

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

**BUDGET  
YEAR**

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

Diana Dooley  
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California Health and Human Services Agency

Toby Douglas  
Director  
Department of Health Care Services

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2013-14

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$16,255,029,230	\$8,127,514,620	\$8,127,514,620
B. B/Y BASE POLICY CHANGES	\$21,880,176,000	\$12,798,756,050	\$9,081,419,950
C. BASE ADJUSTMENTS	-\$245,480,000	-\$267,039,800	\$21,559,800
D. ADJUSTED BASE	<u>\$37,889,725,240</u>	<u>\$20,659,230,870</u>	<u>\$17,230,494,370</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$1,890,458,960	\$1,271,743,600	\$618,715,360
B. AFFORDABLE CARE ACT	\$509,816,000	\$652,800,190	-\$142,984,190
C. BENEFITS	\$373,144,420	\$520,527,090	-\$147,382,670
D. PHARMACY	-\$1,512,694,640	-\$845,662,320	-\$667,032,320
E. DRUG MEDI-CAL	-\$5,231,000	-\$5,231,000	\$0
F. MENTAL HEALTH	\$360,803,000	\$327,542,000	\$33,261,000
G. WAIVER--MH/UCD & BTR	\$6,643,865,120	\$5,412,420,060	\$1,231,445,060
H. MANAGED CARE	\$3,338,486,000	\$1,196,134,500	\$2,142,351,500
I. PROVIDER RATES	-\$924,434,530	-\$462,217,760	-\$462,216,760
J. SUPPLEMENTAL PMNTS.	\$7,102,568,000	\$3,928,736,000	\$3,173,832,000
K. OTHER	\$234,801,900	\$318,153,450	-\$83,351,550
L. TOTAL CHANGE	<u>\$18,011,583,230</u>	<u>\$12,314,945,800</u>	<u>\$5,696,637,430</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$55,901,308,460</u></u>	<u><u>\$32,974,176,670</u></u>	<u><u>\$22,927,131,800</u></u>

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>ELIGIBILITY</u></b>				
1	FAMILY PACT PROGRAM	\$617,121,000	\$462,704,100	\$154,416,900
2	TRANSITION OF HFP TO MEDI-CAL	\$1,088,132,000	\$707,285,800	\$380,846,200
3	BREAST AND CERVICAL CANCER TREATMENT	\$143,082,000	\$81,034,200	\$62,047,800
4	CHDP GATEWAY - PREENROLLMENT	\$14,178,000	\$9,215,700	\$4,962,300
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$14,024,000	\$14,024,000	\$0
7	REFUGEES	\$5,540,000	\$0	\$5,540,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$4,901,000	\$4,901,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$511,000	\$255,500	\$255,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$3,686,000
11	250% WORKING DISABLED PROGRAM CHANGES	\$249,660	\$81,760	\$167,910
12	LOMELI V. SHEWRY	\$0	\$0	\$0
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	\$46,071,000	-\$46,071,000
16	PARIS-FEDERAL	-\$665,000	-\$332,500	-\$332,500
17	PARIS - VETERANS MATCH	-\$1,038,700	-\$519,350	-\$519,350
18	PARIS-INTERSTATE	-\$2,948,000	-\$1,474,000	-\$1,474,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,890,458,970</b>	<b>\$1,271,743,610</b>	<b>\$618,715,360</b>
<b><u>AFFORDABLE CARE ACT</u></b>				
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$31,982,000	-\$15,991,000	-\$15,991,000
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$69,381,000	-\$45,368,000	-\$24,013,000
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$397,380	-\$198,690	-\$198,690
51	MANAGED CARE DRUG REBATES	-\$547,807,000	-\$273,903,500	-\$273,903,500
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$855,730,600	\$779,031,990	\$76,698,610
138	NF-B RATE CHANGES	\$188,846,780	\$94,423,390	\$94,423,390
173	COMMUNITY FIRST CHOICE OPTION	\$114,806,000	\$114,806,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$509,816,000</b>	<b>\$652,800,190</b>	<b>-\$142,984,190</b>
<b><u>BENEFITS</u></b>				
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$305,446,000	\$305,446,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$140,530,000	\$140,530,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$45,308,380	\$37,161,620	\$8,146,760
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$4,227,000	\$4,227,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$7,277,000	\$3,638,500	\$3,638,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$3,038,000	\$3,038,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$251,000	\$251,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>BENEFITS</u></b>				
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$4,767,600	-\$4,767,600
32	ADHC TRANSITION-BENEFITS	-\$60,286,000	-\$30,143,000	-\$30,143,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$87,932,650	-\$87,932,650
34	HEARING AID CAP	-\$795,000	-\$397,500	-\$397,500
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,357,970	-\$678,980	-\$678,980
36	CERVICAL CANCER SCREENING	-\$12,056,210	-\$6,028,100	-\$6,028,100
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$22,575,250	-\$11,287,620	-\$11,287,620
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$42,622,540	-\$21,311,270	-\$21,311,270
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$16,853,500
	<b>BENEFITS SUBTOTAL</b>	<b>\$373,144,420</b>	<b>\$520,527,090</b>	<b>-\$147,382,670</b>
<b><u>PHARMACY</u></b>				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$219,360	\$109,680	\$109,680
43	NON FFP DRUGS	\$0	-\$1,683,000	\$1,683,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$9,750,000	-\$5,250,000
45	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$9,738,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,943,000	-\$28,471,500	-\$28,471,500
47	FAMILY PACT DRUG REBATES	-\$76,370,000	-\$66,377,800	-\$9,992,200
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,566,400	-\$37,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$112,709,000	-\$56,454,100	-\$56,254,900
52	FEDERAL DRUG REBATE PROGRAM	-\$1,157,416,000	-\$635,731,200	-\$521,684,800
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,512,694,640</b>	<b>-\$845,662,320</b>	<b>-\$667,032,320</b>
<b><u>DRUG MEDI-CAL</u></b>				
58	ANNUAL RATE ADJUSTMENT	-\$1,723,000	-\$1,723,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,508,000	-\$3,508,000	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$5,231,000</b>	<b>-\$5,231,000</b>	<b>\$0</b>
<b><u>MENTAL HEALTH</u></b>				
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$232,861,000	\$232,861,000	\$0
62	HEALTHY FAMILIES - SED	\$20,417,000	\$20,417,000	\$0
63	KATIE A. V. DIANA BONTA	\$23,161,000	\$23,161,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$33,500,000	\$33,500,000	\$0
65	SOLANO COUNTY	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$2,000,000	\$0
69	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
70	REIMBURSEMENT IN IMD ANCILLARY SERVICES CO:	-\$12,000,000	\$0	-\$12,000,000
71	CHART REVIEW	-\$450,000	-\$450,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$65,939,000	-\$105,200,000	\$39,261,000

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<b><u>MENTAL HEALTH</u></b>			
204	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$124,484,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$360,803,000</b>	<b>\$327,542,000</b>	<b>\$33,261,000</b>
	<b><u>WAIVER--MH/UCD &amp; BTR</u></b>			
73	BTR - LIHP - MCE	\$1,365,003,000	\$1,131,692,000	\$233,311,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,731,652,000	\$1,132,152,000	\$599,500,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,400,000,000	\$700,000,000	\$700,000,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$541,279,000	\$270,639,500	\$270,639,500
77	BTR—SAFETY NET CARE POOL	\$317,250,000	\$317,250,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$67,429,000	\$67,429,000	\$0
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$213,000,000	\$106,500,000	\$106,500,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$259,200,000	\$129,600,000	\$129,600,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$5,000,000	\$5,000,000	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PH'	\$97,450,000	\$97,450,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$9,473,000	\$0	\$9,473,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$227,400,000	\$227,400,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$125,000,000	\$62,500,000	\$62,500,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$31,056,000	\$31,056,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$55,000,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$95,132,000	\$47,566,000	\$47,566,000
90	MH/UCD—SAFETY NET CARE POOL	\$147,683,000	\$147,683,000	\$0
91	NDPH SAFETY NET CARE POOL	\$50,000,000	\$50,000,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$31,467,000	\$31,467,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	\$294,262,000	-\$277,112,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,803,000	\$1,901,500	\$1,901,500
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	\$495,210,000	-\$495,210,000
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$5,000,000	-\$5,000,000
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$118,025,880	-\$59,012,940	-\$59,012,940
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$70,740,000	\$25,090,000	-\$95,830,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$10,000,000	-\$10,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$6,643,865,120</b>	<b>\$5,412,420,060</b>	<b>\$1,231,445,060</b>
	<b><u>MANAGED CARE</u></b>			
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$554,000,000	\$277,000,000	\$277,000,000

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>MANAGED CARE</u></b>				
112	MANAGED CARE RATE RANGE IGTS	\$458,062,000	\$237,055,000	\$221,007,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$1,021,648,000	\$0	\$1,021,648,000
116	MANAGED CARE COST BASED REIMBURSEMENT CL	\$75,000,000	\$37,500,000	\$37,500,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$5,193,000	\$2,639,000	\$2,554,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
123	CAPITATED RATE ADJUSTMENT FOR FY 2013-14	\$344,811,000	\$172,405,500	\$172,405,500
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
126	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
129	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$185,000	-\$92,500	-\$92,500
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,531,000	-\$2,265,500	-\$2,265,500
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,463,000	-\$2,731,500	-\$2,731,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	-\$19,817,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$2,815,000	-\$1,407,500	-\$1,407,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$2,675,216,000	-\$1,337,608,000	-\$1,337,608,000
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$484,718,000	\$242,359,000	\$242,359,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
209	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
212	STABLE ENROLLMENT PROGRAM	-\$2,000,000	-\$1,000,000	-\$1,000,000
213	MANAGED CARE EFFICIENCIES	-\$269,282,000	-\$134,641,000	-\$134,641,000
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE P	\$3,392,180,000	\$1,725,690,000	\$1,666,490,000
215	CCI-IHSS FUNDING ADJUSTMENT	\$0	\$1,049,000	-\$1,049,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$3,338,486,000</b>	<b>\$1,196,134,500</b>	<b>\$2,142,351,500</b>
<b><u>PROVIDER RATES</u></b>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$196,199,530	\$98,099,760	\$98,099,760
140	LTC RATE ADJUSTMENT	\$64,231,780	\$32,115,890	\$32,115,890
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$42,624,000	\$21,312,000	\$21,312,000
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$14,803,000	\$7,401,000	\$7,402,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$15,777,410	\$7,888,710	\$7,888,710
144	HOSPICE RATE INCREASES	\$11,296,800	\$5,648,400	\$5,648,400
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$41,402,000	\$20,701,000	\$20,701,000
146	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	\$0
148	LABORATORY RATE METHDOLOGY CHANGE	-\$24,922,380	-\$12,461,190	-\$12,461,190
149	REDUCTION TO RADIOLOGY RATES	-\$49,696,020	-\$24,848,010	-\$24,848,010
150	NON-AB 1629 LTC RATE FREEZE	-\$101,111,000	-\$50,555,500	-\$50,555,500

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**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b><u>PROVIDER RATES</u></b>				
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$81,088,000	-\$40,544,000	-\$40,544,000
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$77,083,280	-\$38,541,640	-\$38,541,640
153	10% PROVIDER PAYMENT REDUCTION	-\$976,868,350	-\$488,434,180	-\$488,434,180
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$924,434,520</b>	<b>-\$462,217,760</b>	<b>-\$462,216,760</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$3,420,421,000	\$1,689,285,000	\$1,731,136,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$205,995,000	\$205,995,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$77,200,000	\$38,600,000	\$38,600,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$261,000,000	\$261,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$66,514,000	\$46,043,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$38,444,000	\$38,444,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$20,000,000	\$10,000,000	\$10,000,000
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
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,000,000	\$3,000,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$298,645,000	\$298,645,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	\$0
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,577,306,000	\$1,273,253,000	\$1,304,053,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$7,102,568,000</b>	<b>\$3,928,736,000</b>	<b>\$3,173,832,000</b>
<b><u>OTHER</u></b>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$395,625,000	\$0
171	AB 97 INJUNCTIONS	-\$21,475,000	-\$10,737,500	-\$10,737,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$66,483,000	\$66,483,000	\$0
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	\$2,348,000	\$1,174,000	\$1,174,000
186	INDIAN HEALTH SERVICES	\$1,766,000	\$11,040,000	-\$9,274,000
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
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$2,198,950	-\$1,099,480	-\$1,099,480
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$3,112,000	\$0	-\$3,112,000
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$200,000	-\$3,800,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$8,698,150	-\$4,349,080	-\$4,349,080
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	-\$62,931,000	\$0	-\$62,931,000

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

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<b><u>OTHER</u></b>			
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$6,361,500
200	REDUCTION IN IHSS AUTHORIZED HOURS	-\$122,499,000	-\$122,499,000	\$0
201	3.6% IHSS REDUCTION	-\$16,631,000	-\$16,631,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$234,801,900</b>	<b>\$318,153,450</b>	<b>-\$83,351,550</b>
	<b>GRAND TOTAL</b>	<b>\$18,011,583,240</b>	<b>\$12,314,945,810</b>	<b>\$5,696,637,430</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
FISCAL YEAR 2013-14**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>PROFESSIONAL</b>	\$5,507,659,880	\$3,414,460,810	\$2,093,199,070
PHYSICIANS	\$1,247,557,630	\$864,652,400	\$382,905,230
OTHER MEDICAL	\$2,668,738,590	\$1,646,003,710	\$1,022,734,880
COUNTY OUTPATIENT	\$176,207,340	\$139,755,330	\$36,452,010
COMMUNITY OUTPATIENT	\$1,415,156,330	\$764,049,380	\$651,106,950
<b>PHARMACY</b>	\$17,360,530	\$3,975,870	\$13,384,660
<b>HOSPITAL INPATIENT</b>	\$10,910,400,720	\$6,736,620,300	\$4,173,780,420
COUNTY INPATIENT	\$2,670,050,370	\$2,197,673,640	\$472,376,720
COMMUNITY INPATIENT	\$8,240,350,360	\$4,538,946,660	\$3,701,403,700
<b>LONG TERM CARE</b>	\$3,741,315,990	\$1,928,555,260	\$1,812,760,730
NURSING FACILITIES	\$3,436,652,740	\$1,772,075,630	\$1,664,577,100
ICF-DD	\$304,663,250	\$156,479,630	\$148,183,620
<b>OTHER SERVICES</b>	\$1,146,977,500	\$805,979,880	\$340,997,620
MEDICAL TRANSPORTATION	\$415,119,890	\$355,112,360	\$60,007,520
OTHER SERVICES	\$539,083,820	\$351,172,120	\$187,911,700
HOME HEALTH	\$192,773,790	\$99,695,390	\$93,078,400
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,323,714,620</b>	<b>\$12,889,592,120</b>	<b>\$8,434,122,490</b>
<b>MANAGED CARE</b>	\$20,707,236,150	\$10,171,561,290	\$10,535,674,860
TWO PLAN MODEL	\$13,328,427,270	\$6,488,723,800	\$6,839,703,470
COUNTY ORGANIZED HEALTH SYS	\$4,901,287,330	\$2,480,020,410	\$2,421,266,920
GEOGRAPHIC MANAGED CARE	\$2,071,777,330	\$999,962,990	\$1,071,814,330
PHP & OTHER MANAG. CARE	\$405,744,230	\$202,854,090	\$202,890,140
<b>DENTAL</b>	\$568,040,640	\$301,114,190	\$266,926,460
<b>MENTAL HEALTH</b>	\$1,591,756,540	\$1,552,480,560	\$39,275,980
<b>AUDITS/ LAWSUITS</b>	\$3,865,000	\$932,500	\$2,932,500
<b>EPSDT SCREENS</b>	\$40,966,410	\$21,446,460	\$19,519,950
<b>MEDICARE PAYMENTS</b>	\$4,161,414,000	\$1,242,974,950	\$2,918,439,050
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$249,228,100	\$249,228,100	\$0
<b>MISC. SERVICES</b>	\$7,499,330,000	\$6,642,784,500	\$856,545,500
<b>RECOVERIES</b>	-\$244,243,000	-\$97,938,000	-\$146,305,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$55,901,308,460</b>	<b>\$32,974,176,670</b>	<b>\$22,927,131,800</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

<u>SERVICE CATEGORY</u>	<u>NOV. 2012 EST. FOR 2012-13</u>	<u>NOV. 2012 EST. FOR 2013-14</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$5,694,158,770	\$5,507,659,880	-\$186,498,880	-3.28
PHYSICIANS	\$1,139,622,340	\$1,247,557,630	\$107,935,290	9.47
OTHER MEDICAL	\$2,614,992,110	\$2,668,738,590	\$53,746,480	2.06
COUNTY OUTPATIENT	\$168,883,410	\$176,207,340	\$7,323,930	4.34
COMMUNITY OUTPATIENT	\$1,770,660,910	\$1,415,156,330	-\$355,504,580	-20.08
<b>PHARMACY</b>	\$1,092,533,280	\$17,360,530	-\$1,075,172,750	-98.41
<b>HOSPITAL INPATIENT</b>	\$12,374,228,350	\$10,910,400,720	-\$1,463,827,630	-11.83
COUNTY INPATIENT	\$2,733,701,660	\$2,670,050,370	-\$63,651,300	-2.33
COMMUNITY INPATIENT	\$9,640,526,690	\$8,240,350,360	-\$1,400,176,330	-14.52
<b>LONG TERM CARE</b>	\$4,655,252,730	\$3,741,315,990	-\$913,936,740	-19.63
NURSING FACILITIES	\$4,272,866,730	\$3,436,652,740	-\$836,213,990	-19.57
ICF-DD	\$382,386,000	\$304,663,250	-\$77,722,750	-20.33
<b>OTHER SERVICES</b>	\$1,134,498,290	\$1,146,977,500	\$12,479,200	1.10
MEDICAL TRANSPORTATION	\$164,728,820	\$415,119,890	\$250,391,070	152.00
OTHER SERVICES	\$748,327,530	\$539,083,820	-\$209,243,710	-27.96
HOME HEALTH	\$221,441,950	\$192,773,790	-\$28,668,160	-12.95
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$24,950,671,410</b>	<b>\$21,323,714,620</b>	<b>-\$3,626,956,800</b>	<b>-14.54</b>
<b>MANAGED CARE</b>	\$15,761,040,200	\$20,707,236,150	\$4,946,195,950	31.38
TWO PLAN MODEL	\$9,175,791,200	\$13,328,427,270	\$4,152,636,060	45.26
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,748,234,350	\$4,901,287,330	\$153,052,970	3.22
GEOGRAPHIC MANAGED CARE	\$1,531,188,940	\$2,071,777,330	\$540,588,380	35.31
PHP & OTHER MANAG. CARE	\$305,825,700	\$405,744,230	\$99,918,530	32.67
<b>DENTAL</b>	\$474,642,180	\$568,040,640	\$93,398,470	19.68
<b>MENTAL HEALTH</b>	\$1,433,758,900	\$1,591,756,540	\$157,997,640	11.02
<b>AUDITS/ LAWSUITS</b>	-\$199,805,000	\$3,865,000	\$203,670,000	-101.93
<b>EPSDT SCREENS</b>	\$42,894,620	\$40,966,410	-\$1,928,210	-4.50
<b>MEDICARE PAYMENTS</b>	\$3,952,402,000	\$4,161,414,000	\$209,012,000	5.29
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$261,259,160	\$249,228,100	-\$12,031,060	-4.61
<b>MISC. SERVICES</b>	\$10,503,724,000	\$7,499,330,000	-\$3,004,393,990	-28.60
<b>RECOVERIES</b>	-\$240,954,000	-\$244,243,000	-\$3,289,000	1.36
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$56,939,633,470</b>	<b>\$55,901,308,460</b>	<b>-\$1,038,325,000</b>	<b>-1.82</b>
<b>STATE FUNDS</b>	<b>\$21,916,063,860</b>	<b>\$22,927,131,800</b>	<b>\$1,011,067,930</b>	<b>4.61</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$598,091,000	\$149,655,300	\$617,121,000	\$154,416,900	\$19,030,000	\$4,761,600
2	TRANSITION OF HFP TO MEDI-CAL	\$244,519,000	\$85,581,650	\$1,088,132,000	\$380,846,200	\$843,613,000	\$295,264,550
3	BREAST AND CERVICAL CANCER TREATMENT	\$140,364,000	\$60,792,950	\$143,082,000	\$62,047,800	\$2,718,000	\$1,254,850
4	CHDP GATEWAY - PREENROLLMENT	\$13,886,000	\$4,860,100	\$14,178,000	\$4,962,300	\$292,000	\$102,200
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES	\$9,149,000	\$0	\$14,024,000	\$0	\$4,875,000	\$0
6	BRIDGE TO HFP	\$7,212,000	\$2,524,200	\$0	\$0	-\$7,212,000	-\$2,524,200
7	REFUGEES	\$4,615,000	\$4,615,000	\$5,540,000	\$5,540,000	\$925,000	\$925,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$2,451,000	\$0	\$4,901,000	\$0	\$2,450,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$661,000	\$330,500	\$511,000	\$255,500	-\$150,000	-\$75,000
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$7,372,000	\$3,686,000	\$6,765,000	\$3,382,500
11	250% WORKING DISABLED PROGRAM CHANGES	\$1,500,000	\$1,008,000	\$1,504,000	\$1,011,500	\$4,000	\$3,500
12	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$9,127,400	\$0	-\$9,127,400	\$0	\$0
14	NEW QUALIFIED ALIENS	\$0	\$64,317,000	\$0	\$64,317,000	\$0	\$0
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$44,850,150	\$0	-\$46,071,000	\$0	-\$1,220,850
16	PARIS-FEDERAL	-\$388,000	-\$194,000	-\$665,000	-\$332,500	-\$277,000	-\$138,500
17	PARIS - VETERANS MATCH	-\$1,233,650	-\$616,820	-\$1,601,440	-\$800,720	-\$367,800	-\$183,900
18	PARIS-INTERSTATE	-\$3,569,000	-\$1,784,500	-\$2,948,000	-\$1,474,000	\$621,000	\$310,500
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,018,368,350</b>	<b>\$317,667,330</b>	<b>\$1,891,654,560</b>	<b>\$619,529,580</b>	<b>\$873,286,200</b>	<b>\$301,862,250</b>
<b>AFFORDABLE CARE ACT</b>							
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	\$0	\$0	-\$31,982,000	-\$15,991,000	-\$31,982,000	-\$15,991,000
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	\$0	\$0	-\$69,381,000	-\$24,013,000	-\$69,381,000	-\$24,013,000
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$397,380	-\$198,690	-\$353,870	-\$176,930
41	FEDERAL DRUG REBATE CHANGE	\$145,000,000	\$145,000,000	\$0	\$0	-\$145,000,000	-\$145,000,000
51	MANAGED CARE DRUG REBATES	-\$222,289,000	-\$111,144,500	-\$547,807,000	-\$273,903,500	-\$325,518,000	-\$162,759,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$362,637,430	\$34,467,550	\$855,730,600	\$76,698,610	\$493,093,170	\$42,231,060
138	NF-B RATE CHANGES	\$89,838,450	\$44,919,220	\$188,846,780	\$94,423,390	\$99,008,330	\$49,504,170
173	COMMUNITY FIRST CHOICE OPTION	\$360,085,000	\$0	\$114,806,000	\$0	-\$245,279,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$735,228,370</b>	<b>\$113,220,520</b>	<b>\$509,816,000</b>	<b>-\$142,984,190</b>	<b>-\$225,412,370</b>	<b>-\$256,204,710</b>
<b><u>BENEFITS</u></b>							
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$533,309,000	\$0	\$305,446,000	\$0	-\$227,863,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,634,000	\$0	\$140,530,000	\$0	\$1,896,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$0	\$0
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$45,898,000	\$2,191,000	\$50,760,000	\$9,127,000	\$4,862,000	\$6,936,000
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$8,523,000	\$0	\$4,227,000	\$0	-\$4,296,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$730,000	\$365,000	\$7,277,000	\$3,638,500	\$6,547,000	\$3,273,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$298,000	\$0	\$3,038,000	\$0	\$2,740,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$225,000	\$0	\$251,000	\$0	\$26,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$300	\$3,000	\$300	\$0	\$0
31	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$14,302,800	\$0	-\$4,767,600	\$0	\$9,535,200
32	ADHC TRANSITION-BENEFITS	-\$21,945,000	-\$10,972,500	-\$60,286,000	-\$30,143,000	-\$38,341,000	-\$19,170,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$84,620,900	\$0	-\$87,932,650	\$0	-\$3,311,750
34	HEARING AID CAP	-\$741,810	-\$370,910	-\$795,000	-\$397,500	-\$53,190	-\$26,590
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$4,432,000	-\$2,216,000	-\$11,000	-\$5,500
36	CERVICAL CANCER SCREENING	-\$4,098,470	-\$2,049,230	-\$12,056,210	-\$6,028,100	-\$7,957,740	-\$3,978,870
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$8,044,550	-\$4,022,270	-\$22,575,250	-\$11,287,620	-\$14,530,700	-\$7,265,350
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$14,303,000	-\$7,151,500	-\$47,751,000	-\$23,875,500	-\$33,448,000	-\$16,724,000
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$16,854,000	-\$8,427,000	-\$33,707,000	-\$16,853,500	-\$16,853,000	-\$8,426,500
	<b>BENEFITS SUBTOTAL</b>	<b>\$697,676,170</b>	<b>-\$111,339,310</b>	<b>\$370,393,550</b>	<b>-\$150,503,680</b>	<b>-\$327,282,620</b>	<b>-\$39,164,360</b>
<b><u>PHARMACY</u></b>							

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PHARMACY</b>							
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,790,400	\$2,395,200	\$4,800,000	\$2,400,000	\$9,600	\$4,800
43	NON FFP DRUGS	\$0	\$1,672,000	\$0	\$1,683,000	\$0	\$11,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$5,250,000	-\$15,000,000	-\$5,250,000	\$0	\$0
45	MEDICAL SUPPLY REBATES	-\$22,722,000	-\$11,361,000	-\$19,476,000	-\$9,738,000	\$3,246,000	\$1,623,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$39,543,750	-\$19,771,880	-\$56,943,000	-\$28,471,500	-\$17,399,250	-\$8,699,630
47	FAMILY PACT DRUG REBATES	-\$70,090,000	-\$9,170,600	-\$76,370,000	-\$9,992,200	-\$6,280,000	-\$821,600
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,433,600	-\$75,000,000	-\$37,433,600	\$0	\$0
49	STATE SUPPLEMENTAL DRUG REBATES	-\$106,853,000	-\$53,332,100	-\$112,709,000	-\$56,254,900	-\$5,856,000	-\$2,922,800
50	LITIGATION SETTLEMENTS	-\$220,307,000	-\$220,307,000	\$0	\$0	\$220,307,000	\$220,307,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,097,274,000	-\$491,667,000	-\$1,157,416,000	-\$521,684,800	-\$60,142,000	-\$30,017,800
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,641,999,350</b>	<b>-\$844,225,980</b>	<b>-\$1,508,114,000</b>	<b>-\$664,742,000</b>	<b>\$133,885,350</b>	<b>\$179,483,980</b>
<b>DRUG MEDI-CAL</b>							
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	-\$1,723,000	\$0	-\$1,723,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$7,017,000	-\$2,827,000	-\$3,508,000	\$0	\$3,509,000	\$2,827,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$7,017,000</b>	<b>-\$2,827,000</b>	<b>-\$5,231,000</b>	<b>\$0</b>	<b>\$1,786,000</b>	<b>\$2,827,000</b>
<b>MENTAL HEALTH</b>							
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$64,187,000	\$0	\$232,861,000	\$0	\$168,674,000	\$0
62	HEALTHY FAMILIES - SED	\$21,215,000	\$0	\$20,417,000	\$0	-\$798,000	\$0
63	KATIE A. V. DIANA BONTA	\$9,785,000	\$0	\$23,161,000	\$0	\$13,376,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$8,297,000	\$0	\$33,500,000	\$0	\$25,203,000	\$0
65	SOLANO COUNTY	\$2,769,000	\$0	\$2,769,000	\$0	\$0	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$0	\$2,000,000	\$0	\$0	\$0
67	SPECIALTY MENTAL HEALTH LAWSUIT	\$370,000	\$180,000	\$0	\$0	-\$370,000	-\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$6,217,000	\$0	\$0	\$0	-\$6,217,000
69	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MENTAL HEALTH</b>							
70	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST:	\$0	\$0	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000
71	CHART REVIEW	-\$450,000	\$0	-\$450,000	\$0	\$0	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$26,634,000	\$1,151,000	-\$65,939,000	\$39,261,000	-\$39,305,000	\$38,110,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$90,494,000	\$0	\$124,484,000	\$0	\$33,990,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$172,033,000</b>	<b>\$13,548,000</b>	<b>\$360,803,000</b>	<b>\$33,261,000</b>	<b>\$188,770,000</b>	<b>\$19,713,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
73	BTR - LIHP - MCE	\$3,089,199,000	\$503,975,000	\$1,365,003,000	\$233,311,000	-\$1,724,196,000	-\$270,664,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,740,006,000	\$600,754,000	\$1,731,652,000	\$599,500,000	-\$8,354,000	-\$1,254,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,437,063,000	\$718,531,500	\$1,400,000,000	\$700,000,000	-\$37,063,000	-\$18,531,500
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$506,702,000	\$253,351,000	\$541,279,000	\$270,639,500	\$34,577,000	\$17,288,500
77	BTR—SAFETY NET CARE POOL	\$390,166,000	\$0	\$317,250,000	\$0	-\$72,916,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$315,881,000	\$0	\$67,429,000	\$0	-\$248,452,000	\$0
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$249,080,000	\$124,540,000	\$213,000,000	\$106,500,000	-\$36,080,000	-\$18,040,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$172,800,000	\$86,400,000	\$259,200,000	\$129,600,000	\$86,400,000	\$43,200,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$0	\$5,000,000	\$0	-\$95,000,000	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PHYS	\$98,709,000	\$0	\$97,450,000	\$0	-\$1,259,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$98,006,000	\$62,681,000	\$9,473,000	\$9,473,000	-\$88,533,000	-\$53,208,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$81,545,000	\$0	\$227,400,000	\$0	\$145,855,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$80,000,000	\$40,000,000	\$125,000,000	\$62,500,000	\$45,000,000	\$22,500,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$72,462,000	\$0	\$31,056,000	\$0	-\$41,406,000	\$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	\$55,000,000	\$27,500,000	\$110,000,000	\$55,000,000	\$55,000,000	\$27,500,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$48,440,000	\$24,220,000	\$95,132,000	\$47,566,000	\$46,692,000	\$23,346,000
90	MH/UCD—SAFETY NET CARE POOL	\$45,683,000	\$0	\$147,683,000	\$0	\$102,000,000	\$0
91	NDPH SAFETY NET CARE POOL	\$45,000,000	\$0	\$50,000,000	\$0	\$5,000,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$20,826,000	\$0	\$31,467,000	\$0	\$10,641,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	-\$493,199,000	\$17,150,000	-\$277,112,000	\$0	\$216,087,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,252,000	\$2,626,000	\$3,803,000	\$1,901,500	-\$1,449,000	-\$724,500
95	MH/UCD—DISTRESSED HOSPITAL FUND	\$1,054,000	\$527,000	\$0	\$0	-\$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	-\$453,592,500	\$0	-\$495,210,000	\$0	-\$41,617,500
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	-\$5,000,000	\$0	\$95,000,000
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	\$0	\$0	-\$118,025,880	-\$59,012,940	-\$118,025,880	-\$59,012,940
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	\$0	\$0	\$9,187,000	\$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	-\$77,800,000	-\$95,830,000	-\$70,740,000	-\$95,830,000	\$7,060,000	\$0
106	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	\$0	\$0	\$85,754,000	\$42,877,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$200,000,000	\$0	-\$10,000,000	\$0	\$190,000,000	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$8,294,487,000</b>	<b>\$1,207,226,000</b>	<b>\$6,643,865,120</b>	<b>\$1,231,445,060</b>	<b>-\$1,650,621,880</b>	<b>\$24,219,060</b>
<b><u>MANAGED CARE</u></b>							
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$554,000,000	\$277,000,000	-\$346,000,000	-\$173,000,000
112	MANAGED CARE RATE RANGE IGTS	\$533,935,000	\$234,338,000	\$458,062,000	\$221,007,000	-\$75,873,000	-\$13,331,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$0	\$0	\$1,021,648,000	\$1,021,648,000	\$1,021,648,000	\$1,021,648,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$388,718,000	\$194,359,000	\$0	\$0	-\$388,718,000	-\$194,359,000
116	MANAGED CARE COST BASED REIMBURSEMENT CLIN	\$110,417,000	\$55,208,500	\$75,000,000	\$37,500,000	-\$35,417,000	-\$17,708,500
120	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$11,896,000	\$5,186,000	\$5,193,000	\$2,554,000	-\$6,703,000	-\$2,632,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
123	CAPITATED RATE ADJUSTMENT FOR FY 2013-14	\$0	\$0	\$344,811,000	\$172,405,500	\$344,811,000	\$172,405,500
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
126	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$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
129	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$703,000	-\$351,500	-\$185,000	-\$92,500	\$518,000	\$259,000
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$1,797,000	-\$898,500	-\$4,531,000	-\$2,265,500	-\$2,734,000	-\$1,367,000
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$7,181,000	-\$3,590,500	-\$5,463,000	-\$2,731,500	\$1,718,000	\$859,000
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$36,332,000	-\$18,166,000	-\$39,634,000	-\$19,817,000	-\$3,302,000	-\$1,651,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$93,535,000	-\$46,767,500	-\$2,815,000	-\$1,407,500	\$90,720,000	\$45,360,000
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,080,535,000	-\$540,267,500	-\$2,675,216,000	-\$1,337,608,000	-\$1,594,681,000	-\$797,340,500
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$364,348,000	\$182,174,000	\$484,718,000	\$242,359,000	\$120,370,000	\$60,185,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
209	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
212	STABLE ENROLLMENT PROGRAM	\$0	\$0	-\$2,000,000	-\$1,000,000	-\$2,000,000	-\$1,000,000
213	MANAGED CARE EFFICIENCIES	\$0	\$0	-\$269,282,000	-\$134,641,000	-\$269,282,000	-\$134,641,000
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PAY	\$0	\$0	\$3,392,180,000	\$1,666,490,000	\$3,392,180,000	\$1,666,490,000
215	CCI-IHSS FUNDING ADJUSTMENT	\$0	\$0	\$0	-\$1,049,000	\$0	-\$1,049,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$1,091,231,000</b>	<b>\$513,224,000</b>	<b>\$3,338,486,000</b>	<b>\$2,142,351,500</b>	<b>\$2,247,255,000</b>	<b>\$1,629,127,500</b>
<b>PROVIDER RATES</b>							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$187,648,100	\$93,824,050	\$197,403,690	\$98,701,840	\$9,755,590	\$4,877,800
139	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$75,803,000	\$37,901,500	\$0	\$0	-\$75,803,000	-\$37,901,500
140	LTC RATE ADJUSTMENT	\$36,196,790	\$18,098,400	\$64,231,780	\$32,115,890	\$28,034,980	\$14,017,490
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$35,989,220	\$17,994,610	\$42,624,000	\$21,312,000	\$6,634,780	\$3,317,390

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>PROVIDER RATES</b>							
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$23,523,000	\$11,761,000	\$14,803,000	\$7,402,000	-\$8,720,000	-\$4,359,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$11,043,820	\$5,521,910	\$15,777,410	\$7,888,710	\$4,733,590	\$2,366,790
144	HOSPICE RATE INCREASES	\$6,701,980	\$3,350,990	\$11,427,070	\$5,713,530	\$4,725,080	\$2,362,540
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$0	\$0	\$41,402,000	\$20,701,000	\$41,402,000	\$20,701,000
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	-\$4,197,000	-\$2,098,500	\$0	\$0	\$4,197,000	\$2,098,500
148	LABORATORY RATE METHDOLOGY CHANGE	-\$6,396,840	-\$3,198,420	-\$24,922,380	-\$12,461,190	-\$18,525,540	-\$9,262,770
149	REDUCTION TO RADIOLOGY RATES	-\$24,181,300	-\$12,090,650	-\$49,696,020	-\$24,848,010	-\$25,514,720	-\$12,757,360
150	NON-AB 1629 LTC RATE FREEZE	-\$44,324,000	-\$22,162,000	-\$101,111,000	-\$50,555,500	-\$56,787,000	-\$28,393,500
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMENT	-\$73,502,230	-\$36,751,120	-\$81,088,000	-\$40,544,000	-\$7,585,770	-\$3,792,880
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$89,399,100	-\$44,699,550	-\$77,145,000	-\$38,572,500	\$12,254,100	\$6,127,050
153	10% PROVIDER PAYMENT REDUCTION	-\$1,041,067,740	-\$520,533,870	-\$1,047,580,000	-\$523,790,000	-\$6,512,260	-\$3,256,130
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$941,136,300</b>	<b>-\$470,568,650</b>	<b>-\$1,028,847,460</b>	<b>-\$514,423,230</b>	<b>-\$87,711,160</b>	<b>-\$43,854,580</b>
<b>SUPPLEMENTAL PMNTS.</b>							
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,990,981,000	\$4,044,315,000	\$3,420,421,000	\$1,731,136,000	-\$4,570,560,000	-\$2,313,179,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$218,418,000	\$0	\$205,995,000	\$0	-\$12,423,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$126,800,000	\$63,400,000	\$77,200,000	\$38,600,000	-\$49,600,000	-\$24,800,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$120,000,000	\$0	\$261,000,000	\$0	\$141,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,976,000	\$45,854,000	\$112,557,000	\$46,043,000	\$581,000	\$189,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$58,782,000	\$0	\$38,444,000	\$0	-\$20,338,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$30,000,000	\$15,000,000	\$20,000,000	\$10,000,000	-\$10,000,000	-\$5,000,000
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:	\$3,000,000	\$0	\$3,000,000	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$0	\$0	\$298,645,000	\$0	\$298,645,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$211,500,000	-\$116,500,000	\$88,500,000	\$33,500,000
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$2,577,306,000	\$1,304,053,000	\$2,577,306,000	\$1,304,053,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,447,957,000</b>	<b>\$4,062,569,000</b>	<b>\$6,891,068,000</b>	<b>\$3,057,332,000</b>	<b>-\$1,556,889,000</b>	<b>-\$1,005,237,000</b>
<b>OTHER</b>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$605,750,000	\$0	\$395,625,000	\$0	-\$210,125,000	\$0
171	AB 97 INJUNCTIONS	\$826,346,000	\$413,173,000	-\$21,475,000	-\$10,737,500	-\$847,821,000	-\$423,910,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$163,067,000	\$0	\$66,483,000	\$0	-\$96,584,000	\$0
180	AUDIT SETTLEMENTS	\$14,471,000	\$14,471,000	\$0	\$0	-\$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 SETTLEMENTS	\$4,037,000	\$2,018,500	\$2,348,000	\$1,174,000	-\$1,689,000	-\$844,500
186	INDIAN HEALTH SERVICES	\$2,082,000	-\$9,273,500	\$1,766,000	-\$9,274,000	-\$316,000	-\$500
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
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$784,550	-\$392,280	-\$2,198,950	-\$1,099,480	-\$1,414,400	-\$707,200
194	FI COST CONTAINMENT PROJECTS	-\$1,520,000	-\$760,000	\$0	\$0	\$1,520,000	\$760,000
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	-\$1,556,000	-\$3,112,000	-\$3,112,000	-\$1,556,000	-\$1,556,000
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$3,800,000	-\$4,000,000	-\$3,800,000	\$0	\$0
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$7,170,540	-\$3,585,270	-\$12,268,200	-\$6,134,100	-\$5,097,660	-\$2,548,830
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	\$0	\$0	-\$62,931,000	-\$62,931,000	-\$62,931,000	-\$62,931,000
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$12,723,000	-\$6,361,500	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2012-13 AND 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2012-13		NOV. 2012 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
200	REDUCTION IN IHSS AUTHORIZED HOURS	\$0	\$0	-\$122,499,000	\$0	-\$122,499,000	\$0
201	3.6% IHSS REDUCTION	-\$50,212,000	\$0	-\$16,631,000	\$0	\$33,581,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$1,560,634,910</b>	<b>\$421,072,960</b>	<b>\$231,231,850</b>	<b>-\$85,136,580</b>	<b>-\$1,329,403,060</b>	<b>-\$506,209,530</b>
	<b>GRAND TOTAL</b>	<b>\$19,427,463,150</b>	<b>\$5,219,566,860</b>	<b>\$17,695,125,620</b>	<b>\$5,526,129,470</b>	<b>-\$1,732,337,530</b>	<b>\$306,562,610</b>

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

### FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>PA-OAS</u>	<u>PA-AB</u>	<u>PA-ATD</u>	<u>PA-AFDC</u>	<u>LT-OAS</u>	<u>LT-AB</u>
PHYSICIANS	\$30,138,240	\$3,727,200	\$168,813,340	\$78,146,640	\$4,484,300	\$89,090
OTHER MEDICAL	\$51,060,140	\$9,066,420	\$295,800,230	\$339,095,720	\$8,072,590	\$277,000
COUNTY OUTPATIENT	\$414,140	\$160,360	\$8,764,190	\$1,782,810	\$103,820	\$120
COMMUNITY OUTPATIENT	\$9,167,740	\$1,688,120	\$105,704,020	\$34,193,770	\$672,310	\$14,630
PHARMACY	-\$7,314,270	-\$3,267,680	-\$207,236,500	\$47,075,400	\$1,821,070	\$36,830
COUNTY INPATIENT	\$8,107,320	\$1,528,780	\$120,536,330	\$28,716,870	\$2,075,110	\$8,420
COMMUNITY INPATIENT	\$158,560,520	\$16,331,660	\$674,693,820	\$267,205,470	\$21,694,830	\$611,160
NURSING FACILITIES	\$388,770,160	\$17,956,830	\$590,011,290	\$2,676,210	\$1,480,571,950	\$6,341,020
ICF-DD	\$309,110	\$6,822,540	\$137,052,150	\$271,820	\$20,545,650	\$2,293,120
MEDICAL TRANSPORTATION	\$13,634,440	\$2,868,450	\$34,701,950	\$3,989,600	\$3,969,920	\$90,410
OTHER SERVICES	\$94,784,750	\$5,863,940	\$137,153,600	\$32,421,350	\$60,878,960	\$153,510
HOME HEALTH	\$502,740	\$9,884,300	\$92,738,330	\$4,040,320	\$6,870	\$0
<b>FFS SUBTOTAL</b>	<b>\$748,135,030</b>	<b>\$72,630,920</b>	<b>\$2,158,732,760</b>	<b>\$839,615,960</b>	<b>\$1,604,897,390</b>	<b>\$9,915,320</b>
DENTAL	\$22,807,380	\$1,184,120	\$55,167,800	\$78,834,250	\$2,568,750	\$12,780
TWO PLAN MODEL	\$263,885,060	\$72,451,210	\$4,561,940,460	\$1,976,899,100	-\$119,890	-\$119,890
COUNTY ORGANIZED HEALTH SYSTEMS	\$225,441,450	\$23,442,360	\$1,115,426,260	\$312,693,990	\$629,499,680	\$2,326,840
GEOGRAPHIC MANAGED CARE	\$44,292,280	\$12,379,390	\$770,686,000	\$264,404,240	-\$16,860	-\$16,860
PHP & OTHER MANAG. CARE	\$131,406,510	\$3,768,050	\$77,491,290	\$10,360,030	\$8,341,230	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$10,596,810	\$0	\$0
MEDICARE PAYMENTS	\$1,269,964,730	\$67,297,320	\$1,950,476,880	\$0	\$174,101,850	\$2,039,900
STATE HOSP./DEVELOPMENTAL CNTRS.	\$98,060	\$1,389,050	\$53,188,380	\$581,250	\$12,623,610	\$1,004,530
MISC. SERVICES	\$544,626,780	\$28,699,530	\$2,769,807,470	\$1,025,550	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$2,502,522,250</b>	<b>\$210,611,020</b>	<b>\$11,354,184,530</b>	<b>\$2,655,395,220</b>	<b>\$826,998,380</b>	<b>\$5,247,300</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$3,250,657,280</b>	<b>\$283,241,940</b>	<b>\$13,512,917,290</b>	<b>\$3,495,011,180</b>	<b>\$2,431,895,770</b>	<b>\$15,162,630</b>
<b>ELIGIBLES ***</b>	<b>415,700</b>	<b>21,600</b>	<b>1,005,600</b>	<b>1,437,000</b>	<b>46,800</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$7,820</b>	<b>\$13,113</b>	<b>\$13,438</b>	<b>\$2,432</b>	<b>\$51,964</b>	<b>\$75,813</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$652</b>	<b>\$1,093</b>	<b>\$1,120</b>	<b>\$203</b>	<b>\$4,330</b>	<b>\$6,318</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 2013-14 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	\$8,254,740	\$26,882,780	\$179,990	\$55,949,130	\$383,573,760	\$58,074,380
OTHER MEDICAL	\$6,518,090	\$58,867,420	\$1,032,500	\$95,417,650	\$904,210,050	\$174,938,950
COUNTY OUTPATIENT	\$334,660	\$2,125,440	\$15,250	\$6,631,400	\$21,739,130	\$4,595,850
COMMUNITY OUTPATIENT	\$951,940	\$12,047,620	\$147,640	\$25,599,580	\$122,230,010	\$25,938,320
PHARMACY	\$2,558,750	-\$5,770,640	-\$51,530	-\$21,673,250	\$97,200,190	\$81,471,730
COUNTY INPATIENT	\$30,501,500	\$27,945,790	\$709,680	\$234,528,080	\$240,410,280	\$21,497,460
COMMUNITY INPATIENT	\$37,006,800	\$90,183,580	\$447,560	\$302,577,030	\$1,146,885,330	\$149,501,050
NURSING FACILITIES	\$410,699,170	\$190,491,860	\$427,310	\$63,524,650	\$15,289,610	\$9,522,780
ICF-DD	\$119,733,300	\$707,550	\$0	\$4,028,830	\$728,230	\$2,446,920
MEDICAL TRANSPORTATION	\$2,249,600	\$10,416,350	\$139,930	\$16,998,150	\$13,845,740	\$2,983,310
OTHER SERVICES	\$10,961,640	\$28,379,930	\$70,210	\$24,248,340	\$87,981,620	\$24,018,850
HOME HEALTH	\$17,860	\$475,220	\$318,010	\$46,054,140	\$8,675,120	\$19,527,710
<b>FFS SUBTOTAL</b>	<b>\$629,788,060</b>	<b>\$442,752,890</b>	<b>\$3,436,550</b>	<b>\$853,883,730</b>	<b>\$3,042,769,080</b>	<b>\$574,517,310</b>
DENTAL	\$825,000	\$16,666,800	\$31,440	\$9,947,850	\$195,524,130	\$56,547,330
TWO PLAN MODEL	-\$119,890	\$630,290,820	\$2,466,880	\$423,329,810	\$2,757,987,740	\$178,251,480
COUNTY ORGANIZED HEALTH SYSTEMS	\$239,225,920	\$187,639,310	\$577,730	\$267,761,700	\$844,672,500	\$100,097,380
GEOGRAPHIC MANAGED CARE	-\$16,860	\$60,447,740	\$102,910	\$50,580,180	\$407,928,040	\$23,054,150
PHP & OTHER MANAG. CARE	\$522,340	\$92,595,260	\$155,970	\$10,531,420	\$25,270,900	\$1,526,140
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$26,277,490	\$1,609,170
MEDICARE PAYMENTS	\$41,599,810	\$381,143,290	\$2,039,900	\$248,833,880	\$23,916,440	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$173,213,090	\$27,470	\$24,770	\$284,380	\$125,980	\$393,110
MISC. SERVICES	\$0	\$391,695,470	\$797,210	\$491,859,700	\$2,457,410	\$356,260
<b>NON-FFS SUBTOTAL</b>	<b>\$455,249,410</b>	<b>\$1,760,506,160</b>	<b>\$6,196,800</b>	<b>\$1,503,128,910</b>	<b>\$4,284,160,630</b>	<b>\$361,835,020</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,085,037,470</b>	<b>\$2,203,259,050</b>	<b>\$9,633,350</b>	<b>\$2,357,012,640</b>	<b>\$7,326,929,700</b>	<b>\$936,352,330</b>
<b>ELIGIBLES ***</b>	<b>15,000</b>	<b>309,600</b>	<b>600</b>	<b>184,800</b>	<b>3,563,400</b>	<b>713,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$72,336</b>	<b>\$7,117</b>	<b>\$16,056</b>	<b>\$12,753</b>	<b>\$2,056</b>	<b>\$1,312</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,028</b>	<b>\$593</b>	<b>\$1,338</b>	<b>\$1,063</b>	<b>\$171</b>	<b>\$109</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 2013-14 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	\$2,685,560	\$499,190	\$24,757,340	\$252,866,480	\$8,296,300	\$6,072,920
OTHER MEDICAL	\$1,879,410	\$1,585,250	\$45,905,790	\$260,654,150	\$52,469,150	\$23,553,390
COUNTY OUTPATIENT	\$147,920	\$295,450	\$4,625,940	\$5,121,320	\$228,160	\$270,190
COMMUNITY OUTPATIENT	\$426,840	\$187,570	\$5,396,420	\$29,866,390	\$5,125,890	\$3,842,020
PHARMACY	\$1,503,700	\$984,880	\$10,625,080	\$7,084,530	\$4,328,540	\$1,030,870
COUNTY INPATIENT	\$1,438,610	\$25,490	\$62,994,120	\$59,986,190	\$1,261,630	\$1,647,560
COMMUNITY INPATIENT	\$4,865,520	\$235,170	\$95,876,990	\$429,195,560	\$20,018,820	\$18,475,860
NURSING FACILITIES	\$34,726,540	\$1,930	\$23,049,110	\$107,730	\$904,120	\$499,420
ICF-DD	\$449,800	\$0	\$453,570	\$0	\$0	\$8,130
MEDICAL TRANSPORTATION	\$212,670	\$16,120	\$3,859,890	\$1,740,810	\$196,750	\$181,900
OTHER SERVICES	\$752,760	\$20,760	\$1,920,360	\$13,048,330	\$9,257,430	\$4,077,320
HOME HEALTH	\$4,680	\$140	\$14,490	\$1,331,750	\$1,735,990	\$1,238,810
<b>FFS SUBTOTAL</b>	<b>\$49,094,010</b>	<b>\$3,851,930</b>	<b>\$279,479,110</b>	<b>\$1,061,003,240</b>	<b>\$103,822,780</b>	<b>\$60,898,380</b>
DENTAL	\$100,940	\$101,000	\$186,070	\$541,850	\$93,479,300	\$22,083,860
TWO PLAN MODEL	\$305,140	\$849,300	\$0	\$49,996,820	\$451,792,070	\$136,645,010
COUNTY ORGANIZED HEALTH SYSTEMS	\$520,810	\$0	-\$41,150	\$28,200,340	\$170,398,750	\$48,775,470
GEOGRAPHIC MANAGED CARE	\$48,820	\$364,650	\$0	\$11,921,350	\$90,792,790	\$36,863,570
PHP & OTHER MANAG. CARE	\$12,870	\$0	\$0	\$1,102,980	\$1,117,450	\$1,237,290
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,178,290	\$1,304,650
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$15,540	\$0	\$187,740	\$75,880	\$0	\$230,160
MISC. SERVICES	\$850	\$0	\$0	\$84,310	\$136,050	\$64,420
<b>NON-FFS SUBTOTAL</b>	<b>\$1,004,960</b>	<b>\$1,314,940</b>	<b>\$332,670</b>	<b>\$91,923,530</b>	<b>\$808,894,690</b>	<b>\$247,204,420</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$50,098,970</b>	<b>\$5,166,880</b>	<b>\$279,811,780</b>	<b>\$1,152,926,780</b>	<b>\$912,717,470</b>	<b>\$308,102,800</b>
<b>ELIGIBLES ***</b>	<b>1,800</b>	<b>2,600</b>	<b>61,900</b>	<b>192,700</b>	<b>522,300</b>	<b>176,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$27,833</b>	<b>\$1,987</b>	<b>\$4,520</b>	<b>\$5,983</b>	<b>\$1,747</b>	<b>\$1,742</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$2,319</b>	<b>\$166</b>	<b>\$377</b>	<b>\$499</b>	<b>\$146</b>	<b>\$145</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 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE**

<u>SERVICE CATEGORY</u>	<u>TOTAL</u>
PHYSICIANS	\$1,113,491,400
OTHER MEDICAL	\$2,330,403,890
COUNTY OUTPATIENT	\$57,356,140
COMMUNITY OUTPATIENT	\$383,200,830
PHARMACY	\$10,407,710
COUNTY INPATIENT	\$843,919,230
COMMUNITY INPATIENT	\$3,434,366,730
NURSING FACILITIES	\$3,235,571,690
ICF-DD	\$295,850,690
MEDICAL TRANSPORTATION	\$112,096,000
OTHER SERVICES	\$535,993,660
HOME HEALTH	\$186,566,480
<b>FFS SUBTOTAL</b>	<b>\$12,539,224,460</b>
DENTAL	\$556,610,640
TWO PLAN MODEL	\$11,506,731,220
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,196,659,330
GEOGRAPHIC MANAGED CARE	\$1,773,815,510
PHP & OTHER MANAG. CARE	\$365,439,710
EPSDT SCREENS	\$40,966,410
MEDICARE PAYMENTS	\$4,161,414,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$243,463,000
MISC. SERVICES	\$4,231,611,000
<b>NON-FFS SUBTOTAL</b>	<b>\$27,076,710,830</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$39,615,935,290</b>
<b>ELIGIBLES ***</b>	<b>8,672,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,568</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$381</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 2013-14 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 PAYMENT
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

**FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE**

98	MH/UCD & BTR—DPH INTERIM RATE
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 FUNDS
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 2013-14 COST PER ELIGIBLE BASED ON NOVEMBER 2012 ESTIMATE**

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