

**MEDI-CAL
MAY 2013
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
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EDMUND G. BROWN JR.
Governor
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2012-13

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$15,390,869,660	\$7,695,434,830	\$7,695,434,830
B. C/Y BASE POLICY CHANGES	\$21,713,000,000	\$12,987,366,050	\$8,725,633,950
C. BASE ADJUSTMENTS	-\$207,320,000	-\$238,594,900	\$31,274,900
D. ADJUSTED BASE	<u>\$36,896,549,660</u>	<u>\$20,444,205,980</u>	<u>\$16,452,343,680</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$1,041,066,570	\$718,001,190	\$323,065,390
B. AFFORDABLE CARE ACT	\$104,319,770	\$131,650,880	-\$27,331,120
C. BENEFITS	\$990,880,820	\$969,659,860	\$21,220,960
D. PHARMACY	-\$1,890,894,000	-\$919,214,100	-\$971,679,900
E. DRUG MEDI-CAL	-\$3,259,000	-\$1,946,000	-\$1,313,000
F. MENTAL HEALTH	\$110,075,000	\$96,517,000	\$13,558,000
G. WAIVER--MH/UCD & BTR	\$5,771,773,000	\$5,068,137,500	\$703,635,500
H. MANAGED CARE	\$160,292,000	\$108,300,500	\$51,991,500
I. PROVIDER RATES	-\$806,868,940	-\$403,434,470	-\$403,434,470
J. SUPPLEMENTAL PMNTS.	\$7,899,937,000	\$4,117,546,000	\$3,782,391,000
K. OTHER	\$1,766,317,650	\$1,223,774,820	\$542,542,820
L. TOTAL CHANGES	<u>\$15,143,639,870</u>	<u>\$11,108,993,180</u>	<u>\$4,034,646,680</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$52,040,189,530</u></u>	<u><u>\$31,553,199,170</u></u>	<u><u>\$20,486,990,370</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$621,370,000	\$465,890,100	\$155,479,900
2	TRANSITION OF HFP TO MEDI-CAL	\$248,513,000	\$161,533,450	\$86,979,550
3	BREAST AND CERVICAL CANCER TREATMENT	\$139,452,000	\$77,927,850	\$61,524,150
4	CHDP GATEWAY - PREENROLLMENT	\$15,200,000	\$9,880,000	\$5,320,000
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$4,289,000	\$4,289,000	\$0
6	BRIDGE TO HFP	\$7,646,000	\$4,969,900	\$2,676,100
7	REFUGEES	\$5,154,000	\$0	\$5,154,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$625,000	\$625,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$700,000	\$350,000	\$350,000
11	250% WORKING DISABLED PROGRAM CHANGES	\$0	\$0	\$0
12	LOMELI V. SHEWRY	\$0	\$0	\$0
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$9,072,100	-\$9,072,100
14	NEW QUALIFIED ALIENS	\$0	-\$68,386,000	\$68,386,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$52,791,000	-\$52,791,000
16	PARIS-FEDERAL	-\$205,240	-\$102,620	-\$102,620
17	PARIS-VETERANS	-\$896,850	-\$448,420	-\$448,420
18	PARIS-INTERSTATE	-\$749,420	-\$374,710	-\$374,710
222	INCARCERATION VERIFICATION PROGRAM	-\$30,920	-\$15,460	-\$15,460
	ELIGIBILITY SUBTOTAL	\$1,041,066,570	\$718,001,190	\$323,065,390
AFFORDABLE CARE ACT				
41	FEDERAL DRUG REBATE CHANGE	\$0	-\$116,057,000	\$116,057,000
51	MANAGED CARE DRUG REBATES	-\$353,399,000	-\$176,699,500	-\$176,699,500
138	NF-B RATE CHANGES	\$66,622,770	\$33,311,380	\$33,311,380
173	COMMUNITY FIRST CHOICE OPTION	\$391,096,000	\$391,096,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$104,319,770	\$131,650,880	-\$27,331,120
BENEFITS				
22	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$554,045,000	\$554,045,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$141,569,000	\$141,569,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$49,720,000	\$47,962,000	\$1,758,000
26	CCT FUND TRANSFER TO CDSS AND CDDS	\$8,523,000	\$8,523,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$743,000	\$371,500	\$371,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$44,000	\$44,000	\$0
29	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$186,000	\$186,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$11,382,300	-\$11,382,300
32	ADHC TRANSITION-BENEFITS	\$204,873,000	\$102,436,500	\$102,436,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$87,550,450	-\$87,550,450
34	HEARING AID CAP	-\$1,094,180	-\$547,090	-\$547,090
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	\$0	\$0	\$0

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
<u>BENEFITS</u>				
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,165,000	-\$6,582,500	-\$6,582,500
219	YOUTH REGIONAL TREATMENT CENTERS	\$2,844,000	\$1,422,000	\$1,422,000
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$2,126,000	\$1,063,000	\$1,063,000
	BENEFITS SUBTOTAL	\$990,880,820	\$969,659,860	\$21,220,960
<u>PHARMACY</u>				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$0
43	NON FFP DRUGS	\$0	-\$2,026,000	\$2,026,000
44	BCCTP DRUG REBATES	-\$16,000,000	-\$10,400,000	-\$5,600,000
45	MEDICAL SUPPLY REBATES	-\$22,722,000	-\$11,361,000	-\$11,361,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$10,789,000	-\$5,394,500	-\$5,394,500
47	FAMILY PACT DRUG REBATES	-\$70,090,000	-\$60,919,400	-\$9,170,600
48	AGED AND DISPUTED DRUG REBATES	-\$135,000,000	-\$67,566,400	-\$67,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$144,201,000	-\$72,215,300	-\$71,985,700
50	LITIGATION SETTLEMENTS	-\$227,441,000	\$0	-\$227,441,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,264,651,000	-\$689,331,500	-\$575,319,500
	PHARMACY SUBTOTAL	-\$1,890,894,000	-\$919,214,100	-\$971,679,900
<u>DRUG MEDI-CAL</u>				
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,259,000	-\$1,946,000	-\$1,313,000
	DRUG MEDI-CAL SUBTOTAL	-\$3,259,000	-\$1,946,000	-\$1,313,000
<u>MENTAL HEALTH</u>				
62	HEALTHY FAMILIES - SED	\$23,950,000	\$23,950,000	\$0
63	KATIE A. V. DIANA BONTA	\$9,785,000	\$9,785,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$7,931,000	\$7,931,000	\$0
65	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$2,000,000	\$0
67	SPECIALTY MENTAL HEALTH LAWSUITS	\$370,000	\$190,000	\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	-\$6,227,000	\$6,227,000
69	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
71	CHART REVIEW	-\$590,000	-\$590,000	\$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
	MENTAL HEALTH SUBTOTAL	\$110,075,000	\$96,517,000	\$13,558,000
<u>WAIVER--MH/UCD & BTR</u>				
73	BTR - LIHP - MCE	\$1,035,893,000	\$1,008,951,000	\$26,942,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,770,785,000	\$1,152,988,000	\$617,797,000
75	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,121,770,000	\$560,885,000	\$560,885,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$527,640,000	\$263,820,000	\$263,820,000
77	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0

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
WAIVER--MH/UCD & BTR				
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$314,749,000	\$305,769,000	\$8,980,000
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$212,122,000	\$106,061,000	\$106,061,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$40,000,000	\$20,000,000	\$20,000,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$80,500,000	\$80,500,000	\$0
82	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS	\$80,147,000	\$80,147,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$67,568,000	\$24,568,000	\$43,000,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$11,657,000	\$11,657,000	\$0
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$60,041,000	\$60,041,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$106,342,000	\$106,342,000	\$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	\$11,734,000	\$5,867,000	\$5,867,000
90	MH/UCD—SAFETY NET CARE POOL	\$38,866,000	\$38,866,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$37,811,000	\$37,811,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	\$383,593,000	-\$366,443,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$914,000	\$457,000	\$457,000
95	MH/UCD—DISTRESSED HOSPITAL FUND	\$1,054,000	\$527,000	\$527,000
96	MH/UCD & BTR—MIA-LTC	\$0	\$19,694,000	-\$19,694,000
97	MH/UCD & BTR—BCCTP	\$0	\$1,496,000	-\$1,496,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$474,942,500	-\$474,942,500
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ,	\$0	\$0	\$0
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$80,500,000	-\$80,500,000
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$10,557,000	-\$10,557,000
106	HOSPITAL STABILIZATION	-\$49,136,000	-\$24,568,000	-\$24,568,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$161,000,000	-\$161,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,771,773,000	\$5,068,137,500	\$703,635,500
MANAGED CARE				
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$391,994,000	\$195,997,000	\$195,997,000
112	MANAGED CARE RATE RANGE IGTS	\$529,151,000	\$293,068,000	\$236,083,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$297,163,000	\$148,581,500	\$148,581,500
116	MANAGED CARE COST-BASED REIMBURSEMENT CL	\$89,761,000	\$44,880,500	\$44,880,500
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$11,476,000	\$6,400,000	\$5,076,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
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
131	MANAGED CARE DEFAULT ASSIGNMENT	\$0	\$0	\$0
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$36,332,000	-\$18,166,000	-\$18,166,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	\$25,550,000	\$12,775,000	\$12,775,000
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,150,471,000	-\$575,235,500	-\$575,235,500
	MANAGED CARE SUBTOTAL	\$160,292,000	\$108,300,500	\$51,991,500

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
PROVIDER RATES				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$181,155,470	\$90,577,740	\$90,577,740
139	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$0	\$0	\$0
140	LTC RATE ADJUSTMENT	\$20,125,980	\$10,062,990	\$10,062,990
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCRI	\$23,994,900	\$11,997,450	\$11,997,450
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$22,598,000	\$11,299,000	\$11,299,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$2,214,050	\$1,107,030	\$1,107,030
144	HOSPICE RATE INCREASES	\$962,010	\$481,000	\$481,000
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR.	\$0	\$0	\$0
147	DENTAL RETROACTIVE RATE CHANGES	-\$2,224,000	-\$1,112,000	-\$1,112,000
149	REDUCTION TO RADIOLOGY RATES	-\$5,579,870	-\$2,789,930	-\$2,789,930
150	NON-AB 1629 LTC RATE FREEZE	-\$1,354,000	-\$677,000	-\$677,000
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$43,198,000	-\$21,599,000	-\$21,599,000
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$57,537,200	-\$28,768,600	-\$28,768,600
153	10% PROVIDER PAYMENT REDUCTION	-\$948,026,290	-\$474,013,140	-\$474,013,140
	PROVIDER RATES SUBTOTAL	-\$806,868,940	-\$403,434,470	-\$403,434,470
SUPPLEMENTAL PMNTS.				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,195,802,000	\$3,549,076,000	\$3,646,726,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$220,284,000	\$220,284,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$136,622,000	\$68,311,000	\$68,311,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,976,000	\$66,122,000	\$45,854,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,808,000	\$49,808,000	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$25,000,000	\$12,500,000	\$12,500,000
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	\$3,800,000	\$3,800,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$138,645,000	\$138,645,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,899,937,000	\$4,117,546,000	\$3,782,391,000
OTHER				
170	ARRA HITECH - PROVIDER PAYMENTS	\$605,750,000	\$605,750,000	\$0
171	AB 97 INJUNCTIONS	\$1,008,729,000	\$504,364,500	\$504,364,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$146,199,000	\$146,199,000	\$0
180	AUDIT SETTLEMENTS	\$15,502,000	\$0	\$15,502,000
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	\$3,225,000	\$1,612,500	\$1,612,500
186	INDIAN HEALTH SERVICES	\$2,082,000	\$11,355,500	-\$9,273,500
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
189	CLPP FUND	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	\$0	\$0	\$0

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2012-13**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
194	FI COST CONTAINMENT PROJECTS	-\$1,810,000	-\$905,000	-\$905,000
195	OVERPAYMENTS - INTEREST RATE CHANGE	\$0	\$0	\$0
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$1,200,000	-\$60,000	-\$1,140,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$1,627,360	-\$813,680	-\$813,680
199	FQHC/RHC AUDIT STAFFING	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$65,494,000	-\$65,494,000	\$0
218	COST SHIFT OF CCS STATE-ONLY TO MEDI-CAL EPC	\$32,114,000	\$16,057,000	\$16,057,000
	OTHER SUBTOTAL	\$1,766,317,640	\$1,223,774,820	\$542,542,820
	GRAND TOTAL	\$15,143,639,870	\$11,108,993,180	\$4,034,646,680

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
PROFESSIONAL	\$5,595,548,640	\$3,178,556,020	\$2,416,992,620
PHYSICIANS	\$1,037,661,910	\$596,080,960	\$441,580,950
OTHER MEDICAL	\$2,599,926,880	\$1,491,527,710	\$1,108,399,170
COUNTY OUTPATIENT	\$59,131,940	\$30,762,980	\$28,368,960
COMMUNITY OUTPATIENT	\$1,898,827,910	\$1,060,184,370	\$838,643,540
PHARMACY	\$582,600,280	\$166,667,710	\$415,932,570
HOSPITAL INPATIENT	\$12,289,483,930	\$7,257,699,050	\$5,031,784,880
COUNTY INPATIENT	\$2,693,785,740	\$2,136,331,420	\$557,454,320
COMMUNITY INPATIENT	\$9,595,698,190	\$5,121,367,630	\$4,474,330,560
LONG TERM CARE	\$4,862,159,190	\$2,530,411,850	\$2,331,747,330
NURSING FACILITIES	\$4,472,172,930	\$2,328,971,740	\$2,143,201,190
ICF-DD	\$389,986,260	\$201,440,110	\$188,546,140
OTHER SERVICES	\$1,349,647,250	\$811,510,930	\$538,136,320
MEDICAL TRANSPORTATION	\$313,019,570	\$225,313,920	\$87,705,650
OTHER SERVICES	\$805,533,870	\$467,161,200	\$338,372,680
HOME HEALTH	\$231,093,800	\$119,035,810	\$112,057,990
TOTAL FEE-FOR-SERVICE	\$24,679,439,290	\$13,944,845,570	\$10,734,593,720
MANAGED CARE	\$13,968,505,540	\$7,051,318,780	\$6,917,186,760
TWO PLAN MODEL	\$8,137,897,150	\$4,107,986,170	\$4,029,910,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,166,065,410	\$2,107,618,020	\$2,058,447,390
GEOGRAPHIC MANAGED CARE	\$1,371,992,040	\$689,640,860	\$682,351,180
PHP & OTHER MANAG. CARE	\$292,550,950	\$146,073,730	\$146,477,220
DENTAL	\$478,636,580	\$241,540,190	\$237,096,390
MENTAL HEALTH	\$1,511,720,530	\$1,504,291,780	\$7,428,750
AUDITS/ LAWSUITS	-\$204,992,000	\$2,478,500	-\$207,470,500
EPSDT SCREENS	\$36,891,680	\$19,327,420	\$17,564,250
MEDICARE PAYMENTS	\$3,886,357,000	\$1,138,033,500	\$2,748,323,500
STATE HOSP./DEVELOPMENTAL CNTRS.	\$259,821,920	\$259,821,920	\$0
MISC. SERVICES	\$7,719,110,000	\$7,511,251,500	\$207,858,500
RECOVERIES	-\$295,301,000	-\$119,710,000	-\$175,591,000
GRAND TOTAL MEDI-CAL	\$52,040,189,530	\$31,553,199,170	\$20,486,990,370

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2012-13**

<u>SERVICE CATEGORY</u>	<u>2012-13 APPROPRIATION</u>	<u>MAY 2013 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$5,319,039,460	\$5,595,548,640	\$276,509,180	5.20
PHYSICIANS	\$1,014,172,470	\$1,037,661,910	\$23,489,440	2.32
OTHER MEDICAL	\$2,600,041,010	\$2,599,926,880	-\$114,130	-0.00
COUNTY OUTPATIENT	\$156,352,840	\$59,131,940	-\$97,220,900	-62.18
COMMUNITY OUTPATIENT	\$1,548,473,150	\$1,898,827,910	\$350,354,760	22.63
PHARMACY	\$403,763,070	\$582,600,280	\$178,837,210	44.29
HOSPITAL INPATIENT	\$11,409,526,830	\$12,289,483,930	\$879,957,110	7.71
COUNTY INPATIENT	\$2,628,825,400	\$2,693,785,740	\$64,960,340	2.47
COMMUNITY INPATIENT	\$8,780,701,430	\$9,595,698,190	\$814,996,760	9.28
LONG TERM CARE	\$3,640,437,090	\$4,862,159,190	\$1,221,722,090	33.56
NURSING FACILITIES	\$3,375,525,250	\$4,472,172,930	\$1,096,647,680	32.49
ICF-DD	\$264,911,840	\$389,986,260	\$125,074,410	47.21
OTHER SERVICES	\$1,004,004,060	\$1,349,647,250	\$345,643,190	34.43
MEDICAL TRANSPORTATION	\$351,703,700	\$313,019,570	-\$38,684,130	-11.00
OTHER SERVICES	\$500,735,000	\$805,533,870	\$304,798,880	60.87
HOME HEALTH	\$151,565,350	\$231,093,800	\$79,528,450	52.47
TOTAL FEE-FOR-SERVICE	\$21,776,770,510	\$24,679,439,290	\$2,902,668,780	13.33
MANAGED CARE	\$18,449,190,010	\$13,968,505,540	-\$4,480,684,470	-24.29
TWO PLAN MODEL	\$11,189,112,670	\$8,137,897,150	-\$3,051,215,520	-27.27
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,173,680,690	\$4,166,065,410	-\$1,007,615,290	-19.48
GEOGRAPHIC MANAGED CARE	\$1,770,712,540	\$1,371,992,040	-\$398,720,500	-22.52
PHP & OTHER MANAG. CARE	\$315,684,110	\$292,550,950	-\$23,133,160	-7.33
DENTAL	\$509,636,490	\$478,636,580	-\$30,999,910	-6.08
MENTAL HEALTH	\$1,920,151,140	\$1,511,720,530	-\$408,430,600	-21.27
AUDITS/ LAWSUITS	\$3,865,000	-\$204,992,000	-\$208,857,000	-5403.80
EPSDT SCREENS	\$48,176,420	\$36,891,680	-\$11,284,740	-23.42
MEDICARE PAYMENTS	\$3,951,251,810	\$3,886,357,000	-\$64,894,810	-1.64
STATE HOSP./DEVELOPMENTAL CNTRS.	\$211,024,110	\$259,821,920	\$48,797,810	23.12
MISC. SERVICES	\$9,216,821,000	\$7,719,110,000	-\$1,497,711,010	-16.25
RECOVERIES	-\$286,256,000	-\$295,301,000	-\$9,045,000	3.16
GRAND TOTAL MEDI-CAL	\$55,800,630,470	\$52,040,189,530	-\$3,760,440,940	-6.74
STATE FUNDS	\$22,399,813,890	\$20,486,990,370	-\$1,912,823,520	-8.54

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

SERVICE CATEGORY	NOV. 2012 EST. FOR 2012-13	MAY 2013 EST. FOR 2012-13	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$5,694,158,770	\$5,595,548,640	-\$98,610,120	-1.73
PHYSICIANS	\$1,139,622,340	\$1,037,661,910	-\$101,960,430	-8.95
OTHER MEDICAL	\$2,614,992,110	\$2,599,926,880	-\$15,065,230	-0.58
COUNTY OUTPATIENT	\$168,883,410	\$59,131,940	-\$109,751,470	-64.99
COMMUNITY OUTPATIENT	\$1,770,660,910	\$1,898,827,910	\$128,167,000	7.24
PHARMACY	\$1,092,533,280	\$582,600,280	-\$509,933,000	-46.67
HOSPITAL INPATIENT	\$12,374,228,350	\$12,289,483,930	-\$84,744,420	-0.68
COUNTY INPATIENT	\$2,733,701,660	\$2,693,785,740	-\$39,915,920	-1.46
COMMUNITY INPATIENT	\$9,640,526,690	\$9,595,698,190	-\$44,828,500	-0.47
LONG TERM CARE	\$4,655,252,730	\$4,862,159,190	\$206,906,460	4.44
NURSING FACILITIES	\$4,272,866,730	\$4,472,172,930	\$199,306,200	4.66
ICF-DD	\$382,386,000	\$389,986,260	\$7,600,260	1.99
OTHER SERVICES	\$1,134,498,290	\$1,349,647,250	\$215,148,960	18.96
MEDICAL TRANSPORTATION	\$164,728,820	\$313,019,570	\$148,290,760	90.02
OTHER SERVICES	\$748,327,530	\$805,533,870	\$57,206,350	7.64
HOME HEALTH	\$221,441,950	\$231,093,800	\$9,651,850	4.36
TOTAL FEE-FOR-SERVICE	\$24,950,671,410	\$24,679,439,290	-\$271,232,130	-1.09
MANAGED CARE	\$15,761,040,200	\$13,968,505,540	-\$1,792,534,660	-11.37
TWO PLAN MODEL	\$9,175,791,200	\$8,137,897,150	-\$1,037,894,060	-11.31
COUNTY ORGANIZED HEALTH SYST	\$4,748,234,350	\$4,166,065,410	-\$582,168,940	-12.26
GEOGRAPHIC MANAGED CARE	\$1,531,188,940	\$1,371,992,040	-\$159,196,910	-10.40
PHP & OTHER MANAG. CARE	\$305,825,700	\$292,550,950	-\$13,274,750	-4.34
DENTAL	\$474,642,180	\$478,636,580	\$3,994,400	0.84
MENTAL HEALTH	\$1,433,758,900	\$1,511,720,530	\$77,961,630	5.44
AUDITS/ LAWSUITS	-\$199,805,000	-\$204,992,000	-\$5,187,000	2.60
EPSDT SCREENS	\$42,894,620	\$36,891,680	-\$6,002,940	-13.99
MEDICARE PAYMENTS	\$3,952,402,000	\$3,886,357,000	-\$66,045,000	-1.67
STATE HOSP./DEVELOPMENTAL CNTRS.	\$261,259,160	\$259,821,920	-\$1,437,240	-0.55
MISC. SERVICES	\$10,503,724,000	\$7,719,110,000	-\$2,784,614,000	-26.51
RECOVERIES	-\$240,954,000	-\$295,301,000	-\$54,347,000	22.55
GRAND TOTAL MEDI-CAL	\$56,939,633,470	\$52,040,189,530	-\$4,899,443,930	-8.60
STATE FUNDS	\$21,916,063,860	\$20,486,990,370	-\$1,429,073,500	-6.52

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY											
1	FAMILY PACT PROGRAM	\$600,407,000	\$146,075,200	\$598,091,000	\$149,655,300	\$621,370,000	\$155,479,900	\$20,963,000	\$9,404,700	\$23,279,000	\$5,824,600
2	TRANSITION OF HFP TO MEDI-CAL	\$55,152,000	\$19,303,200	\$244,519,000	\$85,581,650	\$248,513,000	\$86,979,550	\$193,361,000	\$67,676,350	\$3,994,000	\$1,397,900
3	BREAST AND CERVICAL CANCER TREATMENT	\$138,724,000	\$59,847,150	\$140,364,000	\$60,792,950	\$139,452,000	\$61,524,150	\$728,000	\$1,677,000	-\$912,000	\$731,200
4	CHDP GATEWAY - PREENROLLMENT	\$10,615,000	\$4,929,950	\$13,886,000	\$4,860,100	\$15,200,000	\$5,320,000	\$4,585,000	\$390,050	\$1,314,000	\$459,900
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES	\$6,628,000	\$0	\$9,149,000	\$0	\$4,289,000	\$0	-\$2,339,000	\$0	-\$4,860,000	\$0
6	BRIDGE TO HFP	\$4,828,000	\$1,689,800	\$7,212,000	\$2,524,200	\$7,646,000	\$2,676,100	\$2,818,000	\$986,300	\$434,000	\$151,900
7	REFUGEES	\$5,674,000	\$5,674,000	\$4,615,000	\$4,615,000	\$5,154,000	\$5,154,000	-\$520,000	-\$520,000	\$539,000	\$539,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$0	\$0	\$2,451,000	\$0	\$625,000	\$0	\$625,000	\$0	-\$1,826,000	\$0
9	MCHA VS. DHCS AND MRMB	\$0	\$0	\$661,000	\$330,500	\$700,000	\$350,000	\$700,000	\$350,000	\$39,000	\$19,500
11	250% WORKING DISABLED PROGRAM CHANGES	\$464,000	\$318,000	\$1,500,000	\$1,008,000	\$2,309,000	\$1,548,500	\$1,845,000	\$1,230,500	\$809,000	\$540,500
12	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0	\$0	\$0
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,858,100	\$0	-\$9,127,400	\$0	-\$9,072,100	\$0	-\$214,000	\$0	\$55,300
14	NEW QUALIFIED ALIENS	\$0	\$99,663,000	\$0	\$64,317,000	\$0	\$68,386,000	\$0	-\$31,277,000	\$0	\$4,069,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$60,354,450	\$0	-\$44,850,150	\$0	-\$52,791,000	\$0	\$7,563,450	\$0	-\$7,940,850
16	PARIS-FEDERAL	\$0	\$0	-\$388,000	-\$194,000	-\$5,317,000	-\$2,658,500	-\$5,317,000	-\$2,658,500	-\$4,929,000	-\$2,464,500
17	PARIS-VETERANS	-\$742,000	-\$371,000	-\$1,233,650	-\$616,820	-\$1,262,450	-\$631,230	-\$520,450	-\$260,230	-\$28,810	-\$14,400
18	PARIS-INTERSTATE	-\$3,596,000	-\$1,798,000	-\$3,569,000	-\$1,784,500	-\$14,840,000	-\$7,420,000	-\$11,244,000	-\$5,622,000	-\$11,271,000	-\$5,635,500
222	INCARCERATION VERIFICATION PROGRAM	\$0	\$0	\$0	\$0	-\$39,000	-\$19,500	-\$39,000	-\$19,500	-\$39,000	-\$19,500
--	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$607,000	\$303,500	\$0	\$0	-\$7,372,000	-\$3,686,000	-\$607,000	-\$303,500
	ELIGIBILITY SUBTOTAL	\$826,030,000	\$270,056,750	\$1,018,368,350	\$317,667,330	\$1,024,303,550	\$315,077,870	\$198,273,550	\$45,021,120	\$5,935,190	-\$2,589,450
AFFORDABLE CARE ACT											
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$108,000,000	\$145,000,000	\$145,000,000	\$0	\$116,057,000	-\$108,000,000	\$8,057,000	-\$145,000,000	-\$28,943,000
51	MANAGED CARE DRUG REBATES	-\$316,347,000	-\$158,173,500	-\$222,289,000	-\$111,144,500	-\$353,399,000	-\$176,699,500	-\$37,052,000	-\$18,526,000	-\$131,110,000	-\$65,555,000
138	NF-B RATE CHANGES	\$101,472,000	\$50,736,000	\$89,838,450	\$44,919,220	\$66,622,770	\$33,311,380	-\$34,849,230	-\$17,424,620	-\$23,215,680	-\$11,607,840
173	COMMUNITY FIRST CHOICE OPTION	\$411,121,000	\$0	\$360,085,000	\$0	\$391,096,000	\$0	-\$20,025,000	\$0	\$31,011,000	\$0
--	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$372,992,000	\$38,744,500	\$362,637,430	\$34,467,550	\$0	\$0	-\$372,992,000	-\$38,744,500	-\$362,637,430	-\$34,467,550
--	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$43,510	-\$21,750	\$0	\$0	\$0	\$0	\$43,510	\$21,750
	AFFORDABLE CARE ACT SUBTOTAL	\$677,238,000	\$39,307,000	\$735,228,370	\$113,220,520	\$104,319,770	-\$27,331,120	-\$572,918,230	-\$66,638,120	-\$630,908,600	-\$140,551,640

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS											
22	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$651,423,000	\$0	\$533,309,000	\$0	\$554,045,000	\$0	-\$97,378,000	\$0	\$20,736,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$115,122,000	\$0	\$138,634,000	\$0	\$141,569,000	\$0	\$26,447,000	\$0	\$2,935,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,614,000	\$20,232,000	\$40,464,000	\$20,232,000	\$40,464,000	\$20,232,000	\$850,000	\$0	\$0	\$0
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$12,704,000	\$3,176,000	\$45,898,000	\$2,191,000	\$49,720,000	\$1,758,000	\$37,016,000	-\$1,418,000	\$3,822,000	-\$433,000
26	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,100,000	\$0	\$8,523,000	\$0	\$8,523,000	\$0	\$6,423,000	\$0	\$0	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCRE	\$0	\$0	\$730,000	\$365,000	\$743,000	\$371,500	\$743,000	\$371,500	\$13,000	\$6,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$752,000	\$0	\$298,000	\$0	\$44,000	\$0	-\$708,000	\$0	-\$254,000	\$0
29	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$123,000	\$0	\$225,000	\$0	\$186,000	\$0	\$63,000	\$0	-\$39,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$0	\$0	\$3,000	\$300	\$3,000	\$300	\$3,000	\$300	\$0	\$0
31	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$9,535,200	\$0	-\$14,302,800	\$0	-\$11,382,300	\$0	-\$1,847,100	\$0	\$2,920,500
32	ADHC TRANSITION-BENEFITS	\$309,744,000	\$154,872,000	-\$21,945,000	-\$10,972,500	\$204,873,000	\$102,436,500	-\$104,871,000	-\$52,435,500	\$226,818,000	\$113,409,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$92,041,950	\$0	-\$84,620,900	\$0	-\$87,550,450	\$0	\$4,491,500	\$0	-\$2,929,550
34	HEARING AID CAP	-\$764,000	-\$382,000	-\$741,810	-\$370,910	-\$1,375,640	-\$687,820	-\$611,640	-\$305,820	-\$633,820	-\$316,910
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$4,421,000	-\$2,210,500	-\$4,421,000	-\$2,210,500	\$0	\$0	\$0	\$0
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,251,000	-\$6,625,500	-\$14,303,000	-\$7,151,500	-\$13,165,000	-\$6,582,500	\$86,000	\$43,000	\$1,138,000	\$569,000
219	YOUTH REGIONAL TREATMENT CENTERS	\$0	\$0	\$0	\$0	\$2,844,000	\$1,422,000	\$2,844,000	\$1,422,000	\$2,844,000	\$1,422,000
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOT:	\$0	\$0	\$0	\$0	\$2,126,000	\$1,063,000	\$2,126,000	\$1,063,000	\$2,126,000	\$1,063,000
--	ADULT DAY HEALTH CARE - CDA	\$327,635,000	\$163,817,500	\$0	\$0	\$0	\$0	-\$327,635,000	-\$163,817,500	\$0	\$0
--	CERVICAL CANCER SCREENING	\$0	\$0	-\$4,098,470	-\$2,049,230	\$0	\$0	\$0	\$0	\$4,098,470	\$2,049,230
--	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$14,291,000	-\$7,145,500	-\$16,854,000	-\$8,427,000	\$0	\$0	\$14,291,000	\$7,145,500	\$16,854,000	\$8,427,000
--	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEI	-\$246,000	-\$246,000	\$0	\$0	\$0	\$0	\$246,000	\$246,000	\$0	\$0
--	ELIMINATE ADHC SERVICES	-\$361,802,000	-\$180,901,000	\$0	\$0	\$0	\$0	\$361,802,000	\$180,901,000	\$0	\$0
--	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,997,000	-\$4,498,500	\$0	\$0	\$0	\$0	\$8,997,000	\$4,498,500	\$0	\$0
--	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$29,277,000	-\$14,638,500	\$0	\$0	\$0	\$0	\$29,277,000	\$14,638,500	\$0	\$0
--	PHARMACY COPAYMENTS	-\$26,116,000	-\$13,058,000	\$0	\$0	\$0	\$0	\$26,116,000	\$13,058,000	\$0	\$0
--	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$37,519,440	-\$18,759,720	-\$8,044,550	-\$4,022,270	\$0	\$0	\$37,519,440	\$18,759,720	\$8,044,550	\$4,022,270
--	VALUE BASED PURCHASING	-\$60,000,000	-\$30,000,000	\$0	\$0	\$0	\$0	\$60,000,000	\$30,000,000	\$0	\$0
	BENEFITS SUBTOTAL	\$902,532,560	-\$37,944,870	\$697,676,170	-\$111,339,310	\$986,178,360	\$18,869,730	\$83,645,810	\$56,814,600	\$288,502,190	\$130,209,050
PHARMACY											

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY											
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200	\$0	\$0	\$0	\$0
43	NON FFP DRUGS	\$0	\$1,488,000	\$0	\$1,672,000	\$0	\$2,026,000	\$0	\$538,000	\$0	\$354,000
44	BCCTP DRUG REBATES	-\$14,000,000	-\$4,900,000	-\$15,000,000	-\$5,250,000	-\$16,000,000	-\$5,600,000	-\$2,000,000	-\$700,000	-\$1,000,000	-\$350,000
45	MEDICAL SUPPLY REBATES	-\$24,900,000	-\$12,450,000	-\$22,722,000	-\$11,361,000	-\$22,722,000	-\$11,361,000	\$2,178,000	\$1,089,000	\$0	\$0
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,715,000	-\$28,357,500	-\$39,543,750	-\$19,771,880	-\$10,789,000	-\$5,394,500	\$45,926,000	\$22,963,000	\$28,754,750	\$14,377,380
47	FAMILY PACT DRUG REBATES	-\$70,417,000	-\$9,213,300	-\$70,090,000	-\$9,170,600	-\$70,090,000	-\$9,170,600	\$327,000	\$42,700	\$0	\$0
48	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,430,000	-\$75,000,000	-\$37,433,600	-\$135,000,000	-\$67,433,600	-\$80,000,000	-\$40,003,600	-\$60,000,000	-\$30,000,000
49	STATE SUPPLEMENTAL DRUG REBATES	-\$95,942,000	-\$47,848,600	-\$106,853,000	-\$53,332,100	-\$144,201,000	-\$71,985,700	-\$48,259,000	-\$24,137,100	-\$37,348,000	-\$18,653,600
50	LITIGATION SETTLEMENTS	\$0	\$0	-\$220,307,000	-\$220,307,000	-\$227,441,000	-\$227,441,000	-\$227,441,000	-\$227,441,000	-\$7,134,000	-\$7,134,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,100,415,000	-\$548,803,500	-\$1,097,274,000	-\$491,667,000	-\$1,264,651,000	-\$575,319,500	-\$164,236,000	-\$26,516,000	-\$167,377,000	-\$83,652,500
--	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$22,214,000	\$11,107,000	\$0	\$0	\$0	\$0	-\$22,214,000	-\$11,107,000	\$0	\$0
	PHARMACY SUBTOTAL	-\$1,390,384,600	-\$664,012,700	-\$1,641,999,350	-\$844,225,980	-\$1,886,103,600	-\$969,284,700	-\$495,719,000	-\$305,272,000	-\$244,104,250	-\$125,058,730
DRUG MEDI-CAL											
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$0	\$0	-\$7,017,000	-\$2,827,000	-\$3,259,000	-\$1,313,000	-\$3,259,000	-\$1,313,000	\$3,758,000	\$1,514,000
	DRUG MEDI-CAL SUBTOTAL	\$0	\$0	-\$7,017,000	-\$2,827,000	-\$3,259,000	-\$1,313,000	-\$3,259,000	-\$1,313,000	\$3,758,000	\$1,514,000
MENTAL HEALTH											
62	HEALTHY FAMILIES - SED	\$0	\$0	\$21,215,000	\$0	\$23,950,000	\$0	\$23,950,000	\$0	\$2,735,000	\$0
63	KATIE A. V. DIANA BONTA	\$0	\$0	\$9,785,000	\$0	\$9,785,000	\$0	\$9,785,000	\$0	\$0	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$0	\$0	\$8,297,000	\$0	\$7,931,000	\$0	\$7,931,000	\$0	-\$366,000	\$0
65	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$0	\$0	\$2,769,000	\$0	\$2,769,000	\$0	\$2,769,000	\$0	\$0	\$0
66	OVER ONE-YEAR CLAIMS	\$0	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$2,000,000	\$0	\$0	\$0
67	SPECIALTY MENTAL HEALTH LAWSUITS	\$0	\$0	\$370,000	\$180,000	\$370,000	\$180,000	\$370,000	\$180,000	\$0	\$0
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$6,227,000	\$0	\$6,217,000	\$0	\$6,227,000	\$0	\$0	\$0	\$10,000
69	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0	\$0	\$0
71	CHART REVIEW	\$0	\$0	-\$450,000	\$0	-\$590,000	\$0	-\$590,000	\$0	-\$140,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	-\$26,634,000	\$1,151,000	-\$26,634,000	\$1,151,000	-\$26,634,000	\$1,151,000	\$0	\$0
204	ELIMINATION OF STATE MAXIMUM RATES	\$0	\$0	\$90,494,000	\$0	\$90,494,000	\$0	\$90,494,000	\$0	\$0	\$0
--	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$175,073,000	\$0	\$64,187,000	\$0	\$0	\$0	-\$175,073,000	\$0	-\$64,187,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MENTAL HEALTH											
	MENTAL HEALTH SUBTOTAL	\$175,073,000	\$12,227,000	\$172,033,000	\$13,548,000	\$110,075,000	\$13,558,000	-\$64,998,000	\$1,331,000	-\$61,958,000	\$10,000
WAIVER--MH/UCD & BTR											
73	BTR - LIHP - MCE	\$2,325,678,000	\$581,864,000	\$3,089,199,000	\$503,975,000	\$1,035,893,000	\$26,942,000	-\$1,289,785,000	-\$554,922,000	-\$2,053,306,000	-\$477,033,000
74	MH/UCD & BTR--DSH PAYMENT	\$1,719,634,000	\$596,991,000	\$1,740,006,000	\$600,754,000	\$1,770,785,000	\$617,797,000	\$51,151,000	\$20,806,000	\$30,779,000	\$17,043,000
75	BTR-- DPH DELIVERY SYSTEM REFORM INCENTIVE P	\$1,375,000,000	\$687,500,000	\$1,437,063,000	\$718,531,500	\$1,121,770,000	\$560,885,000	-\$253,230,000	-\$126,615,000	-\$315,293,000	-\$157,646,500
76	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEME	\$477,937,000	\$238,968,500	\$506,702,000	\$253,351,000	\$527,640,000	\$263,820,000	\$49,703,000	\$24,851,500	\$20,938,000	\$10,469,000
77	BTR--SAFETY NET CARE POOL	\$390,166,000	\$0	\$390,166,000	\$0	\$390,166,000	\$0	\$0	\$0	\$0	\$0
78	BTR--LOW INCOME HEALTH PROGRAM - HCCI	\$301,431,000	\$78,370,000	\$315,881,000	\$0	\$314,749,000	\$8,980,000	\$13,318,000	-\$69,390,000	-\$1,132,000	\$8,980,000
79	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTAL	\$302,844,000	\$151,422,000	\$249,080,000	\$124,540,000	\$212,122,000	\$106,061,000	-\$90,722,000	-\$45,361,000	-\$36,958,000	-\$18,479,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$190,000,000	\$95,000,000	\$172,800,000	\$86,400,000	\$40,000,000	\$20,000,000	-\$150,000,000	-\$75,000,000	-\$132,800,000	-\$66,400,000
81	BTR--INCREASE SAFETY NET CARE POOL	\$100,000,000	\$0	\$100,000,000	\$0	\$80,500,000	\$0	-\$19,500,000	\$0	-\$19,500,000	\$0
82	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYS. COST	\$70,703,000	\$0	\$98,709,000	\$0	\$80,147,000	\$0	\$9,444,000	\$0	-\$18,562,000	\$0
83	MH/UCD--STABILIZATION FUNDING	\$105,756,000	\$58,541,000	\$98,006,000	\$62,681,000	\$67,568,000	\$43,000,000	-\$38,188,000	-\$15,541,000	-\$30,438,000	-\$19,681,000
84	MH/UCD--DPH INTERIM & FINAL RECONS	\$159,300,000	\$0	\$81,545,000	\$0	\$11,657,000	\$0	-\$147,643,000	\$0	-\$69,888,000	\$0
86	BTR -- LIHP INPATIENT HOSP. COSTS FOR CDCR INM/	\$75,223,000	\$0	\$72,462,000	\$0	\$60,041,000	\$0	-\$15,182,000	\$0	-\$12,421,000	\$0
87	MH/UCD & BTR--CCS AND GHPP	\$71,004,000	\$0	\$71,004,000	\$0	\$106,342,000	\$0	\$35,338,000	\$0	\$35,338,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$225,000,000	\$112,500,000	\$55,000,000	\$27,500,000	\$55,000,000	\$27,500,000	-\$170,000,000	-\$85,000,000	\$0	\$0
89	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$87,825,000	\$43,912,500	\$48,440,000	\$24,220,000	\$11,734,000	\$5,867,000	-\$76,091,000	-\$38,045,500	-\$36,706,000	-\$18,353,000
90	MH/UCD--SAFETY NET CARE POOL	\$42,735,000	\$0	\$45,683,000	\$0	\$38,866,000	\$0	-\$3,869,000	\$0	-\$6,817,000	\$0
92	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$5,000,000	\$0	\$20,826,000	\$0	\$37,811,000	\$0	\$32,811,000	\$0	\$16,985,000	\$0
93	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	-\$312,823,000	\$17,150,000	-\$493,199,000	\$17,150,000	-\$366,443,000	-\$32,150,000	-\$53,620,000	\$0	\$126,756,000
94	MH/UCD & BTR--NDPH SUPPLEMENTAL PAYMENT	\$5,236,000	\$2,618,000	\$5,252,000	\$2,626,000	\$914,000	\$457,000	-\$4,322,000	-\$2,161,000	-\$4,338,000	-\$2,169,000
95	MH/UCD--DISTRESSED HOSPITAL FUND	\$0	\$0	\$1,054,000	\$527,000	\$1,054,000	\$527,000	\$1,054,000	\$527,000	\$0	\$0
96	MH/UCD & BTR--MIA-LTC	\$0	-\$14,493,000	\$0	-\$14,493,000	\$0	-\$19,694,000	\$0	-\$5,201,000	\$0	-\$5,201,000
97	MH/UCD & BTR--BCCTP	\$0	-\$988,000	\$0	-\$988,000	\$0	-\$1,496,000	\$0	-\$508,000	\$0	-\$508,000
98	MH/UCD & BTR--DPH INTERIM RATE	\$0	-\$449,298,500	\$0	-\$453,592,500	\$0	-\$474,942,500	\$0	-\$25,644,000	\$0	-\$21,350,000
99	MH/UCD--FEDERAL FLEX. & STABILIZATION - SNCP AF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100	BTR--INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$100,000,000	\$0	-\$100,000,000	\$0	-\$80,500,000	\$0	\$19,500,000	\$0	\$19,500,000
103	MH/UCD--FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	\$0	-\$9,187,000	\$0	\$0	-\$10,557,000	\$9,187,000	-\$10,557,000	\$9,187,000	-\$10,557,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>											
106	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000	-\$49,136,000	-\$24,568,000	\$36,618,000	\$18,309,000	\$36,618,000	\$18,309,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVE	-\$200,000,000	-\$27,654,500	-\$200,000,000	\$0	-\$161,000,000	\$0	\$39,000,000	\$27,654,500	\$39,000,000	\$0
--	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000	\$0	\$0	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000
--	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000	\$0	\$0	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000
--	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$90,000,000	\$45,000,000	\$80,000,000	\$40,000,000	\$0	\$0	-\$90,000,000	-\$45,000,000	-\$80,000,000	-\$40,000,000
--	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$71,660,000	-\$95,830,000	-\$77,800,000	-\$95,830,000	\$0	\$0	\$71,660,000	\$95,830,000	\$77,800,000	\$95,830,000
--	NDPH SAFETY NET CARE POOL	\$40,000,000	\$0	\$45,000,000	\$0	\$0	\$0	-\$40,000,000	\$0	-\$45,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$7,769,371,000	\$1,611,823,000	\$8,294,487,000	\$1,207,226,000	\$5,771,773,000	\$703,635,500	-\$1,997,598,000	-\$908,187,500	-\$2,522,714,000	-\$503,590,500
<u>MANAGED CARE</u>											
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000	\$391,994,000	\$195,997,000	-\$508,006,000	-\$254,003,000	-\$508,006,000	-\$254,003,000
112	MANAGED CARE RATE RANGE IGTS	\$525,946,000	\$234,345,000	\$533,935,000	\$234,338,000	\$529,151,000	\$236,083,000	\$3,205,000	\$1,738,000	-\$4,784,000	\$1,745,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$0	\$0	\$388,718,000	\$194,359,000	\$297,163,000	\$148,581,500	\$297,163,000	\$148,581,500	-\$91,555,000	-\$45,777,500
116	MANAGED CARE COST-BASED REIMBURSEMENT CLIN	\$90,073,000	\$45,036,500	\$110,417,000	\$55,208,500	\$89,761,000	\$44,880,500	-\$312,000	-\$156,000	-\$20,656,000	-\$10,328,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$20,704,000	\$10,424,000	\$11,896,000	\$5,186,000	\$11,476,000	\$5,076,000	-\$9,228,000	-\$5,348,000	-\$420,000	-\$110,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0	\$0	\$0
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
126	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,818,000	-\$2,409,000	-\$1,797,000	-\$898,500	-\$1,797,000	-\$898,500	\$3,021,000	\$1,510,500	\$0	\$0
133	POTENTIALLY PREVENTABLE ADMISSIONS	\$0	\$0	-\$36,332,000	-\$18,166,000	-\$36,332,000	-\$18,166,000	-\$36,332,000	-\$18,166,000	\$0	\$0
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$96,406,000	-\$48,203,000	-\$93,535,000	-\$46,767,500	\$25,550,000	\$12,775,000	\$121,956,000	\$60,978,000	\$119,085,000	\$59,542,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,198,255,000	-\$599,127,500	-\$1,080,535,000	-\$540,267,500	-\$1,150,471,000	-\$575,235,500	\$47,784,000	\$23,892,000	-\$69,936,000	-\$34,968,000
--	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,682,000	\$1,341,000	\$0	\$0	\$0	\$0	-\$2,682,000	-\$1,341,000	\$0	\$0
--	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$743,000	-\$371,500	-\$703,000	-\$351,500	\$0	\$0	\$743,000	\$371,500	\$703,000	\$351,500
--	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION R/	\$435,505,000	\$217,752,500	\$364,348,000	\$182,174,000	\$0	\$0	-\$435,505,000	-\$217,752,500	-\$364,348,000	-\$182,174,000
--	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,360,000	-\$2,680,000	-\$7,181,000	-\$3,590,500	\$0	\$0	\$5,360,000	\$2,680,000	\$7,181,000	\$3,590,500
--	MANDATORY SPD ENROLLMENT INTO MANAGED CARI	-\$303,007,000	-\$151,503,500	\$0	\$0	\$0	\$0	\$303,007,000	\$151,503,500	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE											
--	TRANSFER OF IHSS COSTS TO CDSS	\$495,430,000	\$495,430,000	\$0	\$0	\$0	\$0	-\$495,430,000	-\$495,430,000	\$0	\$0
	MANAGED CARE SUBTOTAL	\$863,751,000	\$652,034,500	\$1,091,231,000	\$513,224,000	\$158,495,000	\$51,093,000	-\$705,256,000	-\$600,941,500	-\$932,736,000	-\$462,131,000
PROVIDER RATES											
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$199,721,320	\$99,860,660	\$187,648,100	\$93,824,050	\$187,648,100	\$93,824,050	-\$12,073,220	-\$6,036,610	\$0	\$0
139	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$192,568,000	\$96,284,000	\$75,803,000	\$37,901,500	\$78,878,000	\$39,439,000	-\$113,690,000	-\$56,845,000	\$3,075,000	\$1,537,500
140	LTC RATE ADJUSTMENT	\$49,325,240	\$24,662,620	\$36,196,790	\$18,098,400	\$20,125,980	\$10,062,990	-\$29,199,260	-\$14,599,630	-\$16,070,810	-\$8,035,400
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$74,049,000	\$37,024,500	\$35,989,220	\$17,994,610	\$23,994,900	\$11,997,450	-\$50,054,100	-\$25,027,050	-\$11,994,320	-\$5,997,160
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$24,044,000	\$12,022,000	\$23,523,000	\$11,761,000	\$22,598,000	\$11,299,000	-\$1,446,000	-\$723,000	-\$925,000	-\$462,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$12,421,520	\$6,210,760	\$11,043,820	\$5,521,910	\$11,942,030	\$5,971,020	-\$479,490	-\$239,740	\$898,210	\$449,110
144	HOSPICE RATE INCREASES	\$11,088,830	\$5,544,410	\$6,701,980	\$3,350,990	\$4,072,850	\$2,036,420	-\$7,015,980	-\$3,507,990	-\$2,629,140	-\$1,314,570
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$46,643,000	\$23,321,500	\$0	\$0	\$0	\$0	-\$46,643,000	-\$23,321,500	\$0	\$0
147	DENTAL RETROACTIVE RATE CHANGES	-\$9,107,000	-\$4,553,500	-\$4,197,000	-\$2,098,500	-\$2,224,000	-\$1,112,000	\$6,883,000	\$3,441,500	\$1,973,000	\$986,500
149	REDUCTION TO RADIOLOGY RATES	-\$48,994,000	-\$24,497,000	-\$24,181,300	-\$12,090,650	-\$5,579,870	-\$2,789,930	\$43,414,130	\$21,707,070	\$18,601,430	\$9,300,720
150	NON-AB 1629 LTC RATE FREEZE	-\$76,878,000	-\$38,439,000	-\$44,324,000	-\$22,162,000	-\$1,354,000	-\$677,000	\$75,524,000	\$37,762,000	\$42,970,000	\$21,485,000
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	-\$146,496,000	-\$73,248,000	-\$73,502,230	-\$36,751,120	-\$43,198,000	-\$21,599,000	\$103,298,000	\$51,649,000	\$30,304,230	\$15,152,120
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$145,719,000	-\$72,859,500	-\$89,399,100	-\$44,699,550	-\$77,669,000	-\$38,834,500	\$68,050,000	\$34,025,000	\$11,730,100	\$5,865,050
153	10% PROVIDER PAYMENT REDUCTION	-\$764,182,000	-\$382,091,000	-\$1,041,067,740	-\$520,533,870	-\$1,031,248,000	-\$515,624,000	-\$267,066,000	-\$133,533,000	\$9,819,740	\$4,909,870
--	LABORATORY RATE METHDOLOGY CHANGE	-\$15,384,000	-\$7,692,000	-\$6,396,840	-\$3,198,420	\$0	\$0	\$15,384,000	\$7,692,000	\$6,396,840	\$3,198,420
--	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT C	\$102,948,000	\$51,474,000	\$0	\$0	\$0	\$0	-\$102,948,000	-\$51,474,000	\$0	\$0
--	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0	\$34,974,000	\$17,487,000	\$34,974,000	\$17,487,000
	PROVIDER RATES SUBTOTAL	-\$528,925,090	-\$264,462,540	-\$941,136,300	-\$470,568,650	-\$812,013,010	-\$406,006,510	-\$283,087,920	-\$141,543,960	\$129,123,290	\$64,562,140
SUPPLEMENTAL PMNTS.											
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,827,754,000	\$3,961,827,000	\$7,990,981,000	\$4,044,315,000	\$7,195,802,000	\$3,646,726,000	-\$631,952,000	-\$315,101,000	-\$795,179,000	-\$397,589,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$0	\$218,418,000	\$0	\$220,284,000	\$0	\$46,777,000	\$0	\$1,866,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$126,800,000	\$63,400,000	\$136,622,000	\$68,311,000	\$69,492,000	\$34,746,000	\$9,822,000	\$4,911,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,214,000	\$45,343,500	\$111,976,000	\$45,854,000	\$111,976,000	\$45,854,000	\$762,000	\$510,500	\$0	\$0
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$58,782,000	\$0	\$49,808,000	\$0	\$17,808,000	\$0	-\$8,974,000	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$100,000,000	\$50,000,000	\$30,000,000	\$15,000,000	\$25,000,000	\$12,500,000	-\$75,000,000	-\$37,500,000	-\$5,000,000	-\$2,500,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$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
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.											
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0	\$0	\$0
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT	\$4,000,000	\$0	\$3,000,000	\$0	\$3,800,000	\$0	-\$200,000	\$0	\$800,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$218,645,000	\$0	\$0	\$0	\$138,645,000	\$0	-\$80,000,000	\$0	\$138,645,000	\$0
--	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$195,000,000	\$0	\$120,000,000	\$0	\$0	\$0	-\$195,000,000	\$0	-\$120,000,000	\$0
--	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000	\$0	\$0	\$300,000,000	\$150,000,000	\$300,000,000	\$150,000,000
--	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,517,250,000	\$3,984,735,500	\$8,447,957,000	\$4,062,569,000	\$7,899,937,000	\$3,782,391,000	-\$617,313,000	-\$202,344,500	-\$548,020,000	-\$280,178,000
OTHER											
170	ARRA HITECH - PROVIDER PAYMENTS	\$468,775,000	\$0	\$605,750,000	\$0	\$605,750,000	\$0	\$136,975,000	\$0	\$0	\$0
171	AB 97 INJUNCTIONS	\$174,555,000	\$87,277,500	\$826,346,000	\$413,173,000	\$1,008,729,000	\$504,364,500	\$834,174,000	\$417,087,000	\$182,383,000	\$91,191,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$212,509,000	\$0	\$163,067,000	\$0	\$146,199,000	\$0	-\$66,310,000	\$0	-\$16,868,000	\$0
180	AUDIT SETTLEMENTS	\$0	\$0	\$14,471,000	\$14,471,000	\$15,502,000	\$15,502,000	\$15,502,000	\$15,502,000	\$1,031,000	\$1,031,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0	\$0	\$0
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$11,418,000	\$5,709,000	\$11,418,000	\$5,709,000	\$0	\$0	\$0	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$5,203,000	\$2,601,500	\$4,037,000	\$2,018,500	\$3,225,000	\$1,612,500	-\$1,978,000	-\$989,000	-\$812,000	-\$406,000
186	INDIAN HEALTH SERVICES	\$1,463,000	-\$9,838,500	\$2,082,000	-\$9,273,500	\$2,082,000	-\$9,273,500	\$619,000	\$565,000	\$0	\$0
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
189	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$20,000,000	-\$10,000,000	-\$784,550	-\$392,280	\$0	\$0	\$20,000,000	\$10,000,000	\$784,550	\$392,280
194	FI COST CONTAINMENT PROJECTS	-\$1,032,800	-\$516,400	-\$1,520,000	-\$760,000	-\$1,810,000	-\$905,000	-\$777,200	-\$388,600	-\$290,000	-\$145,000
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	\$0	\$0	\$0	\$0
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$19,000,000	-\$4,000,000	-\$3,800,000	-\$4,000,000	-\$3,800,000	\$16,000,000	\$15,200,000	\$0	\$0
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$10,895,510	-\$5,447,760	-\$7,170,540	-\$3,585,270	-\$10,995,650	-\$5,497,830	-\$100,140	-\$50,070	-\$3,825,110	-\$1,912,560
199	FQHC/RHC AUDIT STAFFING	-\$6,044,000	-\$3,022,000	-\$12,723,000	-\$6,361,500	-\$12,723,000	-\$6,361,500	-\$6,679,000	-\$3,339,500	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	\$0	\$0	-\$50,212,000	\$0	-\$65,494,000	\$0	-\$65,494,000	\$0	-\$15,282,000	\$0
218	COST SHIFT OF CCS STATE-ONLY TO MEDI-CAL EPC	\$0	\$0	\$0	\$0	\$32,114,000	\$16,057,000	\$32,114,000	\$16,057,000	\$32,114,000	\$16,057,000
--	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	\$0	\$0	\$0	\$0	\$6,500,000	\$3,250,000	\$0	\$0
--	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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
MAY 2013 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2012 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	2012-13 APPROPRIATION		NOV. 2012 EST. FOR 2012-13		MAY 2013 EST. FOR 2012-13		DIFF. MAY TO APPROPRIATION		DIFF. MAY TO NOV.	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER										
--	HEALTHY FAMILIES - CDMH	\$21,099,000	\$0	\$0	\$0	\$0	\$0	-\$21,099,000	\$0	\$0	\$0
--	RECONCILIATION WITH THE BUDGET ACT	-\$104,666,000	-\$31,872,350	\$0	\$0	\$0	\$0	\$104,666,000	\$31,872,350	\$0	\$0
--	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
--	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	-\$12,332,000	-\$12,332,000	\$0	\$0	\$0	\$0	\$12,332,000	\$12,332,000	\$0	\$0
--	TRIGGER CUTS TO CDSS FOR IHSS	-\$325,420,000	\$0	\$0	\$0	\$0	\$0	\$325,420,000	\$0	\$0	\$0
	OTHER SUBTOTAL	\$398,005,680	\$10,182,990	\$1,560,634,910	\$421,072,960	\$1,739,870,350	\$527,281,170	\$1,341,864,660	\$517,098,180	\$179,235,440	\$106,208,220
	GRAND TOTAL	\$18,209,941,550	\$5,613,946,630	\$19,427,463,150	\$5,219,566,860	\$15,093,576,410	\$4,007,970,960	-\$3,116,365,140	-\$1,605,975,670	-\$4,333,886,740	-\$1,211,595,910

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

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$30,295,620	\$3,432,180	\$153,847,810	\$66,716,360	\$4,340,400	\$77,590
OTHER MEDICAL	\$61,810,290	\$9,761,460	\$363,721,510	\$375,680,310	\$9,625,940	\$318,850
COUNTY OUTPATIENT	\$445,140	\$128,390	\$8,151,760	\$2,371,340	\$162,890	\$1,040
COMMUNITY OUTPATIENT	\$8,810,660	\$1,916,370	\$143,917,630	\$37,382,510	\$753,940	\$14,850
PHARMACY	\$9,260,510	\$3,763,920	\$240,649,350	\$63,936,900	\$5,887,020	\$94,720
COUNTY INPATIENT	\$8,761,030	\$1,128,340	\$80,728,830	\$23,081,680	\$2,635,300	\$151,930
COMMUNITY INPATIENT	\$161,052,350	\$16,988,810	\$791,907,770	\$256,512,020	\$28,928,390	\$189,730
NURSING FACILITIES	\$507,835,140	\$22,706,710	\$763,359,270	\$2,217,980	\$1,978,931,820	\$7,989,180
ICF-DD	\$388,180	\$8,519,990	\$165,520,970	\$487,130	\$27,076,080	\$3,041,220
MEDICAL TRANSPORTATION	\$22,442,680	\$4,515,840	\$59,443,570	\$5,170,230	\$6,799,900	\$119,690
OTHER SERVICES	\$143,562,370	\$12,851,510	\$263,029,580	\$38,005,570	\$78,271,430	\$215,630
HOME HEALTH	\$382,570	\$12,073,100	\$120,764,910	\$3,958,190	\$3,140	\$0
FFS SUBTOTAL	\$955,046,540	\$97,786,610	\$3,155,042,960	\$875,520,230	\$2,143,416,240	\$12,214,430
DENTAL	\$22,857,290	\$1,191,280	\$54,648,340	\$79,236,960	\$2,597,130	\$12,600
TWO PLAN MODEL	\$154,437,940	\$37,160,800	\$2,240,860,370	\$1,330,633,570	-\$48,420	-\$48,420
COUNTY ORGANIZED HEALTH SYSTEMS	\$190,513,310	\$20,706,550	\$971,334,060	\$323,633,720	\$502,483,940	\$1,876,890
GEOGRAPHIC MANAGED CARE	\$26,654,000	\$7,054,820	\$429,616,440	\$231,124,580	-\$4,740	-\$4,740
PHP & OTHER MANAG. CARE	\$88,298,470	\$2,403,960	\$56,310,340	\$10,188,070	\$5,464,830	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$9,631,730	\$0	\$0
MEDICARE PAYMENTS	\$1,183,740,730	\$62,173,080	\$1,809,624,090	\$0	\$160,890,040	\$1,869,810
STATE HOSP./DEVELOPMENTAL CNTRS.	\$88,060	\$1,427,700	\$54,432,250	\$526,810	\$12,936,330	\$982,410
MISC. SERVICES	\$677,656,990	\$35,622,760	\$3,364,752,830	\$907,370	\$0	\$0
NON-FFS SUBTOTAL	\$2,344,246,800	\$167,740,950	\$8,981,578,720	\$1,985,882,800	\$684,319,110	\$4,688,550
TOTAL DOLLARS (1)	\$3,299,293,340	\$265,527,560	\$12,136,621,680	\$2,861,403,030	\$2,827,735,350	\$16,902,980
ELIGIBLES ***	411,700	21,500	984,400	1,427,300	46,800	200
ANNUAL \$/ELIGIBLE	\$8,014	\$12,350	\$12,329	\$2,005	\$60,422	\$84,515
AVG. MO. \$/ELIGIBLE	\$668	\$1,029	\$1,027	\$167	\$5,035	\$7,043

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

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

Excluded policy changes: 75. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,892,110	\$24,150,890	\$194,420	\$50,789,730	\$309,349,770	\$34,684,990
OTHER MEDICAL	\$8,365,190	\$67,109,780	\$777,920	\$110,304,100	\$980,668,580	\$127,944,860
COUNTY OUTPATIENT	\$474,350	\$1,443,380	\$20,870	\$6,547,520	\$23,041,230	\$1,868,850
COMMUNITY OUTPATIENT	\$1,032,580	\$9,245,440	\$153,970	\$31,106,280	\$130,741,210	\$14,805,100
PHARMACY	\$9,195,050	\$6,285,570	\$47,920	\$22,891,730	\$121,592,330	\$36,847,750
COUNTY INPATIENT	\$25,425,960	\$22,811,870	\$852,610	\$198,159,590	\$197,323,890	\$17,397,620
COMMUNITY INPATIENT	\$45,662,150	\$79,945,480	\$861,120	\$403,561,920	\$1,124,928,100	\$108,769,270
NURSING FACILITIES	\$557,547,390	\$245,066,430	\$541,850	\$82,341,710	\$15,577,530	\$5,282,660
ICF-DD	\$160,623,680	\$919,940	\$0	\$6,367,980	\$478,090	\$2,354,930
MEDICAL TRANSPORTATION	\$3,765,510	\$17,007,790	\$228,540	\$23,256,790	\$16,472,470	\$2,244,020
OTHER SERVICES	\$15,440,400	\$56,278,220	\$162,800	\$55,950,040	\$94,292,050	\$17,147,290
HOME HEALTH	\$26,070	\$508,880	\$201,540	\$57,423,780	\$9,899,470	\$12,541,180
FFS SUBTOTAL	\$834,450,440	\$530,773,670	\$4,043,560	\$1,048,701,170	\$3,024,364,730	\$381,888,530
DENTAL	\$827,940	\$16,240,770	\$32,310	\$9,508,160	\$193,863,840	\$24,172,200
TWO PLAN MODEL	-\$48,420	\$301,937,500	\$1,312,600	\$211,351,080	\$2,477,202,080	\$80,180,980
COUNTY ORGANIZED HEALTH SYSTEMS	\$190,526,530	\$154,798,050	\$455,960	\$223,388,730	\$874,676,960	\$56,797,700
GEOGRAPHIC MANAGED CARE	-\$4,740	\$33,449,840	\$50,600	\$29,237,520	\$359,220,830	\$11,676,340
PHP & OTHER MANAG. CARE	\$352,090	\$64,064,630	\$85,060	\$7,374,510	\$24,488,510	\$1,626,190
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$23,553,190	\$1,465,370
MEDICARE PAYMENTS	\$38,425,480	\$366,513,960	\$1,869,810	\$237,380,440	\$23,869,570	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$178,756,530	\$29,030	\$26,220	\$222,520	\$133,170	\$402,110
MISC. SERVICES	\$0	\$481,896,750	\$989,520	\$587,080,780	\$2,248,940	\$310,490
NON-FFS SUBTOTAL	\$408,835,410	\$1,418,930,520	\$4,822,070	\$1,305,543,740	\$3,979,257,070	\$176,631,370
TOTAL DOLLARS (1)	\$1,243,285,850	\$1,949,704,180	\$8,865,630	\$2,354,244,910	\$7,003,621,810	\$558,519,900
ELIGIBLES ***	14,900	298,500	600	175,100	3,490,300	350,000
ANNUAL \$/ELIGIBLE	\$83,442	\$6,532	\$14,776	\$13,445	\$2,007	\$1,596
AVG. MO. \$/ELIGIBLE	\$6,954	\$544	\$1,231	\$1,120	\$167	\$133

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

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

Excluded policy changes: 75. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,277,870	\$306,800	\$19,701,500	\$194,279,180	\$4,224,940	\$4,790,450
OTHER MEDICAL	\$2,247,690	\$1,257,890	\$42,602,320	\$266,721,870	\$37,461,950	\$25,527,040
COUNTY OUTPATIENT	\$192,580	\$165,460	\$4,604,900	\$4,093,930	\$176,400	\$320,960
COMMUNITY OUTPATIENT	\$520,620	\$177,270	\$5,522,610	\$28,298,690	\$2,975,000	\$4,934,810
PHARMACY	\$1,889,980	\$623,830	\$10,050,920	\$9,226,660	\$1,166,860	\$2,698,410
COUNTY INPATIENT	\$967,250	\$112,970	\$60,218,020	\$46,348,340	\$669,490	\$1,719,280
COMMUNITY INPATIENT	\$6,323,840	\$344,820	\$86,921,630	\$444,463,120	\$14,581,720	\$19,352,410
NURSING FACILITIES	\$31,432,750	\$230	\$19,905,800	\$448,260	\$246,780	\$413,580
ICF-DD	\$468,170	\$0	\$308,740	\$0	\$0	\$11,460
MEDICAL TRANSPORTATION	\$269,790	\$11,820	\$3,881,520	\$1,919,400	\$233,940	\$277,200
OTHER SERVICES	\$742,770	\$24,750	\$1,872,070	\$11,806,330	\$7,817,070	\$5,184,250
HOME HEALTH	\$3,660	\$20	\$16,440	\$1,299,010	\$1,539,840	\$1,172,760
FFS SUBTOTAL	\$47,336,970	\$3,025,850	\$255,606,470	\$1,008,904,800	\$71,094,000	\$66,402,600
DENTAL	\$104,590	\$84,710	\$195,990	\$613,980	\$38,610,090	\$22,408,400
TWO PLAN MODEL	\$280,480	\$1,129,290	\$0	\$44,747,450	\$202,242,190	\$122,371,180
COUNTY ORGANIZED HEALTH SYSTEMS	\$430,410	\$271,390	\$3,200,860	\$25,000,900	\$94,087,410	\$49,495,320
GEOGRAPHIC MANAGED CARE	\$45,810	\$638,170	\$0	\$9,941,160	\$44,875,950	\$32,862,360
PHP & OTHER MANAG. CARE	\$12,250	\$0	\$0	\$984,590	\$1,020,360	\$1,131,630
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,058,880	\$1,174,350
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$16,410	\$0	\$214,360	\$80,330	\$0	\$242,770
MISC. SERVICES	\$590	\$0	\$0	\$61,200	\$109,660	\$54,110
NON-FFS SUBTOTAL	\$890,540	\$2,123,560	\$3,611,220	\$81,429,630	\$382,004,550	\$229,740,130
TOTAL DOLLARS (1)	\$48,227,510	\$5,149,420	\$259,217,690	\$1,090,334,430	\$453,098,550	\$296,142,740
ELIGIBLES ***	1,900	2,400	61,800	180,500	252,900	174,000
ANNUAL \$/ELIGIBLE	\$25,383	\$2,146	\$4,194	\$6,041	\$1,792	\$1,702
AVG. MO. \$/ELIGIBLE	\$2,115	\$179	\$350	\$503	\$149	\$142

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

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

Excluded policy changes: 75. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$910,352,600
OTHER MEDICAL	\$2,491,907,570
COUNTY OUTPATIENT	\$54,211,000
COMMUNITY OUTPATIENT	\$422,309,520
PHARMACY	\$546,109,450
COUNTY INPATIENT	\$688,493,990
COMMUNITY INPATIENT	\$3,591,294,660
NURSING FACILITIES	\$4,241,845,080
ICF-DD	\$376,566,570
MEDICAL TRANSPORTATION	\$168,060,720
OTHER SERVICES	\$802,654,110
HOME HEALTH	\$221,814,560
FFS SUBTOTAL	\$14,515,619,810
DENTAL	\$467,206,580
TWO PLAN MODEL	\$7,205,702,240
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,683,678,690
GEOGRAPHIC MANAGED CARE	\$1,216,434,210
PHP & OTHER MANAG. CARE	\$263,805,480
EPSDT SCREENS	\$36,883,520
MEDICARE PAYMENTS	\$3,886,357,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$250,517,000
MISC. SERVICES	\$5,151,692,000
NON-FFS SUBTOTAL	\$22,162,276,720
TOTAL DOLLARS (1)	\$36,677,896,530
ELIGIBLES ***	7,894,800
ANNUAL \$/ELIGIBLE	\$4,646
AVG. MO. \$/ELIGIBLE	\$387

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

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

Excluded policy changes: 75. Refer to page following report for listing.

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 75

3	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
6	BRIDGE TO HFP
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
14	NEW QUALIFIED ALIENS
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 PHYSICIAN & NON-PHYS. COST
83	MH/UCD—STABILIZATION FUNDING
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
87	MH/UCD & BTR—CCS AND GHPP
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
90	MH/UCD—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 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 75

98	MH/UCD & BTR—DPH INTERIM RATE
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
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
126	GENERAL FUND REIMBURSEMENTS FROM DPHS
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 PAYMENTS FOR HOSPITAL SERVICES
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 FUND
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE
192	TRANSFER OF IHSS COSTS TO DHCS
193	OPERATIONAL FLEXIBILITIES

FISCAL YEAR 2012-13 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE

EXCLUDED POLICY CHANGES: 75

198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
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
216	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PF
219	YOUTH REGIONAL TREATMENT CENTERS
227	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
229	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITUF
231	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS
	SISKIYOU COUNTY REIMBURSEMENT