

**MEDI-CAL  
MAY 2012  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2011-12 and 2012-13**

**BUDGET YEAR**

Fiscal Forecasting and Data Management Branch  
State Department of Health Care Services  
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**EDMUND G. BROWN JR.**  
Governor  
State of California

Diana Dooley  
Secretary  
California Health and Human Services Agency

Toby Douglas  
Director  
Department of Health Care Services

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2012-13

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$16,042,687,510	\$8,021,343,760	\$8,021,343,760
B. B/Y BASE POLICY CHANGES	\$21,923,136,000	\$13,124,643,400	\$8,798,492,600
C. BASE ADJUSTMENTS	-\$532,572,000	-\$419,019,800	-\$113,552,200
D. ADJUSTED BASE	<u>\$37,433,251,510</u>	<u>\$20,726,967,360</u>	<u>\$16,706,284,150</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$1,295,275,430	\$860,994,420	\$434,281,020
B. BENEFITS	\$837,239,110	\$906,966,300	-\$69,727,190
C. PHARMACY	-\$1,599,077,950	-\$884,718,570	-\$714,359,370
D. MANAGED CARE	\$1,103,963,000	\$331,822,500	\$772,140,500
E. PROVIDER RATES	-\$86,122,180	\$104,690,410	-\$190,812,590
F. WAIVER--MH/UCD & BTR	\$7,660,362,000	\$6,088,043,500	\$1,572,318,500
G. SUPPLEMENTAL PMNTS.	\$8,692,323,000	\$4,707,587,500	\$3,984,735,500
H. OTHER	\$945,338,540	\$875,283,270	\$70,055,270
I. TOTAL CHANGE	<u>\$18,849,300,960</u>	<u>\$12,990,669,330</u>	<u>\$5,858,631,630</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$56,282,552,470</u></u>	<u><u>\$33,717,636,680</u></u>	<u><u>\$22,564,915,790</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>				
1	FAMILY PACT PROGRAM	\$600,407,000	\$454,331,800	\$146,075,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$138,724,000	\$78,876,850	\$59,847,150
3	CHDP GATEWAY - PREENROLLMENT	\$10,615,000	\$5,685,050	\$4,929,950
4	BRIDGE TO HFP	\$4,828,000	\$3,138,200	\$1,689,800
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$3,686,000
7	REFUGEES	\$5,674,000	\$0	\$5,674,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$6,628,000	\$6,628,000	\$0
9	LOMELI V. SHEWRY	\$426,430	\$213,220	\$213,220
10	250% WORKING DISABLED PROGRAM CHANGES	\$464,000	\$146,000	\$318,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,858,100	-\$8,858,100
12	NEW QUALIFIED ALIENS	\$0	-\$99,663,000	\$99,663,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$60,354,450	-\$60,354,450
14	PARIS - VETERANS MATCH	-\$742,000	-\$371,000	-\$371,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$3,596,000	-\$1,798,000	-\$1,798,000
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-C/	\$524,475,000	\$340,908,750	\$183,566,250
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,295,275,430</b>	<b>\$860,994,420</b>	<b>\$434,281,020</b>
<b>BENEFITS</b>				
16	ADULT DAY HEALTH CARE - CDA	\$327,635,000	\$163,817,500	\$163,817,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$651,423,000	\$651,423,000	\$0
18	ADHC TRANSITION-BENEFITS	\$309,744,000	\$154,872,000	\$154,872,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$115,122,000	\$115,122,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,614,000	\$19,382,000	\$20,232,000
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$2,100,000	\$2,100,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$9,528,000	\$7,146,000	\$2,382,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$123,000	\$123,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$752,000	\$752,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$9,535,200	-\$9,535,200
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,041,950	-\$92,041,950
27	HEARING AID CAP	-\$764,000	-\$382,000	-\$382,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$105,190	\$0	-\$105,190
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$2,210,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$37,519,440	-\$18,759,720	-\$18,759,720
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$9,938,250	-\$4,969,130	-\$4,969,130
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$1,326,160	-\$663,080	-\$663,080
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$12,518,850	-\$6,259,420	-\$6,259,420
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$14,291,000	-\$7,145,500	-\$7,145,500
37	PHARMACY COPAYMENTS	-\$26,116,000	-\$13,058,000	-\$13,058,000

Costs shown include application of payment lag and percent reflected in base calculation.

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2012-13**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>BENEFITS</u></b>				
40	ELIMINATE ADHC SERVICES	-\$361,802,000	-\$180,901,000	-\$180,901,000
167	VALUE BASED PURCHASING	-\$150,000,000	-\$75,000,000	-\$75,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$837,239,110</b>	<b>\$906,966,300</b>	<b>-\$69,727,190</b>
<b><u>PHARMACY</u></b>				
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$0	\$108,000,000
42	NON FFP DRUGS	\$0	-\$1,488,000	\$1,488,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$9,100,000	-\$4,900,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,715,000	-\$28,357,500	-\$28,357,500
45	MEDICAL SUPPLY REBATES	-\$24,900,000	-\$12,450,000	-\$12,450,000
46	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,570,000	-\$27,430,000
47	FAMILY PACT DRUG REBATES	-\$70,417,000	-\$61,203,700	-\$9,213,300
49	MANAGED CARE DRUG REBATES	-\$316,347,000	-\$158,173,500	-\$158,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$95,942,000	-\$48,093,400	-\$47,848,600
51	FEDERAL DRUG REBATE PROGRAM	-\$1,100,415,000	-\$551,611,500	-\$548,803,500
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RA	\$22,214,000	\$11,107,000	\$11,107,000
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,444,050	\$2,222,030	\$2,222,030
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,599,077,950</b>	<b>-\$884,718,570</b>	<b>-\$714,359,370</b>
<b><u>MANAGED CARE</u></b>				
55	MANAGED CARE RATE RANGE IGTS	\$525,946,000	\$291,601,000	\$234,345,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$20,704,000	\$10,280,000	\$10,424,000
60	MANAGED CARE COST BASED REIMBURSEMENT CL	\$90,073,000	\$45,036,500	\$45,036,500
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$450,000,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$743,000	-\$371,500	-\$371,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,682,000	\$1,341,000	\$1,341,000
98	MANDATORY SPD ENROLLMENT INTO MANAGED CA	\$0	\$0	\$0
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,198,255,000	-\$599,127,500	-\$599,127,500
169	ANNUAL OPEN ENROLLMENT PERIOD	-\$7,135,000	-\$3,567,500	-\$3,567,500
170	FQHC PAYMENT REFORM	-\$55,660,000	-\$27,830,000	-\$27,830,000
172	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,818,000	-\$2,409,000	-\$2,409,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	-\$96,406,000	-\$48,203,000	-\$48,203,000
174	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,360,000	-\$2,680,000	-\$2,680,000

Costs shown include application of payment lag and percent reflected in base calculation.

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>MANAGED CARE</u></b>				
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$435,505,000	\$217,752,500	\$217,752,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$495,430,000	\$0	\$495,430,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$1,103,963,000</b>	<b>\$331,822,500</b>	<b>\$772,140,500</b>
<b><u>PROVIDER RATES</u></b>				
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$189,934,970	\$94,967,490	\$94,967,490
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT	\$7,618,150	\$3,809,080	\$3,809,080
75	NF-B RATE CHANGES	\$101,472,000	\$50,736,000	\$50,736,000
76	LTC RATE ADJUSTMENT	\$49,325,240	\$24,662,620	\$24,662,620
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$74,049,000	\$37,024,500	\$37,024,500
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,665,190	\$4,832,590	\$4,832,590
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$24,044,000	\$12,022,000	\$12,022,000
80	HOSPICE RATE INCREASES	\$7,041,410	\$3,520,700	\$3,520,700
81	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$192,568,000	\$96,284,000	\$96,284,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$46,643,000	\$23,321,500	\$23,321,500
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,107,000	-\$4,553,500	-\$4,553,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$10,583,130	-\$5,291,570	-\$5,291,570
85	REDUCTION TO RADIOLOGY RATES	-\$42,310,000	-\$21,155,000	-\$21,155,000
86	NON-AB 1629 LTC RATE FREEZE	-\$76,878,000	-\$38,439,000	-\$38,439,000
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$145,719,000	-\$72,859,500	-\$72,859,500
88	10% PROVIDER PAYMENT REDUCTION	-\$764,182,000	-\$382,091,000	-\$382,091,000
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$372,992,000	\$334,247,500	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$112,696,000	-\$56,348,000	-\$56,348,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$86,122,170</b>	<b>\$104,690,420</b>	<b>-\$190,812,590</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
89	MH/UCD & BTR—DSH PAYMENT	\$1,719,634,000	\$1,122,643,000	\$596,991,000
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,375,000,000	\$687,500,000	\$687,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$2,325,678,000	\$1,743,814,000	\$581,864,000
92	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$477,937,000	\$238,968,500	\$238,968,500
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$302,844,000	\$151,422,000	\$151,422,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$301,431,000	\$223,061,000	\$78,370,000
96	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	\$362,123,000	-\$312,823,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN	\$70,703,000	\$70,703,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$159,300,000	\$159,300,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$105,756,000	\$47,215,000	\$58,541,000

Costs shown include application of payment lag and percent reflected in base calculation.

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2012-13**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
103	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$42,735,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$75,223,000	\$75,223,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$5,000,000	\$5,000,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	-\$9,187,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,236,000	\$2,618,000	\$2,618,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$190,000,000	\$95,000,000	\$95,000,000
110	MH/UCD & BTR—MIA-LTC	\$0	\$14,493,000	-\$14,493,000
111	MH/UCD & BTR—BCCTP	\$0	\$988,000	-\$988,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$449,298,500	-\$449,298,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$0	\$0	\$0
171	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$42,877,000
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$225,000,000	\$112,500,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$52,844,000	\$23,578,000	-\$76,422,000
202	NDPH SAFETY NET CARE POOL	\$30,000,000	\$30,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$60,000,000	\$30,000,000	\$30,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$200,000,000	-\$172,345,500	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$100,000,000	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$100,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$7,660,362,000</b>	<b>\$6,088,043,500</b>	<b>\$1,572,318,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,827,754,000	\$3,865,927,000	\$3,961,827,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$195,000,000	\$195,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$173,507,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,214,000	\$65,870,500	\$45,343,500
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$175,073,000	\$175,073,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$32,000,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$4,000,000	\$4,000,000	\$0
185	GROUND EMT PAYMENT	\$218,645,000	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$150,000,000

Costs shown include application of payment lag and percent reflected in base calculation.

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2012-13**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<b>SUPPLEMENTAL PMNTS.</b>			
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,692,323,000</b>	<b>\$4,707,587,500</b>	<b>\$3,984,735,500</b>
	<b>OTHER</b>			
133	ARRA HITECH - PROVIDER PAYMENTS	\$468,775,000	\$468,775,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$212,509,000	\$212,509,000	\$0
142	HEALTHY FAMILIES - CDMH	\$21,099,000	\$21,099,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$11,418,000	\$5,709,000	\$5,709,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$5,203,000	\$2,601,500	\$2,601,500
148	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
151	INDIAN HEALTH SERVICES	\$1,463,000	\$11,301,500	-\$9,838,500
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
155	CLPP FUNDS	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	\$0	-\$1,556,000
158	FI COST CONTAINMENT PROJECTS	-\$1,032,800	-\$516,400	-\$516,400
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$10,775,660	-\$5,387,830	-\$5,387,830
161	ANTI-FRAUD INITIATIVE	-\$1,118,000	-\$559,000	-\$559,000
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$1,000,000	-\$19,000,000
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	-\$12,332,000	\$0	-\$12,332,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	\$174,555,000	\$87,277,500	\$87,277,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA\	\$0	-\$6,227,000	\$6,227,000
190	COMMUNITY FIRST CHOICE OPTION	\$411,121,000	\$411,121,000	\$0
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	-\$325,420,000	-\$325,420,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$945,338,540</b>	<b>\$875,283,270</b>	<b>\$70,055,270</b>
	<b>GRAND TOTAL</b>	<b>\$18,849,300,960</b>	<b>\$12,990,669,330</b>	<b>\$5,858,631,640</b>

Costs shown include application of payment lag and percent reflected in base calculation.

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
FISCAL YEAR 2012-13**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>PROFESSIONAL</b>	\$5,152,629,380	\$3,094,451,030	\$2,058,178,350
PHYSICIANS	\$1,025,015,610	\$634,444,370	\$390,571,240
OTHER MEDICAL	\$2,418,535,260	\$1,517,816,080	\$900,719,180
COUNTY OUTPATIENT	\$156,793,380	\$126,017,820	\$30,775,560
COMMUNITY OUTPATIENT	\$1,552,285,130	\$816,172,760	\$736,112,370
<b>PHARMACY</b>	\$418,049,100	\$183,087,390	\$234,961,710
<b>HOSPITAL INPATIENT</b>	\$11,441,912,650	\$6,935,546,280	\$4,506,366,370
COUNTY INPATIENT	\$2,631,534,340	\$2,104,193,970	\$527,340,370
COMMUNITY INPATIENT	\$8,810,378,310	\$4,831,352,310	\$3,979,026,000
<b>LONG TERM CARE</b>	\$3,669,423,510	\$1,902,222,400	\$1,767,201,110
NURSING FACILITIES	\$3,404,730,220	\$1,765,119,880	\$1,639,610,340
ICF-DD	\$264,693,280	\$137,102,520	\$127,590,770
<b>OTHER SERVICES</b>	\$1,010,522,220	\$673,559,860	\$336,962,360
MEDICAL TRANSPORTATION	\$352,292,090	\$281,778,220	\$70,513,870
OTHER SERVICES	\$505,142,080	\$312,639,530	\$192,502,550
HOME HEALTH	\$153,088,050	\$79,142,110	\$73,945,940
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,692,536,860</b>	<b>\$12,788,866,970</b>	<b>\$8,903,669,890</b>
<b>MANAGED CARE</b>	\$18,984,886,290	\$9,395,941,640	\$9,588,944,660
TWO PLAN MODEL	\$11,530,920,940	\$5,673,696,500	\$5,857,224,430
COUNTY ORGANIZED HEALTH SYS	\$5,296,926,380	\$2,665,274,930	\$2,631,651,450
GEOGRAPHIC MANAGED CARE	\$1,841,354,870	\$900,447,760	\$940,907,100
PHP & OTHER MANAG. CARE	\$315,684,110	\$156,522,440	\$159,161,670
<b>DENTAL</b>	\$570,095,840	\$293,772,830	\$276,323,010
<b>MENTAL HEALTH</b>	\$1,920,151,140	\$1,913,839,520	\$6,311,610
<b>AUDITS/ LAWSUITS</b>	\$3,865,000	\$932,500	\$2,932,500
<b>EPSDT SCREENS</b>	\$48,176,420	\$25,548,500	\$22,627,920
<b>MEDICARE PAYMENTS</b>	\$3,951,251,810	\$1,161,327,120	\$2,789,924,690
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$211,024,110	\$211,024,110	\$0
<b>MISC. SERVICES</b>	\$9,186,821,000	\$8,034,285,500	\$1,152,535,500
<b>RECOVERIES</b>	-\$286,256,000	-\$107,902,000	-\$178,354,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$56,282,552,470</b>	<b>\$33,717,636,680</b>	<b>\$22,564,915,790</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

<u>SERVICE CATEGORY</u>	<u>MAY 2012 EST. FOR 2011-12</u>	<u>MAY 2012 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$4,792,438,530	\$5,152,629,380	\$360,190,850	7.52
PHYSICIANS	\$1,131,290,250	\$1,025,015,610	-\$106,274,640	-9.39
OTHER MEDICAL	\$2,541,973,970	\$2,418,535,260	-\$123,438,710	-4.86
COUNTY OUTPATIENT	\$186,492,600	\$156,793,380	-\$29,699,220	-15.93
COMMUNITY OUTPATIENT	\$932,681,710	\$1,552,285,130	\$619,603,430	66.43
<b>PHARMACY</b>	\$1,176,618,480	\$418,049,100	-\$758,569,370	-64.47
<b>HOSPITAL INPATIENT</b>	\$9,357,871,320	\$11,441,912,650	\$2,084,041,330	22.27
COUNTY INPATIENT	\$2,610,576,000	\$2,631,534,340	\$20,958,340	0.80
COMMUNITY INPATIENT	\$6,747,295,320	\$8,810,378,310	\$2,063,082,980	30.58
<b>LONG TERM CARE</b>	\$4,587,529,610	\$3,669,423,510	-\$918,106,100	-20.01
NURSING FACILITIES	\$4,178,459,960	\$3,404,730,220	-\$773,729,730	-18.52
ICF-DD	\$409,069,650	\$264,693,280	-\$144,376,370	-35.29
<b>OTHER SERVICES</b>	\$1,352,095,410	\$1,010,522,220	-\$341,573,190	-25.26
MEDICAL TRANSPORTATION	\$164,247,640	\$352,292,090	\$188,044,460	114.49
OTHER SERVICES	\$989,510,000	\$505,142,080	-\$484,367,920	-48.95
HOME HEALTH	\$198,337,780	\$153,088,050	-\$45,249,720	-22.81
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,266,553,350</b>	<b>\$21,692,536,860</b>	<b>\$425,983,510</b>	<b>2.00</b>
<b>MANAGED CARE</b>	\$11,392,316,810	\$18,984,886,290	\$7,592,569,490	66.65
TWO PLAN MODEL	\$6,368,431,830	\$11,530,920,940	\$5,162,489,110	81.06
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,731,129,790	\$5,296,926,380	\$1,565,796,590	41.97
GEOGRAPHIC MANAGED CARE	\$1,043,610,730	\$1,841,354,870	\$797,744,140	76.44
PHP & OTHER MANAG. CARE	\$249,144,460	\$315,684,110	\$66,539,650	26.71
<b>DENTAL</b>	\$487,317,410	\$570,095,840	\$82,778,440	16.99
<b>MENTAL HEALTH</b>	\$1,284,431,000	\$1,920,151,140	\$635,720,130	49.49
<b>AUDITS/ LAWSUITS</b>	-\$61,857,000	\$3,865,000	\$65,722,000	-106.25
<b>EPSDT SCREENS</b>	\$52,118,520	\$48,176,420	-\$3,942,110	-7.56
<b>MEDICARE PAYMENTS</b>	\$3,845,172,020	\$3,951,251,810	\$106,079,780	2.76
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$272,325,590	\$211,024,110	-\$61,301,480	-22.51
<b>MISC. SERVICES</b>	\$5,652,009,600	\$9,186,821,000	\$3,534,811,400	62.54
<b>RECOVERIES</b>	-\$272,476,000	-\$286,256,000	-\$13,780,000	5.06
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$43,917,911,300</b>	<b>\$56,282,552,470</b>	<b>\$12,364,641,170</b>	<b>28.15</b>
<b>STATE FUNDS</b>	<b>\$17,370,881,470</b>	<b>\$22,564,915,790</b>	<b>\$5,194,034,310</b>	<b>29.90</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

<u>SERVICE CATEGORY</u>	<u>NOV. 2011 EST. FOR 2012-13</u>	<u>MAY 2012 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$4,989,467,850	\$5,152,629,380	\$163,161,530	3.27
PHYSICIANS	\$1,044,472,790	\$1,025,015,610	-\$19,457,180	-1.86
OTHER MEDICAL	\$2,295,623,360	\$2,418,535,260	\$122,911,900	5.35
COUNTY OUTPATIENT	\$159,481,650	\$156,793,380	-\$2,688,270	-1.69
COMMUNITY OUTPATIENT	\$1,489,890,050	\$1,552,285,130	\$62,395,080	4.19
<b>PHARMACY</b>	\$453,857,670	\$418,049,100	-\$35,808,560	-7.89
<b>HOSPITAL INPATIENT</b>	\$11,018,205,680	\$11,441,912,650	\$423,706,970	3.85
COUNTY INPATIENT	\$2,459,905,670	\$2,631,534,340	\$171,628,670	6.98
COMMUNITY INPATIENT	\$8,558,300,010	\$8,810,378,310	\$252,078,300	2.95
<b>LONG TERM CARE</b>	\$4,813,364,500	\$3,669,423,510	-\$1,143,940,990	-23.77
NURSING FACILITIES	\$4,473,168,490	\$3,404,730,220	-\$1,068,438,270	-23.89
ICF-DD	\$340,196,010	\$264,693,280	-\$75,502,730	-22.19
<b>OTHER SERVICES</b>	\$1,332,481,660	\$1,010,522,220	-\$321,959,440	-24.16
MEDICAL TRANSPORTATION	\$135,660,060	\$352,292,090	\$216,632,030	159.69
OTHER SERVICES	\$1,028,687,350	\$505,142,080	-\$523,545,270	-50.89
HOME HEALTH	\$168,134,250	\$153,088,050	-\$15,046,200	-8.95
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$22,607,377,350</b>	<b>\$21,692,536,860</b>	<b>-\$914,840,490</b>	<b>-4.05</b>
<b>MANAGED CARE</b>	\$17,975,348,830	\$18,984,886,290	\$1,009,537,460	5.62
TWO PLAN MODEL	\$11,170,276,270	\$11,530,920,940	\$360,644,670	3.23
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,600,183,360	\$5,296,926,380	\$696,743,020	15.15
GEOGRAPHIC MANAGED CARE	\$1,811,790,970	\$1,841,354,870	\$29,563,900	1.63
PHP & OTHER MANAG. CARE	\$393,098,240	\$315,684,110	-\$77,414,130	-19.69
<b>DENTAL</b>	\$533,340,190	\$570,095,840	\$36,755,660	6.89
<b>MENTAL HEALTH</b>	\$1,650,714,650	\$1,920,151,140	\$269,436,490	16.32
<b>AUDITS/ LAWSUITS</b>	-\$169,701,000	\$3,865,000	\$173,566,000	-102.28
<b>EPSDT SCREENS</b>	\$46,379,340	\$48,176,420	\$1,797,080	3.87
<b>MEDICARE PAYMENTS</b>	\$3,993,171,000	\$3,951,251,810	-\$41,919,190	-1.05
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$218,999,790	\$211,024,110	-\$7,975,690	-3.64
<b>MISC. SERVICES</b>	\$7,884,351,000	\$9,186,821,000	\$1,302,470,000	16.52
<b>RECOVERIES</b>	-\$323,758,000	-\$286,256,000	\$37,502,000	-11.58
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$54,416,223,150</b>	<b>\$56,282,552,470</b>	<b>\$1,866,329,320</b>	<b>3.43</b>
<b>STATE FUNDS</b>	<b>\$22,551,237,530</b>	<b>\$22,564,915,790</b>	<b>\$13,678,260</b>	<b>0.06</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$627,829,000	\$152,746,300	\$600,407,000	\$146,075,200	-\$27,422,000	-\$6,671,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$137,354,000	\$58,897,050	\$138,724,000	\$59,847,150	\$1,370,000	\$950,100
3	CHDP GATEWAY - PREENROLLMENT	\$17,853,000	\$6,248,550	\$10,615,000	\$4,929,950	-\$7,238,000	-\$1,318,600
4	BRIDGE TO HFP	\$16,877,000	\$5,906,950	\$4,828,000	\$1,689,800	-\$12,049,000	-\$4,217,150
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$7,372,000	\$3,686,000	-\$421,000	-\$210,500
7	REFUGEES	\$6,210,000	\$6,210,000	\$5,674,000	\$5,674,000	-\$536,000	-\$536,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$2,514,000	\$0	\$6,628,000	\$0	\$4,114,000	\$0
9	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0
10	250% WORKING DISABLED PROGRAM CHANGES	\$385,000	\$278,000	\$464,000	\$318,000	\$79,000	\$40,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,942,350	\$0	-\$8,858,100	\$0	\$84,250
12	NEW QUALIFIED ALIENS	\$0	\$116,118,000	\$0	\$99,663,000	\$0	-\$16,455,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$53,860,500	\$0	-\$60,354,450	\$0	-\$6,493,950
14	PARIS - VETERANS MATCH	-\$210,000	-\$105,000	-\$742,000	-\$371,000	-\$532,000	-\$266,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$9,557,000	-\$4,778,500	-\$3,596,000	-\$1,798,000	\$5,961,000	\$2,980,500
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL	\$455,047,000	\$159,266,450	\$524,475,000	\$183,566,250	\$69,428,000	\$24,299,800
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,262,599,000</b>	<b>\$442,133,450</b>	<b>\$1,295,353,000</b>	<b>\$434,319,800</b>	<b>\$32,754,000</b>	<b>-\$7,813,650</b>
<b>BENEFITS</b>							
16	ADULT DAY HEALTH CARE - CDA	\$354,920,000	\$177,460,000	\$327,635,000	\$163,817,500	-\$27,285,000	-\$13,642,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$182,332,000	\$0	\$651,423,000	\$0	\$469,091,000	\$0
18	ADHC TRANSITION-BENEFITS	\$166,251,000	\$83,125,500	\$309,744,000	\$154,872,000	\$143,493,000	\$71,746,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,943,000	\$0	\$115,122,000	\$0	-\$3,821,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,614,000	\$20,232,000	-\$850,000	\$0
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$6,000,000	\$0	\$2,100,000	\$0	-\$3,900,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$7,382,000	\$1,845,000	\$12,704,000	\$3,176,000	\$5,322,000	\$1,331,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$90,000	\$0	\$123,000	\$0	\$33,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$2,303,000	\$0	\$752,000	\$0	-\$1,551,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$9,535,200	\$0	-\$4,767,600
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$107,921,450	\$0	-\$92,041,950	\$0	\$15,879,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>							
27	HEARING AID CAP	-\$764,000	-\$382,000	-\$764,000	-\$382,000	\$0	\$0
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$352,000	-\$352,000	-\$246,000	-\$246,000	\$106,000	\$106,000
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,424,000	-\$2,212,000	-\$4,421,000	-\$2,210,500	\$3,000	\$1,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$42,311,650	-\$21,155,820	-\$37,519,440	-\$18,759,720	\$4,792,200	\$2,396,100
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,815,000	-\$4,407,500	-\$13,251,000	-\$6,625,500	-\$4,436,000	-\$2,218,000
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,997,000	-\$4,498,500	-\$8,997,000	-\$4,498,500	\$0	\$0
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$29,277,000	-\$14,638,500	-\$29,277,000	-\$14,638,500	\$0	\$0
34	COPAYMENT FOR DENTAL SERVICES	-\$37,307,000	-\$18,653,500	\$0	\$0	\$37,307,000	\$18,653,500
35	COPAYMENT FOR EMERGENCY ER VISITS	-\$76,830,000	-\$38,415,000	\$0	\$0	\$76,830,000	\$38,415,000
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$146,440,000	-\$73,220,000	-\$14,291,000	-\$7,145,500	\$132,149,000	\$66,074,500
37	PHARMACY COPAYMENTS	-\$291,077,000	-\$145,538,500	-\$26,116,000	-\$13,058,000	\$264,961,000	\$132,480,500
38	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	-\$296,616,000	-\$148,308,000	\$0	\$0	\$296,616,000	\$148,308,000
39	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$319,287,000	-\$151,351,000	\$0	\$0	\$319,287,000	\$151,351,000
40	ELIMINATE ADHC SERVICES	-\$389,087,000	-\$194,543,500	-\$361,802,000	-\$180,901,000	\$27,285,000	\$13,642,500
167	VALUE BASED PURCHASING	-\$155,144,000	-\$77,572,000	-\$150,000,000	-\$75,000,000	\$5,144,000	\$2,572,000
	<b>BENEFITS SUBTOTAL</b>	<b>-\$928,043,650</b>	<b>-\$725,274,370</b>	<b>\$812,532,560</b>	<b>-\$82,944,870</b>	<b>\$1,740,576,200</b>	<b>\$642,329,500</b>
<b><u>PHARMACY</u></b>							
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$108,000,000	\$108,000,000	\$108,000,000	\$0	\$0
42	NON FFP DRUGS	\$0	\$1,697,000	\$0	\$1,488,000	\$0	-\$209,000
43	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$14,000,000	-\$4,900,000	-\$2,000,000	-\$700,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$29,850,000	-\$14,925,000	-\$56,715,000	-\$28,357,500	-\$26,865,000	-\$13,432,500
45	MEDICAL SUPPLY REBATES	-\$32,624,000	-\$16,312,000	-\$24,900,000	-\$12,450,000	\$7,724,000	\$3,862,000
46	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,430,000	-\$55,000,000	-\$27,430,000	\$0	\$0
47	FAMILY PACT DRUG REBATES	-\$69,542,000	-\$9,098,600	-\$70,417,000	-\$9,213,300	-\$875,000	-\$114,700
49	MANAGED CARE DRUG REBATES	-\$160,000,000	-\$80,000,000	-\$316,347,000	-\$158,173,500	-\$156,347,000	-\$78,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$179,662,000	-\$89,602,600	-\$95,942,000	-\$47,848,600	\$83,720,000	\$41,754,000
51	FEDERAL DRUG REBATE PROGRAM	-\$1,354,455,000	-\$675,504,700	-\$1,100,415,000	-\$548,803,500	\$254,040,000	\$126,701,200
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$0	\$0	\$22,214,000	\$11,107,000	\$22,214,000	\$11,107,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PHARMACY</b>							
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,785,133,000</b>	<b>-\$807,375,900</b>	<b>-\$1,598,731,600</b>	<b>-\$714,186,200</b>	<b>\$186,401,400</b>	<b>\$93,189,700</b>
<b>MANAGED CARE</b>							
55	MANAGED CARE RATE RANGE IGTS	\$557,656,000	\$255,986,000	\$525,946,000	\$234,345,000	-\$31,710,000	-\$21,641,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$11,865,000	\$5,932,500	\$20,704,000	\$10,424,000	\$8,839,000	\$4,491,500
60	MANAGED CARE COST BASED REIMBURSEMENT CLIN	\$36,594,000	\$18,297,000	\$90,073,000	\$45,036,500	\$53,479,000	\$26,739,500
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000	\$0	\$0
66	CAPITATED RATE ADJUSTMENT FOR FY 2012-13	\$406,828,000	\$203,414,000	\$0	\$0	-\$406,828,000	-\$203,414,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$732,000	\$366,000	-\$743,000	-\$371,500	-\$1,475,000	-\$737,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,931,000	\$1,465,500	\$2,682,000	\$1,341,000	-\$249,000	-\$124,500
98	MANDATORY SPD ENROLLMENT INTO MANAGED CARE	-\$303,007,000	-\$151,503,500	-\$303,007,000	-\$151,503,500	\$0	\$0
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	\$1,051,841,000	\$525,920,500	-\$1,198,255,000	-\$599,127,500	-\$2,250,096,000	-\$1,125,048,000
169	ANNUAL OPEN ENROLLMENT PERIOD	\$8,027,000	\$4,013,500	-\$7,135,000	-\$3,567,500	-\$15,162,000	-\$7,581,000
170	FQHC PAYMENT REFORM	\$31,591,000	\$15,795,500	-\$55,660,000	-\$27,830,000	-\$87,251,000	-\$43,625,500
172	MANAGED CARE DEFAULT ASSIGNMENT	-\$5,256,000	-\$2,628,000	-\$4,818,000	-\$2,409,000	\$438,000	\$219,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	-\$113,968,000	-\$56,984,000	-\$96,406,000	-\$48,203,000	\$17,562,000	\$8,781,000
174	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$40,152,000	\$20,076,000	-\$5,360,000	-\$2,680,000	-\$45,512,000	-\$22,756,000
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$352,430,000	\$176,215,000	\$435,505,000	\$217,752,500	\$83,075,000	\$41,537,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$793,643,000	\$793,643,000	\$495,430,000	\$495,430,000	-\$298,213,000	-\$298,213,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
182	TRIGGER CUTS TO OTHER MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$3,774,059,000</b>	<b>\$2,262,009,000</b>	<b>\$800,956,000</b>	<b>\$620,637,000</b>	<b>-\$2,973,103,000</b>	<b>-\$1,641,372,000</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>MANAGED CARE</u></b>							
<b><u>PROVIDER RATES</u></b>							
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$205,839,990	\$102,919,990	\$199,721,320	\$99,860,660	-\$6,118,670	-\$3,059,330
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT CI	\$165,943,000	\$82,971,500	\$102,948,000	\$51,474,000	-\$62,995,000	-\$31,497,500
75	NF-B RATE CHANGES	\$39,680,000	\$19,840,000	\$101,472,000	\$50,736,000	\$61,792,000	\$30,896,000
76	LTC RATE ADJUSTMENT	\$50,622,130	\$25,311,070	\$49,325,240	\$24,662,620	-\$1,296,890	-\$648,450
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$68,541,000	\$34,270,500	\$74,049,000	\$37,024,500	\$5,508,000	\$2,754,000
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,341,900	\$4,670,950	\$12,421,520	\$6,210,760	\$3,079,620	\$1,539,810
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$11,167,000	\$5,583,000	\$24,044,000	\$12,022,000	\$12,877,000	\$6,439,000
80	HOSPICE RATE INCREASES	\$2,540,450	\$1,270,220	\$11,088,830	\$5,544,410	\$8,548,380	\$4,274,190
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$491,156,000	\$245,578,000	\$192,568,000	\$96,284,000	-\$298,588,000	-\$149,294,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$46,643,000	\$23,321,500	\$46,643,000	\$23,321,500	\$0	\$0
83	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$9,107,000	-\$4,553,500	-\$9,107,000	-\$4,553,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0
85	REDUCTION TO RADIOLOGY RATES	-\$49,864,000	-\$24,932,000	-\$42,310,000	-\$21,155,000	\$7,554,000	\$3,777,000
86	NON-AB 1629 LTC RATE FREEZE	-\$125,628,000	-\$62,814,000	-\$76,878,000	-\$38,439,000	\$48,750,000	\$24,375,000
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$100,843,000	-\$50,421,500	-\$145,719,000	-\$72,859,500	-\$44,876,000	-\$22,438,000
88	10% PROVIDER PAYMENT REDUCTION	-\$648,618,000	-\$324,309,000	-\$764,182,000	-\$382,091,000	-\$115,564,000	-\$57,782,000
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$372,992,000	\$38,744,500	\$372,992,000	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	\$0	\$0	-\$112,696,000	-\$56,348,000	-\$112,696,000	-\$56,348,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$131,547,470</b>	<b>\$65,773,230</b>	<b>\$1,406,910</b>	<b>-\$147,048,040</b>	<b>-\$130,140,560</b>	<b>-\$212,821,280</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
89	MH/UCD & BTR—DSH PAYMENT	\$1,711,152,000	\$588,500,000	\$1,719,634,000	\$596,991,000	\$8,482,000	\$8,491,000
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,380,000,000	\$690,000,000	\$1,375,000,000	\$687,500,000	-\$5,000,000	-\$2,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$1,644,647,000	\$411,162,000	\$2,325,678,000	\$581,864,000	\$681,031,000	\$170,702,000
92	BTR—SAFETY NET CARE POOL	\$390,166,000	\$0	\$390,166,000	\$0	\$0	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$466,271,000	\$233,135,500	\$477,937,000	\$238,968,500	\$11,666,000	\$5,833,000
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$263,328,000	\$131,664,000	\$302,844,000	\$151,422,000	\$39,516,000	\$19,758,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$196,951,000	\$50,446,000	\$301,431,000	\$78,370,000	\$104,480,000	\$27,924,000
96	MH/UCD & BTR—CCS AND GHPP	\$74,865,000	\$0	\$71,004,000	\$0	-\$3,861,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	-\$243,718,000	\$49,300,000	-\$312,823,000	\$0	-\$69,105,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$84,500,000	\$0	\$70,703,000	\$0	-\$13,797,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$91,900,000	\$0	\$159,300,000	\$0	\$67,400,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$85,243,000	\$47,896,000	\$105,756,000	\$58,541,000	\$20,513,000	\$10,645,000
103	MH/UCD—SAFETY NET CARE POOL	\$70,993,000	\$0	\$42,735,000	\$0	-\$28,258,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$54,635,000	\$0	\$75,223,000	\$0	\$20,588,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$15,000,000	\$0	\$5,000,000	\$0	-\$10,000,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	-\$9,187,000	\$0	-\$9,187,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,338,000	\$2,169,000	\$5,236,000	\$2,618,000	\$898,000	\$449,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$190,000,000	\$95,000,000	\$190,000,000	\$95,000,000	\$0	\$0
110	MH/UCD & BTR—MIA-LTC	\$0	-\$12,039,000	\$0	-\$14,493,000	\$0	-\$2,454,000
111	MH/UCD & BTR—BCCTP	\$0	-\$825,000	\$0	-\$988,000	\$0	-\$163,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$500,598,000	\$0	-\$449,298,500	\$0	\$51,299,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$95,975,000	\$47,987,500	\$87,825,000	\$43,912,500	-\$8,150,000	-\$4,075,000
171	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000	\$0	\$0
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$0	\$0	\$225,000,000	\$112,500,000	\$225,000,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	\$0	\$0	-\$52,844,000	-\$76,422,000	-\$52,844,000	-\$76,422,000
202	NDPH SAFETY NET CARE POOL	\$0	\$0	\$30,000,000	\$0	\$30,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$0	\$0	\$60,000,000	\$30,000,000	\$60,000,000	\$30,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	\$0	\$0	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	\$0	\$0	-\$200,000,000	-\$27,654,500	-\$200,000,000	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	\$0	\$0	-\$100,000,000	\$0	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$0	\$0	\$100,000,000	\$0	\$100,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$6,783,510,000</b>	<b>\$1,497,903,000</b>	<b>\$7,748,187,000</b>	<b>\$1,616,231,000</b>	<b>\$964,677,000</b>	<b>\$118,328,000</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,086,126,000	\$3,577,063,000	\$7,827,754,000	\$3,961,827,000	\$741,628,000	\$384,764,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$66,000,000	\$0	\$195,000,000	\$0	\$129,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$0	\$173,507,000	\$0	\$0	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,021,000	\$45,343,500	\$111,214,000	\$45,343,500	\$193,000	\$0
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$55,431,000	\$0	\$175,073,000	\$0	\$119,642,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$32,000,000	\$0	\$0	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$2,600,000	\$0	\$4,000,000	\$0	\$1,400,000	\$0
127	IHSS PROVIDER TAX	\$495,000,000	\$0	\$0	\$0	-\$495,000,000	\$0
185	GROUND EMT PAYMENT	\$0	\$0	\$218,645,000	\$0	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,276,815,000</b>	<b>\$3,749,971,500</b>	<b>\$8,692,323,000</b>	<b>\$3,984,735,500</b>	<b>\$415,508,000</b>	<b>\$234,764,000</b>
<b><u>OTHER</u></b>							
133	ARRA HITECH - PROVIDER PAYMENTS	\$494,125,000	\$0	\$468,775,000	\$0	-\$25,350,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$59,663,000	\$0	\$212,509,000	\$0	\$152,846,000	\$0
142	HEALTHY FAMILIES - CDMH	\$27,543,000	\$0	\$21,099,000	\$0	-\$6,444,000	\$0
143	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$6,776,000	\$0	\$0	\$0	-\$6,776,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$8,368,000	\$4,184,000	\$11,418,000	\$5,709,000	\$3,050,000	\$1,525,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$5,711,000	\$2,855,500	\$5,203,000	\$2,601,500	-\$508,000	-\$254,000
148	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
151	INDIAN HEALTH SERVICES	\$340,000	-\$9,838,500	\$1,463,000	-\$9,838,500	\$1,123,000	\$0
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE  
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
155	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	\$0	\$0
158	FI COST CONTAINMENT PROJECTS	-\$299,400	-\$149,700	-\$1,032,800	-\$516,400	-\$733,400	-\$366,700
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$10,895,510	-\$5,447,760	-\$10,895,510	-\$5,447,760	\$0	\$0
160	FQHC/RHC AUDIT STAFFING	-\$6,043,600	-\$3,021,800	\$0	\$0	\$6,043,600	\$3,021,800
161	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000	\$0	\$0
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$19,000,000	-\$20,000,000	-\$19,000,000	\$0	\$0
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	-\$42,125,000	-\$42,125,000	-\$12,332,000	-\$12,332,000	\$29,793,000	\$29,793,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	-\$173,566,000	-\$86,783,000	\$174,555,000	\$87,277,500	\$348,121,000	\$174,060,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$6,227,000	\$0	\$6,227,000
190	COMMUNITY FIRST CHOICE OPTION	\$0	\$0	\$411,121,000	\$0	\$411,121,000	\$0
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	\$0	\$0	-\$325,420,000	\$0	-\$325,420,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$352,970,490</b>	<b>-\$146,702,250</b>	<b>\$939,836,680</b>	<b>\$67,304,340</b>	<b>\$586,866,190</b>	<b>\$214,006,600</b>
	<b>GRAND TOTAL</b>	<b>\$17,868,324,310</b>	<b>\$6,338,437,660</b>	<b>\$18,691,863,550</b>	<b>\$5,779,048,530</b>	<b>\$823,539,240</b>	<b>-\$559,389,130</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$582,522,000	\$141,723,600	\$600,407,000	\$146,075,200	\$17,885,000	\$4,351,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$125,539,000	\$54,469,300	\$138,724,000	\$59,847,150	\$13,185,000	\$5,377,850
3	CHDP GATEWAY - PREENROLLMENT	\$11,671,000	\$4,084,850	\$10,615,000	\$4,929,950	-\$1,056,000	\$845,100
4	BRIDGE TO HFP	\$19,221,000	\$6,727,350	\$4,828,000	\$1,689,800	-\$14,393,000	-\$5,037,550
5	CRAIG V. BONTA DISALLOWANCE	\$12,337,000	\$12,337,000	\$0	\$0	-\$12,337,000	-\$12,337,000
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$7,372,000	\$3,686,000	\$6,765,000	\$3,382,500
7	REFUGEES	\$3,573,000	\$3,573,000	\$5,674,000	\$5,674,000	\$2,101,000	\$2,101,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$7,663,000	\$0	\$6,628,000	\$0	-\$1,035,000	\$0
9	LOMELI V. SHEWRY	\$294,000	\$147,000	\$504,000	\$252,000	\$210,000	\$105,000
10	250% WORKING DISABLED PROGRAM CHANGES	\$186,000	\$133,000	\$464,000	\$318,000	\$278,000	\$185,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,858,100	\$0	-\$8,858,100	\$0	\$0
12	NEW QUALIFIED ALIENS	\$0	\$99,622,000	\$0	\$99,663,000	\$0	\$41,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$52,651,500	\$0	-\$60,354,450	\$0	-\$7,702,950
14	PARIS - VETERANS MATCH	-\$228,000	-\$114,000	-\$742,000	-\$371,000	-\$514,000	-\$257,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$1,030,000	-\$515,000	-\$3,596,000	-\$1,798,000	-\$2,566,000	-\$1,283,000
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL	\$0	\$0	\$524,475,000	\$183,566,250	\$524,475,000	\$183,566,250
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$762,355,000</b>	<b>\$260,982,000</b>	<b>\$1,295,353,000</b>	<b>\$434,319,800</b>	<b>\$532,998,000</b>	<b>\$173,337,800</b>
<b>BENEFITS</b>							
16	ADULT DAY HEALTH CARE - CDA	\$321,748,000	\$160,874,000	\$327,635,000	\$163,817,500	\$5,887,000	\$2,943,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$0	\$0	\$651,423,000	\$0	\$651,423,000	\$0
18	ADHC TRANSITION-BENEFITS	\$278,422,000	\$139,211,000	\$309,744,000	\$154,872,000	\$31,322,000	\$15,661,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$117,810,000	\$0	\$115,122,000	\$0	-\$2,688,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,614,000	\$20,232,000	-\$850,000	\$0
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$3,587,000	\$0	\$2,100,000	\$0	-\$1,487,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$6,958,000	\$1,739,000	\$12,704,000	\$3,176,000	\$5,746,000	\$1,437,000

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 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
23	QUALITY OF LIFE SURVEYS FOR MFP	\$79,000	\$0	\$123,000	\$0	\$44,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$0	\$0	\$752,000	\$0	\$752,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	\$0	\$0	-\$9,535,200	\$0	-\$9,535,200
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$88,970,050	\$0	-\$92,041,950	\$0	-\$3,071,900
27	HEARING AID CAP	-\$92,000	-\$46,000	-\$764,000	-\$382,000	-\$672,000	-\$336,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$218,000	-\$218,000	-\$246,000	-\$246,000	-\$28,000	-\$28,000
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,264,000	-\$632,000	-\$4,421,000	-\$2,210,500	-\$3,157,000	-\$1,578,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	\$0	\$0	-\$37,519,440	-\$18,759,720	-\$37,519,440	-\$18,759,720
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,288,000	-\$4,144,000	-\$13,251,000	-\$6,625,500	-\$4,963,000	-\$2,481,500
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,959,000	-\$4,479,500	-\$8,997,000	-\$4,498,500	-\$38,000	-\$19,000
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$20,224,000	-\$10,112,000	-\$29,277,000	-\$14,638,500	-\$9,053,000	-\$4,526,500
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$14,291,000	-\$7,145,500	-\$14,291,000	-\$7,145,500
37	PHARMACY COPAYMENTS	\$0	\$0	-\$26,116,000	-\$13,058,000	-\$26,116,000	-\$13,058,000
40	ELIMINATE ADHC SERVICES	-\$285,087,920	-\$142,543,960	-\$361,802,000	-\$180,901,000	-\$76,714,090	-\$38,357,040
167	VALUE BASED PURCHASING	\$0	\$0	-\$150,000,000	-\$75,000,000	-\$150,000,000	-\$75,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$444,935,090</b>	<b>\$70,910,490</b>	<b>\$812,532,560</b>	<b>-\$82,944,870</b>	<b>\$367,597,470</b>	<b>-\$153,855,360</b>
<b>PHARMACY</b>							
41	FEDERAL DRUG REBATE CHANGE	\$92,909,000	\$92,909,000	\$108,000,000	\$108,000,000	\$15,091,000	\$15,091,000
42	NON FFP DRUGS	\$0	\$2,118,000	\$0	\$1,488,000	\$0	-\$630,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$4,900,000	-\$14,000,000	-\$4,900,000	\$0	\$0
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$25,901,750	-\$12,950,880	-\$56,715,000	-\$28,357,500	-\$30,813,250	-\$15,406,630
45	MEDICAL SUPPLY REBATES	-\$30,236,000	-\$15,118,000	-\$24,900,000	-\$12,450,000	\$5,336,000	\$2,668,000
46	AGED AND DISPUTED DRUG REBATES	-\$134,740,000	-\$67,198,000	-\$55,000,000	-\$27,430,000	\$79,740,000	\$39,768,000
47	FAMILY PACT DRUG REBATES	-\$70,826,000	-\$9,267,000	-\$70,417,000	-\$9,213,300	\$409,000	\$53,700
48	LITIGATION SETTLEMENTS	-\$115,368,000	-\$115,368,000	\$0	\$0	\$115,368,000	\$115,368,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PHARMACY</b>							
49	MANAGED CARE DRUG REBATES	\$0	\$0	-\$316,347,000	-\$158,173,500	-\$316,347,000	-\$158,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$113,796,000	-\$52,005,800	-\$95,942,000	-\$47,848,600	\$17,854,000	\$4,157,200
51	FEDERAL DRUG REBATE PROGRAM	-\$1,331,040,000	-\$628,032,600	-\$1,100,415,000	-\$548,803,500	\$230,625,000	\$79,229,100
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$48,379,000	\$24,189,500	\$22,214,000	\$11,107,000	-\$26,165,000	-\$13,082,500
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$1,722,000	\$861,000	\$4,790,400	\$2,395,200	\$3,068,400	\$1,534,200
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,692,897,750</b>	<b>-\$784,762,780</b>	<b>-\$1,598,731,600</b>	<b>-\$714,186,200</b>	<b>\$94,166,150</b>	<b>\$70,576,580</b>
<b>MANAGED CARE</b>							
55	MANAGED CARE RATE RANGE IGTS	\$229,051,000	\$87,626,000	\$525,946,000	\$234,345,000	\$296,895,000	\$146,719,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$265,213,000	\$133,527,000	\$20,704,000	\$10,424,000	-\$244,509,000	-\$123,103,000
60	MANAGED CARE COST BASED REIMBURSEMENT CLIN	-\$29,743,000	-\$14,871,500	\$90,073,000	\$45,036,500	\$119,816,000	\$59,908,000
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$32,400,000	\$16,200,000	\$0	\$0	-\$32,400,000	-\$16,200,000
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$0	\$0	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$743,000	-\$371,500	-\$743,000	-\$371,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$6,531,000	-\$3,265,500	\$2,682,000	\$1,341,000	\$9,213,000	\$4,606,500
98	MANDATORY SPD ENROLLMENT INTO MANAGED CARE	\$96,141,000	\$48,070,500	-\$303,007,000	-\$151,503,500	-\$399,148,000	-\$199,574,000
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	\$0	\$0	-\$1,198,255,000	-\$599,127,500	-\$1,198,255,000	-\$599,127,500
169	ANNUAL OPEN ENROLLMENT PERIOD	\$0	\$0	-\$7,135,000	-\$3,567,500	-\$7,135,000	-\$3,567,500
170	FQHC PAYMENT REFORM	\$0	\$0	-\$55,660,000	-\$27,830,000	-\$55,660,000	-\$27,830,000
172	MANAGED CARE DEFAULT ASSIGNMENT	\$0	\$0	-\$4,818,000	-\$2,409,000	-\$4,818,000	-\$2,409,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	\$0	\$0	-\$96,406,000	-\$48,203,000	-\$96,406,000	-\$48,203,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
174	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$0	\$0	-\$5,360,000	-\$2,680,000	-\$5,360,000	-\$2,680,000
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$0	\$0	\$435,505,000	\$217,752,500	\$435,505,000	\$217,752,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$0	\$0	\$495,430,000	\$495,430,000	\$495,430,000	\$495,430,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
192	RATE INCREASES DUE TO SB 90 IGTS	\$82,905,000	\$34,948,000	\$0	\$0	-\$82,905,000	-\$34,948,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$671,436,000</b>	<b>\$304,234,500</b>	<b>\$800,956,000</b>	<b>\$620,637,000</b>	<b>\$129,520,000</b>	<b>\$316,402,500</b>
<b>PROVIDER RATES</b>							
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$175,744,730	\$87,872,370	\$199,721,320	\$99,860,660	\$23,976,590	\$11,988,290
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT CI	\$94,377,000	\$47,188,500	\$102,948,000	\$51,474,000	\$8,571,000	\$4,285,500
75	NF-B RATE CHANGES	\$53,494,000	\$26,747,000	\$101,472,000	\$50,736,000	\$47,978,000	\$23,989,000
76	LTC RATE ADJUSTMENT	\$18,752,860	\$9,376,430	\$49,325,240	\$24,662,620	\$30,572,380	\$15,286,190
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$21,963,000	\$10,981,500	\$74,049,000	\$37,024,500	\$52,086,000	\$26,043,000
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$47,341,620	\$23,670,810	\$12,421,520	\$6,210,760	-\$34,920,100	-\$17,460,050
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$0	\$0	\$24,044,000	\$12,022,000	\$24,044,000	\$12,022,000
80	HOSPICE RATE INCREASES	\$4,389,710	\$2,194,850	\$11,088,830	\$5,544,410	\$6,699,120	\$3,349,560
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$0	\$0	\$192,568,000	\$96,284,000	\$192,568,000	\$96,284,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$0	\$0	\$46,643,000	\$23,321,500	\$46,643,000	\$23,321,500
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,644,000	-\$4,822,000	-\$9,107,000	-\$4,553,500	\$537,000	\$268,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0
85	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$42,310,000	-\$21,155,000	-\$42,310,000	-\$21,155,000
86	NON-AB 1629 LTC RATE FREEZE	-\$67,623,860	-\$33,811,930	-\$76,878,000	-\$38,439,000	-\$9,254,140	-\$4,627,070
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$171,860,000	-\$85,930,000	-\$145,719,000	-\$72,859,500	\$26,141,000	\$13,070,500
88	10% PROVIDER PAYMENT REDUCTION	-\$705,373,000	-\$352,686,500	-\$764,182,000	-\$382,091,000	-\$58,809,000	-\$29,404,500
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$372,992,000	\$38,744,500	\$372,992,000	\$38,744,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PROVIDER RATES</b>							
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMENT	\$0	\$0	-\$112,696,000	-\$56,348,000	-\$112,696,000	-\$56,348,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$573,411,940</b>	<b>-\$286,705,970</b>	<b>\$1,406,910</b>	<b>-\$147,048,040</b>	<b>\$574,818,850</b>	<b>\$139,657,920</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
89	MH/UCD & BTR—DSH PAYMENT	\$1,751,299,000	\$582,851,500	\$1,719,634,000	\$596,991,000	-\$31,665,000	\$14,139,500
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$975,000,000	\$487,500,000	\$1,375,000,000	\$687,500,000	\$400,000,000	\$200,000,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$225,294,000	\$21,500,000	\$2,325,678,000	\$581,864,000	\$2,100,384,000	\$560,364,000
92	BTR—SAFETY NET CARE POOL	\$565,513,000	\$0	\$390,166,000	\$0	-\$175,347,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$384,035,000	\$192,017,500	\$477,937,000	\$238,968,500	\$93,902,000	\$46,951,000
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$232,530,000	\$116,265,000	\$302,844,000	\$151,422,000	\$70,314,000	\$35,157,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$75,098,000	\$6,797,000	\$301,431,000	\$78,370,000	\$226,333,000	\$71,573,000
96	MH/UCD & BTR—CCS AND GHPP	\$157,065,000	\$0	\$71,004,000	\$0	-\$86,061,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$150,341,000	-\$375,317,000	\$49,300,000	-\$312,823,000	-\$101,041,000	\$62,494,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$77,407,000	\$0	\$70,703,000	\$0	-\$6,704,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$2,725,000	\$0	\$159,300,000	\$0	\$156,575,000	\$0
101	MH/UCD—SOUTH LA PRESERVATION FUND	\$39,167,000	\$0	\$0	\$0	-\$39,167,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$17,549,000	\$17,549,000	\$105,756,000	\$58,541,000	\$88,207,000	\$40,992,000
103	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$0	\$42,735,000	\$0	\$40,786,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$0	\$0	\$75,223,000	\$0	\$75,223,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$43,468,000	\$0	\$5,000,000	\$0	-\$38,468,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$31,111,000	\$0	-\$9,187,000	\$0	-\$40,298,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$6,250,000	\$3,125,000	\$5,236,000	\$2,618,000	-\$1,014,000	-\$507,000
108	MH/UCD—DISTRESSED HOSPITAL FUND	\$2,248,000	\$1,124,000	\$0	\$0	-\$2,248,000	-\$1,124,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$0	\$0	\$190,000,000	\$95,000,000	\$190,000,000	\$95,000,000
110	MH/UCD & BTR—MIA-LTC	\$0	-\$33,737,000	\$0	-\$14,493,000	\$0	\$19,244,000
111	MH/UCD & BTR—BCCTP	\$0	-\$2,439,000	\$0	-\$988,000	\$0	\$1,451,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$443,735,000	\$0	-\$449,298,500	\$0	-\$5,563,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$34,087,000	\$17,043,500	\$87,825,000	\$43,912,500	\$53,738,000	\$26,869,000
171	HOSPITAL STABILIZATION	\$0	\$0	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$0	\$0	\$225,000,000	\$112,500,000	\$225,000,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	\$0	\$0	-\$52,844,000	-\$76,422,000	-\$52,844,000	-\$76,422,000
202	NDPH SAFETY NET CARE POOL	\$0	\$0	\$30,000,000	\$0	\$30,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$0	\$0	\$60,000,000	\$30,000,000	\$60,000,000	\$30,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	\$0	\$0	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	\$0	\$0	-\$200,000,000	-\$27,654,500	-\$200,000,000	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	\$0	\$0	-\$100,000,000	\$0	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$0	\$0	\$100,000,000	\$0	\$100,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,772,136,000</b>	<b>\$590,544,500</b>	<b>\$7,748,187,000</b>	<b>\$1,616,231,000</b>	<b>\$2,976,051,000</b>	<b>\$1,025,686,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$1,958,501,000	\$972,169,000	\$7,827,754,000	\$3,961,827,000	\$5,869,253,000	\$2,989,658,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$120,000,000	\$0	\$195,000,000	\$0	\$75,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$202,834,000	\$0	\$173,507,000	\$0	-\$29,327,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$172,243,000	\$46,981,000	\$111,214,000	\$45,343,500	-\$61,029,000	-\$1,637,500
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$0	\$0	\$175,073,000	\$0	\$175,073,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$93,432,000	\$44,514,000	\$70,000,000	\$35,000,000	-\$23,432,000	-\$9,514,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$12,760,000	\$6,380,000	\$100,000,000	\$50,000,000	\$87,240,000	\$43,620,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$40,678,000	\$0	\$32,000,000	\$0	-\$8,678,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$7,500,000	\$3,750,000	\$10,000,000	\$5,000,000	\$2,500,000	\$1,250,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$6,000,000	\$3,000,000	\$8,000,000	\$4,000,000	\$2,000,000	\$1,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,237,000	\$0	\$4,000,000	\$0	\$763,000	\$0
185	GROUND EMT PAYMENT	\$0	\$0	\$218,645,000	\$0	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$2,684,315,000</b>	<b>\$1,110,359,000</b>	<b>\$8,692,323,000</b>	<b>\$3,984,735,500</b>	<b>\$6,008,008,000</b>	<b>\$2,874,376,500</b>
<b>OTHER</b>							
133	ARRA HITECH - PROVIDER PAYMENTS	\$501,500,000	\$0	\$468,775,000	\$0	-\$32,725,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$87,157,000	\$0	\$212,509,000	\$0	\$125,352,000	\$0
142	HEALTHY FAMILIES - CDMH	\$18,513,000	\$0	\$21,099,000	\$0	\$2,586,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$40,368,000	\$16,935,000	\$11,418,000	\$5,709,000	-\$28,950,000	-\$11,226,000
146	MINOR CONSENT SETTLEMENT	\$7,620,000	\$7,620,000	\$0	\$0	-\$7,620,000	-\$7,620,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$7,248,000	\$3,624,000	\$5,203,000	\$2,601,500	-\$2,045,000	-\$1,022,500
148	CDDS DENTAL SERVICES	\$4,300,000	\$4,300,000	\$11,430,000	\$11,430,000	\$7,130,000	\$7,130,000
151	INDIAN HEALTH SERVICES	\$510,000	-\$9,839,000	\$1,463,000	-\$9,838,500	\$953,000	\$500
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0
155	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	\$0	\$0	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000
158	FI COST CONTAINMENT PROJECTS	\$0	\$0	-\$1,032,800	-\$516,400	-\$1,032,800	-\$516,400
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$1,153,450	-\$576,720	-\$10,895,510	-\$5,447,760	-\$9,742,060	-\$4,871,030
160	FQHC/RHC AUDIT STAFFING	-\$3,058,000	-\$1,529,000	\$0	\$0	\$3,058,000	\$1,529,000
161	ANTI-FRAUD INITIATIVE	-\$5,607,550	-\$2,803,770	-\$6,500,000	-\$3,250,000	-\$892,450	-\$446,230
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$6,667,000	-\$6,333,500	-\$20,000,000	-\$19,000,000	-\$13,333,000	-\$12,666,500

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 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$32,511,000	-\$32,511,000	\$0	\$0	\$32,511,000	\$32,511,000
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	\$0	\$0	-\$12,332,000	-\$12,332,000	-\$12,332,000	-\$12,332,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	\$693,505,000	\$346,752,500	\$174,555,000	\$87,277,500	-\$518,950,000	-\$259,475,000
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$1,868,000	\$0	\$6,227,000	\$0	\$4,359,000
186	REFUNDS ON ACTS OF FRAUD	\$0	-\$97,030,000	\$0	\$0	\$0	\$97,030,000
190	COMMUNITY FIRST CHOICE OPTION	\$0	\$0	\$411,121,000	\$0	\$411,121,000	\$0
195	AUDIT SETTLEMENTS	\$137,000	\$137,000	\$0	\$0	-\$137,000	-\$137,000
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	\$0	\$0	-\$325,420,000	\$0	-\$325,420,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$1,311,861,000</b>	<b>\$236,613,500</b>	<b>\$939,836,680</b>	<b>\$67,304,340</b>	<b>-\$372,024,320</b>	<b>-\$169,309,160</b>
	<b>GRAND TOTAL</b>	<b>\$8,380,728,400</b>	<b>\$1,502,175,250</b>	<b>\$18,691,863,550</b>	<b>\$5,779,048,530</b>	<b>\$10,311,135,150</b>	<b>\$4,276,873,280</b>

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

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

<u>SERVICE CATEGORY</u>	<u>PA-OAS</u>	<u>PA-AB</u>	<u>PA-ATD</u>	<u>PA-AFDC</u>	<u>LT-OAS</u>	<u>LT-AB</u>
PHYSICIANS	\$24,433,650	\$3,557,260	\$143,442,760	\$68,411,450	\$3,329,980	\$73,090
OTHER MEDICAL	\$44,232,810	\$7,402,960	\$272,942,980	\$345,950,410	\$6,525,370	\$239,320
COUNTY OUTPATIENT	\$423,590	\$195,170	\$9,215,980	\$2,940,890	\$72,140	\$130
COMMUNITY OUTPATIENT	\$9,017,750	\$1,748,300	\$93,194,320	\$37,091,580	\$618,120	\$13,750
PHARMACY	\$2,892,200	\$1,235,200	\$65,938,240	\$73,134,720	\$783,850	\$15,180
COUNTY INPATIENT	\$7,489,430	\$1,410,710	\$126,045,270	\$26,987,750	\$971,660	\$390
COMMUNITY INPATIENT	\$144,215,850	\$17,341,490	\$613,455,200	\$315,842,700	\$18,284,120	\$545,880
NURSING FACILITIES	\$354,573,160	\$18,567,070	\$566,666,210	\$2,605,600	\$1,422,631,410	\$6,297,640
ICF-DD	\$280,640	\$6,726,830	\$132,723,560	\$261,390	\$14,066,140	\$1,827,360
MEDICAL TRANSPORTATION	\$15,114,630	\$3,208,840	\$42,643,180	\$5,394,970	\$4,220,860	\$99,090
OTHER SERVICES	\$12,990,940	\$7,060,580	\$188,444,650	\$33,414,020	\$50,990,470	\$144,650
HOME HEALTH	\$496,320	\$7,132,500	\$73,164,860	\$4,204,120	\$5,620	\$0
<b>FFS SUBTOTAL</b>	<b>\$616,160,950</b>	<b>\$75,586,910</b>	<b>\$2,327,877,210</b>	<b>\$916,239,600</b>	<b>\$1,522,499,730</b>	<b>\$9,256,480</b>
DENTAL	\$25,699,370	\$1,356,910	\$61,986,520	\$92,126,980	\$2,936,110	\$15,010
TWO PLAN MODEL	\$139,581,990	\$57,086,740	\$3,653,896,670	\$1,528,067,380	-\$72,320	-\$72,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$230,614,570	\$25,338,090	\$1,191,195,870	\$335,070,980	\$633,502,380	\$1,505,910
GEOGRAPHIC MANAGED CARE	\$25,916,470	\$8,828,400	\$633,788,180	\$260,192,780	-\$5,410	-\$5,410
PHP & OTHER MANAG. CARE	\$87,220,170	\$2,623,770	\$58,914,540	\$11,572,560	\$6,537,950	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$12,773,970	\$0	\$0
MEDICARE PAYMENTS	\$1,209,604,130	\$63,774,130	\$1,844,696,400	\$0	\$165,836,390	\$1,912,080
STATE HOSP./DEVELOPMENTAL CNTRS.	\$111,510	\$1,204,280	\$45,967,220	\$669,440	\$10,436,150	\$969,470
MISC. SERVICES	\$605,687,460	\$32,315,190	\$3,350,582,910	\$1,374,660	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$2,324,435,660</b>	<b>\$192,527,510</b>	<b>\$10,841,028,300</b>	<b>\$2,241,848,740</b>	<b>\$819,171,250</b>	<b>\$4,324,730</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$2,940,596,610</b>	<b>\$268,114,430</b>	<b>\$13,168,905,500</b>	<b>\$3,158,088,340</b>	<b>\$2,341,670,970</b>	<b>\$13,581,210</b>
<b>ELIGIBLES ***</b>	<b>409,900</b>	<b>21,600</b>	<b>988,700</b>	<b>1,473,300</b>	<b>47,000</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$7,174</b>	<b>\$12,413</b>	<b>\$13,319</b>	<b>\$2,144</b>	<b>\$49,823</b>	<b>\$67,906</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$598</b>	<b>\$1,034</b>	<b>\$1,110</b>	<b>\$179</b>	<b>\$4,152</b>	<b>\$5,659</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 66. Refer to page following report for listing.

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$6,178,630	\$27,372,960	\$262,590	\$47,055,620	\$313,979,220	\$37,663,390
OTHER MEDICAL	\$5,744,380	\$59,114,110	\$1,118,120	\$86,670,750	\$843,602,940	\$120,504,210
COUNTY OUTPATIENT	\$318,320	\$2,068,160	\$27,610	\$6,799,710	\$23,145,640	\$2,153,660
COMMUNITY OUTPATIENT	\$917,250	\$9,637,960	\$130,020	\$24,264,190	\$120,952,700	\$15,435,580
PHARMACY	\$1,336,840	\$2,709,980	\$42,470	\$5,843,560	\$162,479,530	\$52,632,880
COUNTY INPATIENT	\$13,720,790	\$22,294,000	\$1,009,850	\$164,352,290	\$214,531,060	\$14,034,620
COMMUNITY INPATIENT	\$37,743,880	\$80,938,020	\$933,830	\$277,604,160	\$1,199,304,150	\$111,180,320
NURSING FACILITIES	\$398,420,400	\$178,377,150	\$478,330	\$60,214,610	\$14,400,520	\$6,348,080
ICF-DD	\$90,205,890	\$332,830	\$650	\$3,998,490	\$953,470	\$2,259,680
MEDICAL TRANSPORTATION	\$2,586,550	\$11,820,930	\$280,200	\$18,257,380	\$17,026,660	\$2,104,880
OTHER SERVICES	\$10,005,510	\$22,985,700	\$138,300	\$46,445,170	\$85,338,230	\$17,094,200
HOME HEALTH	\$24,220	\$499,220	\$76,000	\$37,873,350	\$8,328,990	\$12,676,970
<b>FFS SUBTOTAL</b>	<b>\$567,202,650</b>	<b>\$418,151,010</b>	<b>\$4,497,990</b>	<b>\$779,379,300</b>	<b>\$3,004,043,100</b>	<b>\$394,088,470</b>
DENTAL	\$938,730	\$18,427,780	\$36,710	\$10,975,190	\$220,754,970	\$42,045,360
TWO PLAN MODEL	-\$72,320	\$417,040,930	\$1,854,230	\$341,591,520	\$2,788,358,080	\$126,034,500
COUNTY ORGANIZED HEALTH SYSTEMS	\$240,316,770	\$188,355,290	\$593,030	\$279,540,570	\$898,256,840	\$75,575,240
GEOGRAPHIC MANAGED CARE	-\$5,410	\$40,800,730	\$0	\$41,451,060	\$386,045,360	\$16,922,340
PHP & OTHER MANAG. CARE	\$377,240	\$58,272,620	\$56,820	\$7,245,830	\$27,119,630	\$1,854,960
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$30,609,020	\$1,968,560
MEDICARE PAYMENTS	\$39,510,390	\$364,527,640	\$1,911,940	\$236,472,940	\$23,005,780	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$144,745,470	\$95,840	\$32,370	\$302,480	\$146,360	\$206,510
MISC. SERVICES	\$0	\$436,255,060	\$889,410	\$597,807,000	\$3,223,910	\$463,510
<b>NON-FFS SUBTOTAL</b>	<b>\$425,810,850</b>	<b>\$1,523,775,900</b>	<b>\$5,374,510</b>	<b>\$1,515,386,580</b>	<b>\$4,377,519,950</b>	<b>\$265,070,980</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$993,013,500</b>	<b>\$1,941,926,910</b>	<b>\$9,872,510</b>	<b>\$2,294,765,890</b>	<b>\$7,381,563,050</b>	<b>\$659,159,450</b>
<b>ELIGIBLES ***</b>	<b>15,000</b>	<b>300,400</b>	<b>600</b>	<b>179,100</b>	<b>3,530,300</b>	<b>511,800</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$66,201</b>	<b>\$6,464</b>	<b>\$16,454</b>	<b>\$12,813</b>	<b>\$2,091</b>	<b>\$1,288</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$5,517</b>	<b>\$539</b>	<b>\$1,371</b>	<b>\$1,068</b>	<b>\$174</b>	<b>\$107</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 66. Refer to page following report for listing.

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$1,963,330	\$482,500	\$20,900,810	\$204,186,360	\$4,787,110	\$5,864,980
OTHER MEDICAL	\$1,678,610	\$1,742,180	\$40,293,070	\$239,880,610	\$33,487,990	\$20,214,740
COUNTY OUTPATIENT	\$142,370	\$426,120	\$4,704,140	\$5,094,590	\$288,590	\$293,900
COMMUNITY OUTPATIENT	\$455,560	\$194,790	\$5,314,440	\$28,086,720	\$3,515,980	\$3,387,570
PHARMACY	\$2,564,420	\$591,630	\$13,683,840	\$11,531,070	\$2,068,500	\$4,315,060
COUNTY INPATIENT	\$728,130	\$39,700	\$57,348,880	\$53,968,170	\$878,170	\$1,408,220
COMMUNITY INPATIENT	\$3,861,800	\$362,820	\$101,567,500	\$447,509,230	\$17,022,720	\$17,427,030
NURSING FACILITIES	\$31,980,030	\$3,800	\$21,685,510	\$47,190	\$642,120	\$518,820
ICF-DD	\$574,760	\$0	\$378,860	\$60	\$380	\$24,740
MEDICAL TRANSPORTATION	\$251,440	\$9,890	\$3,827,510	\$1,470,710	\$169,260	\$222,540
OTHER SERVICES	\$692,070	\$16,670	\$1,970,840	\$13,619,170	\$6,634,980	\$4,106,540
HOME HEALTH	\$3,660	\$790	\$20,190	\$792,590	\$803,230	\$1,121,780
<b>FFS SUBTOTAL</b>	<b>\$44,896,160</b>	<b>\$3,870,890</b>	<b>\$271,695,590</b>	<b>\$1,006,186,460</b>	<b>\$70,299,040</b>	<b>\$58,905,900</b>
DENTAL	\$113,310	\$105,000	\$220,750	\$597,720	\$58,056,740	\$22,272,690
TWO PLAN MODEL	\$324,750	\$1,131,030	\$0	\$49,421,120	\$314,451,260	\$131,496,490
COUNTY ORGANIZED HEALTH SYSTEMS	\$659,670	\$0	-\$1,675,800	\$29,267,910	\$130,827,130	\$47,732,490
GEOGRAPHIC MANAGED CARE	\$31,480	\$362,200	\$0	\$11,009,730	\$64,530,060	\$31,155,420
PHP & OTHER MANAG. CARE	\$13,060	\$0	\$0	\$1,078,870	\$1,134,010	\$1,210,210
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,364,020	\$1,455,670
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$78,860	\$0	\$84,350	\$169,660	\$103,780	\$25,260
MISC. SERVICES	\$1,300	\$0	\$0	\$129,700	\$242,660	\$114,240
<b>NON-FFS SUBTOTAL</b>	<b>\$1,222,430</b>	<b>\$1,598,230</b>	<b>-\$1,370,700</b>	<b>\$91,674,700</b>	<b>\$570,709,660</b>	<b>\$235,462,470</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$46,118,590</b>	<b>\$5,469,110</b>	<b>\$270,324,890</b>	<b>\$1,097,861,160</b>	<b>\$641,008,700</b>	<b>\$294,368,370</b>
<b>ELIGIBLES ***</b>	<b>1,800</b>	<b>2,600</b>	<b>61,900</b>	<b>179,600</b>	<b>354,600</b>	<b>167,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$25,621</b>	<b>\$2,104</b>	<b>\$4,367</b>	<b>\$6,113</b>	<b>\$1,808</b>	<b>\$1,753</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$2,135</b>	<b>\$175</b>	<b>\$364</b>	<b>\$509</b>	<b>\$151</b>	<b>\$146</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 66. Refer to page following report for listing.

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$913,945,700
OTHER MEDICAL	\$2,131,345,540
COUNTY OUTPATIENT	\$58,310,710
COMMUNITY OUTPATIENT	\$353,976,580
PHARMACY	\$403,799,150
COUNTY INPATIENT	\$707,219,080
COMMUNITY INPATIENT	\$3,405,140,690
NURSING FACILITIES	\$3,084,457,630
ICF-DD	\$254,615,730
MEDICAL TRANSPORTATION	\$128,709,500
OTHER SERVICES	\$502,092,710
HOME HEALTH	\$147,224,410
<b>FFS SUBTOTAL</b>	<b>\$12,090,837,440</b>
DENTAL	\$558,665,840
TWO PLAN MODEL	\$9,550,119,740
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,306,676,940
GEOGRAPHIC MANAGED CARE	\$1,521,017,980
PHP & OTHER MANAG. CARE	\$265,232,220
EPSDT SCREENS	\$48,171,240
MEDICARE PAYMENTS	\$3,951,251,810
STATE HOSP./DEVELOPMENTAL CNTRS.	\$205,349,000
MISC. SERVICES	\$5,029,087,000
<b>NON-FFS SUBTOTAL</b>	<b>\$25,435,571,770</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$37,526,409,210</b>
<b>ELIGIBLES ***</b>	<b>8,246,300</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,551</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$379</b>

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 66. Refer to page following report for listing.

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

EXCLUDED POLICY CHANGES: 66

2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
5	CRAIG V. BONTA DISALLOWANCE
26	SCHIP FUNDING FOR PRENATAL CARE
47	FAMILY PACT DRUG REBATES
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 FAC.
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
83	DENTAL RETROACTIVE RATE CHANGES
89	MH/UCD & BTR—DSH PAYMENT
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
91	BTR—LOW INCOME HEALTH PROGRAM - MCE
92	BTR—SAFETY NET CARE POOL
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI
96	MH/UCD & BTR—CCS AND GHPP
97	BTR—DESIGNATED STATE HEALTH PROGRAMS
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS
101	MH/UCD—SOUTH LA PRESERVATION FUND
102	MH/UCD—STABILIZATION FUNDING
103	MH/UCD—SAFETY NET CARE POOL
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
108	MH/UCD—DISTRESSED HOSPITAL FUND
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

113	MH/UCD & BTR—DPH INTERIM RATE
115	HOSPITAL QAF - HOSPITAL PAYMENTS
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
118	CAPITAL PROJECT DEBT REIMBURSEMENT
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
120	NDPH IGT SUPPLEMENTAL PAYMENTS
121	IGT FOR NON-SB 1100 HOSPITALS
122	FFP FOR LOCAL TRAUMA CENTERS
123	CERTIFICATION PAYMENTS FOR DP-NFS
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
133	ARRA HITECH - PROVIDER PAYMENTS
139	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
142	HEALTHY FAMILIES - CDMH
146	MINOR CONSENT SETTLEMENT
148	CDDS DENTAL SERVICES
155	CLPP FUNDS
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
171	HOSPITAL STABILIZATION
174	EXTEND GROSS PREMIUM TAX
178	TRANSFER OF IHSS COSTS TO CDSS
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
185	GROUND EMT PAYMENT
186	REFUNDS ON ACTS OF FRAUD
195	AUDIT SETTLEMENTS
196	FIRST 5 CALIFORNIA FUNDING
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNDS
208	HOSPITAL QAF PROGRAM CHANGES

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2012 ESTIMATE**

210 BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS  
211 BTR—INCREASE SAFETY NET CARE POOL

**ESTIMATED COST OF 1% RATE INCREASE  
FISCAL YEAR 2012-13**

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2012 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$913,945,700	0.9660	\$8,828,720	\$3,909,960	0.9167	0.7955	\$6,438,210	\$2,851,280
OTHER MEDICAL	\$2,131,345,540	0.9760	\$20,801,930	\$8,995,730	0.9167	0.8410	\$16,036,180	\$6,934,800
COUNTY OUTPATIENT	\$58,310,710	0.9600	\$559,780	\$293,590	0.9167	0.7396	\$379,530	\$199,060
COMMUNITY OUTPATIENT	\$353,976,580	0.9100	\$3,221,190	\$1,668,810	0.9167	0.8158	\$2,408,770	\$1,247,920
PHARMACY	\$403,799,150	0.0793	\$320,370	\$203,670	0.9167	0.9343	\$274,370	\$174,430
COUNTY INPATIENT	\$707,219,080	1.0000	N/A	N/A	0.9167	0.5743	N/A	N/A
COMMUNITY INPATIENT	\$3,405,140,690	1.0000	N/A	N/A	0.9167	0.7344	N/A	N/A
NURSING FACILITIES	\$3,084,457,630	1.1578	\$35,711,540	\$18,016,200	0.9167	0.8640	\$28,282,880	\$14,268,500
ICF-DD	\$254,615,730	1.1578	\$2,947,920	\$1,477,230	0.9167	0.9151	\$2,472,900	\$1,239,200
MEDICAL TRANSPORTATION	\$128,709,500	0.9660	\$1,243,330	\$677,690	0.9167	0.8289	\$944,700	\$514,920
OTHER SERVICES	\$502,092,710	0.9540	\$4,789,960	\$1,883,380	0.9167	0.7832	\$3,438,670	\$1,352,060
HOME HEALTH	\$147,224,410	0.9800	\$1,442,800	\$721,310	0.9167	0.8338	\$1,102,690	\$551,280
DENTAL	\$558,665,840	0.9990	\$5,581,070	\$2,646,280	0.9167	1.0000	\$5,115,980	\$2,425,760
MENTAL HEALTH	\$1,677,628,250	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$9,550,119,740	1.0000	\$95,501,200	\$46,648,810	0.9167	1.0000	\$87,542,760	\$42,761,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,306,676,940	1.0000	\$43,066,770	\$21,059,710	0.9167	1.0000	\$39,477,870	\$19,304,740
GEOGRAPHIC MANAGED CARE	\$1,521,017,980	1.0000	\$15,210,180	\$7,477,490	0.9167	1.0000	\$13,942,660	\$6,854,360
PHP & OTHER MANAG. CARE	\$265,232,220	1.0000	\$2,652,320	\$1,335,430	0.9167	1.0000	\$2,431,300	\$1,224,140
AUDITS/ LAWSUITS	\$3,865,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$48,171,240	1.0000	\$481,710	\$226,260	0.9167	1.0000	\$441,570	\$207,410
MEDICARE PAYMENTS (4)	\$3,951,251,810	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$205,349,000	0.9782	\$2,008,700	\$0	0.9167	1.0000	\$1,841,310	\$0
MISC. SERVICES	\$5,029,087,000	1.0000	\$50,290,870	\$1,626,110	0.9167	1.0000	\$46,099,960	\$1,490,600
RECOVERIES	-\$286,256,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
<b>TOTAL</b>	<b>\$38,921,646,470</b>		<b>\$294,660,370</b>	<b>\$118,867,690</b> (3)			<b>\$258,672,330</b>	<b>\$103,601,860</b>

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.  
 Adjustment factor for Dental services due primarily to prior year reconciliations.  
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.  
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.