MEDI-CAL
NOVEMBER 2012
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2012-13 and 2013-14

MANAGEMENT SUMMARY

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November 2012 Medi-Cal Estimate

Current Year (FY 2012-13) Projected Expenditures Compared to the Appropriation

(Dollars in Millions)

Total Medi-Cal local assistance expenditures in the Department of Health Care Services (DHCS) budget in the Current Year as compared to the Appropriation are as follows:

Medical Care Services	FY 2012-13 Appropriation	Nov 2012 Estimate	Change Amount	Change Percent
Total Funds	$55,800.6	$56,939.6	$1,139.0	2.0%
Federal Funds	$33,400.8	$35,023.6	$1,622.8	4.9%
General Fund	**$13,512.3**	**$14,036.8**	**$524.5**	**3.9%**
Other Non-Federal Funds	$8,887.5	$7,879.2	($1,008.3)	-11.3%

County Administration	FY 2012-13 Appropriation	Nov 2012 Estimate	Change Amount	Change Percent
Total Funds	$3,152.7	$2,769.1	($383.6)	-12.2%
Federal Funds	$2,332.4	$2,016.0	($316.4)	-13.6%
General Fund	**$818.1**	**$747.4**	**($70.7)**	**-8.6%**
Other Non-Federal Funds	$2.2	$5.7	$3.5	-

Fiscal Intermediary	FY 2012-13 Appropriation	Nov 2012 Estimate	Change Amount	Change Percent
Total Funds	$350.5	$337.7	($12.8)	-3.7%
Federal Funds	$234.6	$224.7	($9.9)	-4.2%
General Fund	**$115.5**	**$112.9**	**($2.6)**	**-2.3%**
Other Non-Federal Funds	$0.4	$0.1	($0.3)	-

Total Expenditures	FY 2012-13 Appropriation	Nov 2012 Estimate	Change Amount	Change Percent
Total Funds	$59,303.9	$60,046.4	$742.5	1.3%
Federal Funds	$35,967.8	$37,264.2	$1,296.4	3.6%
General Fund	**$14,445.9**	**$14,897.1**	**$451.2**	**3.1%**
Other Non-Federal Funds	$8,890.1	$7,885.0	($1,005.1)	-11.3%

Note: Totals may not add due to rounding.

The 2012-13 Medi-Cal General Fund (GF) estimate is $451.2 million more than the 2012-13 Budget Appropriation (dollars in millions; may not add due to rounding).

November 2012 Estimate	**$14,445.9**
FY 2012-13 Budget Appropriation	$14,897.1
November Estimate Compared to Appropriation	$451.2

The change from the Appropriation is explained as follows:

Medical Care Services	$524.5
County/Other Administration	($70.7)
Fiscal Intermediary	($2.6)
Total Change	$451.2

The following paragraphs briefly describe the major changes. (All comparisons are based on 50% GF, unless otherwise noted.)

1. PC 2, PC 6, CA 7, OA 13, FI—Transition of HFP To Medi-Cal

   AB 1464 (Chapter 21, Statutes of 2012) approved the transition of the Healthy Families Program to Medi-Cal starting on January 1, 2013 in several phases. The November Estimate reflects a change to the phase-in schedule and updated capitation payment amounts based on an actuarial study. These changes result in an increase of $79 million GF in 2012-13 and $278 million GF in 2013-14.

2. PC 14—New Qualified Aliens

   The federal Personal Responsibility and Work Opportunity Act specifies that federal financial participation is not available for full-scope Medi-Cal services for most qualified nonexempt aliens who enter the country after August 1996, for the first 5 years they are in the country. As California law requires that legal immigrants receive the same services as citizens, the nonemergency services are 100% State funded. Based on updated historical data, the estimate includes a decrease of $35 million GF in 2012-13.

3. PC 37—Physician And Clinic Seven Visit Soft Cap

   AB 97 (Chapter 3, Statutes of 2011) caps the number of physician visits and clinic visits allowed per Medi-Cal beneficiary at seven per year. Because of delays in expected federal approval and implementing necessary system changes, the Estimate assumes an implementation date of January 1, 2013 instead of July 1, 2012. Also, according to a recent Department comprehensive study, the number of beneficiaries remaining in Fee for Services is lower than previously

estimated and many of these individuals have medical conditions likely to exempt them from the visit CAP. Consequently, the Estimate reduces the percent of eliminated visits above the cap to 10% from 15%. These changes result in a cost of $15 million GF in 2012-13 and savings of $7 million GF in 2013-14.

4. PC 41, PC 52—Federal Drug Rebates

   The State Medi-Cal Drug Discount Program and the Omnibus Budget Reconciliation Act of 1990 allow the Department to obtain price discounts for drugs. The federal Affordable Care Act increased the mandated federal rebate to 23.1% of the Average Manufacturer's Price (AMP) from the previous 15.1% for single source drugs and increased the multi-source drug rebate from 11% of AMP to 13%. This results in a cost to the Medi-Cal program, because California collects rebates at the higher percentage for most drugs. Due to payments not being made according to the previous schedule and updated historical data, the Estimate increases costs by $94 million GF in 2012-13 and decreases costs by $175 million GF in 2013-14. The large decrease in 2013-14 reflects the final retroactive payment to the federal government for prior year rebates.

5. PC 50—Litigation Settlements

   The Department works collaboratively with the Office of the Attorney General to pursue charges related to the illegal promotion of drugs, kickbacks and overcharging of Medicaid. Based on expected settlements, the Estimate includes one-time savings of $220 million GF in 2012-13.

6. PC 51—Managed Care Drug Rebates

   The federal Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 extend the federal drug rebate requirement to Medicaid managed care outpatient covered drugs. Due to a delay in California Medicaid Management Information System (CA-MISS) system changes, the estimate assumes a decrease of $47 million GF in 2012-13 and an increase of $163 million GF in 2013-14.

7. PC 93, PC 100—Designated State Health Programs

   As part of the California Bridge to Reform Section 1115(a) Medicaid Demonstration, the Department can claim federal financial participation using the Certified Public Expenditures of approved Designated State Health Programs. Due to updated program expenditures, a delay in federal approval on claiming protocols for Health Related Workforce Training Programs and a delay in claiming for the County Medical Services Program, the Estimate assumes an increase of savings of

$180 million GF in 2012-13 and a decrease in savings of $311 million GF in 2013-14.

8. PC 114—Retroactive Managed Care Rate Adjustments for FY 2011-12

   Due to delays in federal approval, managed care capitation rate adjustments for 2011-12 were not paid in 2011-12. The delay increases 2012-13 GF cost by $194 million.

9. PC 126—General Fund Reimbursement from DPHs

   Under SB 208 (Chapter 714, Statutes of 2010) certain Seniors and Persons with Disabilities were assigned as mandatory enrollees in managed care plans. The statue also required Designated Public Hospitals (DPHs) to reimburse the General Fund for costs built into the managed care capitation rates that had been the responsibility of the DPHs. Implementation delays increase GF costs in 2012-13 by $244 million and decrease GF cost in 2013-14 by $395 million.

10. PC 127—Funding Adjustment of Gross Premium Tax to GF

    The Department makes transfers from the Gross Premium Tax fund to offset the cost of related increases to managed care plan capitation rates. The estimated transfer in FY 2012-13 relating to the tax that expired June 30, 2012, is $37 million GF less than previously expected because transfers anticipated to occur in 2012-13 occurred in 2011-12.

11. PC 113, PC 135, PC 192, PC 198, PC 214, PC 215, OA 19, Base Adjustment—Coordinated Care Initiative

    SB 1008 (Chapter 33, Statutes of 2012) and SB 1036 (Chapter 45, Statutes of 2012) authorized the Coordinated Care Initiative (CCI). Under the CCI, persons eligible for both Medicare and Medi-Cal (dual eligibles) will receive medical, behavioral health, long-term supports and services, and home and community-based services through a single health plan. The CCI will also enroll all dual eligibles in managed care plans for their Medi-Cal benefits. The Department has updated the fiscal estimate of the CCI based on revisions to reflect the size and scope of the demonstration. These changes result in a decrease of $32 million GF in 2012-13 and an increase of $471 million GF in 2013-14. The 2013-14 increase results primarily from a deferral of managed care capitation payments and a fee-for-service checkwrite in 2012-13 that does not occur in 2013-14.

12. PC 152, PC 153, PC 171—Provider Rate Reductions

AB 97 (Chapter 3, Statutes of 2011) enacted provider rate reductions. The Department was prevented from implementing many of the reductions due to court injunctions. The estimate assumes positive resolution of the court injunctions in March 2013 instead of summer 2012, resulting in General Fund costs of $261 million in 2012-13 and savings of $431 million in 2013-14.

13. PC 190, PC 203—Hospital QAF – Children's Health Care

The Hospital Quality Assurance Fee provides funds for supplemental payments to hospitals and also provides some funding to offset the costs of health care coverage for children. SB 335 establishes a hospital QAF program for the period beginning July 1, 2011 to December 31, 2013. The Centers for Medicare and Medicaid Services approved the extension of the hospital QAF program on June 22, 2012.

State statute sunsets the fee on December 31, 2013. The Estimate assumes the implementation date changed from 2011-12 to 2012-13 because of delay in the expected federal approval and the fee will be extended past December 31, 2013.

These changes result in increased savings of $36 million GF in 2012-13 and $12 million GF in 2013-14.

14. PC 193—Operational Flexibilities

AB 1464 (Chapter 21, Statutes of 2012) included $10 million GF in savings related to the Department implementing Medi-Cal processes through operational flexibilities. Related trailer bill was not enacted. Without the trailer bill, the Department is unable to achieve the full $10 million GF in savings. However, the Department has identified a change to the hearing aid methodology that is consistent with the intent of the budget action on operational flexibilities. The Estimate assumes the implementation of no other operational flexibility, resulting in a cost of $9.6 million GF in 2012-13.

November 2012 Medi-Cal Estimate

Budget Year (FY 2013-14) Projected Expenditures Compared to Current Year (FY 2012-13)

(Dollars in Millions)

Total Medi-Cal local assistance expenditures in the Department of Health Care Services (DHCS) budget in the Budget Year as compared to the Current Year are as follows:

Medical Care Services	FY 2012-13 Estimate	FY 2013-14 Estimate	Change	
			Amount	Percent
Total Funds	$56,939.6	$55,901.3	($1,038.3)	-1.8%
Federal Funds	$35,023.6	$32,974.2	($2,049.4)	-5.9%
General Fund	**$14,036.8**	**$14,328.5**	**$291.7**	**2.1%**
Other Non-Federal Funds	$7,879.2	$8,598.6	$719.4	9.1%

County Administration	FY 2012-13 Estimate	FY 2013-14 Estimate	Change	
			Amount	Percent
Total Funds	$2,769.1	$3,564.4	$795.3	28.7%
Federal Funds	$2,016.0	$2,741.7	$725.7	36.0%
General Fund	**$747.4**	**$812.1**	**$64.7**	**8.7%**
Other Non-Federal Funds	$5.7	$10.6	$4.9	-

Fiscal Intermediary	FY 2012-13 Estimate	FY 2013-14 Estimate	Change	
			Amount	Percent
Total Funds	$337.7	$312.7	($25.0)	-7.4%
Federal Funds	$224.7	$202.1	($22.6)	-10.1%
General Fund	**$112.9**	**$110.5**	**($2.4)**	**-2.1%**
Other Non-Federal Funds	$0.1	$0.1	$0.0	-

Total Expenditures	FY 2012-13 Estimate	FY 2013-14 Estimate	Change	
			Amount	Percent
Total Funds	$60,046.4	$59,778.4	($267.9)	-0.4%
Federal Funds	$37,264.2	$35,918.0	($1,346.2)	-3.6%
General Fund	**$14,897.1**	**$15,251.1**	**$354.0**	**2.4%**
Other Non-Federal Funds	$7,885.0	$8,609.3	$724.3	9.2%

Note: Totals may not add due to rounding.

The Medi-Cal General Fund costs in the 2013-14 Budget Year, as compared to the 2012-13 Current Year, are estimated to increase by $354.0 million:

FY 2012-13	**$14,897.1**
FY 2013-14	$15,251.1
Difference 2012-13 to 2013-14	$354.0

The change from the Current Year to the Budget Year is explained as follows (dollars in millions):

Medical Care Services	$291.7
County/Other Administration	$64.7
Fiscal Intermediaries	($2.4)
Total Change	$354.0

The following paragraphs describe a change that was not discussed under the 2012-13 Current Year:

1. PC 101—Diagnosis Related Group Implementation

   On July 1, 2013, the Department will transition to a Diagnosis Related Group (DRG) payment system which correlates reimbursement to the Medi-Cal beneficiary's assigned DRG. The 2013-14 rates will be set based on 2012-13 rates, resulting in a savings of $59 million GF in 2013-14.

2. PC 123—Capitated Rate Adjustment for FY 2013-14

   Managed care capitation rates will be rebased in 2013-14 as determined by the rate methodology based on more recent data. The Estimate assumes a placeholder increase of 2.97% for 2013-14, resulting in an increase of $172 million GF in 2013-14.

3. PC 209—Gross Premium Tax

   The estimate assumes the Gross Premiums Tax on Medi-Cal managed care plans will be reauthorized permanently, resulting in General Fund savings of $227 million GF in 2013-14. Savings generated in 2012-13 are included in the Managed Risk Medical Insurance Board budget.

4. PC 213—Managed Care Efficiencies

   The Department is looking for new ways to improve the quality and efficiency of the health care delivery system and develop payment systems that promote quality, not quantity, of care and improve health outcomes. The estimate assumes savings of

$135 million GF in 2013-14 as a result of implementing additional efficiencies in managed care.

General Information

This estimate is based on actual payment data through August 2012. Estimates for both fiscal years are on a cash basis.

The Medi-Cal Program has many funding sources. These funding sources are shown by budget item number on the State Funds and Federal Funds pages of the Medi-Cal Funding Summary in the Management Summary tab. The budget items which are made up of State General Fund are identified with an asterisk and are shown in separate totals. Healthy Families (Title XXI) costs incurred by the Department are included in the Estimate and are separately identified under item number 4260-113. Reimbursements include Refugees (CDPH), MSSP (CDA), Dental Services (CDSS), Managed Care IGTs, IGTs for Non-SB 1100 Hospitals, IMD Ancillary Services (DMH) and IHSS costs (CDSS).

The Miscellaneous Non-Fee-For-Service Category includes expenditures for Home and Community Based Services -- DDS, Case Management Services -- DDS, Personal Care Services, HIPP premiums, Targeted Case Management, and Hospital Financing—Health Care Coverage Initiative.

The estimate aggregates expenditures for four sub-categories under a single Managed Care heading. These sub-categories are Two Plan Model, County Organized Health Systems, Geographic Managed Care, and PHP/Other Managed Care. The latter includes PCCMs, PACE, SCAN, Family Mosaic, and Dental Managed Care.

Should a projected deficiency exist, Section 14157.6 of the Welfare and Institutions Codes authorizes appropriation, subject to 30-day notification to the Legislature, of any federal or county funds received for expenditures in prior years. At this time, no prior year General Funds have been identified to be included in the above estimates as abatements against current year costs.

There is considerable uncertainty associated with projecting Medi-Cal expenditures for medical care services, which vary according to the number of persons eligible for Medi-Cal, the number and type of services these people receive, and the cost of providing these services. Additional uncertainty is created by monthly fluctuations in claims processing, federal audit exceptions, and uncertainties in the implementation dates for policy changes which often require approval of federal waivers or state plan amendments, changes in regulations, and in some cases, changes in the adjudication process at the fiscal intermediary.

Inconsistency in payment data and the irregular flow of payments add to uncertainty. Provider payment reductions, injunctions, restorations, and late state budgets add to this uncertainty as it disturbs the regular flow of the FI checkwrite payments. During the

months without a state budget, some partial checkwrite payments are made and a particular month may have some service categories with no payments, some with partial payments, and some with full payments. This creates unstable data for trending purposes and distorts the effects of policy changes implemented during this no budget period. It is assumed that estimated expenditures may vary due to this uncertainty. A 1% variation in total Medi-Cal Benefits expenditures would result in a $569,396,000 TF ($219,161,000 State Funds) change in expenditures in FY 2012-13 and $559,013,000 TF ($229,271,000 State Funds) in FY 2013-14.

Medi-Cal Funding Summary
November 2012 Estimate Compared to Appropriation
Fiscal Year 2012 - 2013

TOTAL FUNDS

	Total Appropriation	Nov 2012 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001/0890(3)	$44,365,889,000	$46,062,744,000	$1,696,855,000
4260-101-0080 CLPP Funds	$746,000	$130,000	($616,000)
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	$58,946,000	$58,946,000	$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	$105,000	$105,000	$0
4260-101-0236 Prop. 99 Unallocated Account	$24,589,000	$24,589,000	$0
4260-101-3168 Emergency Air Transportation Fund	$15,272,000	$15,547,000	$275,000
4260-102-0001/0890 Capital Debt	$90,688,000	$91,708,000	$1,020,000
4260-106-0890 Money Follow Person Federal Grant	$9,369,000	$42,542,000	$33,173,000
4260-113-0001/0890 Healthy Families	$659,792,000	$799,065,000	$139,273,000
4260-601-0942142 Local Trauma Centers	$33,565,000	$63,400,000	$29,835,000
4260-601-3096 NDPH Supplemental Fund	$718,000	$457,000	($261,000)
4260-601-3097 Private Hospital Supp. Fund	$151,422,000	$106,500,000	($44,922,000)
4260-601-3156 MCO Tax Fund	$212,504,000	$142,622,000	($69,882,000)
4260-601-3158 Hosp. Quality Assurance Revenue	$0	$11,000,000	$11,000,000
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	$732,500,000	$786,032,000	$53,532,000
4260-601-7502 Demonstration DSH Fund	$535,143,000	$552,581,000	$17,438,000
4260-601-7503 Health Care Support Fund	$1,117,322,000	$1,405,203,000	$287,881,000
4260-601-8033 Distressed Hospital Fund	$0	$527,000	$527,000
4260-605-0001 100% General Fund	$0	$0	$0
4260-605-3167 SNF Quality & Accountability	$0	$0	$0
4260-606-0834 MIPA Fund	$594,822,000	$586,671,000	($8,151,000)
4260-607-8502 Low Income Health Program IGT	$745,080,000	$503,975,000	($241,105,000)
4260-610-0995 Reimbursements	$1,858,333,000	$842,825,000	($1,015,508,000)
4260-610-3158 Hospital Quality Assurance Revenue	$0	$0	$0
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	$0	$66,400,000	$66,400,000
4260-611-3158 Hospital Quality Assurance Revenue	$4,593,827,000	$4,776,065,000	$182,238,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	$0	$0	$0
TOTAL MEDI-CAL Benefits	**$55,800,632,000**	**$56,939,634,000**	**$1,139,002,000**
COUNTY ADMINISTRATION:			
4260-101-0001/0890(1)	$3,087,660,000	$2,704,264,000	($383,396,000)
4260-106-0890(1) Money Follow Person Fed. Grant	$4,226,000	$369,000	($3,857,000)
4260-107-0890 Prevention of Chronic Disease (MICPD)	$2,125,000	$2,970,000	$845,000
4260-113-0001/0890 Healthy Families	$52,811,000	$53,636,000	$825,000
4260-117-0001/0890 HIPAA	$3,592,000	$2,115,000	($1,477,000)
4260-610-0995 Reimbursements	$2,275,000	$5,696,000	$3,421,000
TOTAL COUNTY ADMIN.	**$3,152,689,000**	**$2,769,050,000**	**($383,639,000)**
FISCAL INTERMEDIARY:			
4260-101-0001/0890(2)	$304,531,000	$299,014,000	($5,517,000)
4260-113-0001/0890 Healthy Families	$1,028,000	$691,000	($337,000)
4260-117-0001/0890 HIPAA	$44,557,000	$37,877,000	($6,680,000)
4260-610-0995 Reimbursements	$422,000	$99,000	($323,000)
TOTAL FISCAL INTERMEDIARY	**$350,538,000**	**$337,681,000**	**($12,857,000)**
GRAND TOTAL - ALL FUNDS	**$59,303,859,000**	**$60,046,365,000**	**$742,506,000**

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
November 2012 Estimate Compared to Appropriation
Fiscal Year 2012 - 2013

STATE FUNDS

	State Funds Appropriation	Nov 2012 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001(3) *	$13,120,260,000	$13,630,136,000	$509,876,000
4260-101-0080 CLPP Funds	$746,000	$130,000	($616,000)
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	$58,946,000	$58,946,000	$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	$105,000	$105,000	$0
4260-101-0236 Prop. 99 Unallocated Account	$24,589,000	$24,589,000	$0
4260-101-3168 Emergency Air Transportation Fund	$15,272,000	$15,547,000	$275,000
4260-102-0001 Capital Debt *	$45,344,000	$45,854,000	$510,000
4260-113-0001 Healthy Families *	$211,782,000	$254,283,000	$42,501,000
4260-601-0942142 Local Trauma Centers	$33,565,000	$63,400,000	$29,835,000
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	$269,000	$0	($269,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	$449,000	$457,000	$8,000
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	$134,662,000	$106,500,000	($28,162,000)
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	$16,760,000	$0	($16,760,000)
4260-601-3156 MCO Tax Fund	$212,504,000	$142,622,000	($69,882,000)
4260-601-3158 Hosp. Quality Assurance Revenue	$0	$11,000,000	$11,000,000
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	$732,500,000	$786,032,000	$53,532,000
4260-601-8033 Distressed Hospital Fund	$0	$527,000	$527,000
4260-605-0001 100% General Fund	$0	$0	$0
4260-605-3167 SNF Quality & Accountability	$0	$0	$0
4260-606-0834 MIPA Fund	$594,822,000	$586,671,000	($8,151,000)
4260-607-8502 Low Income Health Program IGT	$745,080,000	$503,975,000	($241,105,000)
4260-610-0995 Reimbursements	$1,858,333,000	$842,825,000	($1,015,508,000)
4260-610-3158 Hospital Quality Assurance Revenue	$0	$0	$0
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	$0	$66,400,000	$66,400,000
4260-611-3158 Hospital Quality Assurance Revenue	$4,593,827,000	$4,776,065,000	$182,238,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	$0	$0	$0
TOTAL MEDI-CAL Benefits	**$22,399,815,000**	**$21,916,064,000**	**($483,751,000)**
Total Benefits General Fund *	**$13,512,317,000**	**$14,036,773,000**	**$524,456,000**
COUNTY ADMINISTRATION:			
4260-101-0001(1) *	$799,992,000	$729,536,000	($70,456,000)
4260-113-0001 Healthy Families *	$17,819,000	$17,700,000	($119,000)
4260-117-0001 HIPAA *	$250,000	$167,000	($83,000)
4260-610-0995 Reimbursements	$2,275,000	$5,696,000	$3,421,000
TOTAL COUNTY ADMIN.	**$820,336,000**	**$753,099,000**	**($67,237,000)**
Total Co. Admin. General Fund *	**$818,061,000**	**$747,403,000**	**($70,658,000)**
FISCAL INTERMEDIARY:			
4260-101-0001(2) *	$109,681,000	$108,147,000	($1,534,000)
4260-113-0001 Healthy Families *	$411,000	$242,000	($169,000)
4260-117-0001 HIPAA *	$5,417,000	$4,527,000	($890,000)
4260-610-0995 Reimbursements	$422,000	$99,000	($323,000)
TOTAL FISCAL INTERMEDIARY	**$115,931,000**	**$113,015,000**	**($2,916,000)**
Total FI General Fund *	**$115,509,000**	**$112,916,000**	**($2,593,000)**
GRAND TOTAL - STATE FUNDS	**$23,336,082,000**	**$22,782,178,000**	**($553,904,000)**
Grand Total - General Fund *	**$14,445,887,000**	**$14,897,092,000**	**$451,205,000**

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
November 2012 Estimate Compared to Appropriation
Fiscal Year 2012 - 2013

FEDERAL FUNDS

	Federal Funds Appropriation	Nov 2012 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0890(3)	$31,245,629,000	$32,432,608,000	$1,186,979,000
4260-102-0890 Capital Debt	$45,344,000	$45,854,000	$510,000
4260-106-0890 Money Follow Person Federal Grant	$9,369,000	$42,542,000	$33,173,000
4260-113-0890 Healthy Families	$448,010,000	$544,782,000	$96,772,000
4260-601-7502 Demonstration DSH Fund	$535,143,000	$552,581,000	$17,438,000
4260-601-7503 Health Care Support Fund	$1,117,322,000	$1,405,203,000	$287,881,000
TOTAL MEDI-CAL Benefits	**$33,400,817,000**	**$35,023,570,000**	**$1,622,753,000**
COUNTY ADMINISTRATION:			
4260-101-0890(1)	$2,287,668,000	$1,974,728,000	($312,940,000)
4260-106-0890(1) Money Follow Person Fed. Grant	$4,226,000	$369,000	($3,857,000)
4260-107-0890 Prevention of Chronic Disease (MICPD)	$2,125,000	$2,970,000	$845,000
4260-113-0890 Healthy Families	$34,992,000	$35,936,000	$944,000
4260-117-0890 HIPAA	$3,342,000	$1,948,000	($1,394,000)
TOTAL COUNTY ADMIN.	**$2,332,353,000**	**$2,015,951,000**	**($316,402,000)**
FISCAL INTERMEDIARY:			
4260-101-0890(2)	$194,850,000	$190,867,000	($3,983,000)
4260-113-0890 Healthy Families	$617,000	$449,000	($168,000)
4260-117-0890 HIPAA	$39,140,000	$33,350,000	($5,790,000)
TOTAL FISCAL INTERMEDIARY	**$234,607,000**	**$224,666,000**	**($9,941,000)**
GRAND TOTAL - FEDERAL FUNDS	**$35,967,777,000**	**$37,264,187,000**	**$1,296,410,000**

Medi-Cal Funding Summary
November 2012 Estimate Comparison of FY 2012-13 to FY 2013-14

TOTAL FUNDS

	FY 2012-13 Estimate	FY 2013-14 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001/0890(3)	$46,062,744,000	$43,867,793,000	($2,194,951,000)
4260-101-0080 CLPP Funds	$130,000	$130,000	$0
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	$58,946,000	$58,946,000	$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	$105,000	$105,000	$0
4260-101-0236 Prop. 99 Unallocated Account	$24,589,000	$23,570,000	($1,019,000)
4260-101-3168 Emergency Air Transportation Fund	$15,547,000	$10,010,000	($5,537,000)
4260-102-0001/0890 Capital Debt	$91,708,000	$92,086,000	$378,000
4260-106-0890 Money Follow Person Federal Grant	$42,542,000	$41,640,000	($902,000)
4260-113-0001/0890 Healthy Families	$799,065,000	$1,651,909,000	$852,844,000
4260-601-0942142 Local Trauma Centers	$63,400,000	$38,600,000	($24,800,000)
4260-601-3096 NDPH Supplemental Fund	$457,000	$0	($457,000)
4260-601-3097 Private Hospital Supp. Fund	$106,500,000	$106,500,000	$0
4260-601-3156 MCO Tax Fund	$142,622,000	$455,987,000	$313,365,000
4260-601-3158 Hosp. Quality Assurance Revenue	$11,000,000	$0	($11,000,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	$786,032,000	$817,500,000	$31,468,000
4260-601-7502 Demonstration DSH Fund	$552,581,000	$522,839,000	($29,742,000)
4260-601-7503 Health Care Support Fund	$1,405,203,000	$994,576,000	($410,627,000)
4260-601-8033 Distressed Hospital Fund	$527,000	$0	($527,000)
4260-605-0001 100% General Fund	$0	$25,365,000	$25,365,000
4260-605-3167 SNF Quality & Accountability	$0	$20,701,000	$20,701,000
4260-606-0834 MIPA Fund	$586,671,000	$563,945,000	($22,726,000)
4260-607-8502 Low Income Health Program IGT	$503,975,000	$233,311,000	($270,664,000)
4260-610-0995 Reimbursements	$842,825,000	$2,512,122,000	$1,669,297,000
4260-610-3158 Hospital Quality Assurance Revenue	$0	$2,572,000	$2,572,000
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	$66,400,000	$99,600,000	$33,200,000
4260-611-3158 Hospital Quality Assurance Revenue	$4,776,065,000	$3,786,867,000	($989,198,000)
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	$0	($25,365,000)	($25,365,000)
TOTAL MEDI-CAL Benefits	**$56,939,634,000**	**$55,901,309,000**	**($1,038,325,000)**
COUNTY ADMINISTRATION:			
4260-101-0001/0890(1)	$2,704,264,000	$3,457,558,000	$753,294,000
4260-106-0890(1) Money Follow Person Fed. Grant	$369,000	$369,000	$0
4260-107-0890 Prevention of Chronic Disease (MICPD)	$2,970,000	$2,664,000	($306,000)
4260-113-0001/0890 Healthy Families	$53,636,000	$89,794,000	$36,158,000
4260-117-0001/0890 HIPAA	$2,115,000	$3,448,000	$1,333,000
4260-610-0995 Reimbursements	$5,696,000	$10,600,000	$4,904,000
TOTAL COUNTY ADMIN.	**$2,769,050,000**	**$3,564,433,000**	**$795,383,000**
FISCAL INTERMEDIARY:			
4260-101-0001/0890(2)	$299,014,000	$293,164,000	($5,850,000)
4260-113-0001/0890 Healthy Families	$691,000	$697,000	$6,000
4260-117-0001/0890 HIPAA	$37,877,000	$18,727,000	($19,150,000)
4260-610-0995 Reimbursements	$99,000	$86,000	($13,000)
TOTAL FISCAL INTERMEDIARY	**$337,681,000**	**$312,674,000**	**($25,007,000)**
GRAND TOTAL - ALL FUNDS	**$60,046,365,000**	**$59,778,416,000**	**($267,949,000)**

Notes: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
November 2012 Estimate Comparison of FY 2012-13 to FY 2013-14

STATE FUNDS

	FY 2012-13 Estimate	FY 2013-14 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001(3) *	$13,630,136,000	$13,624,570,000	($5,566,000)
4260-101-0080 CLPP Funds	$130,000	$130,000	$0
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	$58,946,000	$58,946,000	$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	$105,000	$105,000	$0
4260-101-0236 Prop. 99 Unallocated Account	$24,589,000	$23,570,000	($1,019,000)
4260-101-3168 Emergency Air Transportation Fund	$15,547,000	$10,010,000	($5,537,000)
4260-102-0001 Capital Debt *	$45,854,000	$46,043,000	$189,000
4260-113-0001 Healthy Families *	$254,283,000	$526,053,000	$271,770,000
4260-601-0942142 Local Trauma Centers	$63,400,000	$38,600,000	($24,800,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	$0	$0	$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	$457,000	$0	($457,000)
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	$106,500,000	$106,500,000	$0
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	$0	$0	$0
4260-601-3156 MCO Tax Fund	$142,622,000	$455,987,000	$313,365,000
4260-601-3158 Hosp. Quality Assurance Revenue	$11,000,000	$0	($11,000,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	$786,032,000	$817,500,000	$31,468,000
4260-601-8033 Distressed Hospital Fund	$527,000	$0	($527,000)
4260-605-0001 100% General Fund	$0	$25,365,000	$25,365,000
4260-605-3167 SNF Quality & Accountability	$0	$20,701,000	$20,701,000
4260-606-0834 MIPA Fund	$586,671,000	$563,945,000	($22,726,000)
4260-607-8502 Low Income Health Program IGT	$503,975,000	$233,311,000	($270,664,000)
4260-610-0995 Reimbursements	$842,825,000	$2,512,122,000	$1,669,297,000
4260-610-3158 Hospital Quality Assurance Revenue	$0	$2,572,000	$2,572,000
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	$66,400,000	$99,600,000	$33,200,000
4260-611-3158 Hospital Quality Assurance Revenue	$4,776,065,000	$3,786,867,000	($989,198,000)
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	$0	($25,365,000)	($25,365,000)
TOTAL MEDI-CAL Benefits	**$21,916,064,000**	**$22,927,132,000**	**$1,011,068,000**
Total Benefits General Fund *	**$14,036,773,000**	**$14,328,531,000**	**$291,758,000**
COUNTY ADMINISTRATION:			
4260-101-0001(1) *	$729,536,000	$785,373,000	$55,837,000
4260-113-0001 Healthy Families *	$17,700,000	$26,212,000	$8,512,000
4260-117-0001 HIPAA *	$167,000	$500,000	$333,000
4260-610-0995 Reimbursements	$5,696,000	$10,600,000	$4,904,000
TOTAL COUNTY ADMIN.	**$753,099,000**	**$822,685,000**	**$69,586,000**
Total Co. Admin. General Fund *	**$747,403,000**	**$812,085,000**	**$64,682,000**
FISCAL INTERMEDIARY:			
4260-101-0001(2) *	$108,147,000	$108,227,000	$80,000
4260-113-0001 Healthy Families *	$242,000	$244,000	$2,000
4260-117-0001 HIPAA *	$4,527,000	$2,030,000	($2,497,000)
4260-610-0995 Reimbursements	$99,000	$86,000	($13,000)
TOTAL FISCAL INTERMEDIARY	**$113,015,000**	**$110,587,000**	**($2,428,000)**
Total FI General Fund *	**$112,916,000**	**$110,501,000**	**($2,415,000)**
GRAND TOTAL - STATE FUNDS	**$22,782,178,000**	**$23,860,404,000**	**$1,078,226,000**
Grand Total General Fund *	**$14,897,092,000**	**$15,251,117,000**	**$354,025,000**

Notes: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
November 2012 Estimate Comparison of FY 2012-13 to FY 2013-14

FEDERAL FUNDS

	FY 2012-13 Estimate	FY 2013-14 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0890(3)	$32,432,608,000	$30,243,223,000	($2,189,385,000)
4260-102-0890 Capital Debt	$45,854,000	$46,043,000	$189,000
4260-106-0890 Money Follow Person Federal Grant	$42,542,000	$41,640,000	($902,000)
4260-113-0890 Healthy Families	$544,782,000	$1,125,856,000	$581,074,000
4260-601-7502 Demonstration DSH Fund	$552,581,000	$522,839,000	($29,742,000)
4260-601-7503 Health Care Support Fund	$1,405,203,000	$994,576,000	($410,627,000)
TOTAL MEDI-CAL Benefits	**$35,023,570,000**	**$32,974,177,000**	**($2,049,393,000)**
COUNTY ADMINISTRATION:			
4260-101-0890(1)	$1,974,728,000	$2,672,185,000	$697,457,000
4260-106-0890(1) Money Follow Person Fed. Grant	$369,000	$369,000	$0
4260-107-0890 Prevention of Chronic Disease (MICPD)	$2,970,000	$2,664,000	($306,000)
4260-113-0890 Healthy Families	$35,936,000	$63,582,000	$27,646,000
4260-117-0890 HIPAA	$1,948,000	$2,948,000	$1,000,000
TOTAL COUNTY ADMIN.	**$2,015,951,000**	**$2,741,748,000**	**$725,797,000**
FISCAL INTERMEDIARY:			
4260-101-0890(2)	$190,867,000	$184,937,000	($5,930,000)
4260-113-0890 Healthy Families	$449,000	$453,000	$4,000
4260-117-0890 HIPAA	$33,350,000	$16,697,000	($16,653,000)
TOTAL FISCAL INTERMEDIARY	**$224,666,000**	**$202,087,000**	**($22,579,000)**
GRAND TOTAL - FEDERAL FUNDS	**$37,264,187,000**	**$35,918,012,000**	**($1,346,175,000)**