

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

**CURRENT  
YEAR**

Fiscal Forecasting and Data Management Branch  
State Department of Health Care Services  
1501 Capitol Avenue, Suite 6069  
Sacramento, CA 95814  
(916) 552-8550



**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. C/Y FFS BASE	\$15,356,325,420	\$7,678,162,710	\$7,678,162,710
B. C/Y BASE POLICY CHANGES	\$21,986,539,000	\$13,198,964,550	\$8,787,574,450
C. BASE ADJUSTMENTS	-\$240,055,000	-\$261,599,600	\$21,544,600
D. ADJUSTED BASE	<u>\$37,102,809,420</u>	<u>\$20,615,527,660</u>	<u>\$16,487,281,760</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$1,017,310,920	\$700,345,430	\$316,965,490
B. AFFORDABLE CARE ACT	\$735,228,370	\$622,007,850	\$113,220,520
C. BENEFITS	\$693,003,870	\$801,971,420	-\$108,967,550
D. PHARMACY	-\$1,645,590,230	-\$799,568,820	-\$846,021,420
E. DRUG MEDI-CAL	-\$7,017,000	-\$4,190,000	-\$2,827,000
F. MENTAL HEALTH	\$172,033,000	\$158,485,000	\$13,548,000
G. WAIVER--MH/UCD & BTR	\$8,294,487,000	\$7,087,261,000	\$1,207,226,000
H. MANAGED CARE	\$1,091,231,000	\$578,007,000	\$513,224,000
I. PROVIDER RATES	-\$824,706,340	-\$412,352,670	-\$412,353,670
J. SUPPLEMENTAL PMNTS.	\$8,747,957,000	\$4,535,388,000	\$4,212,569,000
K. OTHER	\$1,562,886,460	\$1,140,687,730	\$422,198,730
L. TOTAL CHANGES	<u>\$19,836,824,040</u>	<u>\$14,408,041,940</u>	<u>\$5,428,782,100</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$56,939,633,470</u></u>	<u><u>\$35,023,569,600</u></u>	<u><u>\$21,916,063,860</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	\$598,091,000	\$448,435,700	\$149,655,300
2	TRANSITION OF HFP TO MEDI-CAL	\$244,519,000	\$158,937,350	\$85,581,650
3	BREAST AND CERVICAL CANCER TREATMENT	\$140,364,000	\$79,571,050	\$60,792,950
4	CHDP GATEWAY - PREENROLLMENT	\$13,886,000	\$9,025,900	\$4,860,100
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$9,149,000	\$9,149,000	\$0
6	BRIDGE TO HFP	\$7,212,000	\$4,687,800	\$2,524,200
7	REFUGEES	\$4,615,000	\$0	\$4,615,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$2,451,000	\$2,451,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$661,000	\$330,500	\$330,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$303,500
11	250% WORKING DISABLED PROGRAM CHANGES	\$493,500	\$161,870	\$331,630
12	LOMELI V. SHEWRY	\$85,930	\$42,970	\$42,970
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$9,127,400	-\$9,127,400
14	NEW QUALIFIED ALIENS	\$0	-\$64,317,000	\$64,317,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$44,850,150	-\$44,850,150
16	PARIS-FEDERAL	-\$388,000	-\$194,000	-\$194,000
17	PARIS - VETERANS MATCH	-\$866,510	-\$433,260	-\$433,260
18	PARIS-INTERSTATE	-\$3,569,000	-\$1,784,500	-\$1,784,500
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,017,310,920</b>	<b>\$700,345,430</b>	<b>\$316,965,490</b>
<b>AFFORDABLE CARE ACT</b>				
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$21,750
41	FEDERAL DRUG REBATE CHANGE	\$145,000,000	\$0	\$145,000,000
51	MANAGED CARE DRUG REBATES	-\$222,289,000	-\$111,144,500	-\$111,144,500
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$362,637,430	\$328,169,880	\$34,467,550
138	NF-B RATE CHANGES	\$89,838,450	\$44,919,220	\$44,919,220
173	COMMUNITY FIRST CHOICE OPTION	\$360,085,000	\$360,085,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$735,228,370</b>	<b>\$622,007,850</b>	<b>\$113,220,520</b>
<b>BENEFITS</b>				
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$533,309,000	\$533,309,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,634,000	\$138,634,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$35,488,330	\$33,794,250	\$1,694,080
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$8,523,000	\$8,523,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$730,000	\$365,000	\$365,000
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$298,000	\$298,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$225,000	\$225,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$14,302,800	-\$14,302,800
32	ADHC TRANSITION-BENEFITS	-\$21,945,000	-\$10,972,500	-\$10,972,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$84,620,900	-\$84,620,900

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>BENEFITS</b>				
34	HEARING AID CAP	-\$741,820	-\$370,910	-\$370,910
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,927,560	-\$963,780	-\$963,780
36	CERVICAL CANCER SCREENING	-\$4,098,470	-\$2,049,230	-\$2,049,230
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$8,044,550	-\$4,022,270	-\$4,022,270
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$11,059,080	-\$5,529,540	-\$5,529,540
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$16,854,000	-\$8,427,000	-\$8,427,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$693,003,870</b>	<b>\$801,971,420</b>	<b>-\$108,967,550</b>
<b>PHARMACY</b>				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$1,199,520	\$599,760	\$599,760
43	NON FFP DRUGS	\$0	-\$1,672,000	\$1,672,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$9,750,000	-\$5,250,000
45	MEDICAL SUPPLY REBATES	-\$22,722,000	-\$11,361,000	-\$11,361,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$39,543,750	-\$19,771,880	-\$19,771,880
47	FAMILY PACT DRUG REBATES	-\$70,090,000	-\$60,919,400	-\$9,170,600
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,566,400	-\$37,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$106,853,000	-\$53,520,900	-\$53,332,100
50	LITIGATION SETTLEMENTS	-\$220,307,000	\$0	-\$220,307,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,097,274,000	-\$605,607,000	-\$491,667,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,645,590,230</b>	<b>-\$799,568,820</b>	<b>-\$846,021,420</b>
<b>DRUG MEDI-CAL</b>				
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$7,017,000	-\$4,190,000	-\$2,827,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$7,017,000</b>	<b>-\$4,190,000</b>	<b>-\$2,827,000</b>
<b>MENTAL HEALTH</b>				
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$64,187,000	\$64,187,000	\$0
62	HEALTHY FAMILIES - SED	\$21,215,000	\$21,215,000	\$0
63	KATIE A. V. DIANA BONTA	\$9,785,000	\$9,785,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$8,297,000	\$8,297,000	\$0
65	SOLANO COUNTY	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$2,000,000	\$0
67	SPECIALTY MENTAL HEALTH LAWSUIT	\$370,000	\$190,000	\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAID	\$0	-\$6,217,000	\$6,217,000
69	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
71	CHART REVIEW	-\$450,000	-\$450,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$26,634,000	-\$27,785,000	\$1,151,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$90,494,000	\$90,494,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$172,033,000</b>	<b>\$158,485,000</b>	<b>\$13,548,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>				
73	BTR - LIHP - MCE	\$3,089,199,000	\$2,585,224,000	\$503,975,000

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>WAIVER--MH/UCD &amp; BTR</b>				
74	MH/UCD & BTR—DSH PAYMENT	\$1,740,006,000	\$1,139,252,000	\$600,754,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,437,063,000	\$718,531,500	\$718,531,500
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$506,702,000	\$253,351,000	\$253,351,000
77	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$315,881,000	\$315,881,000	\$0
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$249,080,000	\$124,540,000	\$124,540,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$172,800,000	\$86,400,000	\$86,400,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$100,000,000	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PH'	\$98,709,000	\$98,709,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$98,006,000	\$35,325,000	\$62,681,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$81,545,000	\$81,545,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$80,000,000	\$40,000,000	\$40,000,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$72,462,000	\$72,462,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$55,000,000	\$27,500,000	\$27,500,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$48,440,000	\$24,220,000	\$24,220,000
90	MH/UCD—SAFETY NET CARE POOL	\$45,683,000	\$45,683,000	\$0
91	NDPH SAFETY NET CARE POOL	\$45,000,000	\$45,000,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$20,826,000	\$20,826,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	\$510,349,000	-\$493,199,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,252,000	\$2,626,000	\$2,626,000
95	MH/UCD—DISTRESSED HOSPITAL FUND	\$1,054,000	\$527,000	\$527,000
96	MH/UCD & BTR—MIA-LTC	\$0	\$14,493,000	-\$14,493,000
97	MH/UCD & BTR—BCCTP	\$0	\$988,000	-\$988,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$453,592,500	-\$453,592,500
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ,	\$0	\$0	\$0
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$100,000,000	-\$100,000,000
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	-\$9,187,000	\$0
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$77,800,000	\$18,030,000	-\$95,830,000
106	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$42,877,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$200,000,000	-\$200,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$8,294,487,000</b>	<b>\$7,087,261,000</b>	<b>\$1,207,226,000</b>
<b>MANAGED CARE</b>				
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$450,000,000
112	MANAGED CARE RATE RANGE IGTS	\$533,935,000	\$299,597,000	\$234,338,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$388,718,000	\$194,359,000	\$194,359,000
116	MANAGED CARE COST BASED REIMBURSEMENT CL	\$110,417,000	\$55,208,500	\$55,208,500
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$11,896,000	\$6,710,000	\$5,186,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000

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>MANAGED CARE</b>				
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$703,000	-\$351,500	-\$351,500
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$1,797,000	-\$898,500	-\$898,500
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$7,181,000	-\$3,590,500	-\$3,590,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$36,332,000	-\$18,166,000	-\$18,166,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$93,535,000	-\$46,767,500	-\$46,767,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,080,535,000	-\$540,267,500	-\$540,267,500
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$364,348,000	\$182,174,000	\$182,174,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
<b>MANAGED CARE SUBTOTAL</b>		<b>\$1,091,231,000</b>	<b>\$578,007,000</b>	<b>\$513,224,000</b>
<b>PROVIDER RATES</b>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$186,465,910	\$93,232,960	\$93,232,960
139	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$75,803,000	\$37,901,500	\$37,901,500
140	LTC RATE ADJUSTMENT	\$36,196,790	\$18,098,400	\$18,098,400
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCRI	\$35,989,220	\$17,994,610	\$17,994,610
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$23,523,000	\$11,762,000	\$11,761,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,557,250	\$2,778,630	\$2,778,630
144	HOSPICE RATE INCREASES	\$4,593,540	\$2,296,770	\$2,296,770
146	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	\$0
147	DENTAL RETROACTIVE RATE CHANGES	-\$4,197,000	-\$2,098,500	-\$2,098,500
148	LABORATORY RATE METHDOLOGY CHANGE	-\$6,396,840	-\$3,198,420	-\$3,198,420
149	REDUCTION TO RADIOLOGY RATES	-\$24,181,300	-\$12,090,650	-\$12,090,650
150	NON-AB 1629 LTC RATE FREEZE	-\$44,324,000	-\$22,162,000	-\$22,162,000
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$73,502,230	-\$36,751,120	-\$36,751,120
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$70,374,970	-\$35,187,490	-\$35,187,480
153	10% PROVIDER PAYMENT REDUCTION	-\$969,858,710	-\$484,929,360	-\$484,929,360
<b>PROVIDER RATES SUBTOTAL</b>		<b>-\$824,706,340</b>	<b>-\$412,352,670</b>	<b>-\$412,353,670</b>
<b>SUPPLEMENTAL PMNTS.</b>				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,990,981,000	\$3,946,666,000	\$4,044,315,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$218,418,000	\$218,418,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$126,800,000	\$63,400,000	\$63,400,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$120,000,000	\$120,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,976,000	\$66,122,000	\$45,854,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$58,782,000	\$58,782,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$30,000,000	\$15,000,000	\$15,000,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000

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>SUPPLEMENTAL PMNTS.</b>				
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,000,000	\$3,000,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,747,957,000</b>	<b>\$4,535,388,000</b>	<b>\$4,212,569,000</b>
<b>OTHER</b>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$605,750,000	\$605,750,000	\$0
171	AB 97 INJUNCTIONS	\$826,346,000	\$413,173,000	\$413,173,000
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$163,067,000	\$163,067,000	\$0
180	AUDIT SETTLEMENTS	\$14,471,000	\$0	\$14,471,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$11,418,000	\$5,709,000	\$5,709,000
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$4,037,000	\$2,018,500	\$2,018,500
186	INDIAN HEALTH SERVICES	\$2,082,000	\$11,355,500	-\$9,273,500
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
189	CLPP FUNDS	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
191	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$784,550	-\$392,280	-\$392,280
194	FI COST CONTAINMENT PROJECTS	-\$1,520,000	-\$760,000	-\$760,000
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	\$0	-\$1,556,000
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$200,000	-\$3,800,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$4,918,990	-\$2,459,500	-\$2,459,500
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$6,361,500
201	3.6% IHSS REDUCTION	-\$50,212,000	-\$50,212,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$1,562,886,460</b>	<b>\$1,140,687,730</b>	<b>\$422,198,730</b>
	<b>GRAND TOTAL</b>	<b>\$19,836,824,050</b>	<b>\$14,408,041,940</b>	<b>\$5,428,782,110</b>

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

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

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$5,694,158,770	\$3,345,248,000	\$2,348,910,760
PHYSICIANS	\$1,139,622,340	\$708,011,410	\$431,610,930
OTHER MEDICAL	\$2,614,992,110	\$1,554,236,920	\$1,060,755,190
COUNTY OUTPATIENT	\$168,883,410	\$139,089,200	\$29,794,210
COMMUNITY OUTPATIENT	\$1,770,660,910	\$943,910,480	\$826,750,430
<b>PHARMACY</b>	\$1,092,533,280	\$472,001,670	\$620,531,600
<b>HOSPITAL INPATIENT</b>	\$12,374,228,350	\$7,391,699,640	\$4,982,528,710
COUNTY INPATIENT	\$2,733,701,660	\$2,181,935,340	\$551,766,330
COMMUNITY INPATIENT	\$9,640,526,690	\$5,209,764,300	\$4,430,762,390
<b>LONG TERM CARE</b>	\$4,655,252,730	\$2,424,171,730	\$2,231,081,000
NURSING FACILITIES	\$4,272,866,730	\$2,226,329,420	\$2,046,537,320
ICF-DD	\$382,386,000	\$197,842,320	\$184,543,680
<b>OTHER SERVICES</b>	\$1,134,498,290	\$634,069,800	\$500,428,490
MEDICAL TRANSPORTATION	\$164,728,820	\$81,421,710	\$83,307,110
OTHER SERVICES	\$748,327,530	\$438,422,280	\$309,905,250
HOME HEALTH	\$221,441,950	\$114,225,810	\$107,216,140
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$24,950,671,410</b>	<b>\$14,267,190,850</b>	<b>\$10,683,480,570</b>
<b>MANAGED CARE</b>	\$15,761,040,200	\$8,027,870,710	\$7,733,169,490
TWO PLAN MODEL	\$9,175,791,200	\$4,680,773,990	\$4,495,017,210
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,748,234,350	\$2,418,870,820	\$2,329,363,530
GEOGRAPHIC MANAGED CARE	\$1,531,188,940	\$775,389,420	\$755,799,530
PHP & OTHER MANAG. CARE	\$305,825,700	\$152,836,480	\$152,989,210
<b>DENTAL</b>	\$474,642,180	\$241,286,140	\$233,356,030
<b>MENTAL HEALTH</b>	\$1,433,758,900	\$1,426,426,470	\$7,332,430
<b>AUDITS/ LAWSUITS</b>	-\$199,805,000	\$2,020,500	-\$201,825,500
<b>EPSDT SCREENS</b>	\$42,894,620	\$22,419,520	\$20,475,100
<b>MEDICARE PAYMENTS</b>	\$3,952,402,000	\$1,171,428,750	\$2,780,973,250
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$261,259,160	\$261,259,160	\$0
<b>MISC. SERVICES</b>	\$10,503,724,000	\$9,700,267,500	\$803,456,500
<b>RECOVERIES</b>	-\$240,954,000	-\$96,600,000	-\$144,354,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$56,939,633,470</b>	<b>\$35,023,569,600</b>	<b>\$21,916,063,860</b>

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

<u>SERVICE CATEGORY</u>	<u>2012-13 APPROPRIATION</u>	<u>NOV. 2012 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$5,319,039,460	\$5,694,158,770	\$375,119,300	7.05
PHYSICIANS	\$1,014,172,470	\$1,139,622,340	\$125,449,870	12.37
OTHER MEDICAL	\$2,600,041,010	\$2,614,992,110	\$14,951,100	0.58
COUNTY OUTPATIENT	\$156,352,840	\$168,883,410	\$12,530,570	8.01
COMMUNITY OUTPATIENT	\$1,548,473,150	\$1,770,660,910	\$222,187,760	14.35
<b>PHARMACY</b>	\$403,763,070	\$1,092,533,280	\$688,770,210	170.59
<b>HOSPITAL INPATIENT</b>	\$11,409,526,830	\$12,374,228,350	\$964,701,520	8.46
COUNTY INPATIENT	\$2,628,825,400	\$2,733,701,660	\$104,876,260	3.99
COMMUNITY INPATIENT	\$8,780,701,430	\$9,640,526,690	\$859,825,260	9.79
<b>LONG TERM CARE</b>	\$3,640,437,090	\$4,655,252,730	\$1,014,815,640	27.88
NURSING FACILITIES	\$3,375,525,250	\$4,272,866,730	\$897,341,480	26.58
ICF-DD	\$264,911,840	\$382,386,000	\$117,474,150	44.34
<b>OTHER SERVICES</b>	\$1,004,004,060	\$1,134,498,290	\$130,494,240	13.00
MEDICAL TRANSPORTATION	\$351,703,700	\$164,728,820	-\$186,974,880	-53.16
OTHER SERVICES	\$500,735,000	\$748,327,530	\$247,592,530	49.45
HOME HEALTH	\$151,565,350	\$221,441,950	\$69,876,590	46.10
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,776,770,510</b>	<b>\$24,950,671,410</b>	<b>\$3,173,900,910</b>	<b>14.57</b>
<b>MANAGED CARE</b>	\$18,449,190,010	\$15,761,040,200	-\$2,688,149,810	-14.57
TWO PLAN MODEL	\$11,189,112,670	\$9,175,791,200	-\$2,013,321,460	-17.99
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,173,680,690	\$4,748,234,350	-\$425,446,340	-8.22
GEOGRAPHIC MANAGED CARE	\$1,770,712,540	\$1,531,188,940	-\$239,523,590	-13.53
PHP & OTHER MANAG. CARE	\$315,684,110	\$305,825,700	-\$9,858,410	-3.12
<b>DENTAL</b>	\$509,636,490	\$474,642,180	-\$34,994,310	-6.87
<b>MENTAL HEALTH</b>	\$1,920,151,140	\$1,433,758,900	-\$486,392,240	-25.33
<b>AUDITS/ LAWSUITS</b>	\$3,865,000	-\$199,805,000	-\$203,670,000	-5269.60
<b>EPSDT SCREENS</b>	\$48,176,420	\$42,894,620	-\$5,281,800	-10.96
<b>MEDICARE PAYMENTS</b>	\$3,951,251,810	\$3,952,402,000	\$1,150,190	0.03
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$211,024,110	\$261,259,160	\$50,235,050	23.81
<b>MISC. SERVICES</b>	\$9,216,821,000	\$10,503,724,000	\$1,286,903,000	13.96
<b>RECOVERIES</b>	-\$286,256,000	-\$240,954,000	\$45,302,000	-15.83
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$55,800,630,470</b>	<b>\$56,939,633,470</b>	<b>\$1,139,003,000</b>	<b>2.04</b>
<b>STATE FUNDS</b>	<b>\$22,399,813,890</b>	<b>\$21,916,063,860</b>	<b>-\$483,750,020</b>	<b>-2.16</b>

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 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	\$600,407,000	\$146,075,200	\$598,091,000	\$149,655,300	-\$2,316,000	\$3,580,100
2	TRANSITION OF HFP TO MEDI-CAL	\$55,152,000	\$19,303,200	\$244,519,000	\$85,581,650	\$189,367,000	\$66,278,450
3	BREAST AND CERVICAL CANCER TREATMENT	\$138,724,000	\$59,847,150	\$140,364,000	\$60,792,950	\$1,640,000	\$945,800
4	CHDP GATEWAY - PREENROLLMENT	\$10,615,000	\$4,929,950	\$13,886,000	\$4,860,100	\$3,271,000	-\$69,850
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES	\$6,628,000	\$0	\$9,149,000	\$0	\$2,521,000	\$0
6	BRIDGE TO HFP	\$4,828,000	\$1,689,800	\$7,212,000	\$2,524,200	\$2,384,000	\$834,400
7	REFUGEES	\$5,674,000	\$5,674,000	\$4,615,000	\$4,615,000	-\$1,059,000	-\$1,059,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATES	\$0	\$0	\$2,451,000	\$0	\$2,451,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$0	\$0	\$661,000	\$330,500	\$661,000	\$330,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$607,000	\$303,500	-\$6,765,000	-\$3,382,500
11	250% WORKING DISABLED PROGRAM CHANGES	\$464,000	\$318,000	\$1,500,000	\$1,008,000	\$1,036,000	\$690,000
12	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,858,100	\$0	-\$9,127,400	\$0	-\$269,300
14	NEW QUALIFIED ALIENS	\$0	\$99,663,000	\$0	\$64,317,000	\$0	-\$35,346,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$60,354,450	\$0	-\$44,850,150	\$0	\$15,504,300
16	PARIS-FEDERAL	\$0	\$0	-\$388,000	-\$194,000	-\$388,000	-\$194,000
17	PARIS - VETERANS MATCH	-\$742,000	-\$371,000	-\$1,233,650	-\$616,820	-\$491,650	-\$245,820
18	PARIS-INTERSTATE	-\$3,596,000	-\$1,798,000	-\$3,569,000	-\$1,784,500	\$27,000	\$13,500
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$826,030,000</b>	<b>\$270,056,750</b>	<b>\$1,018,368,350</b>	<b>\$317,667,330</b>	<b>\$192,338,350</b>	<b>\$47,610,580</b>
<b>AFFORDABLE CARE ACT</b>							
21	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$43,510	-\$21,750	-\$43,510	-\$21,750
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$108,000,000	\$145,000,000	\$145,000,000	\$37,000,000	\$37,000,000
51	MANAGED CARE DRUG REBATES	-\$316,347,000	-\$158,173,500	-\$222,289,000	-\$111,144,500	\$94,058,000	\$47,029,000
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$372,992,000	\$38,744,500	\$362,637,430	\$34,467,550	-\$10,354,570	-\$4,276,950

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
138	NF-B RATE CHANGES	\$101,472,000	\$50,736,000	\$89,838,450	\$44,919,220	-\$11,633,560	-\$5,816,780
173	COMMUNITY FIRST CHOICE OPTION	\$411,121,000	\$0	\$360,085,000	\$0	-\$51,036,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$677,238,000</b>	<b>\$39,307,000</b>	<b>\$735,228,370</b>	<b>\$113,220,520</b>	<b>\$57,990,370</b>	<b>\$73,913,520</b>
<b><u>BENEFITS</u></b>							
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$651,423,000	\$0	\$533,309,000	\$0	-\$118,114,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$115,122,000	\$0	\$138,634,000	\$0	\$23,512,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,614,000	\$20,232,000	\$40,464,000	\$20,232,000	\$850,000	\$0
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$12,704,000	\$3,176,000	\$45,898,000	\$2,191,000	\$33,194,000	-\$985,000
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$2,100,000	\$0	\$8,523,000	\$0	\$6,423,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$0	\$0	\$730,000	\$365,000	\$730,000	\$365,000
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$752,000	\$0	\$298,000	\$0	-\$454,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$123,000	\$0	\$225,000	\$0	\$102,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$0	\$0	\$3,000	\$300	\$3,000	\$300
31	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$9,535,200	\$0	-\$14,302,800	\$0	-\$4,767,600
32	ADHC TRANSITION-BENEFITS	\$309,744,000	\$154,872,000	-\$21,945,000	-\$10,972,500	-\$331,689,000	-\$165,844,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$92,041,950	\$0	-\$84,620,900	\$0	\$7,421,050
34	HEARING AID CAP	-\$764,000	-\$382,000	-\$741,810	-\$370,910	\$22,190	\$11,090
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$4,421,000	-\$2,210,500	\$0	\$0
36	CERVICAL CANCER SCREENING	\$0	\$0	-\$4,098,470	-\$2,049,230	-\$4,098,470	-\$2,049,230
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$37,519,440	-\$18,759,720	-\$8,044,550	-\$4,022,270	\$29,474,900	\$14,737,450
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,251,000	-\$6,625,500	-\$14,303,000	-\$7,151,500	-\$1,052,000	-\$526,000
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$14,291,000	-\$7,145,500	-\$16,854,000	-\$8,427,000	-\$2,563,000	-\$1,281,500
--	ADULT DAY HEALTH CARE - CDA	\$327,635,000	\$163,817,500	\$0	\$0	-\$327,635,000	-\$163,817,500
--	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$246,000	-\$246,000	\$0	\$0	\$246,000	\$246,000

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
--	ELIMINATE ADHC SERVICES	-\$361,802,000	-\$180,901,000	\$0	\$0	\$361,802,000	\$180,901,000
--	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,997,000	-\$4,498,500	\$0	\$0	\$8,997,000	\$4,498,500
--	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$29,277,000	-\$14,638,500	\$0	\$0	\$29,277,000	\$14,638,500
--	PHARMACY COPAYMENTS	-\$26,116,000	-\$13,058,000	\$0	\$0	\$26,116,000	\$13,058,000
--	VALUE BASED PURCHASING	-\$60,000,000	-\$30,000,000	\$0	\$0	\$60,000,000	\$30,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$902,532,560</b>	<b>-\$37,944,870</b>	<b>\$697,676,170</b>	<b>-\$111,339,310</b>	<b>-\$204,856,390</b>	<b>-\$73,394,440</b>
<b>PHARMACY</b>							
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200	\$0	\$0
43	NON FFP DRUGS	\$0	\$1,488,000	\$0	\$1,672,000	\$0	\$184,000
44	BCCTP DRUG REBATES	-\$14,000,000	-\$4,900,000	-\$15,000,000	-\$5,250,000	-\$1,000,000	-\$350,000
45	MEDICAL SUPPLY REBATES	-\$24,900,000	-\$12,450,000	-\$22,722,000	-\$11,361,000	\$2,178,000	\$1,089,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,715,000	-\$28,357,500	-\$39,543,750	-\$19,771,880	\$17,171,250	\$8,585,630
47	FAMILY PACT DRUG REBATES	-\$70,417,000	-\$9,213,300	-\$70,090,000	-\$9,170,600	\$327,000	\$42,700
48	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,430,000	-\$75,000,000	-\$37,433,600	-\$20,000,000	-\$10,003,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$95,942,000	-\$47,848,600	-\$106,853,000	-\$53,332,100	-\$10,911,000	-\$5,483,500
50	LITIGATION SETTLEMENTS	\$0	\$0	-\$220,307,000	-\$220,307,000	-\$220,307,000	-\$220,307,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,100,415,000	-\$548,803,500	-\$1,097,274,000	-\$491,667,000	\$3,141,000	\$57,136,500
--	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$22,214,000	\$11,107,000	\$0	\$0	-\$22,214,000	-\$11,107,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,390,384,600</b>	<b>-\$664,012,700</b>	<b>-\$1,641,999,350</b>	<b>-\$844,225,980</b>	<b>-\$251,614,750</b>	<b>-\$180,213,280</b>
<b>DRUG MEDI-CAL</b>							
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$0	\$0	-\$7,017,000	-\$2,827,000	-\$7,017,000	-\$2,827,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$7,017,000</b>	<b>-\$2,827,000</b>	<b>-\$7,017,000</b>	<b>-\$2,827,000</b>

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MENTAL HEALTH</b>							
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$175,073,000	\$0	\$64,187,000	\$0	-\$110,886,000	\$0
62	HEALTHY FAMILIES - SED	\$0	\$0	\$21,215,000	\$0	\$21,215,000	\$0
63	KATIE A. V. DIANA BONTA	\$0	\$0	\$9,785,000	\$0	\$9,785,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$0	\$0	\$8,297,000	\$0	\$8,297,000	\$0
65	SOLANO COUNTY	\$0	\$0	\$2,769,000	\$0	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$0	\$0	\$2,000,000	\$0	\$2,000,000	\$0
67	SPECIALTY MENTAL HEALTH LAWSUIT	\$0	\$0	\$370,000	\$180,000	\$370,000	\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$6,227,000	\$0	\$6,217,000	\$0	-\$10,000
69	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
71	CHART REVIEW	\$0	\$0	-\$450,000	\$0	-\$450,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	-\$26,634,000	\$1,151,000	-\$26,634,000	\$1,151,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$0	\$0	\$90,494,000	\$0	\$90,494,000	\$0
<b>MENTAL HEALTH SUBTOTAL</b>		<b>\$175,073,000</b>	<b>\$12,227,000</b>	<b>\$172,033,000</b>	<b>\$13,548,000</b>	<b>-\$3,040,000</b>	<b>\$1,321,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
73	BTR - LIHP - MCE	\$2,325,678,000	\$581,864,000	\$3,089,199,000	\$503,975,000	\$763,521,000	-\$77,889,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,719,634,000	\$596,991,000	\$1,740,006,000	\$600,754,000	\$20,372,000	\$3,763,000
75	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,375,000,000	\$687,500,000	\$1,437,063,000	\$718,531,500	\$62,063,000	\$31,031,500
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$477,937,000	\$238,968,500	\$506,702,000	\$253,351,000	\$28,765,000	\$14,382,500
77	BTR—SAFETY NET CARE POOL	\$390,166,000	\$0	\$390,166,000	\$0	\$0	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$301,431,000	\$78,370,000	\$315,881,000	\$0	\$14,450,000	-\$78,370,000
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$302,844,000	\$151,422,000	\$249,080,000	\$124,540,000	-\$53,764,000	-\$26,882,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$190,000,000	\$95,000,000	\$172,800,000	\$86,400,000	-\$17,200,000	-\$8,600,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$0	\$100,000,000	\$0	\$0	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PHYS	\$70,703,000	\$0	\$98,709,000	\$0	\$28,006,000	\$0

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>WAIVER--MH/UCD &amp; BTR</b>							
83	MH/UCD—STABILIZATION FUNDING	\$105,756,000	\$58,541,000	\$98,006,000	\$62,681,000	-\$7,750,000	\$4,140,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$159,300,000	\$0	\$81,545,000	\$0	-\$77,755,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$90,000,000	\$45,000,000	\$80,000,000	\$40,000,000	-\$10,000,000	-\$5,000,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$75,223,000	\$0	\$72,462,000	\$0	-\$2,761,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$0	\$71,004,000	\$0	\$0	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$225,000,000	\$112,500,000	\$55,000,000	\$27,500,000	-\$170,000,000	-\$85,000,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$87,825,000	\$43,912,500	\$48,440,000	\$24,220,000	-\$39,385,000	-\$19,692,500
90	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$0	\$45,683,000	\$0	\$2,948,000	\$0
91	NDPH SAFETY NET CARE POOL	\$40,000,000	\$0	\$45,000,000	\$0	\$5,000,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$5,000,000	\$0	\$20,826,000	\$0	\$15,826,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	-\$312,823,000	\$17,150,000	-\$493,199,000	-\$32,150,000	-\$180,376,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,236,000	\$2,618,000	\$5,252,000	\$2,626,000	\$16,000	\$8,000
95	MH/UCD—DISTRESSED HOSPITAL FUND	\$0	\$0	\$1,054,000	\$527,000	\$1,054,000	\$527,000
96	MH/UCD & BTR—MIA-LTC	\$0	-\$14,493,000	\$0	-\$14,493,000	\$0	\$0
97	MH/UCD & BTR—BCCTP	\$0	-\$988,000	\$0	-\$988,000	\$0	\$0
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$449,298,500	\$0	-\$453,592,500	\$0	-\$4,294,000
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$100,000,000	\$0	-\$100,000,000	\$0	\$0
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000	\$0	\$0
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	\$0	-\$9,187,000	\$0	\$0	\$0
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000	\$0	\$0
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$71,660,000	-\$95,830,000	-\$77,800,000	-\$95,830,000	-\$6,140,000	\$0
106	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000	\$0	\$0
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$200,000,000	-\$27,654,500	-\$200,000,000	\$0	\$0	\$27,654,500
<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>		<b>\$7,769,371,000</b>	<b>\$1,611,823,000</b>	<b>\$8,294,487,000</b>	<b>\$1,207,226,000</b>	<b>\$525,116,000</b>	<b>-\$404,597,000</b>

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000	\$0	\$0
112	MANAGED CARE RATE RANGE IGTS	\$525,946,000	\$234,345,000	\$533,935,000	\$234,338,000	\$7,989,000	-\$7,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$0	\$0	\$388,718,000	\$194,359,000	\$388,718,000	\$194,359,000
116	MANAGED CARE COST BASED REIMBURSEMENT CLIN	\$90,073,000	\$45,036,500	\$110,417,000	\$55,208,500	\$20,344,000	\$10,172,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$20,704,000	\$10,424,000	\$11,896,000	\$5,186,000	-\$8,808,000	-\$5,238,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$743,000	-\$371,500	-\$703,000	-\$351,500	\$40,000	\$20,000
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,818,000	-\$2,409,000	-\$1,797,000	-\$898,500	\$3,021,000	\$1,510,500
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,360,000	-\$2,680,000	-\$7,181,000	-\$3,590,500	-\$1,821,000	-\$910,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	\$0	\$0	-\$36,332,000	-\$18,166,000	-\$36,332,000	-\$18,166,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$96,406,000	-\$48,203,000	-\$93,535,000	-\$46,767,500	\$2,871,000	\$1,435,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,198,255,000	-\$599,127,500	-\$1,080,535,000	-\$540,267,500	\$117,720,000	\$58,860,000
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$435,505,000	\$217,752,500	\$364,348,000	\$182,174,000	-\$71,157,000	-\$35,578,500
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
--	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,682,000	\$1,341,000	\$0	\$0	-\$2,682,000	-\$1,341,000
--	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
--	MANDATORY SPD ENROLLMENT INTO MANAGED CARE	-\$303,007,000	-\$151,503,500	\$0	\$0	\$303,007,000	\$151,503,500
--	TRANSFER OF IHSS COSTS TO CDSS	\$495,430,000	\$495,430,000	\$0	\$0	-\$495,430,000	-\$495,430,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$863,751,000</b>	<b>\$652,034,500</b>	<b>\$1,091,231,000</b>	<b>\$513,224,000</b>	<b>\$227,480,000</b>	<b>-\$138,810,500</b>
<b>PROVIDER RATES</b>							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$199,721,320	\$99,860,660	\$187,648,100	\$93,824,050	-\$12,073,220	-\$6,036,610

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PROVIDER RATES</b>							
139	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$192,568,000	\$96,284,000	\$75,803,000	\$37,901,500	-\$116,765,000	-\$58,382,500
140	LTC RATE ADJUSTMENT	\$49,325,240	\$24,662,620	\$36,196,790	\$18,098,400	-\$13,128,450	-\$6,564,220
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$74,049,000	\$37,024,500	\$35,989,220	\$17,994,610	-\$38,059,780	-\$19,029,890
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$24,044,000	\$12,022,000	\$23,523,000	\$11,761,000	-\$521,000	-\$261,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$12,421,520	\$6,210,760	\$11,043,820	\$5,521,910	-\$1,377,700	-\$688,850
144	HOSPICE RATE INCREASES	\$11,088,830	\$5,544,410	\$6,701,980	\$3,350,990	-\$4,386,840	-\$2,193,420
146	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0
147	DENTAL RETROACTIVE RATE CHANGES	-\$9,107,000	-\$4,553,500	-\$4,197,000	-\$2,098,500	\$4,910,000	\$2,455,000
148	LABORATORY RATE METHDOLOGY CHANGE	-\$15,384,000	-\$7,692,000	-\$6,396,840	-\$3,198,420	\$8,987,160	\$4,493,580
149	REDUCTION TO RADIOLOGY RATES	-\$48,994,000	-\$24,497,000	-\$24,181,300	-\$12,090,650	\$24,812,700	\$12,406,350
150	NON-AB 1629 LTC RATE FREEZE	-\$76,878,000	-\$38,439,000	-\$44,324,000	-\$22,162,000	\$32,554,000	\$16,277,000
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	-\$146,496,000	-\$73,248,000	-\$73,502,230	-\$36,751,120	\$72,993,770	\$36,496,880
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$145,719,000	-\$72,859,500	-\$89,399,100	-\$44,699,550	\$56,319,900	\$28,159,950
153	10% PROVIDER PAYMENT REDUCTION	-\$764,182,000	-\$382,091,000	-\$1,041,067,740	-\$520,533,870	-\$276,885,740	-\$138,442,870
--	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$46,643,000	\$23,321,500	\$0	\$0	-\$46,643,000	-\$23,321,500
--	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT CI	\$102,948,000	\$51,474,000	\$0	\$0	-\$102,948,000	-\$51,474,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$528,925,090</b>	<b>-\$264,462,540</b>	<b>-\$941,136,300</b>	<b>-\$470,568,650</b>	<b>-\$412,211,210</b>	<b>-\$206,106,110</b>
<b>SUPPLEMENTAL PMNTS.</b>							
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,827,754,000	\$3,961,827,000	\$7,990,981,000	\$4,044,315,000	\$163,227,000	\$82,488,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$0	\$218,418,000	\$0	\$44,911,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$126,800,000	\$63,400,000	\$59,670,000	\$29,835,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$195,000,000	\$0	\$120,000,000	\$0	-\$75,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,214,000	\$45,343,500	\$111,976,000	\$45,854,000	\$762,000	\$510,500
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$58,782,000	\$0	\$26,782,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$30,000,000	\$15,000,000	-\$70,000,000	-\$35,000,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$4,000,000	\$0	\$3,000,000	\$0	-\$1,000,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000	\$0	\$0
--	GROUND EMT PAYMENT	\$218,645,000	\$0	\$0	\$0	-\$218,645,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,517,250,000</b>	<b>\$3,984,735,500</b>	<b>\$8,447,957,000</b>	<b>\$4,062,569,000</b>	<b>-\$69,293,000</b>	<b>\$77,833,500</b>
<b>OTHER</b>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$468,775,000	\$0	\$605,750,000	\$0	\$136,975,000	\$0
171	AB 97 INJUNCTIONS	\$174,555,000	\$87,277,500	\$826,346,000	\$413,173,000	\$651,791,000	\$325,895,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$212,509,000	\$0	\$163,067,000	\$0	-\$49,442,000	\$0
180	AUDIT SETTLEMENTS	\$0	\$0	\$14,471,000	\$14,471,000	\$14,471,000	\$14,471,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$11,418,000	\$5,709,000	\$0	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$5,203,000	\$2,601,500	\$4,037,000	\$2,018,500	-\$1,166,000	-\$583,000
186	INDIAN HEALTH SERVICES	\$1,463,000	-\$9,838,500	\$2,082,000	-\$9,273,500	\$619,000	\$565,000
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
189	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
191	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$20,000,000	-\$10,000,000	-\$784,550	-\$392,280	\$19,215,450	\$9,607,730
194	FI COST CONTAINMENT PROJECTS	-\$1,032,800	-\$516,400	-\$1,520,000	-\$760,000	-\$487,200	-\$243,600
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	\$0	\$0

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

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

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$19,000,000	-\$4,000,000	-\$3,800,000	\$16,000,000	\$15,200,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$10,895,510	-\$5,447,760	-\$7,170,540	-\$3,585,270	\$3,724,970	\$1,862,490
199	FQHC/RHC AUDIT STAFFING	-\$6,044,000	-\$3,022,000	-\$12,723,000	-\$6,361,500	-\$6,679,000	-\$3,339,500
201	3.6% IHSS REDUCTION	\$0	\$0	-\$50,212,000	\$0	-\$50,212,000	\$0
--	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	\$0	\$0	\$6,500,000	\$3,250,000
--	HEALTHY FAMILIES - CDMH	\$21,099,000	\$0	\$0	\$0	-\$21,099,000	\$0
--	RECONCILIATION WITH THE BUDGET ACT	-\$104,666,000	-\$31,872,350	\$0	\$0	\$104,666,000	\$31,872,350
--	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
--	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	-\$12,332,000	-\$12,332,000	\$0	\$0	\$12,332,000	\$12,332,000
--	TRIGGER CUTS TO CDSS FOR IHSS	-\$325,420,000	\$0	\$0	\$0	\$325,420,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$398,005,680</b>	<b>\$10,182,990</b>	<b>\$1,560,634,910</b>	<b>\$421,072,960</b>	<b>\$1,162,629,230</b>	<b>\$410,889,960</b>
	<b>GRAND TOTAL</b>	<b>\$18,209,941,550</b>	<b>\$5,613,946,630</b>	<b>\$19,427,463,150</b>	<b>\$5,219,566,860</b>	<b>\$1,217,521,600</b>	<b>-\$394,379,760</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 NOVEMBER 2012 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$32,358,200	\$3,924,780	\$172,294,830	\$69,612,920	\$4,660,400	\$92,990
OTHER MEDICAL	\$62,607,060	\$11,154,650	\$363,307,060	\$349,907,130	\$10,026,020	\$337,070
COUNTY OUTPATIENT	\$489,910	\$192,080	\$10,397,410	\$1,869,540	\$142,080	\$210
COMMUNITY OUTPATIENT	\$10,227,080	\$2,089,030	\$130,485,970	\$34,258,360	\$810,150	\$17,290
PHARMACY	\$21,048,960	\$8,797,350	\$548,284,720	\$90,218,750	\$8,866,280	\$182,090
COUNTY INPATIENT	\$7,535,030	\$1,506,220	\$110,620,420	\$23,677,920	\$2,010,960	\$95,730
COMMUNITY INPATIENT	\$199,237,550	\$20,449,860	\$827,795,610	\$258,092,900	\$28,058,080	\$768,390
NURSING FACILITIES	\$476,433,040	\$21,935,790	\$719,233,520	\$2,568,110	\$1,891,558,560	\$8,205,880
ICF-DD	\$367,530	\$8,551,740	\$168,026,000	\$299,650	\$25,569,270	\$2,870,090
MEDICAL TRANSPORTATION	\$21,138,950	\$4,478,490	\$53,657,770	\$4,984,720	\$6,225,310	\$142,770
OTHER SERVICES	\$160,320,460	\$10,691,420	\$228,501,870	\$32,734,450	\$75,191,320	\$199,900
HOME HEALTH	\$499,180	\$11,885,630	\$114,062,440	\$3,784,810	\$8,240	\$0
<b>FFS SUBTOTAL</b>	<b>\$992,262,950</b>	<b>\$105,657,050</b>	<b>\$3,446,667,610</b>	<b>\$872,009,250</b>	<b>\$2,053,126,670</b>	<b>\$12,912,400</b>
DENTAL	\$22,185,850	\$1,171,400	\$53,511,950	\$79,687,080	\$2,539,650	\$12,980
TWO PLAN MODEL	\$125,412,550	\$36,315,480	\$2,244,113,380	\$1,534,656,870	-\$121,360	-\$121,360
COUNTY ORGANIZED HEALTH SYSTEMS	\$206,965,600	\$21,767,090	\$1,020,710,820	\$339,427,610	\$586,350,570	\$2,174,000
GEOGRAPHIC MANAGED CARE	\$24,551,200	\$7,236,250	\$444,452,560	\$260,720,360	-\$17,190	-\$17,190
PHP & OTHER MANAG. CARE	\$84,349,580	\$2,534,400	\$56,489,170	\$10,787,050	\$5,768,180	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$11,098,370	\$0	\$0
MEDICARE PAYMENTS	\$1,207,717,130	\$63,723,650	\$1,847,318,240	\$0	\$165,278,390	\$1,919,800
STATE HOSP./DEVELOPMENTAL CNTRS.	\$101,380	\$1,435,960	\$54,984,820	\$600,880	\$13,049,980	\$1,038,460
MISC. SERVICES	\$695,486,280	\$36,649,190	\$3,591,198,710	\$1,024,660	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$2,366,769,560</b>	<b>\$170,833,420</b>	<b>\$9,312,779,650</b>	<b>\$2,238,002,890</b>	<b>\$772,848,230</b>	<b>\$5,006,700</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$3,359,032,520</b>	<b>\$276,490,470</b>	<b>\$12,759,447,260</b>	<b>\$3,110,012,140</b>	<b>\$2,825,974,900</b>	<b>\$17,919,110</b>
<b>ELIGIBLES ***</b>	<b>410,900</b>	<b>21,600</b>	<b>989,000</b>	<b>1,425,800</b>	<b>46,800</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$8,175</b>	<b>\$12,800</b>	<b>\$12,901</b>	<b>\$2,181</b>	<b>\$60,384</b>	<b>\$89,596</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$681</b>	<b>\$1,067</b>	<b>\$1,075</b>	<b>\$182</b>	<b>\$5,032</b>	<b>\$7,466</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: 71. Refer to page following report for listing.**

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 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	\$8,359,980	\$27,047,710	\$179,540	\$56,199,510	\$334,299,270	\$35,454,180
OTHER MEDICAL	\$8,001,850	\$71,682,870	\$1,263,170	\$118,035,750	\$921,813,230	\$120,553,900
COUNTY OUTPATIENT	\$439,540	\$2,355,080	\$13,570	\$7,648,420	\$21,675,730	\$2,767,090
COMMUNITY OUTPATIENT	\$1,123,840	\$13,076,390	\$185,840	\$30,334,240	\$122,561,700	\$15,783,380
PHARMACY	\$13,666,490	\$15,204,840	\$136,100	\$55,480,420	\$196,821,020	\$50,667,420
COUNTY INPATIENT	\$28,917,080	\$25,126,110	\$732,210	\$223,301,950	\$197,988,630	\$12,734,140
COMMUNITY INPATIENT	\$46,615,860	\$101,915,820	\$600,650	\$368,671,330	\$1,122,290,150	\$90,316,750
NURSING FACILITIES	\$523,613,670	\$237,853,150	\$501,910	\$78,811,140	\$15,094,140	\$5,852,440
ICF-DD	\$152,993,400	\$902,340	\$0	\$4,810,460	\$737,940	\$2,538,510
MEDICAL TRANSPORTATION	\$3,538,800	\$15,727,750	\$222,710	\$23,399,320	\$16,289,440	\$2,200,570
OTHER SERVICES	\$13,637,320	\$51,054,700	\$118,060	\$42,620,180	\$87,526,770	\$15,539,710
HOME HEALTH	\$23,390	\$573,960	\$397,180	\$56,400,440	\$8,925,030	\$12,001,690
<b>FFS SUBTOTAL</b>	<b>\$800,931,210</b>	<b>\$562,520,730</b>	<b>\$4,350,950</b>	<b>\$1,065,713,160</b>	<b>\$3,046,023,070</b>	<b>\$366,409,790</b>
DENTAL	\$811,970	\$15,939,480	\$31,750	\$9,504,160	\$191,046,750	\$24,571,400
TWO PLAN MODEL	-\$121,360	\$302,493,650	\$1,245,280	\$205,482,450	\$2,876,377,660	\$89,293,340
COUNTY ORGANIZED HEALTH SYSTEMS	\$221,567,810	\$170,916,770	\$510,890	\$240,260,180	\$919,628,330	\$56,031,370
GEOGRAPHIC MANAGED CARE	-\$17,190	\$34,366,360	\$60,220	\$28,878,290	\$402,134,170	\$12,774,940
PHP & OTHER MANAG. CARE	\$364,280	\$59,510,920	\$105,940	\$7,450,940	\$25,393,380	\$1,680,600
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$27,507,880	\$1,697,610
MEDICARE PAYMENTS	\$39,510,040	\$364,675,640	\$1,919,800	\$237,260,950	\$23,078,350	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$179,063,390	\$28,400	\$25,600	\$293,990	\$130,230	\$406,390
MISC. SERVICES	\$0	\$500,193,590	\$1,018,030	\$636,246,840	\$2,455,290	\$355,950
<b>NON-FFS SUBTOTAL</b>	<b>\$441,178,950</b>	<b>\$1,448,124,820</b>	<b>\$4,917,510</b>	<b>\$1,365,377,790</b>	<b>\$4,467,752,040</b>	<b>\$186,811,600</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,242,110,160</b>	<b>\$2,010,645,550</b>	<b>\$9,268,460</b>	<b>\$2,431,090,950</b>	<b>\$7,513,775,110</b>	<b>\$553,221,390</b>
<b>ELIGIBLES ***</b>	<b>15,000</b>	<b>297,800</b>	<b>600</b>	<b>176,300</b>	<b>3,533,900</b>	<b>487,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$82,807</b>	<b>\$6,752</b>	<b>\$15,447</b>	<b>\$13,788</b>	<b>\$2,126</b>	<b>\$1,134</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,901</b>	<b>\$563</b>	<b>\$1,287</b>	<b>\$1,149</b>	<b>\$177</b>	<b>\$94</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: 71. Refer to page following report for listing.**

**FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON NOVEMBER 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	\$2,324,860	\$401,340	\$21,031,520	\$214,830,310	\$4,697,790	\$5,209,000
OTHER MEDICAL	\$1,804,670	\$1,199,870	\$43,149,950	\$251,318,630	\$34,472,090	\$24,022,470
COUNTY OUTPATIENT	\$148,740	\$218,560	\$4,498,790	\$4,912,590	\$139,510	\$265,760
COMMUNITY OUTPATIENT	\$428,290	\$133,250	\$5,179,810	\$28,625,890	\$3,129,790	\$3,920,510
PHARMACY	\$2,918,240	\$889,350	\$16,793,520	\$13,677,730	\$2,206,940	\$5,595,840
COUNTY INPATIENT	\$1,195,300	\$23,150	\$50,838,280	\$50,055,470	\$757,750	\$1,329,930
COMMUNITY INPATIENT	\$5,081,300	\$246,760	\$85,124,240	\$425,131,410	\$12,141,410	\$17,658,160
NURSING FACILITIES	\$35,622,610	\$1,620	\$22,046,590	\$154,970	\$520,060	\$499,690
ICF-DD	\$436,300	\$0	\$445,260	\$0	\$0	\$6,930
MEDICAL TRANSPORTATION	\$262,130	\$14,510	\$3,932,720	\$1,986,940	\$134,010	\$205,410
OTHER SERVICES	\$787,020	\$20,700	\$1,849,110	\$12,892,680	\$7,489,950	\$4,079,340
HOME HEALTH	\$4,510	\$130	\$12,600	\$1,363,960	\$1,139,780	\$1,250,950
<b>FFS SUBTOTAL</b>	<b>\$51,013,980</b>	<b>\$3,149,240</b>	<b>\$254,902,400</b>	<b>\$1,004,950,590</b>	<b>\$66,829,090</b>	<b>\$64,043,980</b>
DENTAL	\$98,010	\$114,510	\$210,730	\$582,450	\$39,234,650	\$21,957,420
TWO PLAN MODEL	\$324,420	\$952,440	\$0	\$52,244,410	\$226,563,490	\$140,899,630
COUNTY ORGANIZED HEALTH SYSTEMS	\$565,010	\$0	\$1,879,390	\$29,597,940	\$92,970,900	\$52,381,310
GEOGRAPHIC MANAGED CARE	\$50,030	\$381,740	\$0	\$11,286,920	\$49,266,580	\$35,541,830
PHP & OTHER MANAG. CARE	\$12,520	\$0	\$0	\$1,034,070	\$1,086,920	\$1,159,960
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,226,560	\$1,353,820
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$16,060	\$0	\$194,080	\$78,450	\$0	\$237,930
MISC. SERVICES	\$720	\$0	\$0	\$71,630	\$128,340	\$60,770
<b>NON-FFS SUBTOTAL</b>	<b>\$1,066,760</b>	<b>\$1,448,690</b>	<b>\$2,284,210</b>	<b>\$94,895,870</b>	<b>\$410,477,440</b>	<b>\$253,592,670</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$52,080,740</b>	<b>\$4,597,930</b>	<b>\$257,186,610</b>	<b>\$1,099,846,470</b>	<b>\$477,306,530</b>	<b>\$317,636,650</b>
<b>ELIGIBLES ***</b>	<b>1,800</b>	<b>2,400</b>	<b>62,000</b>	<b>188,200</b>	<b>352,400</b>	<b>173,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$28,934</b>	<b>\$1,916</b>	<b>\$4,148</b>	<b>\$5,844</b>	<b>\$1,354</b>	<b>\$1,827</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$2,411</b>	<b>\$160</b>	<b>\$346</b>	<b>\$487</b>	<b>\$113</b>	<b>\$152</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: 71. Refer to page following report for listing.**

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

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$992,979,130
OTHER MEDICAL	\$2,394,657,430
COUNTY OUTPATIENT	\$58,174,590
COMMUNITY OUTPATIENT	\$402,370,800
PHARMACY	\$1,051,456,070
COUNTY INPATIENT	\$738,446,290
COMMUNITY INPATIENT	\$3,610,196,240
NURSING FACILITIES	\$4,040,506,910
ICF-DD	\$368,555,430
MEDICAL TRANSPORTATION	\$158,542,330
OTHER SERVICES	\$745,254,980
HOME HEALTH	\$212,333,910
<b>FFS SUBTOTAL</b>	<b>\$14,773,474,110</b>
DENTAL	\$463,212,180
TWO PLAN MODEL	\$7,836,010,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,963,705,600
GEOGRAPHIC MANAGED CARE	\$1,311,649,900
PHP & OTHER MANAG. CARE	\$257,727,920
EPSDT SCREENS	\$42,884,250
MEDICARE PAYMENTS	\$3,952,402,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$251,686,000
MISC. SERVICES	\$5,464,890,000
<b>NON-FFS SUBTOTAL</b>	<b>\$23,544,168,820</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$38,317,642,930</b>
<b>ELIGIBLES ***</b>	<b>8,186,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,681</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$390</b>

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

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

**Excluded policy changes: 71. Refer to page following report for listing.**

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

## EXCLUDED POLICY CHANGES: 71

3	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
6	BRIDGE TO HFP
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION
33	SCHIP FUNDING FOR PRENATAL CARE
47	FAMILY PACT DRUG REBATES
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
73	BTR - LIHP - MCE
74	MH/UCD & BTR—DSH PAYMENT
75	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
77	BTR—SAFETY NET CARE POOL
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYME
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
81	BTR—INCREASE SAFETY NET CARE POOL
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PHYS. COST
83	MH/UCD—STABILIZATION FUNDING
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
87	MH/UCD & BTR—CCS AND GHPP
90	MH/UCD—SAFETY NET CARE POOL
91	NDPH SAFETY NET CARE POOL
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
93	BTR—DESIGNATED STATE HEALTH PROGRAMS
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
95	MH/UCD—DISTRESSED HOSPITAL FUND
96	MH/UCD & BTR—MIA-LTC
97	MH/UCD & BTR—BCCTP
98	MH/UCD & BTR—DPH INTERIM RATE

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

## EXCLUDED POLICY CHANGES: 71

99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS
106	HOSPITAL STABILIZATION
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNI
113	TRANSFER OF IHSS COSTS TO CDSS
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
147	DENTAL RETROACTIVE RATE CHANGES
154	HOSPITAL QAF - HOSPITAL PAYMENTS
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
156	FFP FOR LOCAL TRAUMA CENTERS
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
158	CAPITAL PROJECT DEBT REIMBURSEMENT
159	NDPH IGT SUPPLEMENTAL PAYMENTS
160	CERTIFICATION PAYMENTS FOR DP-NFS
161	IGT FOR NON-SB 1100 HOSPITALS
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM
170	ARRA HITECH - PROVIDER PAYMENTS
178	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
180	AUDIT SETTLEMENTS
181	CDDS DENTAL SERVICES
189	CLPP FUNDS
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE
191	FIRST 5 CALIFORNIA FUNDING
192	TRANSFER OF IHSS COSTS TO DHCS

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

EXCLUDED POLICY CHANGES: 71

198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
203	HOSPITAL QAF PROGRAM CHANGES
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
209	EXTEND GROSS PREMIUM TAX
	SISKIYOU COUNTY REIMBURSEMENT