

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PLANNING INITIATIVE	\$608,726,000	\$153,243,100	\$676,495,000	\$170,303,800	\$67,769,000	\$17,060,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,569,000	\$61,126,450	\$142,622,000	\$64,233,300	\$7,053,000	\$3,106,850
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$5,867,050	\$16,763,000	\$5,867,050	\$0	\$0
4	BRIDGE TO HFP	\$18,029,000	\$6,310,150	\$17,290,000	\$6,051,500	-\$739,000	-\$258,650
5	REFUGEES	\$7,950,000	\$7,950,000	\$7,713,000	\$7,713,000	-\$237,000	-\$237,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$3,012,000	\$2,009,500	\$24,136,000	\$15,161,000	\$21,124,000	\$13,151,500
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$15,522,500	\$0	-\$15,522,500	\$0	\$0
9	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEM	\$0	\$1,121,000	\$0	\$0	\$0	-\$1,121,000
10	NEW QUALIFIED ALIENS	\$0	\$90,983,000	\$0	\$97,806,000	\$0	\$6,823,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$34,670,700	\$0	-\$36,335,550	\$0	-\$1,664,850
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACT	\$0	-\$50,828,600	\$0	-\$58,240,300	\$0	-\$7,411,700
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$421,000	-\$210,500	-\$2,539,000	-\$1,269,500	-\$2,118,000	-\$1,059,000
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BC	-\$1,793,000	-\$802,400	-\$6,371,000	-\$2,851,250	-\$4,578,000	-\$2,048,850
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$13,522,000	-\$10,081,000	-\$20,901,000	-\$15,480,500	-\$7,379,000	-\$5,399,500
163	ELIMINATION OF PRUCOL	\$0	\$0	-\$23,903,000	-\$38,510,000	-\$23,903,000	-\$38,510,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR NC	\$0	\$0	-\$20,048,000	-\$32,300,000	-\$20,048,000	-\$32,300,000
	ELIGIBILITY SUBTOTAL	\$774,313,000	\$216,494,550	\$811,257,000	\$166,626,050	\$36,944,000	-\$49,868,500
BENEFITS							
18	ADULT DAY HEALTH CARE - CDA	\$424,338,000	\$212,169,000	\$433,248,000	\$216,624,000	\$8,910,000	\$4,455,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,655,000	\$0	\$100,000,000	\$0	-\$13,655,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$17,463,000	\$45,464,000	\$20,097,000	\$0	\$2,634,000
21	H1N1 VACCINE	\$6,168,830	\$3,084,410	\$2,156,000	\$1,078,000	-\$4,012,830	-\$2,006,410
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,957,000	\$376,000	\$7,325,000	\$1,619,000	\$5,368,000	\$1,243,000
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$0	\$0	\$4,430,000	\$0	\$4,430,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUY	\$0	-\$3,334,000	\$0	-\$4,445,500	\$0	-\$1,111,500

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FISCAL YEARS 2009-10 AND 2010-11**

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
26	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$106,512,900	\$0	-\$107,953,950	\$0	-\$1,441,050
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$5,445,500	\$0	\$5,445,500	\$0	\$0
30	PEDIATRIC PALLIATIVE CARE	-\$589,000	-\$294,500	-\$1,296,000	-\$648,000	-\$707,000	-\$353,500
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVI	\$0	\$0	\$0	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,446,000	-\$2,223,000	-\$10,935,000	-\$5,467,500	-\$6,489,000	-\$3,244,500
33	ADHC ONSITE TAR REVIEWS	-\$89,000	-\$44,500	-\$1,847,000	-\$923,500	-\$1,758,000	-\$879,000
167	ELIMINATE ADHC SERVICES	\$0	\$0	-\$267,938,870	-\$133,969,440	-\$267,938,870	-\$133,969,440
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$48,420,000	\$0	\$105,533,000	\$0	\$57,113,000	\$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
	BENEFITS SUBTOTAL	\$634,878,830	\$128,129,010	-\$248,178,310	-\$338,703,110	-\$883,057,140	-\$466,832,120
PHARMACY							
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$879,000	\$0	\$0	\$0	-\$879,000
37	NON FFP DRUGS	\$0	\$1,738,500	\$0	\$1,317,000	\$0	-\$421,500
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	\$0	\$0	-\$12,840,000	-\$6,420,000	-\$12,840,000	-\$6,420,000
40	ENTERAL NUTRITION PRODUCTS	-\$15,434,000	-\$7,717,000	-\$16,212,480	-\$8,106,240	-\$778,470	-\$389,240
43	PHARMACY TAR AUTO-ADJUDICATION	-\$1,835,900	-\$917,950	-\$2,440,660	-\$1,220,330	-\$604,760	-\$302,380
44	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$6,000,000	-\$3,000,000	-\$2,000,000	-\$1,000,000

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PHARMACY							
45	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$6,000,000	-\$2,100,000	\$10,000,000	\$3,500,000
46	MEDICAL SUPPLY REBATES	-\$8,938,000	-\$4,469,000	-\$10,000,000	-\$5,000,000	-\$1,062,000	-\$531,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$15,000,000	-\$6,000,000	-\$25,000,000	-\$10,500,000	-\$10,000,000	-\$4,500,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$16,269,600	-\$40,000,000	-\$19,140,800	-\$6,000,000	-\$2,871,200
49	FAMILY PACT DRUG REBATES	-\$43,447,000	\$3,097,700	-\$44,721,000	-\$6,590,100	-\$1,274,000	-\$9,687,800
50	MEDI-CAL PHARMACY REFORMS	-\$57,850,000	-\$28,925,000	-\$91,400,000	-\$45,700,000	-\$33,550,000	-\$16,775,000
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	-\$217,638,000	-\$108,819,000	-\$218,743,010	-\$109,371,500	-\$1,105,010	-\$552,500
52	STATE SUPPLEMENTAL DRUG REBATES	-\$256,216,000	-\$127,709,200	-\$248,288,000	-\$123,757,600	\$7,928,000	\$3,951,600
53	FEDERAL DRUG REBATE PROGRAM	-\$1,031,463,000	-\$514,126,700	-\$999,547,000	-\$498,218,300	\$31,916,000	\$15,908,400
195	UBL AND MAIC INJUNCTION	\$6,371,600	\$3,185,800	\$83,336,400	\$41,668,200	\$76,964,800	\$38,482,400
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
	PHARMACY SUBTOTAL	-\$1,695,450,300	-\$813,652,450	-\$1,833,411,740	-\$893,917,670	-\$137,961,440	-\$80,265,220
MANAGED CARE							
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$443,667,000	\$172,700,000	\$365,969,000	\$158,597,000	-\$77,698,000	-\$14,103,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$82,157,000	\$31,557,000	\$0	\$0	-\$82,157,000	-\$31,557,000
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$17,427,000	\$8,713,500	\$0	\$0	-\$17,427,000	-\$8,713,500
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$13,572,000	\$6,786,000	\$1,347,000	\$673,500	-\$12,225,000	-\$6,112,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,543,000	\$6,271,500	-\$8,995,000	-\$4,497,500	-\$21,538,000	-\$10,769,000
70	RISK PAYMENTS FOR MANAGED CARE PLANS	\$192,000	\$96,000	\$0	\$0	-\$192,000	-\$96,000
72	MANAGED CARE EXPANSION - VENTURA	\$0	\$0	\$42,920,000	\$21,460,000	\$42,920,000	\$21,460,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$0	\$0	\$14,551,000	\$7,275,500	\$14,551,000	\$7,275,500

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MANAGED CARE							
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$20,846,000	\$0	-\$50,500,000	\$0	-\$29,654,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
79	MATERNITY SUPPLEMENTAL PAYMENT	-\$35,575,000	-\$17,787,500	\$0	\$0	\$35,575,000	\$17,787,500
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
	MANAGED CARE SUBTOTAL	\$533,983,000	\$187,490,500	\$57,750,000	-\$49,316,500	-\$476,233,000	-\$236,807,000
PROVIDER RATES							
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$11,541,000	-\$5,770,500	-\$12,590,000	-\$6,295,000	-\$1,049,000	-\$524,500
80	NF-B RATE CHANGES AND QA FEE	\$154,964,750	\$77,482,380	\$192,012,000	\$96,006,000	\$37,047,250	\$18,523,630
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$119,742,000	\$59,871,000	\$158,283,000	\$79,141,500	\$38,541,000	\$19,270,500
82	LTC RATE ADJUSTMENT	\$46,392,320	\$23,196,160	\$57,991,000	\$28,995,500	\$11,598,680	\$5,799,340
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$29,004,000	\$14,502,000	\$29,308,000	\$14,654,000	\$304,000	\$152,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$12,724,080	\$6,362,040	\$36,230,120	\$18,115,060	\$23,506,040	\$11,753,020
85	HOSPICE RATE INCREASES	\$3,434,020	\$1,717,010	\$5,884,360	\$2,942,180	\$2,450,340	\$1,225,170
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASE	-\$2,784,110	-\$1,392,060	-\$3,695,000	-\$1,847,500	-\$910,890	-\$455,440
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$10,407,960	-\$5,203,980	-\$13,800,000	-\$6,900,000	-\$3,392,040	-\$1,696,020
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$46,054,680	-\$23,027,340	-\$57,616,000	-\$28,808,000	-\$11,561,320	-\$5,780,660
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$151,688,130	-\$75,844,070	-\$191,304,000	-\$95,652,000	-\$39,615,870	-\$19,807,940
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	\$0	\$0	-\$35,159,710	-\$7,628,740	-\$35,159,710	-\$7,628,740
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$4,287,500	\$2,143,750	\$10,713,850	\$5,356,920	\$6,426,350	\$3,213,170
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$12,192,160	\$6,096,080	\$56,300,190	\$28,150,100	\$44,108,040	\$22,054,020
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,700,000	\$17,850,000	\$35,500,000	\$17,750,000	-\$200,000	-\$100,000
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

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PROVIDER RATES							
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$0	\$0	\$9,325,000	\$4,122,000	\$9,325,000	\$4,122,000
	PROVIDER RATES SUBTOTAL	\$195,964,930	\$97,982,470	\$379,743,440	\$191,764,830	\$183,778,510	\$93,782,370
HOSPITAL FINANCING							
93	HOSP FINANCING - DSH PMT	\$1,719,646,000	\$592,475,000	\$1,725,858,000	\$596,619,000	\$6,212,000	\$4,144,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACED	\$528,748,000	\$264,374,000	\$515,974,000	\$257,987,000	-\$12,774,000	-\$6,387,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$313,925,000	\$0	\$516,001,000	\$0	\$202,076,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$298,597,000	\$0	\$125,172,000	\$0	-\$173,425,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$372,080,000	\$186,040,000	\$276,994,000	\$138,497,000	-\$95,086,000	-\$47,543,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$115,000,000	\$0	\$245,000,000	\$0	\$130,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$318,530,000	\$0	\$180,000,000	\$0	-\$138,530,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$95,000,000	\$0	\$90,000,000	\$0	-\$5,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$113,475,000	\$0	\$67,114,000	\$0	-\$46,361,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$54,684,000	\$27,342,000	\$80,910,000	\$40,455,000	\$26,226,000	\$13,113,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$55,031,000	\$27,515,500	\$64,998,000	\$32,499,000	\$9,967,000	\$4,983,500
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$6,000,000	\$0	\$63,316,000	\$0	\$57,316,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$92,975,000	\$0	\$67,000,000	\$0	-\$25,975,000	\$0
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$38,374,000	\$19,187,000	\$0	\$0	-\$38,374,000	-\$19,187,000
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,156,000	\$2,078,000	\$3,822,000	\$1,911,000	-\$334,000	-\$167,000
108	HOSP FINANCING - MIA LTC	\$0	-\$21,040,000	\$0	-\$8,725,000	\$0	\$12,315,000
109	HOSP FINANCING - BCCTP	\$0	-\$1,000,000	\$0	-\$500,000	\$0	\$500,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$530,461,000	\$0	-\$559,528,500	\$0	-\$29,067,500
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	-\$5,100,000	\$0	-\$2,500,000	\$0	\$2,600,000
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING	-\$32,572,000	-\$12,068,000	\$0	\$0	\$32,572,000	\$12,068,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT	-\$51,597,000	-\$25,798,500	-\$51,597,000	-\$25,798,500	\$0	\$0
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$156,205,000	-\$72,561,000	-\$156,205,000	-\$72,561,000

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HOSPITAL FINANCING							
	HOSPITAL FINANCING SUBTOTAL	\$4,042,052,000	\$523,544,000	\$3,814,357,000	\$398,355,000	-\$227,695,000	-\$125,189,000
SUPPLEMENTAL PMNTS.							
114	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$0	\$0	\$270,750,000	\$0	\$270,750,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,380,000	\$0	\$221,500,000	\$0	\$26,120,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$130,174,000	\$50,000,000	\$115,087,000	\$50,000,000	-\$15,087,000	\$0
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,025,000	\$46,083,500	\$105,382,000	\$48,136,000	\$4,357,000	\$2,052,500
118	FFP FOR LOCAL TRAUMA CENTERS	\$74,460,000	\$37,230,000	\$67,130,000	\$33,565,000	-\$7,330,000	-\$3,665,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$31,375,000	\$0	\$33,625,000	\$0	\$2,250,000	\$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	\$0	\$0	\$110,861,000	\$0	\$110,861,000	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$8,613,101,000	\$3,903,001,000	\$8,613,101,000	\$3,903,001,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$550,414,000	\$142,313,500	\$9,555,436,000	\$4,043,702,000	\$9,005,022,000	\$3,901,388,500
OTHER							
132	DENTAL RETROACTIVE RATE CHANGES	\$62,077,000	\$31,038,500	\$0	\$0	-\$62,077,000	-\$31,038,500
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$0	\$0	\$234,242,000	\$0	\$234,242,000	\$0
137	HEALTHY FAMILIES - CDMH	\$24,311,000	\$0	\$27,939,000	\$0	\$3,628,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$10,478,000	\$5,239,000	\$7,746,000	\$3,873,000	-\$2,732,000	-\$1,366,000
139	MINOR CONSENT SETTLEMENT	\$8,359,000	\$8,359,000	\$7,989,000	\$7,989,000	-\$370,000	-\$370,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,372,000	\$686,000	\$2,744,000	\$1,372,000	\$1,372,000	\$686,000
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	\$0	\$0	\$71,000	\$0	\$71,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0
148	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$50,000	\$0	\$0	\$0	-\$50,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
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	-\$7,828,000	\$0	-\$8,056,000	\$0	-\$228,000
153	FQHC/RHC AUDIT STAFFING	\$0	\$0	-\$2,737,270	-\$1,368,630	-\$2,737,270	-\$1,368,630
154	ANTI-FRAUD INITIATIVE	\$0	\$0	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000
156	EDS COST CONTAINMENT PROJECTS	-\$624,730	-\$312,370	-\$1,029,280	-\$514,640	-\$404,550	-\$202,270
157	PHARMACY LITIGATION SETTLEMENTS	-\$76,700,000	-\$76,700,000	\$0	\$0	\$76,700,000	\$76,700,000
158	IHSS ANTI-FRAUD INITIATIVE	-\$56,699,000	\$0	-\$252,996,000	\$0	-\$196,297,000	\$0
160	UNSPECIFIED BUDGET REDUCTION	\$0	\$0	-\$744,147,000	-\$323,297,000	-\$744,147,000	-\$323,297,000
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$2,909,855,000	\$0	-\$1,462,339,000	\$0	\$1,447,516,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$148,967,000	\$0	\$103,519,000	\$0	-\$45,448,000	\$0
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	-\$254,188,000	-\$119,977,000	-\$254,188,000	-\$119,977,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	\$0	\$0	-\$56,517,000	-\$28,258,500	-\$56,517,000	-\$28,258,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVERAG	\$0	\$0	\$0	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
178	ARRA HITECH - PROVIDER PAYMENTS	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0
179	CEDARS-SINAI MEDICAL CENTER OVERPAYMENT	-\$148,000	-\$74,000	\$0	\$0	\$148,000	\$74,000
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$447,253,000	-\$447,253,000	-\$234,978,000	-\$234,978,000	\$212,275,000	\$212,275,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$6,120,000	-\$3,366,000	-\$18,360,000	-\$10,096,500	-\$12,240,000	-\$6,730,500
182	NUVARING COST SHIFT	\$0	-\$11,112,600	\$0	-\$4,569,600	\$0	\$6,543,000
183	GGNSC HOLDINGS COURT ORDER	\$970,000	\$485,000	\$0	\$0	-\$970,000	-\$485,000
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

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 2009-10 AND 2010-11**

NO.	POLICY CHANGE TITLE	MAY 2010 EST. FOR 2009-10		MAY 2010 EST. FOR 2010-11		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
213	RECONCILIATION	\$4,313,000	\$4,313,000	\$45,202,000	\$45,202,000	\$40,889,000	\$40,889,000
	OTHER SUBTOTAL	-\$325,697,730	-\$3,391,330,470	-\$1,198,993,390	-\$2,200,910,540	-\$873,295,660	\$1,190,419,920
	GRAND TOTAL	\$4,710,457,720	-\$2,909,028,890	\$11,337,960,000	\$1,317,600,060	\$6,627,502,280	\$4,226,628,950

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