000
207	DURABLE MEDICAL EQUIPMENT CAP	\$0	\$0	-\$7,145,000	-\$3,572,500	-\$7,145,000	-\$3,572,500
209	HOSPITAL INPATIENT RATE FREEZE	\$0	\$0	-\$168,962,000	-\$84,481,000	-\$168,962,000	-\$84,481,000
210	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$70,848,000	-\$35,424,000	-\$70,848,000	-\$35,424,000
211	COPAYMENT FOR EMERGENCY ER VISITS	\$0	\$0	-\$37,242,000	-\$18,621,000	-\$37,242,000	-\$18,621,000
	<b>BENEFITS SUBTOTAL</b>	<b>-\$9,880,530</b>	<b>-\$235,221,510</b>	<b>-\$248,178,310</b>	<b>-\$338,703,110</b>	<b>-\$238,297,780</b>	<b>-\$103,481,590</b>
<b>PHARMACY</b>							
37	NON FFP DRUGS	\$0	\$433,500	\$0	\$1,317,000	\$0	\$883,500
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$26,340,000	-\$13,170,000	-\$12,840,000	-\$6,420,000	\$13,500,000	\$6,750,000
40	ENTERAL NUTRITION PRODUCTS	-\$16,212,480	-\$8,106,240	-\$16,212,480	-\$8,106,240	\$0	\$0
41	MEDICAL SUPPLY CONTRACTING	-\$1,000,000	-\$500,000	\$0	\$0	\$1,000,000	\$500,000

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<b>PHARMACY</b>							
42	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	-\$2,088,000	-\$1,044,000	\$0	\$0	\$2,088,000	\$1,044,000
43	PHARMACY TAR AUTO-ADJUDICATION	-\$2,697,880	-\$1,348,940	-\$2,440,660	-\$1,220,330	\$257,230	\$128,610
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0
45	BCCTP DRUG REBATES	-\$800,000	-\$280,000	-\$6,000,000	-\$2,100,000	-\$5,200,000	-\$1,820,000
46	MEDICAL SUPPLY REBATES	-\$10,000,000	-\$5,000,000	-\$10,000,000	-\$5,000,000	\$0	\$0
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$25,000,000	-\$10,500,000	-\$25,000,000	-\$10,500,000	\$0	\$0
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,140,800	-\$40,000,000	-\$19,140,800	\$0	\$0
49	FAMILY PACT DRUG REBATES	-\$50,928,000	-\$7,504,400	-\$44,721,000	-\$6,590,100	\$6,207,000	\$914,300
50	MEDI-CAL PHARMACY REFORMS	-\$91,326,880	-\$45,663,440	-\$91,400,000	-\$45,700,000	-\$73,120	-\$36,560
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$219,822,400	-\$109,911,200	-\$218,743,010	-\$109,371,500	\$1,079,400	\$539,700
52	STATE SUPPLEMENTAL DRUG REBATES	-\$281,630,000	-\$140,377,000	-\$248,288,000	-\$123,757,600	\$33,342,000	\$16,619,400
53	FEDERAL DRUG REBATE PROGRAM	-\$986,857,000	-\$491,892,900	-\$999,547,000	-\$498,218,300	-\$12,690,000	-\$6,325,400
195	UBL AND MAIC INJUNCTION	\$0	\$0	\$83,336,400	\$41,668,200	\$83,336,400	\$41,668,200
198	ELIMINATION OF SELECTED OVER-THE-COUNTER DRL	\$0	\$0	-\$13,291,000	-\$6,645,500	-\$13,291,000	-\$6,645,500
199	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$20,574,000	-\$10,287,000	-\$20,574,000	-\$10,287,000
200	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	\$0	\$0	-\$10,898,000	-\$5,449,000	-\$10,898,000	-\$5,449,000
206	PHARMACY COPAYMENTS	\$0	\$0	-\$149,227,000	-\$74,613,500	-\$149,227,000	-\$74,613,500
208	MEDICAL SUPPLIES CAP	\$0	\$0	-\$1,566,000	-\$783,000	-\$1,566,000	-\$783,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,760,702,640</b>	<b>-\$857,005,420</b>	<b>-\$1,833,411,740</b>	<b>-\$893,917,670</b>	<b>-\$72,709,100</b>	<b>-\$36,912,250</b>
<b>MANAGED CARE</b>							
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$239,561,000	\$104,078,000	\$365,969,000	\$158,597,000	\$126,408,000	\$54,519,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$162,613,000	\$71,883,000	\$0	\$0	-\$162,613,000	-\$71,883,000
61	MANAGED CARE EXPANSION - MERCED	\$794,000	\$397,000	\$0	\$0	-\$794,000	-\$397,000
62	MANAGED CARE EXPANSION - SONOMA	\$758,000	\$379,000	\$0	\$0	-\$758,000	-\$379,000
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$3,614,000	\$1,807,000	\$1,347,000	\$673,500	-\$2,267,000	-\$1,133,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,412,000	\$2,206,000	-\$8,995,000	-\$4,497,500	-\$13,407,000	-\$6,703,500

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<b>MANAGED CARE</b>							
72	MANAGED CARE EXPANSION - VENTURA	\$64,788,000	\$32,394,000	\$42,920,000	\$21,460,000	-\$21,868,000	-\$10,934,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$18,206,000	\$9,103,000	\$14,551,000	\$7,275,500	-\$3,655,000	-\$1,827,500
74	MANAGED CARE EXPANSION - MENDOCINO	\$14,104,000	\$7,052,000	\$0	\$0	-\$14,104,000	-\$7,052,000
75	MANAGED CARE EXPANSION - LAKE	\$12,711,000	\$6,355,500	\$0	\$0	-\$12,711,000	-\$6,355,500
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$20,200,000	\$0	-\$50,500,000	\$0	-\$30,300,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
78	WORKING DISABLED IN MANAGED CARE	-\$4,218,000	-\$2,109,000	\$0	\$0	\$4,218,000	\$2,109,000
176	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$546,000	-\$273,000	-\$546,000	-\$273,000
185	MANDATORY ENROLLMENT INTO MANAGED CARE FOR	\$0	\$0	-\$357,496,000	-\$182,052,000	-\$357,496,000	-\$182,052,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$517,343,000</b>	<b>\$213,345,500</b>	<b>\$57,750,000</b>	<b>-\$49,316,500</b>	<b>-\$459,593,000</b>	<b>-\$262,662,000</b>
<b>PROVIDER RATES</b>							
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$12,590,000	-\$6,295,000	-\$12,590,000	-\$6,295,000	\$0	\$0
80	NF-B RATE CHANGES AND QA FEE	\$190,930,000	\$95,465,000	\$192,012,000	\$96,006,000	\$1,082,000	\$541,000
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$110,419,000	\$55,209,500	\$158,283,000	\$79,141,500	\$47,864,000	\$23,932,000
82	LTC RATE ADJUSTMENT	\$57,991,000	\$28,995,500	\$57,991,000	\$28,995,500	\$0	\$0
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$26,215,000	\$13,107,500	\$29,308,000	\$14,654,000	\$3,093,000	\$1,546,500
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$32,369,810	\$16,184,910	\$36,230,120	\$18,115,060	\$3,860,310	\$1,930,150
85	HOSPICE RATE INCREASES	\$5,771,480	\$2,885,740	\$5,884,360	\$2,942,180	\$112,880	\$56,440
86	REDUCTION TO NON-CONTRACT HOSPITALS	-\$74,821,000	-\$37,410,500	\$0	\$0	\$74,821,000	\$37,410,500
87	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$137,857,000	\$69,027,500	\$0	\$0	-\$137,857,000	-\$69,027,500
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREA	-\$2,731,000	-\$1,365,500	-\$3,695,000	-\$1,847,500	-\$964,000	-\$482,000
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$10,142,000	-\$5,071,000	-\$13,800,000	-\$6,900,000	-\$3,658,000	-\$1,829,000
90	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$93,725,000	-\$46,862,500	\$0	\$0	\$93,725,000	\$46,862,500
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$57,616,000	-\$28,808,000	-\$57,616,000	-\$28,808,000	\$0	\$0
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$190,223,000	-\$95,111,500	-\$191,304,000	-\$95,652,000	-\$1,081,000	-\$540,500
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-\$55,673,200	-\$12,079,940	-\$35,159,710	-\$7,628,740	\$20,513,490	\$4,451,190

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<b>PROVIDER RATES</b>							
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$0	\$0	\$10,713,850	\$5,356,920	\$10,713,850	\$5,356,920
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$0	\$0	\$56,300,190	\$28,150,100	\$56,300,190	\$28,150,100
186	INDEPENDENT LIVING CENTER INJUNCTION	\$0	\$0	\$35,500,000	\$17,750,000	\$35,500,000	\$17,750,000
191	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$27,240,370	-\$13,620,190	-\$27,240,370	-\$13,620,190
193	QA FEE FOR MLRCs	\$0	\$0	\$40,824,000	\$18,044,000	\$40,824,000	\$18,044,000
194	AB 1629 QA FEE TRENDING METHODOLOGY	\$0	\$0	\$88,777,000	\$39,239,000	\$88,777,000	\$39,239,000
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$0	\$0	\$9,325,000	\$4,122,000	\$9,325,000	\$4,122,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$64,032,100</b>	<b>\$47,871,710</b>	<b>\$379,743,440</b>	<b>\$191,764,830</b>	<b>\$315,711,340</b>	<b>\$143,893,120</b>
<b>HOSPITAL FINANCING</b>							
93	HOSP FINANCING - DSH PMT	\$1,748,638,000	\$615,802,500	\$1,725,858,000	\$596,619,000	-\$22,780,000	-\$19,183,500
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$520,000,000	\$260,000,000	\$515,974,000	\$257,987,000	-\$4,026,000	-\$2,013,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$393,831,000	\$0	\$516,001,000	\$0	\$122,170,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$43,501,000	\$0	\$125,172,000	\$0	\$81,671,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$277,600,000	\$138,800,000	\$276,994,000	\$138,497,000	-\$606,000	-\$303,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$0	\$0	\$245,000,000	\$0	\$245,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI'	\$180,000,000	\$0	\$180,000,000	\$0	\$0	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$97,500,000	\$0	\$90,000,000	\$0	-\$7,500,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$66,850,000	\$0	\$67,114,000	\$0	\$264,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$60,210,000	\$30,105,000	\$80,910,000	\$40,455,000	\$20,700,000	\$10,350,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$96,864,000	\$48,432,000	\$64,998,000	\$32,499,000	-\$31,866,000	-\$15,933,000
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$63,316,000	\$0	\$63,316,000	\$0	\$0	\$0
105	HOSP FINANCING - CCS AND GHPP	\$40,000,000	\$0	\$67,000,000	\$0	\$27,000,000	\$0
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,822,000	\$1,911,000	\$3,822,000	\$1,911,000	\$0	\$0
108	HOSP FINANCING - MIA LTC	\$0	-\$8,725,000	\$0	-\$8,725,000	\$0	\$0
109	HOSP FINANCING - BCCTP	\$0	-\$500,000	\$0	-\$500,000	\$0	\$0
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$480,006,500	\$0	-\$559,528,500	\$0	-\$79,522,000

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<b>HOSPITAL FINANCING</b>							
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	-\$2,500,000	\$0	-\$2,500,000	\$0	\$0
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	-\$52,000,000	-\$26,000,000	-\$51,597,000	-\$25,798,500	\$403,000	\$201,500
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$156,205,000	-\$72,561,000	-\$156,205,000	-\$72,561,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,540,132,000</b>	<b>\$577,319,000</b>	<b>\$3,814,357,000</b>	<b>\$398,355,000</b>	<b>\$274,225,000</b>	<b>-\$178,964,000</b>
<b>SUPPLEMENTAL PMNTS.</b>							
114	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$72,600,000	\$0	\$270,750,000	\$0	\$198,150,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$221,500,000	\$0	\$221,500,000	\$0	\$0	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$115,087,000	\$50,000,000	\$115,087,000	\$50,000,000	\$0	\$0
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$100,894,000	\$45,892,000	\$105,382,000	\$48,136,000	\$4,488,000	\$2,244,000
118	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$33,625,000	\$0	\$33,625,000	\$0	\$0	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$110,861,000	\$0	\$110,861,000	\$0	\$0	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,009,553,000	\$867,334,000	\$8,613,101,000	\$3,903,001,000	\$6,603,548,000	\$3,035,667,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$2,749,250,000</b>	<b>\$1,005,791,000</b>	<b>\$9,555,436,000</b>	<b>\$4,043,702,000</b>	<b>\$6,806,186,000</b>	<b>\$3,037,911,000</b>
<b>OTHER</b>							
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$49,100,000	\$0	\$234,242,000	\$0	\$185,142,000	\$0
137	HEALTHY FAMILIES - CDMH	\$34,655,000	\$0	\$27,939,000	\$0	-\$6,716,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$11,101,000	\$5,550,500	\$7,746,000	\$3,873,000	-\$3,355,000	-\$1,677,500
139	MINOR CONSENT SETTLEMENT	\$7,989,000	\$7,989,000	\$7,989,000	\$7,989,000	\$0	\$0
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,373,000	\$686,500	\$2,744,000	\$1,372,000	\$1,371,000	\$685,500
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
145	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,649,000	\$0	\$71,000	\$0	-\$3,578,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$3,000,000	\$0	\$2,000,000	\$0	-\$1,000,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE  
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	\$0	\$0	\$0	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
152	INDIAN HEALTH SERVICES	\$0	-\$8,056,000	\$0	-\$8,056,000	\$0	\$0
153	FQHC/RHC AUDIT STAFFING	-\$2,737,270	-\$1,368,630	-\$2,737,270	-\$1,368,630	\$0	\$0
154	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000	\$0	\$0
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000	\$0	\$0
156	EDS COST CONTAINMENT PROJECTS	-\$13,203,000	-\$6,601,500	-\$1,029,280	-\$514,640	\$12,173,720	\$6,086,860
158	IHSS ANTI-FRAUD INITIATIVE	-\$114,011,000	\$0	-\$252,996,000	\$0	-\$138,985,000	\$0
160	UNSPECIFIED BUDGET REDUCTION	-\$744,147,000	-\$323,297,000	-\$744,147,000	-\$323,297,000	\$0	\$0
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$1,378,022,000	\$0	-\$1,462,339,000	\$0	-\$84,317,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$249,173,000	\$0	\$103,519,000	\$0	-\$145,654,000	\$0
165	SPECIAL NEEDS TRUST RECOVERY	-\$3,565,000	-\$1,782,500	\$0	\$0	\$3,565,000	\$1,782,500
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$38,500,000	-\$254,188,000	-\$119,977,000	-\$254,188,000	-\$158,477,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$56,600,000	-\$28,300,000	-\$56,517,000	-\$28,258,500	\$83,000	\$41,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVERAC	\$0	\$0	\$0	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	-\$2,387,775,000	-\$1,055,515,500	\$0	\$0	\$2,387,775,000	\$1,055,515,500
178	ARRA HITECH - PROVIDER PAYMENTS	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	\$0	\$0	-\$234,978,000	-\$234,978,000	-\$234,978,000	-\$234,978,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	\$0	\$0	-\$18,360,000	-\$10,096,500	-\$18,360,000	-\$10,096,500
182	NUVARING COST SHIFT	\$0	\$0	\$0	-\$4,569,600	\$0	-\$4,569,600
189	PROVIDER OVERPAYMENT REPAYMENTS	\$0	\$0	-\$77,794,000	-\$77,794,000	-\$77,794,000	-\$77,794,000
192	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	\$0	\$0	-\$1,038,000	-\$1,038,000	-\$1,038,000	-\$1,038,000
212	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$0	\$0	\$29,839,160	\$13,190,330	\$29,839,160	\$13,190,330
213	RECONCILIATION	\$0	\$0	\$45,202,000	\$45,202,000	\$45,202,000	\$45,202,000
	<b>OTHER SUBTOTAL</b>	<b>-\$2,982,498,270</b>	<b>-\$2,749,467,130</b>	<b>-\$1,198,993,390</b>	<b>-\$2,200,910,540</b>	<b>\$1,783,504,880</b>	<b>\$548,556,590</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2010 ESTIMATE COMPARED TO NOVEMBER 2009 ESTIMATE  
FISCAL YEAR 2010-11**

NO.	POLICY CHANGE TITLE	NOV. 2009 EST. FOR 2010-11		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	GRAND TOTAL	\$2,886,338,660	-\$1,794,504,210	\$11,337,960,000	\$1,317,600,060	\$8,451,621,340	\$3,112,104,270