

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		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	\$614,919,000	\$148,746,400	\$628,775,000	\$152,098,500	\$13,856,000	\$3,352,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$127,814,000	\$56,776,150	\$133,166,000	\$59,335,750	\$5,352,000	\$2,559,600
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$5,598,300	\$15,711,000	\$5,598,300	\$0	\$0
4	BRIDGE TO HFP	\$13,540,000	\$4,739,000	\$12,776,000	\$4,471,600	-\$764,000	-\$267,400
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$16,437,000	\$10,386,500	\$20,700,000	\$12,777,500	\$4,263,000	\$2,391,000
6	REFUGEES	\$6,531,000	\$6,531,000	\$6,491,000	\$6,491,000	-\$40,000	-\$40,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$1,150,000	\$575,000	\$7,793,000	\$3,896,500	\$6,643,000	\$3,321,500
8	250% WORKING DISABLED PROGRAM CHANGES	\$0	\$0	\$188,000	\$132,500	\$188,000	\$132,500
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$0	\$0	\$1,678,000	\$0	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	\$102,359,500	\$0	\$120,791,000	\$0	\$18,431,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$47,360,850	\$0	-\$50,727,300	\$0	-\$3,366,450
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$19,874,650	\$0	-\$8,833,000	\$0	\$11,041,650
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$1,918,000	-\$959,000	-\$6,208,000	-\$3,104,000	-\$4,290,000	-\$2,145,000
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>\$794,184,000</b>	<b>\$267,517,350</b>	<b>\$1,080,168,000</b>	<b>\$393,663,050</b>	<b>\$285,984,000</b>	<b>\$126,145,700</b>
<b>BENEFITS</b>							
14	ADULT DAY HEALTH CARE - CDA	\$388,872,000	\$194,436,000	\$390,766,000	\$195,383,000	\$1,894,000	\$947,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,070,000	\$0	\$113,786,000	\$0	-\$4,284,000	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$0	\$0	\$331,603,000	\$0	\$331,603,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$18,319,000	\$45,464,000	\$22,732,000	\$0	\$4,413,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$1,017,610	\$508,810	\$1,584,000	\$792,000	\$566,390	\$283,200
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$3,046,000	\$614,000	\$5,360,000	\$1,340,000	\$2,314,000	\$726,000
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.	\$0	\$0	\$4,993,000	\$0	\$4,993,000	\$0

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
23	QUALITY OF LIFE SURVEYS FOR MFP	\$35,690	\$0	\$69,000	\$0	\$33,320	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$3,980,950	\$0	-\$4,767,600	\$0	-\$786,650
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$104,650,000	\$0	-\$105,528,150	\$0	-\$878,150
27	ADHC ONSITE TAR REVIEWS	-\$615,000	-\$307,500	-\$1,459,000	-\$729,500	-\$844,000	-\$422,000
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,211,000	-\$2,105,500	-\$6,282,000	-\$3,141,000	-\$2,071,000	-\$1,035,500
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$1,828,000	-\$914,000	-\$8,959,000	-\$4,479,500	-\$7,131,000	-\$3,565,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$335,000	-\$335,000	-\$1,342,000	-\$1,342,000	-\$1,007,000	-\$1,007,000
223	COPAYMENT FOR DENTAL SERVICES	-\$4,653,000	-\$2,326,500	-\$55,839,000	-\$27,919,500	-\$51,186,000	-\$25,593,000
224	COPAYMENT FOR EMERGENCY ER VISITS	\$0	\$0	-\$66,610,000	-\$33,305,000	-\$66,610,000	-\$33,305,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$126,967,000	-\$63,483,500	-\$126,967,000	-\$63,483,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$271,294,000	-\$128,653,000	-\$271,294,000	-\$128,653,000
229	PHARMACY COPAYMENTS	\$0	\$0	-\$256,786,000	-\$128,393,000	-\$256,786,000	-\$128,393,000
230	HEARING AID CAP	\$0	\$0	-\$458,000	-\$229,000	-\$458,000	-\$229,000
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$27,543,000	-\$13,771,500	-\$27,543,000	-\$13,771,500
235	ELIMINATE ADHC SERVICES	\$0	\$0	-\$339,202,670	-\$169,601,340	-\$339,202,670	-\$169,601,340
237	ELIMINATION OF COUGH AND COLD PRODUCTS	\$0	\$0	-\$4,206,000	-\$2,103,000	-\$4,206,000	-\$2,103,000
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	\$0	\$0	-\$258,704,000	-\$129,352,000	-\$258,704,000	-\$129,352,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	\$0	\$0	-\$82,082,000	-\$41,041,000	-\$82,082,000	-\$41,041,000
246	SAVINGS FROM ATTRITION IN MSSP	\$0	\$0	-\$5,000,000	-\$2,500,000	-\$5,000,000	-\$2,500,000
256	ADHC TRANSITION	\$0	\$0	\$50,000,000	\$25,000,000	\$50,000,000	\$25,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$544,863,300</b>	<b>\$99,258,360</b>	<b>-\$567,935,670</b>	<b>-\$615,092,590</b>	<b>-\$1,112,798,970</b>	<b>-\$714,350,950</b>
<b>PHARMACY</b>							
30	FEDERAL DRUG REBATE CHANGE	\$39,702,000	\$39,702,000	\$203,000,000	\$203,000,000	\$163,298,000	\$163,298,000
31	UBL AND MAIC INJUNCTION	\$59,520,000	\$29,760,000	\$60,000,000	\$30,000,000	\$480,000	\$240,000
33	NON FFP DRUGS	\$0	\$9,960,000	\$0	\$2,389,000	\$0	-\$7,571,000

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<b>PHARMACY</b>							
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	\$0	\$0	-\$15,732,500	-\$7,866,250	-\$15,732,500	-\$7,866,250
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	-\$30,800,000	-\$15,400,000	-\$30,800,000	-\$15,400,000	\$0	\$0
41	FAMILY PACT DRUG REBATES	-\$50,460,000	-\$7,014,000	-\$52,617,000	-\$7,313,700	-\$2,157,000	-\$299,700
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$56,600,000	-\$24,644,800	-\$45,000,000	-\$22,430,000	\$11,600,000	\$2,214,800
43	STATE SUPPLEMENTAL DRUG REBATES	-\$190,312,000	-\$94,860,000	-\$197,374,000	-\$98,379,800	-\$7,062,000	-\$3,519,800
44	FEDERAL DRUG REBATE PROGRAM	-\$1,333,020,000	-\$664,436,000	-\$1,382,484,000	-\$689,090,800	-\$49,464,000	-\$24,654,800
150	LITIGATION SETTLEMENTS	-\$67,619,000	-\$67,619,000	\$0	\$0	\$67,619,000	\$67,619,000
249	MANAGED CARE DRUG REBATES	\$0	\$0	-\$128,000,000	-\$64,000,000	-\$128,000,000	-\$64,000,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,672,989,000</b>	<b>-\$814,451,800</b>	<b>-\$1,632,407,500</b>	<b>-\$688,991,550</b>	<b>\$40,581,500</b>	<b>\$125,460,250</b>
<b>MANAGED CARE</b>							
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$272,649,000	\$109,081,000	\$341,704,000	\$170,852,000	\$69,055,000	\$61,771,000
52	MANAGED CARE EXPANSION - VENTURA	\$0	\$0	\$48,424,000	\$24,212,000	\$48,424,000	\$24,212,000
53	MATERNITY SUPPLEMENTAL PAYMENT	\$25,040,000	\$12,520,000	\$0	\$0	-\$25,040,000	-\$12,520,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$11,773,000	\$5,886,500	\$2,717,000	\$1,358,500	-\$9,056,000	-\$4,528,000
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$2,990,000	\$1,495,000	\$0	\$0	-\$2,990,000	-\$1,495,000
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$6,926,000	\$2,791,000	\$206,829,000	\$103,414,000	\$199,903,000	\$100,623,000
62	MANAGED CARE EXPANSION - MENDOCINO	\$0	\$0	\$14,687,000	\$7,343,500	\$14,687,000	\$7,343,500
63	MANAGED CARE EXPANSION - MARIN	\$0	\$0	\$13,935,000	\$6,967,500	\$13,935,000	\$6,967,500
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$14,347,000	\$0	\$0	\$0	\$14,347,000
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$598,000	-\$299,000	-\$598,000	-\$299,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$9,630,000	-\$4,815,000	\$4,609,000	\$2,304,500	\$14,239,000	\$7,119,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0

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<b>MANAGED CARE</b>							
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>\$311,748,000</b>	<b>\$114,611,500</b>	<b>\$975,007,000</b>	<b>\$488,503,000</b>	<b>\$663,259,000</b>	<b>\$373,891,500</b>
<b>PROVIDER RATES</b>							
29	HOSPITAL INPATIENT RATE FREEZE	-\$25,548,000	-\$10,294,000	\$0	\$0	\$25,548,000	\$10,294,000
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$166,887,000	\$66,806,000	\$284,191,000	\$142,095,500	\$117,304,000	\$75,289,500
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$182,048,710	\$91,024,360	\$260,723,630	\$130,361,810	\$78,674,920	\$39,337,460
71	LTC RATE ADJUSTMENT	\$32,585,510	\$16,292,760	\$78,155,460	\$39,077,730	\$45,569,950	\$22,784,970
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	-\$4,250,000	-\$4,250,000	\$44,600,000	\$22,300,000	\$48,850,000	\$26,550,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,860,130	\$4,930,070	\$19,642,830	\$9,821,420	\$9,782,700	\$4,891,350
77	HOSPICE RATE INCREASES	\$774,060	\$387,030	\$2,438,030	\$1,219,010	\$1,663,970	\$831,990
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	-\$2,645,070	-\$1,322,540	-\$76,195,610	-\$38,097,810	-\$73,550,540	-\$36,775,270
149	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$16,672,000	-\$8,336,000	-\$16,672,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	\$0	\$0	-\$815,123,000	-\$407,561,500	-\$815,123,000	-\$407,561,500
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	\$0	\$0	-\$402,985,000	-\$201,492,500	-\$402,985,000	-\$201,492,500
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>\$359,712,340</b>	<b>\$163,573,670</b>	<b>-\$579,986,810</b>	<b>-\$289,993,410</b>	<b>-\$939,699,150</b>	<b>-\$453,567,070</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGEE	\$11,501,000	\$5,807,500	\$111,117,000	\$82,676,500	\$99,616,000	\$76,869,000

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	<b>WAIVER--MH/UCD &amp; BTR</b>						
80	MH/UCD & BTR—DSH PAYMENT	\$1,740,752,000	\$601,839,000	\$1,704,697,000	\$607,279,000	-\$36,055,000	\$5,440,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$450,887,000	\$225,443,500	\$355,272,000	\$177,636,000	-\$95,615,000	-\$47,807,500
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$322,692,000	\$161,346,000	\$280,502,000	\$140,251,000	-\$42,190,000	-\$21,095,000
83	MH/UCD—SAFETY NET CARE POOL	\$24,449,000	\$0	\$42,735,000	\$0	\$18,286,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$70,553,000	\$0	\$34,329,000	\$0	-\$36,224,000	\$0
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$228,850,000	\$0	\$0	\$0	-\$228,850,000	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$74,616,000	\$0	\$164,604,000	\$0	\$89,988,000	\$0
87	MH/UCD—STABILIZATION FUNDING	\$21,067,000	\$10,533,500	\$44,495,000	\$31,410,500	\$23,428,000	\$20,877,000
88	MH/UCD & BTR—CCS AND GHPP	\$166,185,000	\$0	\$106,000,000	\$0	-\$60,185,000	\$0
89	MH/UCD—SOUTH LA PRESERVATION FUND	\$39,167,000	\$0	\$0	\$0	-\$39,167,000	\$0
90	MH/UCD—DPH INTERIM & FINAL RECONS	\$4,165,000	\$0	\$67,235,000	\$0	\$63,070,000	\$0
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$45,824,000	\$22,912,000	\$99,769,000	\$49,884,500	\$53,945,000	\$26,972,500
92	MH/UCD—DISTRESSED HOSPITAL FUND	\$8,272,000	\$4,136,000	\$0	\$0	-\$8,272,000	-\$4,136,000
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,616,000	\$2,808,000	\$3,808,000	\$1,904,000	-\$1,808,000	-\$904,000
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
95	MH/UCD—REDUCTION TO DPH SNCP BY 10%	\$0	-\$1,820,000	\$0	\$0	\$0	\$1,820,000
96	MH/UCD & BTR—BCCTP	\$0	-\$2,136,000	\$0	-\$800,000	\$0	\$1,336,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$514,666,500	\$0	-\$463,898,000	\$0	\$50,768,500
98	MH/UCD & BTR—MIA-LTC	\$0	-\$26,102,000	\$0	-\$17,000,000	\$0	\$9,102,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,006,880,000	\$415,273,000	\$650,000,000	\$325,000,000	-\$356,880,000	-\$90,273,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$306,550,000	\$0	\$74,064,000	-\$202,136,000	-\$232,486,000	-\$202,136,000
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$139,898,000	\$0	\$238,693,000	\$30,000,000	\$98,795,000	\$30,000,000
222	BTR—SAFETY NET CARE POOL	\$503,137,000	\$0	\$461,952,000	\$0	-\$41,185,000	\$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	\$0	\$0	\$1,212,051,000	\$280,000,000	\$1,212,051,000	\$280,000,000

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<b>WAIVER--MH/UCD &amp; BTR</b>							
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,171,061,000</b>	<b>\$905,374,000</b>	<b>\$5,710,894,000</b>	<b>\$1,042,207,500</b>	<b>\$539,833,000</b>	<b>\$136,833,500</b>
<b>SUPPLEMENTAL PMNTS.</b>							
99	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,141,120,000	\$2,896,060,000	\$0	\$0	-\$7,141,120,000	-\$2,896,060,000
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS	\$420,000,000	\$0	\$0	\$0	-\$420,000,000	\$0
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$21,705,000	\$0	\$321,600,000	\$0	\$299,895,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$295,087,000	\$0	\$238,879,000	\$0	-\$56,208,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$124,068,000	\$49,862,000	\$100,000,000	\$50,000,000	-\$24,068,000	\$138,000
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$166,293,000	\$0	\$166,293,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$106,565,000	\$49,395,000	\$98,792,000	\$46,590,500	-\$7,773,000	-\$2,804,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$93,158,000	\$37,445,000	\$67,130,000	\$33,565,000	-\$26,028,000	-\$3,880,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$45,300,000	\$0	\$32,000,000	\$0	-\$13,300,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$7,500,000	\$3,750,000	-\$5,000,000	-\$2,500,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$6,000,000	\$3,000,000	-\$4,000,000	-\$2,000,000
254	IHSS PROVIDER TAX	\$0	\$0	\$332,500,000	\$0	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$27,597,000	\$64,000,000	\$32,000,000	\$0	\$4,403,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,333,503,000</b>	<b>\$3,071,609,000</b>	<b>\$1,434,694,000</b>	<b>\$168,905,500</b>	<b>-\$6,898,809,000</b>	<b>-\$2,902,703,500</b>
<b>OTHER</b>							
20	LANTERMAN REGIONAL CENTER DISALLOWANCE	\$1,390,000	\$1,390,000	\$0	\$0	-\$1,390,000	-\$1,390,000
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$111,555,000	\$0	\$153,210,000	\$0	\$41,655,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$140,892,000	\$0	\$3,900,000	\$0	-\$136,992,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$43,625,000	\$0	\$639,025,000	\$0	\$595,400,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$30,082,720	\$12,119,960	\$8,368,000	\$4,184,000	-\$21,714,720	-\$7,935,960
126	HEALTHY FAMILIES - CDMH	\$40,559,000	\$0	\$27,543,000	\$0	-\$13,016,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,989,000	\$7,989,000	\$7,620,000	\$7,620,000	-\$369,000	-\$369,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$5,222,000	\$2,611,000	\$1,973,000	\$986,500	-\$3,249,000	-\$1,624,500

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 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
136	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$2,706,419,000	\$0	\$0	\$0	\$2,706,419,000
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
139	NUVARING COST SHIFT	\$0	-\$12,656,000	\$0	\$0	\$0	\$12,656,000
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	-\$8,700,000	\$0	-\$8,700,000	\$0	\$0
145	FI COST CONTAINMENT PROJECTS	\$0	\$0	-\$326,380	-\$163,190	-\$326,380	-\$163,190
146	ANTI-FRAUD INITIATIVE	-\$770,720	-\$385,360	-\$4,955,600	-\$2,477,800	-\$4,184,870	-\$2,092,440
147	FQHC/RHC AUDIT STAFFING	\$0	\$0	-\$5,223,920	-\$2,611,960	-\$5,223,920	-\$2,611,960
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	\$0	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$311,669,000	-\$311,669,000	-\$31,502,000	-\$31,502,000	\$280,167,000	\$280,167,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	\$0	\$0	-\$1,635,760	-\$817,880	-\$1,635,760	-\$817,880
241	ACCELERATED PAYMENTS	\$1,071,028,000	\$408,526,000	-\$1,071,028,000	-\$507,599,000	-\$2,142,056,000	-\$916,125,000
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$0	\$0	-\$10,000,000	-\$9,500,000	-\$10,000,000	-\$9,500,000
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYME	-\$41,000,000	-\$20,500,000	\$0	\$0	\$41,000,000	\$20,500,000
263	FY 2011-12 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$1,098,903,000</b>	<b>-\$2,621,693,400</b>	<b>-\$283,032,660</b>	<b>-\$544,581,330</b>	<b>-\$1,381,935,650</b>	<b>\$2,077,112,070</b>
	<b>GRAND TOTAL</b>	<b>\$14,940,985,630</b>	<b>\$1,185,798,680</b>	<b>\$6,137,400,360</b>	<b>-\$45,379,820</b>	<b>-\$8,803,585,270</b>	<b>-\$1,231,178,500</b>

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