

**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
ELIGIBILITY							
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
	ELIGIBILITY SUBTOTAL	\$1,262,599,000	\$442,133,450	\$1,295,353,000	\$434,319,800	\$32,754,000	-\$7,813,650
BENEFITS							
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

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
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
	BENEFITS SUBTOTAL	-\$928,043,650	-\$725,274,370	\$812,532,560	-\$82,944,870	\$1,740,576,200	\$642,329,500
<u>PHARMACY</u>							
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

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PHARMACY							
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200
	PHARMACY SUBTOTAL	-\$1,785,133,000	-\$807,375,900	-\$1,598,731,600	-\$714,186,200	\$186,401,400	\$93,189,700
MANAGED CARE							
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
	MANAGED CARE SUBTOTAL	\$3,774,059,000	\$2,262,009,000	\$800,956,000	\$620,637,000	-\$2,973,103,000	-\$1,641,372,000

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MANAGED CARE							
PROVIDER RATES							
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
	PROVIDER RATES SUBTOTAL	\$131,547,470	\$65,773,230	\$1,406,910	-\$147,048,040	-\$130,140,560	-\$212,821,280
WAIVER--MH/UCD & BTR							
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

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WAIVER--MH/UCD & BTR							
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,783,510,000	\$1,497,903,000	\$7,748,187,000	\$1,616,231,000	\$964,677,000	\$118,328,000

**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
<u>SUPPLEMENTAL PMNTS.</u>							
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,276,815,000	\$3,749,971,500	\$8,692,323,000	\$3,984,735,500	\$415,508,000	\$234,764,000
<u>OTHER</u>							
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
	OTHER						
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
	OTHER SUBTOTAL	\$352,970,490	-\$146,702,250	\$939,836,680	\$67,304,340	\$586,866,190	\$214,006,600
	GRAND TOTAL	\$17,868,324,310	\$6,338,437,660	\$18,691,863,550	\$5,779,048,530	\$823,539,240	-\$559,389,130