

**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
ELIGIBILITY							
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
	ELIGIBILITY SUBTOTAL	\$1,018,368,350	\$317,667,330	\$1,891,654,560	\$619,529,580	\$873,286,200	\$301,862,250
AFFORDABLE CARE ACT							
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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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>AFFORDABLE CARE ACT</u>							
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
	AFFORDABLE CARE ACT SUBTOTAL	\$735,228,370	\$113,220,520	\$509,816,000	-\$142,984,190	-\$225,412,370	-\$256,204,710
<u>BENEFITS</u>							
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
	BENEFITS SUBTOTAL	\$697,676,170	-\$111,339,310	\$370,393,550	-\$150,503,680	-\$327,282,620	-\$39,164,360
<u>PHARMACY</u>							

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PHARMACY							
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
	PHARMACY SUBTOTAL	-\$1,641,999,350	-\$844,225,980	-\$1,508,114,000	-\$664,742,000	\$133,885,350	\$179,483,980
DRUG MEDI-CAL							
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
	DRUG MEDI-CAL SUBTOTAL	-\$7,017,000	-\$2,827,000	-\$5,231,000	\$0	\$1,786,000	\$2,827,000
MENTAL HEALTH							
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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MENTAL HEALTH							
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
	MENTAL HEALTH SUBTOTAL	\$172,033,000	\$13,548,000	\$360,803,000	\$33,261,000	\$188,770,000	\$19,713,000
WAIVER--MH/UCD & BTR							
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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<u>WAIVER--MH/UCD & BTR</u>							
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$8,294,487,000	\$1,207,226,000	\$6,643,865,120	\$1,231,445,060	-\$1,650,621,880	\$24,219,060
<u>MANAGED CARE</u>							
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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MANAGED CARE							
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
	MANAGED CARE SUBTOTAL	\$1,091,231,000	\$513,224,000	\$3,338,486,000	\$2,142,351,500	\$2,247,255,000	\$1,629,127,500
PROVIDER RATES							
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

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 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
PROVIDER RATES							
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
	PROVIDER RATES SUBTOTAL	-\$941,136,300	-\$470,568,650	-\$1,028,847,460	-\$514,423,230	-\$87,711,160	-\$43,854,580
SUPPLEMENTAL PMNTS.							
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

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 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
SUPPLEMENTAL PMNTS.							
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,447,957,000	\$4,062,569,000	\$6,891,068,000	\$3,057,332,000	-\$1,556,889,000	-\$1,005,237,000
OTHER							
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
OTHER							
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
	OTHER SUBTOTAL	\$1,560,634,910	\$421,072,960	\$231,231,850	-\$85,136,580	-\$1,329,403,060	-\$506,209,530
	GRAND TOTAL	\$19,427,463,150	\$5,219,566,860	\$17,695,125,620	\$5,526,129,470	-\$1,732,337,530	\$306,562,610

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