

**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
ELIGIBILITY							
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
	ELIGIBILITY SUBTOTAL	\$762,355,000	\$260,982,000	\$1,295,353,000	\$434,319,800	\$532,998,000	\$173,337,800
BENEFITS							
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

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
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
	BENEFITS SUBTOTAL	\$444,935,090	\$70,910,490	\$812,532,560	-\$82,944,870	\$367,597,470	-\$153,855,360
PHARMACY							
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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PHARMACY							
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
	PHARMACY SUBTOTAL	-\$1,692,897,750	-\$784,762,780	-\$1,598,731,600	-\$714,186,200	\$94,166,150	\$70,576,580
MANAGED CARE							
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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MANAGED CARE							
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
	MANAGED CARE SUBTOTAL	\$671,436,000	\$304,234,500	\$800,956,000	\$620,637,000	\$129,520,000	\$316,402,500
PROVIDER RATES							
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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PROVIDER RATES							
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMENT	\$0	\$0	-\$112,696,000	-\$56,348,000	-\$112,696,000	-\$56,348,000
	PROVIDER RATES SUBTOTAL	-\$573,411,940	-\$286,705,970	\$1,406,910	-\$147,048,040	\$574,818,850	\$139,657,920
WAIVER--MH/UCD & BTR							
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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<u>WAIVER--MH/UCD & BTR</u>							
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$4,772,136,000	\$590,544,500	\$7,748,187,000	\$1,616,231,000	\$2,976,051,000	\$1,025,686,500
<u>SUPPLEMENTAL PMNTS.</u>							
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

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
SUPPLEMENTAL PMNTS.							
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$2,684,315,000	\$1,110,359,000	\$8,692,323,000	\$3,984,735,500	\$6,008,008,000	\$2,874,376,500
OTHER							
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
OTHER							
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
	OTHER SUBTOTAL	\$1,311,861,000	\$236,613,500	\$939,836,680	\$67,304,340	-\$372,024,320	-\$169,309,160
	GRAND TOTAL	\$8,380,728,400	\$1,502,175,250	\$18,691,863,550	\$5,779,048,530	\$10,311,135,150	\$4,276,873,280

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