

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE  
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$696,290,000	\$168,982,200	\$628,775,000	\$152,098,500	-\$67,515,000	-\$16,883,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$133,732,000	\$59,141,900	\$133,166,000	\$59,335,750	-\$566,000	\$193,850
3	CHDP GATEWAY - PREENROLLMENT	\$15,138,000	\$5,298,300	\$15,711,000	\$5,598,300	\$573,000	\$300,000
4	BRIDGE TO HFP	\$14,453,000	\$5,058,550	\$12,776,000	\$4,471,600	-\$1,677,000	-\$586,950
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$20,095,000	\$12,475,000	\$20,700,000	\$12,777,500	\$605,000	\$302,500
6	REFUGEES	\$7,320,000	\$7,320,000	\$6,491,000	\$6,491,000	-\$829,000	-\$829,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$7,793,000	\$3,896,500	\$0	\$0
8	250% WORKING DISABLED PROGRAM CHANGES	\$391,000	\$274,500	\$188,000	\$132,500	-\$203,000	-\$142,000
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$0	\$0	\$1,678,000	\$0	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	\$81,623,500	\$0	\$120,791,000	\$0	\$39,167,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$45,634,050	\$0	-\$50,727,300	\$0	-\$5,093,250
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$7,372,500	\$0	-\$8,833,000	\$0	-\$1,460,500
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$3,635,000	-\$1,817,500	-\$6,208,000	-\$3,104,000	-\$2,573,000	-\$1,286,500
248	LOMELI V. SHEWRY	\$0	\$0	\$336,000	\$168,000	\$336,000	\$168,000
253	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL	\$0	\$0	\$258,762,000	\$90,566,700	\$258,762,000	\$90,566,700
<b>ELIGIBILITY SUBTOTAL</b>		<b>\$891,577,000</b>	<b>\$289,246,400</b>	<b>\$1,080,168,000</b>	<b>\$393,663,050</b>	<b>\$188,591,000</b>	<b>\$104,416,650</b>
<b>BENEFITS</b>							
14	ADULT DAY HEALTH CARE - CDA	\$369,770,000	\$184,885,000	\$390,766,000	\$195,383,000	\$20,996,000	\$10,498,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,786,000	\$0	\$113,786,000	\$0	\$0	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$155,827,000	\$0	\$331,603,000	\$0	\$175,776,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$22,732,000	\$0	\$0
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$7,320,000	\$3,660,000	\$1,584,000	\$792,000	-\$5,736,000	-\$2,868,000
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$6,631,000	\$1,658,000	\$5,360,000	\$1,340,000	-\$1,271,000	-\$318,000
21	MFP FUNDING TO CDDS FOR CCT	\$0	\$0	\$1,173,000	\$0	\$1,173,000	\$0
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$1,235,000	\$0	\$4,993,000	\$0	\$3,758,000	\$0
23	QUALITY OF LIFE SURVEYS FOR MFP	\$68,310	\$0	\$69,000	\$0	\$690	\$0

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$4,767,600	\$0	\$0
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$100,458,800	\$0	-\$105,528,150	\$0	-\$5,069,350
26	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$2,313,000	\$0	\$0	\$0	-\$2,313,000
27	ADHC ONSITE TAR REVIEWS	-\$1,647,000	-\$823,500	-\$1,459,000	-\$729,500	\$188,000	\$94,000
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,505,000	-\$4,252,500	-\$6,282,000	-\$3,141,000	\$2,223,000	\$1,111,500
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$8,982,000	-\$4,491,000	-\$8,959,000	-\$4,479,500	\$23,000	\$11,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$1,302,000	-\$1,302,000	-\$1,342,000	-\$1,342,000	-\$40,000	-\$40,000
223	COPAYMENT FOR DENTAL SERVICES	-\$2,505,000	-\$1,252,500	-\$55,839,000	-\$27,919,500	-\$53,334,000	-\$26,667,000
224	COPAYMENT FOR EMERGENCY ER VISITS	-\$76,744,000	-\$38,372,000	-\$66,610,000	-\$33,305,000	\$10,134,000	\$5,067,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$146,380,000	-\$73,190,000	-\$126,967,000	-\$63,483,500	\$19,413,000	\$9,706,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$318,976,000	-\$151,195,000	-\$271,294,000	-\$128,653,000	\$47,682,000	\$22,542,000
229	PHARMACY COPAYMENTS	-\$280,647,000	-\$140,323,500	-\$256,786,000	-\$128,393,000	\$23,861,000	\$11,930,500
230	HEARING AID CAP	-\$1,013,000	-\$506,500	-\$458,000	-\$229,000	\$555,000	\$277,500
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$28,929,000	-\$14,464,500	-\$27,543,000	-\$13,771,500	\$1,386,000	\$693,000
232	DURABLE MEDICAL EQUIPMENT CAP	-\$14,705,000	-\$7,352,500	\$0	\$0	\$14,705,000	\$7,352,500
233	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	-\$22,080,000	-\$11,040,000	\$0	\$0	\$22,080,000	\$11,040,000
235	ELIMINATE ADHC SERVICES	-\$353,249,630	-\$176,624,810	-\$339,202,670	-\$169,601,340	\$14,046,950	\$7,023,480
236	MEDICAL SUPPLIES CAP	-\$3,908,000	-\$1,954,000	\$0	\$0	\$3,908,000	\$1,954,000
237	ELIMINATION OF COUGH AND COLD PRODUCTS	-\$4,379,000	-\$2,189,500	-\$4,206,000	-\$2,103,000	\$173,000	\$86,500
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	-\$305,650,000	-\$152,825,000	-\$258,704,000	-\$129,352,000	\$46,946,000	\$23,473,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$392,945,000	-\$196,472,500	-\$82,082,000	-\$41,041,000	\$310,863,000	\$155,431,500
246	SAVINGS FROM ATTRITION IN MSSP	-\$39,826,000	-\$19,913,000	-\$5,000,000	-\$2,500,000	\$34,826,000	\$17,413,000
256	ADHC TRANSITION	\$0	\$0	\$50,000,000	\$25,000,000	\$50,000,000	\$25,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>-\$1,312,271,320</b>	<b>-\$888,522,710</b>	<b>-\$567,935,670</b>	<b>-\$615,092,590</b>	<b>\$744,335,640</b>	<b>\$273,430,130</b>
<b>PHARMACY</b>							
30	FEDERAL DRUG REBATE CHANGE	\$133,000,000	\$133,000,000	\$203,000,000	\$203,000,000	\$70,000,000	\$70,000,000

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<b>PHARMACY</b>							
31	UBL AND MAIC INJUNCTION	\$60,000,000	\$30,000,000	\$60,000,000	\$30,000,000	\$0	\$0
33	NON FFP DRUGS	\$0	\$1,940,500	\$0	\$2,389,000	\$0	\$448,500
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,732,500	-\$7,866,250	-\$15,732,500	-\$7,866,250	\$0	\$0
35	PHARMACY TAR AUTO-ADJUDICATION	-\$2,555,000	-\$1,277,500	\$0	\$0	\$2,555,000	\$1,277,500
37	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	\$0	\$0	\$4,000,000	\$2,000,000
38	MEDI-CAL PHARMACY REFORMS	-\$31,400,000	-\$15,700,000	-\$31,400,000	-\$15,700,000	\$0	\$0
39	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$12,000,000	-\$4,200,000	\$0	\$0
40	MEDICAL SUPPLY REBATES	-\$12,500,000	-\$6,250,000	-\$30,800,000	-\$15,400,000	-\$18,300,000	-\$9,150,000
41	FAMILY PACT DRUG REBATES	-\$42,469,000	-\$5,902,900	-\$52,617,000	-\$7,313,700	-\$10,148,000	-\$1,410,800
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$45,000,000	-\$21,910,600	-\$45,000,000	-\$22,430,000	\$0	-\$519,400
43	STATE SUPPLEMENTAL DRUG REBATES	-\$216,822,000	-\$108,073,800	-\$197,374,000	-\$98,379,800	\$19,448,000	\$9,694,000
44	FEDERAL DRUG REBATE PROGRAM	-\$1,228,656,000	-\$612,416,400	-\$1,382,484,000	-\$689,090,800	-\$153,828,000	-\$76,674,400
249	MANAGED CARE DRUG REBATES	\$0	\$0	-\$128,000,000	-\$64,000,000	-\$128,000,000	-\$64,000,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,418,134,500</b>	<b>-\$620,656,950</b>	<b>-\$1,632,407,500</b>	<b>-\$688,991,550</b>	<b>-\$214,273,000</b>	<b>-\$68,334,600</b>
<b>MANAGED CARE</b>							
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$291,705,000	\$145,853,000	\$341,704,000	\$170,852,000	\$49,999,000	\$24,999,000
52	MANAGED CARE EXPANSION - VENTURA	\$5,908,000	\$2,954,000	\$48,424,000	\$24,212,000	\$42,516,000	\$21,258,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$2,764,000	\$1,382,000	\$2,717,000	\$1,358,500	-\$47,000	-\$23,500
59	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$0	\$0	\$0	\$0	\$0	\$0
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$194,452,000	\$97,226,000	\$206,829,000	\$103,414,000	\$12,377,000	\$6,188,000
61	CAPITATED RATE ADJUSTMENT FOR FY 2011-12	\$321,030,000	\$160,515,000	\$0	\$0	-\$321,030,000	-\$160,515,000
62	MANAGED CARE EXPANSION - MENDOCINO	\$14,826,000	\$7,413,000	\$14,687,000	\$7,343,500	-\$139,000	-\$69,500
63	MANAGED CARE EXPANSION - MARIN	\$13,948,000	\$6,974,000	\$13,935,000	\$6,967,500	-\$13,000	-\$6,500
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$686,000	-\$343,000	-\$598,000	-\$299,000	\$88,000	\$44,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,364,000	\$2,182,000	\$4,609,000	\$2,304,500	\$245,000	\$122,500

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<b>MANAGED CARE</b>							
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$1,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0
252	MANAGED CARE PUBLIC HOSPITAL IGTS	\$0	\$0	\$346,000,000	\$173,000,000	\$346,000,000	\$173,000,000
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
265	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
266	ONE YEAR LOCK-IN FOR MANAGED CARE ENROLLEES	\$0	\$0	-\$5,300,000	-\$2,650,000	-\$5,300,000	-\$2,650,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$849,311,000</b>	<b>\$425,156,000</b>	<b>\$975,007,000</b>	<b>\$488,503,000</b>	<b>\$125,696,000</b>	<b>\$63,347,000</b>
<b>PROVIDER RATES</b>							
29	HOSPITAL INPATIENT RATE FREEZE	-\$214,183,000	-\$107,091,500	\$0	\$0	\$214,183,000	\$107,091,500
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$284,191,000	\$142,095,500	\$284,191,000	\$142,095,500	\$0	\$0
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$212,003,770	\$106,001,890	\$260,723,630	\$130,361,810	\$48,719,860	\$24,359,930
71	LTC RATE ADJUSTMENT	\$78,155,460	\$39,077,730	\$78,155,460	\$39,077,730	\$0	\$0
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$50,954,000	\$25,477,000	\$44,600,000	\$22,300,000	-\$6,354,000	-\$3,177,000
73	CHA V. MAXWELL-JOLLY INJUNCTION	\$57,602,000	\$28,801,000	\$0	\$0	-\$57,602,000	-\$28,801,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$28,963,500	\$14,481,750	\$19,642,830	\$9,821,420	-\$9,320,670	-\$4,660,330
76	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$10,877,000	\$5,438,500	\$0	\$0	-\$10,877,000	-\$5,438,500
77	HOSPICE RATE INCREASES	\$2,438,030	\$1,219,010	\$2,438,030	\$1,219,010	\$0	\$0
78	NF-B RATE CHANGES AND QA FEE	\$0	\$0	\$35,254,470	\$17,627,240	\$35,254,470	\$17,627,240
79	REDUCTION TO RADIOLOGY RATES	-\$48,107,680	-\$24,053,840	-\$76,195,610	-\$38,097,810	-\$28,087,930	-\$14,043,960
149	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$16,672,000	-\$8,336,000	-\$16,672,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	-\$1,055,154,000	-\$537,085,500	-\$815,123,000	-\$407,561,500	\$240,031,000	\$129,524,000
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$392,942,500	-\$196,471,250	-\$402,985,000	-\$201,492,500	-\$10,042,500	-\$5,021,250
259	NON-AB 1629 LTC RATE FREEZE	\$0	\$0	-\$73,110,630	-\$36,555,310	-\$73,110,630	-\$36,555,310
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES	\$0	\$0	\$160,414,000	\$80,207,000	\$160,414,000	\$80,207,000
267	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	-\$81,320,000	-\$40,660,000	-\$81,320,000	-\$40,660,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$985,202,420</b>	<b>-\$502,109,710</b>	<b>-\$579,986,810</b>	<b>-\$289,993,410</b>	<b>\$405,215,610</b>	<b>\$212,116,300</b>

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<b>WAIVER--MH/UCD &amp; BTR</b>							
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGEC	\$191,398,000	\$78,183,000	\$111,117,000	\$82,676,500	-\$80,281,000	\$4,493,500
80	MH/UCD & BTR—DSH PAYMENT	\$1,660,039,000	\$562,622,000	\$1,704,697,000	\$607,279,000	\$44,658,000	\$44,657,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$507,904,000	\$253,952,000	\$355,272,000	\$177,636,000	-\$152,632,000	-\$76,316,000
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL I	\$276,894,000	\$138,447,000	\$280,502,000	\$140,251,000	\$3,608,000	\$1,804,000
83	MH/UCD—SAFETY NET CARE POOL	\$70,993,000	\$0	\$42,735,000	\$0	-\$28,258,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$17,866,000	\$0	\$34,329,000	\$0	\$16,463,000	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$72,501,000	\$0	\$164,604,000	\$0	\$92,103,000	\$0
87	MH/UCD—STABILIZATION FUNDING	\$66,210,000	\$33,105,000	\$44,495,000	\$31,410,500	-\$21,715,000	-\$1,694,500
88	MH/UCD & BTR—CCS AND GHPP	\$0	\$0	\$106,000,000	\$0	\$106,000,000	\$0
90	MH/UCD—DPH INTERIM & FINAL RECONS	\$66,631,000	\$0	\$67,235,000	\$0	\$604,000	\$0
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$103,336,000	\$51,668,000	\$99,769,000	\$49,884,500	-\$3,567,000	-\$1,783,500
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,808,000	\$1,904,000	\$3,808,000	\$1,904,000	\$0	\$0
96	MH/UCD & BTR—BCCTP	\$0	\$0	\$0	-\$800,000	\$0	-\$800,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$484,560,500	\$0	-\$463,898,000	\$0	\$20,662,500
98	MH/UCD & BTR—MIA-LTC	\$0	\$0	\$0	-\$17,000,000	\$0	-\$17,000,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,300,000,000	\$650,000,000	\$650,000,000	\$325,000,000	-\$650,000,000	-\$325,000,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	\$0	\$74,064,000	-\$202,136,000	\$74,064,000	-\$202,136,000
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$221,029,000	\$0	\$238,693,000	\$30,000,000	\$17,664,000	\$30,000,000
222	BTR—SAFETY NET CARE POOL	\$382,918,000	\$0	\$461,952,000	\$0	\$79,034,000	\$0
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMAT	\$0	\$0	\$59,571,000	\$0	\$59,571,000	\$0
242	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$590,704,000	\$0	\$1,212,051,000	\$280,000,000	\$621,347,000	\$280,000,000
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,532,231,000</b>	<b>\$1,285,320,500</b>	<b>\$5,710,894,000</b>	<b>\$1,042,207,500</b>	<b>\$178,663,000</b>	<b>-\$243,113,000</b>
<b>SUPPLEMENTAL PMNTS.</b>							
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$72,600,000	\$0	\$321,600,000	\$0	\$249,000,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$280,719,000	\$0	\$238,879,000	\$0	-\$41,840,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0

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<b>SUPPLEMENTAL PMNTS.</b>							
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$55,431,000	\$0	\$166,293,000	\$0	\$110,862,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,609,000	\$48,499,000	\$98,792,000	\$46,590,500	-\$3,817,000	-\$1,908,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$32,000,000	\$0	\$0	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$7,500,000	\$3,750,000	-\$2,500,000	-\$1,250,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$6,000,000	\$3,000,000	-\$2,000,000	-\$1,000,000
254	IHSS PROVIDER TAX	\$0	\$0	\$332,500,000	\$0	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	\$64,000,000	\$32,000,000	\$64,000,000	\$32,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$728,489,000</b>	<b>\$141,064,000</b>	<b>\$1,434,694,000</b>	<b>\$168,905,500</b>	<b>\$706,205,000</b>	<b>\$27,841,500</b>
<b>OTHER</b>							
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$52,729,000	\$0	\$153,210,000	\$0	\$100,481,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$3,900,000	\$0	\$3,900,000	\$0	\$0	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$634,775,000	\$0	\$639,025,000	\$0	\$4,250,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$7,936,000	\$3,968,000	\$8,368,000	\$4,184,000	\$432,000	\$216,000
126	HEALTHY FAMILIES - CDMH	\$28,955,000	\$0	\$27,543,000	\$0	-\$1,412,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,620,000	\$7,620,000	\$7,620,000	\$7,620,000	\$0	\$0
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$2,874,000	\$1,437,000	\$1,973,000	\$986,500	-\$901,000	-\$450,500
135	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	\$0	\$0	\$0	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
140	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	-\$8,500,000	\$0	-\$8,700,000	\$0	-\$200,000
144	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$900,000	-\$495,000	\$0	\$0	\$900,000	\$495,000
145	FI COST CONTAINMENT PROJECTS	-\$1,560,000	-\$780,000	-\$326,380	-\$163,190	\$1,233,620	\$616,810
146	ANTI-FRAUD INITIATIVE	-\$6,079,500	-\$3,039,750	-\$4,955,600	-\$2,477,800	\$1,123,910	\$561,950
147	FQHC/RHC AUDIT STAFFING	-\$6,043,600	-\$3,021,800	-\$5,223,920	-\$2,611,960	\$819,680	\$409,840

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE  
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$18,000,000	-\$18,000,000	\$0	\$0	\$18,000,000	\$18,000,000
151	PROVIDER OVERPAYMENT REPAYMENTS	\$30,000,000	\$30,000,000	\$0	\$0	-\$30,000,000	-\$30,000,000
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$29,756,000	-\$29,756,000	-\$31,502,000	-\$31,502,000	-\$1,746,000	-\$1,746,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$56,517,000	-\$28,258,500	-\$1,635,760	-\$817,880	\$54,881,240	\$27,440,620
241	ACCELERATED PAYMENTS	-\$1,637,574,000	-\$785,209,000	-\$1,071,028,000	-\$507,599,000	\$566,546,000	\$277,610,000
244	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$0	\$0	-\$10,000,000	-\$9,500,000	-\$10,000,000	-\$9,500,000
263	FY 2011-12 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>-\$987,641,100</b>	<b>-\$828,035,050</b>	<b>-\$283,032,660</b>	<b>-\$544,581,330</b>	<b>\$704,608,440</b>	<b>\$283,453,720</b>
	<b>GRAND TOTAL</b>	<b>\$3,298,358,660</b>	<b>-\$698,537,520</b>	<b>\$6,137,400,360</b>	<b>-\$45,379,820</b>	<b>\$2,839,041,700</b>	<b>\$653,157,700</b>