

**MEDI-CAL  
MAY 2013  
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  
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Toby Douglas  
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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	\$16,000,206,470	\$8,000,103,240	\$8,000,103,240
B. B/Y BASE POLICY CHANGES	\$22,682,638,000	\$13,477,062,050	\$9,205,575,950
C. BASE ADJUSTMENTS	-\$217,064,000	-\$250,476,200	\$33,412,200
D. ADJUSTED BASE	<u>\$38,465,780,470</u>	<u>\$21,226,689,090</u>	<u>\$17,239,091,390</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$1,970,523,580	\$1,334,741,690	\$635,781,890
B. AFFORDABLE CARE ACT	\$3,199,196,150	\$3,046,845,250	\$152,350,900
C. BENEFITS	\$697,932,110	\$658,184,670	\$39,747,430
D. PHARMACY	-\$1,670,894,000	-\$924,246,200	-\$746,647,800
E. DRUG MEDI-CAL	-\$3,486,000	-\$3,486,000	\$0
F. MENTAL HEALTH	\$418,920,000	\$385,535,000	\$33,385,000
G. WAIVER--MH/UCD & BTR	\$10,195,167,640	\$7,111,993,820	\$3,083,173,820
H. MANAGED CARE	\$3,847,973,000	\$1,690,536,500	\$2,157,436,500
I. PROVIDER RATES	-\$844,376,360	-\$420,276,680	-\$424,099,680
J. SUPPLEMENTAL PMNTS.	\$7,887,803,000	\$4,363,426,000	\$3,524,377,000
K. OTHER	\$664,953,000	\$554,662,180	\$110,290,820
L. TOTAL CHANGE	<u>\$26,363,712,120</u>	<u>\$17,797,916,230</u>	<u>\$8,565,795,880</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$64,829,492,590</u></u>	<u><u>\$39,024,605,320</u></u>	<u><u>\$25,804,887,270</u></u>

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>				
1	FAMILY PACT PROGRAM	\$645,619,000	\$484,071,100	\$161,547,900
2	TRANSITION OF HFP TO MEDI-CAL	\$1,103,252,000	\$717,113,800	\$386,138,200
3	BREAST AND CERVICAL CANCER TREATMENT	\$142,761,000	\$80,033,200	\$62,727,800
4	CHDP GATEWAY - PREENROLLMENT	\$15,022,000	\$9,764,300	\$5,257,700
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$21,669,000	\$21,669,000	\$0
7	REFUGEES	\$5,199,000	\$0	\$5,199,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$6,932,000	\$6,932,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$540,000	\$270,000	\$270,000
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	-\$68,153,000	\$68,153,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$54,200,850	-\$54,200,850
16	PARIS-FEDERAL	-\$473,670	-\$236,840	-\$236,830
17	PARIS-VETERANS	-\$1,080,120	-\$540,060	-\$540,060
18	PARIS-INTERSTATE	-\$2,113,270	-\$1,056,640	-\$1,056,630
222	INCARCERATION VERIFICATION PROGRAM	-\$160,360	-\$80,180	-\$80,180
240	AIM LINKED INFANTS 250-300% FPL	\$33,357,000	\$21,682,050	\$11,674,950
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,970,523,590</b>	<b>\$1,334,741,690</b>	<b>\$635,781,900</b>
<b>AFFORDABLE CARE ACT</b>				
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$24,013,000	-\$12,006,500	-\$12,006,500
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$70,421,000	-\$45,729,500	-\$24,691,500
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$21,750
51	MANAGED CARE DRUG REBATES	-\$348,403,000	-\$174,201,500	-\$174,201,500
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$1,357,030,130	\$1,233,846,940	\$123,183,190
138	NF-B RATE CHANGES	\$161,173,530	\$80,586,760	\$80,586,760
173	COMMUNITY FIRST CHOICE OPTION	\$322,584,000	\$322,584,000	\$0
230	ACA MANDATORY EXPANSION	\$410,648,000	\$216,877,300	\$193,770,700
234	ACA OPTIONAL EXPANSION	\$1,426,631,000	\$1,426,631,000	\$0
236	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$2,500,000	-\$2,500,000
237	ACA EXPANSION-CDCR INMATES INPT. HOSP. COST	\$24,631,000	\$24,631,000	\$0
238	ACA EXPANSION-NEW QUALIFIED ALIENS	-\$7,916,000	-\$2,500,000	-\$5,416,000
239	ACA EXPANSION-PREGNANCY ONLY	-\$52,705,000	-\$26,352,500	-\$26,352,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$3,199,196,150</b>	<b>\$3,046,845,250</b>	<b>\$152,350,900</b>
<b>BENEFITS</b>				
22	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$259,483,000	\$259,483,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$142,840,000	\$142,840,000	\$0

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>				
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,651,000	\$28,683,000	\$3,968,000
26	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,227,000	\$4,227,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$7,328,000	\$3,664,000	\$3,664,000
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$337,000	\$337,000	\$0
29	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$170,000	\$170,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$3,794,100	-\$3,794,100
32	ADHC TRANSITION-BENEFITS	\$281,754,000	\$140,877,000	\$140,877,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$89,878,100	-\$89,878,100
34	HEARING AID CAP	-\$1,117,090	-\$558,540	-\$558,540
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	\$0	\$0	\$0
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$19,162,820	-\$9,581,410	-\$9,581,410
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$23,880,000	-\$11,940,000	-\$11,940,000
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$16,853,500
217	CHANGE FAMILY PACT PROGRAM BENEFITS	-\$27,322,990	-\$17,557,270	-\$9,765,720
219	YOUTH REGIONAL TREATMENT CENTERS	\$5,688,000	\$6,399,000	-\$711,000
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILC	\$27,637,000	\$13,818,500	\$13,818,500
232	PEDIATRIC PALLIATIVE CARE WAIVER	\$540,000	\$270,000	\$270,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$697,932,110</b>	<b>\$658,184,680</b>	<b>\$39,747,430</b>
<b><u>PHARMACY</u></b>				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$0
43	NON FFP DRUGS	\$0	-\$1,912,000	\$1,912,000
44	BCCTP DRUG REBATES	-\$16,000,000	-\$10,400,000	-\$5,600,000
45	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$9,738,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,157,000	-\$7,578,500	-\$7,578,500
47	FAMILY PACT DRUG REBATES	-\$73,946,000	-\$64,271,000	-\$9,675,000
48	AGED AND DISPUTED DRUG REBATES	-\$135,000,000	-\$67,566,400	-\$67,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$152,549,000	-\$76,395,700	-\$76,153,300
52	FEDERAL DRUG REBATE PROGRAM	-\$1,258,766,000	-\$686,384,600	-\$572,381,400
220	SUNSET OF SPECIALTY DRUG CONTRACTS	\$13,985,390	\$6,992,700	\$6,992,690
223	IMPLEMENTATION OF SPECIALTY DRUG CONTRACT	-\$13,985,390	-\$6,992,700	-\$6,992,690
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,670,894,000</b>	<b>-\$924,246,200</b>	<b>-\$746,647,800</b>
<b><u>DRUG MEDI-CAL</u></b>				
58	ANNUAL RATE ADJUSTMENT	-\$1,627,000	-\$1,627,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$1,859,000	-\$1,859,000	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$3,486,000</b>	<b>-\$3,486,000</b>	<b>\$0</b>

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>MENTAL HEALTH</u></b>				
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$293,819,000	\$293,819,000	\$0
62	HEALTHY FAMILIES - SED	\$22,250,000	\$22,250,000	\$0
63	KATIE A. V. DIANA BONTA	\$23,161,000	\$23,161,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$32,731,000	\$32,731,000	\$0
65	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$3,000,000	\$3,000,000	\$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	-\$580,000	-\$580,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$70,714,000	-\$110,099,000	\$39,385,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$124,484,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$418,920,000</b>	<b>\$385,535,000</b>	<b>\$33,385,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
73	BTR - LIHP - MCE	\$4,770,999,000	\$2,680,468,000	\$2,090,531,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,774,361,000	\$1,152,113,000	\$622,248,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,435,292,000	\$717,646,000	\$717,646,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$546,058,000	\$273,029,000	\$273,029,000
77	BTR—SAFETY NET CARE POOL	\$317,250,000	\$317,250,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$161,299,000	\$147,829,000	\$13,470,000
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$339,269,000	\$169,634,500	\$169,634,500
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$126,400,000	\$63,200,000	\$63,200,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$24,500,000	\$24,500,000	\$0
82	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COS	\$77,960,000	\$77,960,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$39,911,000	\$10,757,000	\$29,154,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$159,300,000	\$159,300,000	\$0
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$29,503,000	\$29,503,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$130,627,000	\$130,627,000	\$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	\$116,992,000	\$58,496,000	\$58,496,000
90	MH/UCD—SAFETY NET CARE POOL	\$154,500,000	\$154,500,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$31,467,000	\$31,467,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$66,339,000	\$345,670,000	-\$279,331,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$8,141,000	\$4,070,500	\$4,070,500
96	MH/UCD & BTR—MIA-LTC	\$0	\$19,518,000	-\$19,518,000
97	MH/UCD & BTR—BCCTP	\$0	\$1,423,000	-\$1,423,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$560,037,000	-\$560,037,000
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$24,500,000	-\$24,500,000

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>WAIVER--MH/UCD &amp; BTR</u></b>				
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$116,524,360	-\$58,262,180	-\$58,262,180
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$28,925,000	-\$28,925,000
106	HOSPITAL STABILIZATION	-\$36,618,000	-\$18,309,000	-\$18,309,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$49,000,000	-\$49,000,000	\$0
216	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$23,142,000	\$23,142,000	\$0
231	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	-\$46,000,000	-\$23,000,000	-\$23,000,000
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$10,195,167,640</b>	<b>\$7,111,993,820</b>	<b>\$3,083,173,820</b>
<b><u>MANAGED CARE</u></b>				
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$678,988,000	\$339,494,000	\$339,494,000
112	MANAGED CARE RATE RANGE IGTS	\$500,119,000	\$254,181,000	\$245,938,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$503,439,000	\$0	\$503,439,000
116	MANAGED CARE COST-BASED REIMBURSEMENT CL	\$174,700,000	\$87,350,000	\$87,350,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$5,512,000	\$2,801,000	\$2,711,000
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
129	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$535,000	-\$267,500	-\$267,500
131	MANAGED CARE DEFAULT ASSIGNMENT	\$0	\$0	\$0
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$161,079,000	\$80,539,500	\$80,539,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	-\$19,817,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	\$106,752,000	\$53,376,000	\$53,376,000
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,152,958,000	-\$576,479,000	-\$576,479,000
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$332,796,000	\$166,398,000	\$166,398,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
209	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
212	ENROLLMENT STABILIZATION PROGRAM	-\$7,127,000	-\$3,563,500	-\$3,563,500
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE P	\$1,665,138,000	\$847,672,000	\$817,466,000
226	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$812,173,000	\$406,086,500	\$406,086,500
227	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	\$0	\$0	\$0
228	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
233	RETRO MC RATE ADJUSTMENTS FOR FY 2012-13	\$105,531,000	\$52,765,500	\$52,765,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$3,847,973,000</b>	<b>\$1,690,536,500</b>	<b>\$2,157,436,500</b>
<b><u>PROVIDER RATES</u></b>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$190,060,270	\$95,030,140	\$95,030,130

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>				
140	LTC RATE ADJUSTMENT	\$91,642,710	\$45,821,360	\$45,821,350
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$27,686,000	\$13,843,000	\$13,843,000
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$18,219,000	\$9,109,000	\$9,110,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$13,658,800	\$6,829,400	\$6,829,400
144	HOSPICE RATE INCREASES	\$6,860,720	\$3,430,360	\$3,430,360
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR.	\$37,578,000	\$20,701,000	\$16,877,000
147	DENTAL RETROACTIVE RATE CHANGES	-\$2,000,000	-\$1,000,000	-\$1,000,000
148	LABORATORY RATE METHDOLOGY CHANGE	-\$13,223,630	-\$6,611,810	-\$6,611,810
149	REDUCTION TO RADIOLOGY RATES	-\$58,264,940	-\$29,132,470	-\$29,132,470
150	NON-AB 1629 LTC RATE FREEZE	-\$72,468,610	-\$36,234,310	-\$36,234,310
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$51,473,000	-\$25,736,500	-\$25,736,500
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$70,918,920	-\$35,459,460	-\$35,459,460
153	10% PROVIDER PAYMENT REDUCTION	-\$961,732,770	-\$480,866,390	-\$480,866,390
229	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
<b>PROVIDER RATES SUBTOTAL</b>		<b>-\$844,376,360</b>	<b>-\$420,276,680</b>	<b>-\$424,099,680</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$4,212,457,000	\$2,085,303,000	\$2,127,154,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$205,995,000	\$205,995,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$82,000,000	\$41,000,000	\$41,000,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$455,989,000	\$455,989,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$66,514,000	\$46,043,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$44,145,000	\$44,145,000	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$15,000,000	\$7,500,000	\$7,500,000
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	\$3,600,000	\$3,600,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$160,000,000	\$160,000,000	\$0
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,438,060,000	\$1,214,380,000	\$1,223,680,000
<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>		<b>\$7,887,803,000</b>	<b>\$4,363,426,000</b>	<b>\$3,524,377,000</b>
<b><u>OTHER</u></b>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$395,625,000	\$0
171	AB 97 INJUNCTIONS	\$195,701,000	\$97,850,500	\$97,850,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$198,021,000	\$198,021,000	\$0
180	AUDIT SETTLEMENTS	\$6,298,000	\$0	\$6,298,000
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

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

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

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	<b>OTHER</b>			
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$2,177,000	\$1,088,500	\$1,088,500
186	INDIAN HEALTH SERVICES	\$2,524,000	\$11,797,500	-\$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
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	\$0	\$0	\$0
195	OVERPAYMENTS - INTEREST RATE CHANGE	\$0	\$0	\$0
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$1,710,400	-\$85,520	-\$1,624,880
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$2,373,600	-\$1,186,800	-\$1,186,800
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	\$0	\$0	\$0
199	FQHC/RHC AUDIT STAFFING	\$0	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$154,157,000	-\$154,157,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$664,953,000</b>	<b>\$554,662,180</b>	<b>\$110,290,820</b>
	<b>GRAND TOTAL</b>	<b>\$26,363,712,120</b>	<b>\$17,797,916,240</b>	<b>\$8,565,795,890</b>

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

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$6,152,106,660	\$3,968,398,470	\$2,183,708,190
PHYSICIANS	\$1,505,183,630	\$1,092,986,470	\$412,197,170
OTHER MEDICAL	\$3,061,642,570	\$1,971,464,160	\$1,090,178,400
COUNTY OUTPATIENT	\$57,351,920	\$30,534,890	\$26,817,020
COMMUNITY OUTPATIENT	\$1,527,928,550	\$873,412,950	\$654,515,600
<b>PHARMACY</b>	\$375,784,300	\$209,764,080	\$166,020,220
<b>HOSPITAL INPATIENT</b>	\$11,430,673,230	\$7,040,343,020	\$4,390,330,210
COUNTY INPATIENT	\$2,770,429,350	\$2,283,101,830	\$487,327,520
COMMUNITY INPATIENT	\$8,660,243,880	\$4,757,241,200	\$3,903,002,680
<b>LONG TERM CARE</b>	\$4,407,813,250	\$2,271,551,560	\$2,136,261,690
NURSING FACILITIES	\$4,066,493,550	\$2,096,810,400	\$1,969,683,150
ICF-DD	\$341,319,710	\$174,741,160	\$166,578,550
<b>OTHER SERVICES</b>	\$1,129,129,310	\$662,797,850	\$466,331,460
MEDICAL TRANSPORTATION	\$308,540,160	\$234,347,750	\$74,192,410
OTHER SERVICES	\$601,144,990	\$315,374,080	\$285,770,910
HOME HEALTH	\$219,444,160	\$113,076,010	\$106,368,140
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$23,495,506,750</b>	<b>\$14,152,854,980</b>	<b>\$9,342,651,780</b>
<b>MANAGED CARE</b>	\$21,997,554,350	\$11,197,459,530	\$10,800,094,820
TWO PLAN MODEL	\$13,650,587,130	\$6,919,951,950	\$6,730,635,180
COUNTY ORGANIZED HEALTH SYS	\$5,252,304,390	\$2,722,201,040	\$2,530,103,360
GEOGRAPHIC MANAGED CARE	\$2,749,640,820	\$1,382,853,770	\$1,366,787,060
PHP & OTHER MANAG. CARE	\$345,022,000	\$172,452,770	\$172,569,230
<b>DENTAL</b>	\$573,964,530	\$303,231,100	\$270,733,440
<b>MENTAL HEALTH</b>	\$2,956,622,500	\$2,917,103,340	\$39,519,160
<b>AUDITS/ LAWSUITS</b>	\$10,174,220	\$939,790	\$9,234,430
<b>EPSDT SCREENS</b>	\$39,457,540	\$20,716,040	\$18,741,490
<b>MEDICARE PAYMENTS</b>	\$4,044,466,000	\$1,198,265,000	\$2,846,201,000
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$242,082,830	\$242,072,640	\$10,200
<b>MISC. SERVICES</b>	\$11,723,140,260	\$9,094,474,420	\$2,628,665,840
<b>RECOVERIES</b>	-\$253,476,400	-\$102,511,520	-\$150,964,880
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$64,829,492,590</b>	<b>\$39,024,605,320</b>	<b>\$25,804,887,270</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>MAY 2013 EST. FOR 2012-13</u>	<u>MAY 2013 EST. FOR 2013-14</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$5,595,548,640	\$6,152,106,660	\$556,558,020	9.95
PHYSICIANS	\$1,037,661,910	\$1,505,183,630	\$467,521,720	45.06
OTHER MEDICAL	\$2,599,926,880	\$3,061,642,570	\$461,715,680	17.76
COUNTY OUTPATIENT	\$59,131,940	\$57,351,920	-\$1,780,020	-3.01
COMMUNITY OUTPATIENT	\$1,898,827,910	\$1,527,928,550	-\$370,899,360	-19.53
<b>PHARMACY</b>	\$582,600,280	\$375,784,300	-\$206,815,980	-35.50
<b>HOSPITAL INPATIENT</b>	\$12,289,483,930	\$11,430,673,230	-\$858,810,700	-6.99
COUNTY INPATIENT	\$2,693,785,740	\$2,770,429,350	\$76,643,610	2.85
COMMUNITY INPATIENT	\$9,595,698,190	\$8,660,243,880	-\$935,454,310	-9.75
<b>LONG TERM CARE</b>	\$4,862,159,190	\$4,407,813,250	-\$454,345,930	-9.34
NURSING FACILITIES	\$4,472,172,930	\$4,066,493,550	-\$405,679,380	-9.07
ICF-DD	\$389,986,260	\$341,319,710	-\$48,666,550	-12.48
<b>OTHER SERVICES</b>	\$1,349,647,250	\$1,129,129,310	-\$220,517,940	-16.34
MEDICAL TRANSPORTATION	\$313,019,570	\$308,540,160	-\$4,479,410	-1.43
OTHER SERVICES	\$805,533,870	\$601,144,990	-\$204,388,890	-25.37
HOME HEALTH	\$231,093,800	\$219,444,160	-\$11,649,640	-5.04
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$24,679,439,290</b>	<b>\$23,495,506,750</b>	<b>-\$1,183,932,530</b>	<b>-4.80</b>
<b>MANAGED CARE</b>	\$13,968,505,540	\$21,997,554,350	\$8,029,048,810	57.48
TWO PLAN MODEL	\$8,137,897,150	\$13,650,587,130	\$5,512,689,990	67.74
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,166,065,410	\$5,252,304,390	\$1,086,238,990	26.07
GEOGRAPHIC MANAGED CARE	\$1,371,992,040	\$2,749,640,820	\$1,377,648,790	100.41
PHP & OTHER MANAG. CARE	\$292,550,950	\$345,022,000	\$52,471,050	17.94
<b>DENTAL</b>	\$478,636,580	\$573,964,530	\$95,327,950	19.92
<b>MENTAL HEALTH</b>	\$1,511,720,530	\$2,956,622,500	\$1,444,901,960	95.58
<b>AUDITS/ LAWSUITS</b>	-\$204,992,000	\$10,174,220	\$215,166,220	-104.96
<b>EPSDT SCREENS</b>	\$36,891,680	\$39,457,540	\$2,565,860	6.96
<b>MEDICARE PAYMENTS</b>	\$3,886,357,000	\$4,044,466,000	\$158,109,000	4.07
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$259,821,920	\$242,082,830	-\$17,739,080	-6.83
<b>MISC. SERVICES</b>	\$7,719,110,000	\$11,723,140,260	\$4,004,030,270	51.87
<b>RECOVERIES</b>	-\$295,301,000	-\$253,476,400	\$41,824,600	-14.16
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$52,040,189,530</b>	<b>\$64,829,492,590</b>	<b>\$12,789,303,060</b>	<b>24.58</b>
<b>STATE FUNDS</b>	<b>\$20,486,990,370</b>	<b>\$25,804,887,270</b>	<b>\$5,317,896,900</b>	<b>25.96</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

<u>SERVICE CATEGORY</u>	<u>NOV. 2012 EST. FOR 2013-14</u>	<u>MAY 2013 EST. FOR 2013-14</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$5,507,659,880	\$6,152,106,660	\$644,446,780	11.70
PHYSICIANS	\$1,247,557,630	\$1,505,183,630	\$257,626,000	20.65
OTHER MEDICAL	\$2,668,738,590	\$3,061,642,570	\$392,903,970	14.72
COUNTY OUTPATIENT	\$176,207,340	\$57,351,920	-\$118,855,420	-67.45
COMMUNITY OUTPATIENT	\$1,415,156,330	\$1,527,928,550	\$112,772,220	7.97
<b>PHARMACY</b>	\$17,360,530	\$375,784,300	\$358,423,770	2064.59
<b>HOSPITAL INPATIENT</b>	\$10,910,400,720	\$11,430,673,230	\$520,272,510	4.77
COUNTY INPATIENT	\$2,670,050,370	\$2,770,429,350	\$100,378,980	3.76
COMMUNITY INPATIENT	\$8,240,350,360	\$8,660,243,880	\$419,893,520	5.10
<b>LONG TERM CARE</b>	\$3,741,315,990	\$4,407,813,250	\$666,497,260	17.81
NURSING FACILITIES	\$3,436,652,740	\$4,066,493,550	\$629,840,810	18.33
ICF-DD	\$304,663,250	\$341,319,710	\$36,656,450	12.03
<b>OTHER SERVICES</b>	\$1,146,977,500	\$1,129,129,310	-\$17,848,190	-1.56
MEDICAL TRANSPORTATION	\$415,119,890	\$308,540,160	-\$106,579,730	-25.67
OTHER SERVICES	\$539,083,820	\$601,144,990	\$62,061,170	11.51
HOME HEALTH	\$192,773,790	\$219,444,160	\$26,670,370	13.84
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$21,323,714,620</b>	<b>\$23,495,506,750</b>	<b>\$2,171,792,140</b>	<b>10.18</b>
<b>MANAGED CARE</b>	\$20,707,236,150	\$21,997,554,350	\$1,290,318,200	6.23
TWO PLAN MODEL	\$13,328,427,270	\$13,650,587,130	\$322,159,870	2.42
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,901,287,330	\$5,252,304,390	\$351,017,070	7.16
GEOGRAPHIC MANAGED CARE	\$2,071,777,330	\$2,749,640,820	\$677,863,500	32.72
PHP & OTHER MANAG. CARE	\$405,744,230	\$345,022,000	-\$60,722,220	-14.97
<b>DENTAL</b>	\$568,040,640	\$573,964,530	\$5,923,890	1.04
<b>MENTAL HEALTH</b>	\$1,591,756,540	\$2,956,622,500	\$1,364,865,960	85.75
<b>AUDITS/ LAWSUITS</b>	\$3,865,000	\$10,174,220	\$6,309,220	163.24
<b>EPSDT SCREENS</b>	\$40,966,410	\$39,457,540	-\$1,508,870	-3.68
<b>MEDICARE PAYMENTS</b>	\$4,161,414,000	\$4,044,466,000	-\$116,948,000	-2.81
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$249,228,100	\$242,082,830	-\$7,145,270	-2.87
<b>MISC. SERVICES</b>	\$7,499,330,000	\$11,723,140,260	\$4,223,810,260	56.32
<b>RECOVERIES</b>	-\$244,243,000	-\$253,476,400	-\$9,233,400	3.78
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$55,901,308,460</b>	<b>\$64,829,492,590</b>	<b>\$8,928,184,130</b>	<b>15.97</b>
<b>STATE FUNDS</b>	<b>\$22,927,131,800</b>	<b>\$25,804,887,270</b>	<b>\$2,877,755,470</b>	<b>12.55</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$617,121,000	\$154,416,900	\$645,619,000	\$161,547,900	\$28,498,000	\$7,131,000
2	TRANSITION OF HFP TO MEDI-CAL	\$1,088,132,000	\$380,846,200	\$1,103,252,000	\$386,138,200	\$15,120,000	\$5,292,000
3	BREAST AND CERVICAL CANCER TREATMENT	\$143,082,000	\$62,047,800	\$142,761,000	\$62,727,800	-\$321,000	\$680,000
4	CHDP GATEWAY - PREENROLLMENT	\$14,178,000	\$4,962,300	\$15,022,000	\$5,257,700	\$844,000	\$295,400
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES	\$14,024,000	\$0	\$21,669,000	\$0	\$7,645,000	\$0
7	REFUGEES	\$5,540,000	\$5,540,000	\$5,199,000	\$5,199,000	-\$341,000	-\$341,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$4,901,000	\$0	\$6,932,000	\$0	\$2,031,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$511,000	\$255,500	\$540,000	\$270,000	\$29,000	\$14,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$0	\$0	-\$7,372,000	-\$3,686,000
11	250% WORKING DISABLED PROGRAM CHANGES	\$1,504,000	\$1,011,500	\$2,320,000	\$1,560,000	\$816,000	\$548,500
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	-\$9,072,100	\$0	\$55,300
14	NEW QUALIFIED ALIENS	\$0	\$64,317,000	\$0	\$68,153,000	\$0	\$3,836,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$46,071,000	\$0	-\$54,200,850	\$0	-\$8,129,850
16	PARIS-FEDERAL	-\$665,000	-\$332,500	-\$6,634,000	-\$3,317,000	-\$5,969,000	-\$2,984,500
17	PARIS-VETERANS	-\$1,601,440	-\$800,720	-\$1,678,250	-\$839,130	-\$76,810	-\$38,400
18	PARIS-INTERSTATE	-\$2,948,000	-\$1,474,000	-\$22,339,000	-\$11,169,500	-\$19,391,000	-\$9,695,500
222	INCARCERATION VERIFICATION PROGRAM	\$0	\$0	-\$168,000	-\$84,000	-\$168,000	-\$84,000
240	AIM LINKED INFANTS 250-300% FPL	\$0	\$0	\$33,357,000	\$11,674,950	\$33,357,000	\$11,674,950
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,891,654,560</b>	<b>\$619,529,580</b>	<b>\$1,946,355,750</b>	<b>\$624,097,970</b>	<b>\$54,701,190</b>	<b>\$4,568,400</b>
<b>AFFORDABLE CARE ACT</b>							
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$31,982,000	-\$15,991,000	-\$24,013,000	-\$12,006,500	\$7,969,000	\$3,984,500
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$69,381,000	-\$24,013,000	-\$70,421,000	-\$24,691,500	-\$1,040,000	-\$678,500
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$397,380	-\$198,690	-\$43,510	-\$21,750	\$353,870	\$176,930
51	MANAGED CARE DRUG REBATES	-\$547,807,000	-\$273,903,500	-\$348,403,000	-\$174,201,500	\$199,404,000	\$99,702,000
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$855,730,600	\$76,698,610	\$1,357,030,130	\$123,183,190	\$501,299,530	\$46,484,580
138	NF-B RATE CHANGES	\$188,846,780	\$94,423,390	\$161,173,530	\$80,586,760	-\$27,673,250	-\$13,836,630
173	COMMUNITY FIRST CHOICE OPTION	\$114,806,000	\$0	\$322,584,000	\$0	\$207,778,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
230	ACA MANDATORY EXPANSION	\$0	\$0	\$410,648,000	\$193,770,700	\$410,648,000	\$193,770,700
234	ACA OPTIONAL EXPANSION	\$0	\$0	\$1,426,631,000	\$0	\$1,426,631,000	\$0
236	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$0	\$0	-\$2,500,000	\$0	-\$2,500,000
237	ACA EXPANSION-CDCR INMATES INPT. HOSP. COSTS	\$0	\$0	\$24,631,000	\$0	\$24,631,000	\$0
238	ACA EXPANSION-NEW QUALIFIED ALIENS	\$0	\$0	-\$7,916,000	-\$5,416,000	-\$7,916,000	-\$5,416,000
239	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$52,705,000	-\$26,352,500	-\$52,705,000	-\$26,352,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$509,816,000</b>	<b>-\$142,984,190</b>	<b>\$3,199,196,150</b>	<b>\$152,350,900</b>	<b>\$2,689,380,150</b>	<b>\$295,335,090</b>
<b><u>BENEFITS</u></b>							
22	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$305,446,000	\$0	\$259,483,000	\$0	-\$45,963,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$140,530,000	\$0	\$142,840,000	\$0	\$2,310,000	\$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	\$50,760,000	\$9,127,000	\$32,651,000	\$3,968,000	-\$18,109,000	-\$5,159,000
26	CCT FUND TRANSFER TO CDSS AND CDSS	\$4,227,000	\$0	\$4,227,000	\$0	\$0	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$7,277,000	\$3,638,500	\$7,328,000	\$3,664,000	\$51,000	\$25,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$3,038,000	\$0	\$337,000	\$0	-\$2,701,000	\$0
29	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$251,000	\$0	\$170,000	\$0	-\$81,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$300	\$3,000	\$300	\$0	\$0
31	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$3,794,100	\$0	\$973,500
32	ADHC TRANSITION-BENEFITS	-\$60,286,000	-\$30,143,000	\$281,754,000	\$140,877,000	\$342,040,000	\$171,020,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$87,932,650	\$0	-\$89,878,100	\$0	-\$1,945,450
34	HEARING AID CAP	-\$795,000	-\$397,500	-\$1,434,000	-\$717,000	-\$639,000	-\$319,500
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,432,000	-\$2,216,000	-\$4,432,000	-\$2,216,000	\$0	\$0
36	CERVICAL CANCER SCREENING	-\$12,056,210	-\$6,028,100	\$0	\$0	\$12,056,210	\$6,028,100
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$22,575,250	-\$11,287,620	-\$19,162,810	-\$9,581,410	\$3,412,430	\$1,706,220
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$47,751,000	-\$23,875,500	-\$23,880,000	-\$11,940,000	\$23,871,000	\$11,935,500
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$33,707,000	-\$16,853,500	\$0	\$0
217	CHANGE FAMILY PACT PROGRAM BENEFITS	\$0	\$0	-\$27,322,990	-\$9,765,720	-\$27,322,990	-\$9,765,720
219	YOUTH REGIONAL TREATMENT CENTERS	\$0	\$0	\$5,688,000	-\$711,000	\$5,688,000	-\$711,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>							
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOTS	\$0	\$0	\$27,637,000	\$13,818,500	\$27,637,000	\$13,818,500
232	PEDIATRIC PALLIATIVE CARE WAIVER	\$0	\$0	\$540,000	\$270,000	\$540,000	\$270,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$370,393,550</b>	<b>-\$150,503,680</b>	<b>\$693,183,200</b>	<b>\$37,372,980</b>	<b>\$322,789,650</b>	<b>\$187,876,650</b>
<b><u>PHARMACY</u></b>							
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,800,000	\$2,400,000	\$4,800,000	\$2,400,000	\$0	\$0
43	NON FFP DRUGS	\$0	\$1,683,000	\$0	\$1,912,000	\$0	\$229,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$5,250,000	-\$16,000,000	-\$5,600,000	-\$1,000,000	-\$350,000
45	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$19,476,000	-\$9,738,000	\$0	\$0
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,943,000	-\$28,471,500	-\$15,157,000	-\$7,578,500	\$41,786,000	\$20,893,000
47	FAMILY PACT DRUG REBATES	-\$76,370,000	-\$9,992,200	-\$73,946,000	-\$9,675,000	\$2,424,000	\$317,200
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,433,600	-\$135,000,000	-\$67,433,600	-\$60,000,000	-\$30,000,000
49	STATE SUPPLEMENTAL DRUG REBATES	-\$112,709,000	-\$56,254,900	-\$152,549,000	-\$76,153,300	-\$39,840,000	-\$19,898,400
52	FEDERAL DRUG REBATE PROGRAM	-\$1,157,416,000	-\$521,684,800	-\$1,258,766,000	-\$572,381,400	-\$101,350,000	-\$50,696,600
220	SUNSET OF SPECIALTY DRUG CONTRACTS	\$0	\$0	\$13,985,390	\$6,992,690	\$13,985,390	\$6,992,690
223	IMPLEMENTATION OF SPECIALTY DRUG CONTRACTS	\$0	\$0	-\$13,985,390	-\$6,992,690	-\$13,985,390	-\$6,992,690
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,508,114,000</b>	<b>-\$664,742,000</b>	<b>-\$1,666,094,000</b>	<b>-\$744,247,800</b>	<b>-\$157,980,000</b>	<b>-\$79,505,800</b>
<b><u>DRUG MEDI-CAL</u></b>							
58	ANNUAL RATE ADJUSTMENT	-\$1,723,000	\$0	-\$1,627,000	\$0	\$96,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,508,000	\$0	-\$1,859,000	\$0	\$1,649,000	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$5,231,000</b>	<b>\$0</b>	<b>-\$3,486,000</b>	<b>\$0</b>	<b>\$1,745,000</b>	<b>\$0</b>
<b><u>MENTAL HEALTH</u></b>							
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$232,861,000	\$0	\$293,819,000	\$0	\$60,958,000	\$0
62	HEALTHY FAMILIES - SED	\$20,417,000	\$0	\$22,250,000	\$0	\$1,833,000	\$0
63	KATIE A. V. DIANA BONTA	\$23,161,000	\$0	\$23,161,000	\$0	\$0	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$33,500,000	\$0	\$32,731,000	\$0	-\$769,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MENTAL HEALTH</b>							
65	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$0	\$2,769,000	\$0	\$0	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$0	\$3,000,000	\$0	\$1,000,000	\$0
69	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
70	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST:	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000	\$0	\$0
71	CHART REVIEW	-\$450,000	\$0	-\$580,000	\$0	-\$130,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$65,939,000	\$39,261,000	-\$70,714,000	\$39,385,000	-\$4,775,000	\$124,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$0	\$124,484,000	\$0	\$0	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$360,803,000</b>	<b>\$33,261,000</b>	<b>\$418,920,000</b>	<b>\$33,385,000</b>	<b>\$58,117,000</b>	<b>\$124,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
73	BTR - LIHP - MCE	\$1,365,003,000	\$233,311,000	\$4,770,999,000	\$2,090,531,000	\$3,405,996,000	\$1,857,220,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,731,652,000	\$599,500,000	\$1,774,361,000	\$622,248,000	\$42,709,000	\$22,748,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,400,000,000	\$700,000,000	\$1,435,292,000	\$717,646,000	\$35,292,000	\$17,646,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT	\$541,279,000	\$270,639,500	\$546,058,000	\$273,029,000	\$4,779,000	\$2,389,500
77	BTR—SAFETY NET CARE POOL	\$317,250,000	\$0	\$317,250,000	\$0	\$0	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$67,429,000	\$0	\$161,299,000	\$13,470,000	\$93,870,000	\$13,470,000
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL FUNDING	\$213,000,000	\$106,500,000	\$339,269,000	\$169,634,500	\$126,269,000	\$63,134,500
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$259,200,000	\$129,600,000	\$126,400,000	\$63,200,000	-\$132,800,000	-\$66,400,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$5,000,000	\$0	\$24,500,000	\$0	\$19,500,000	\$0
82	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$97,450,000	\$0	\$77,960,000	\$0	-\$19,490,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$9,473,000	\$9,473,000	\$39,911,000	\$29,154,000	\$30,438,000	\$19,681,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$227,400,000	\$0	\$159,300,000	\$0	-\$68,100,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$125,000,000	\$62,500,000	\$0	\$0	-\$125,000,000	-\$62,500,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMAY	\$31,056,000	\$0	\$29,503,000	\$0	-\$1,553,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$0	\$130,627,000	\$0	\$59,623,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$110,000,000	\$55,000,000	\$0	\$0
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$95,132,000	\$47,566,000	\$116,992,000	\$58,496,000	\$21,860,000	\$10,930,000
90	MH/UCD—SAFETY NET CARE POOL	\$147,683,000	\$0	\$154,500,000	\$0	\$6,817,000	\$0
91	NDPH SAFETY NET CARE POOL	\$50,000,000	\$0	\$0	\$0	-\$50,000,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 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	\$31,467,000	\$0	\$31,467,000	\$0	\$0	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	-\$277,112,000	\$66,339,000	-\$279,331,000	\$49,189,000	-\$2,219,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,803,000	\$1,901,500	\$8,141,000	\$4,070,500	\$4,338,000	\$2,169,000
96	MH/UCD & BTR—MIA-LTC	\$0	-\$14,493,000	\$0	-\$19,518,000	\$0	-\$5,025,000
97	MH/UCD & BTR—BCCTP	\$0	-\$988,000	\$0	-\$1,423,000	\$0	-\$435,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$495,210,000	\$0	-\$560,037,000	\$0	-\$64,827,000
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$5,000,000	\$0	-\$24,500,000	\$0	-\$19,500,000
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$118,025,880	-\$59,012,940	-\$116,524,360	-\$58,262,180	\$1,501,520	\$750,760
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	\$0	\$0	\$3,800,000	\$1,900,000
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$0	-\$28,925,000	\$0	-\$28,925,000
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	\$0	\$0	\$70,000,000	\$35,000,000
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$70,740,000	-\$95,830,000	\$0	\$0	\$70,740,000	\$95,830,000
106	HOSPITAL STABILIZATION	\$0	\$0	-\$36,618,000	-\$18,309,000	-\$36,618,000	-\$18,309,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$10,000,000	\$0	-\$49,000,000	\$0	-\$39,000,000	\$0
216	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$0	\$0	\$23,142,000	\$0	\$23,142,000	\$0
231	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	\$0	\$0	-\$46,000,000	-\$23,000,000	-\$46,000,000	-\$23,000,000
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$6,643,865,120</b>	<b>\$1,231,445,060</b>	<b>\$10,195,167,640</b>	<b>\$3,083,173,820</b>	<b>\$3,551,302,520</b>	<b>\$1,851,728,760</b>
<b><u>MANAGED CARE</u></b>							
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$554,000,000	\$277,000,000	\$678,988,000	\$339,494,000	\$124,988,000	\$62,494,000
112	MANAGED CARE RATE RANGE IGTS	\$458,062,000	\$221,007,000	\$500,119,000	\$245,938,000	\$42,057,000	\$24,931,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$1,021,648,000	\$1,021,648,000	\$503,439,000	\$503,439,000	-\$518,209,000	-\$518,209,000
116	MANAGED CARE COST-BASED REIMBURSEMENT CLIN	\$75,000,000	\$37,500,000	\$174,700,000	\$87,350,000	\$99,700,000	\$49,850,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$5,193,000	\$2,554,000	\$5,512,000	\$2,711,000	\$319,000	\$157,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
123	CAPITATED RATE ADJUSTMENT FOR FY 2013-14	\$344,811,000	\$172,405,500	\$0	\$0	-\$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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
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	-\$185,000	-\$92,500	-\$535,000	-\$267,500	-\$350,000	-\$175,000
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,531,000	-\$2,265,500	-\$4,531,000	-\$2,265,500	\$0	\$0
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,463,000	-\$2,731,500	\$161,079,000	\$80,539,500	\$166,542,000	\$83,271,000
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	-\$39,634,000	-\$19,817,000	\$0	\$0
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$2,815,000	-\$1,407,500	\$106,752,000	\$53,376,000	\$109,567,000	\$54,783,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$2,675,216,000	-\$1,337,608,000	-\$1,152,958,000	-\$576,479,000	\$1,522,258,000	\$761,129,000
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$484,718,000	\$242,359,000	\$332,796,000	\$166,398,000	-\$151,922,000	-\$75,961,000
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	ENROLLMENT STABILIZATION PROGRAM	-\$2,000,000	-\$1,000,000	-\$7,127,000	-\$3,563,500	-\$5,127,000	-\$2,563,500
213	MANAGED CARE EFFICIENCIES	-\$269,282,000	-\$134,641,000	\$0	\$0	\$269,282,000	\$134,641,000
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PA	\$3,392,180,000	\$1,666,490,000	\$1,665,138,000	\$817,466,000	-\$1,727,042,000	-\$849,024,000
215	CCI-IHSS FUNDING ADJUSTMENT	\$0	-\$1,049,000	\$0	\$0	\$0	\$1,049,000
226	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$0	\$0	\$812,173,000	\$406,086,500	\$812,173,000	\$406,086,500
227	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
228	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
233	RETRO MC RATE ADJUSTMENTS FOR FY 2012-13	\$0	\$0	\$105,531,000	\$52,765,500	\$105,531,000	\$52,765,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$3,338,486,000</b>	<b>\$2,142,351,500</b>	<b>\$3,843,442,000</b>	<b>\$2,155,171,000</b>	<b>\$504,956,000</b>	<b>\$12,819,500</b>
<b>PROVIDER RATES</b>							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,403,690	\$98,701,840	\$197,403,690	\$98,701,840	\$0	\$0
140	LTC RATE ADJUSTMENT	\$64,231,780	\$32,115,890	\$91,642,710	\$45,821,350	\$27,410,930	\$13,705,470
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$42,624,000	\$21,312,000	\$27,686,000	\$13,843,000	-\$14,938,000	-\$7,469,000
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$14,803,000	\$7,402,000	\$18,219,000	\$9,110,000	\$3,416,000	\$1,708,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$15,777,410	\$7,888,710	\$17,910,830	\$8,955,420	\$2,133,420	\$1,066,710
144	HOSPICE RATE INCREASES	\$11,427,070	\$5,713,530	\$10,437,740	\$5,218,870	-\$989,330	-\$494,670
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$41,402,000	\$20,701,000	\$37,578,000	\$16,877,000	-\$3,824,000	-\$3,824,000

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>							
146	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	\$0	\$0	\$34,974,000	\$17,487,000
147	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$2,000,000	-\$1,000,000	-\$2,000,000	-\$1,000,000
148	LABORATORY RATE METHDOLOGY CHANGE	-\$24,922,380	-\$12,461,190	-\$13,223,630	-\$6,611,810	\$11,698,760	\$5,849,380
149	REDUCTION TO RADIOLOGY RATES	-\$49,696,020	-\$24,848,010	-\$58,264,940	-\$29,132,470	-\$8,568,920	-\$4,284,460
150	NON-AB 1629 LTC RATE FREEZE	-\$101,111,000	-\$50,555,500	-\$72,468,610	-\$36,234,310	\$28,642,390	\$14,321,190
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN'	-\$81,088,000	-\$40,544,000	-\$51,473,000	-\$25,736,500	\$29,615,000	\$14,807,500
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$77,145,000	-\$38,572,500	-\$71,347,000	-\$35,673,500	\$5,798,000	\$2,899,000
153	10% PROVIDER PAYMENT REDUCTION	-\$1,047,580,000	-\$523,790,000	-\$1,041,964,000	-\$520,982,000	\$5,616,000	\$2,808,000
229	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$1,028,847,460</b>	<b>-\$514,423,230</b>	<b>-\$909,863,210</b>	<b>-\$456,843,100</b>	<b>\$118,984,250</b>	<b>\$57,580,120</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$3,420,421,000	\$1,731,136,000	\$4,212,457,000	\$2,127,154,000	\$792,036,000	\$396,018,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$205,995,000	\$0	\$205,995,000	\$0	\$0	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$77,200,000	\$38,600,000	\$82,000,000	\$41,000,000	\$4,800,000	\$2,400,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$261,000,000	\$0	\$455,989,000	\$0	\$194,989,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$46,043,000	\$112,557,000	\$46,043,000	\$0	\$0
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$140,000,000	\$70,000,000	\$70,000,000	\$35,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$38,444,000	\$0	\$44,145,000	\$0	\$5,701,000	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$20,000,000	\$10,000,000	\$15,000,000	\$7,500,000	-\$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	\$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	\$3,600,000	\$0	\$600,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$298,645,000	\$0	\$160,000,000	\$0	-\$138,645,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	-\$211,500,000	-\$116,500,000	\$0	\$0	\$211,500,000	\$116,500,000
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,577,306,000	\$1,304,053,000	\$2,438,060,000	\$1,223,680,000	-\$139,246,000	-\$80,373,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$6,891,068,000</b>	<b>\$3,057,332,000</b>	<b>\$7,887,803,000</b>	<b>\$3,524,377,000</b>	<b>\$996,735,000</b>	<b>\$467,045,000</b>

**OTHER**

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2013 ESTIMATE COMPARED TO NOVEMBER 2012 ESTIMATE  
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	NOV. 2012 EST. FOR 2013-14		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$0	\$395,625,000	\$0	\$0	\$0
171	AB 97 INJUNCTIONS	-\$21,475,000	-\$10,737,500	\$195,701,000	\$97,850,500	\$217,176,000	\$108,588,000
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$66,483,000	\$0	\$198,021,000	\$0	\$131,538,000	\$0
180	AUDIT SETTLEMENTS	\$0	\$0	\$6,298,000	\$6,298,000	\$6,298,000	\$6,298,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$11,418,000	\$5,709,000	\$0	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$2,348,000	\$1,174,000	\$2,177,000	\$1,088,500	-\$171,000	-\$85,500
186	INDIAN HEALTH SERVICES	\$1,766,000	-\$9,274,000	\$2,524,000	-\$9,273,500	\$758,000	\$500
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
189	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$2,198,950	-\$1,099,480	\$0	\$0	\$2,198,950	\$1,099,480
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$3,112,000	-\$3,112,000	-\$3,112,000	-\$3,112,000	\$0	\$0
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	-\$12,268,200	-\$6,134,100	-\$13,800,000	-\$6,900,000	-\$1,531,800	-\$765,900
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING:	-\$62,931,000	-\$62,931,000	\$0	\$0	\$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
200	REDUCTION IN IHSS AUTHORIZED HOURS	-\$122,499,000	\$0	\$0	\$0	\$122,499,000	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$16,631,000	\$0	-\$154,157,000	\$0	-\$137,526,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$231,231,850</b>	<b>-\$85,136,580</b>	<b>\$635,402,000</b>	<b>\$92,929,000</b>	<b>\$404,170,150</b>	<b>\$178,065,580</b>
	<b>GRAND TOTAL</b>	<b>\$17,695,125,620</b>	<b>\$5,526,129,470</b>	<b>\$26,240,026,520</b>	<b>\$8,501,766,770</b>	<b>\$8,544,900,900</b>	<b>\$2,975,637,290</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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$621,370,000	\$155,479,900	\$645,619,000	\$161,547,900	\$24,249,000	\$6,068,000
2	TRANSITION OF HFP TO MEDI-CAL	\$248,513,000	\$86,979,550	\$1,103,252,000	\$386,138,200	\$854,739,000	\$299,158,650
3	BREAST AND CERVICAL CANCER TREATMENT	\$139,452,000	\$61,524,150	\$142,761,000	\$62,727,800	\$3,309,000	\$1,203,650
4	CHDP GATEWAY - PREENROLLMENT	\$15,200,000	\$5,320,000	\$15,022,000	\$5,257,700	-\$178,000	-\$62,300
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES	\$4,289,000	\$0	\$21,669,000	\$0	\$17,380,000	\$0
6	BRIDGE TO HFP	\$7,646,000	\$2,676,100	\$0	\$0	-\$7,646,000	-\$2,676,100
7	REFUGEES	\$5,154,000	\$5,154,000	\$5,199,000	\$5,199,000	\$45,000	\$45,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$625,000	\$0	\$6,932,000	\$0	\$6,307,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$700,000	\$350,000	\$540,000	\$270,000	-\$160,000	-\$80,000
11	250% WORKING DISABLED PROGRAM CHANGES	\$2,309,000	\$1,548,500	\$2,320,000	\$1,560,000	\$11,000	\$11,500
12	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$9,072,100	\$0	-\$9,072,100	\$0	\$0
14	NEW QUALIFIED ALIENS	\$0	\$68,386,000	\$0	\$68,153,000	\$0	-\$233,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$52,791,000	\$0	-\$54,200,850	\$0	-\$1,409,850
16	PARIS-FEDERAL	-\$5,317,000	-\$2,658,500	-\$6,634,000	-\$3,317,000	-\$1,317,000	-\$658,500
17	PARIS-VETERANS	-\$1,262,450	-\$631,230	-\$1,678,250	-\$839,130	-\$415,800	-\$207,900
18	PARIS-INTERSTATE	-\$14,840,000	-\$7,420,000	-\$22,339,000	-\$11,169,500	-\$7,499,000	-\$3,749,500
222	INCARCERATION VERIFICATION PROGRAM	-\$39,000	-\$19,500	-\$168,000	-\$84,000	-\$129,000	-\$64,500
240	AIM LINKED INFANTS 250-300% FPL	\$0	\$0	\$33,357,000	\$11,674,950	\$33,357,000	\$11,674,950
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,024,303,550</b>	<b>\$315,077,870</b>	<b>\$1,946,355,750</b>	<b>\$624,097,970</b>	<b>\$922,052,200</b>	<b>\$309,020,100</b>
<b>AFFORDABLE CARE ACT</b>							
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	\$0	\$0	-\$24,013,000	-\$12,006,500	-\$24,013,000	-\$12,006,500
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	\$0	\$0	-\$70,421,000	-\$24,691,500	-\$70,421,000	-\$24,691,500
21	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$43,510	-\$21,750	-\$43,510	-\$21,750
41	FEDERAL DRUG REBATE CHANGE	\$0	\$116,057,000	\$0	\$0	\$0	-\$116,057,000

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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
51	MANAGED CARE DRUG REBATES	-\$353,399,000	-\$176,699,500	-\$348,403,000	-\$174,201,500	\$4,996,000	\$2,498,000
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$1,357,030,130	\$123,183,190	\$1,357,030,130	\$123,183,190
138	NF-B RATE CHANGES	\$66,622,770	\$33,311,380	\$161,173,530	\$80,586,760	\$94,550,760	\$47,275,380
173	COMMUNITY FIRST CHOICE OPTION	\$391,096,000	\$0	\$322,584,000	\$0	-\$68,512,000	\$0
230	ACA MANDATORY EXPANSION	\$0	\$0	\$410,648,000	\$193,770,700	\$410,648,000	\$193,770,700
234	ACA OPTIONAL EXPANSION	\$0	\$0	\$1,426,631,000	\$0	\$1,426,631,000	\$0
236	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$0	\$0	-\$2,500,000	\$0	-\$2,500,000
237	ACA EXPANSION-CDCR INMATES INPT. HOSP. COSTS	\$0	\$0	\$24,631,000	\$0	\$24,631,000	\$0
238	ACA EXPANSION-NEW QUALIFIED ALIENS	\$0	\$0	-\$7,916,000	-\$5,416,000	-\$7,916,000	-\$5,416,000
239	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$52,705,000	-\$26,352,500	-\$52,705,000	-\$26,352,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$104,319,770</b>	<b>-\$27,331,120</b>	<b>\$3,199,196,150</b>	<b>\$152,350,900</b>	<b>\$3,094,876,380</b>	<b>\$179,682,020</b>
<b><u>BENEFITS</u></b>							
22	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$554,045,000	\$0	\$259,483,000	\$0	-\$294,562,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$141,569,000	\$0	\$142,840,000	\$0	\$1,271,000	\$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	\$49,720,000	\$1,758,000	\$32,651,000	\$3,968,000	-\$17,069,000	\$2,210,000
26	CCT FUND TRANSFER TO CDSS AND CDDS	\$8,523,000	\$0	\$4,227,000	\$0	-\$4,296,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$743,000	\$371,500	\$7,328,000	\$3,664,000	\$6,585,000	\$3,292,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$44,000	\$0	\$337,000	\$0	\$293,000	\$0
29	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$186,000	\$0	\$170,000	\$0	-\$16,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$300	\$3,000	\$300	\$0	\$0
31	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$11,382,300	\$0	-\$3,794,100	\$0	\$7,588,200
32	ADHC TRANSITION-BENEFITS	\$204,873,000	\$102,436,500	\$281,754,000	\$140,877,000	\$76,881,000	\$38,440,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$87,550,450	\$0	-\$89,878,100	\$0	-\$2,327,650
34	HEARING AID CAP	-\$1,375,640	-\$687,820	-\$1,434,000	-\$717,000	-\$58,360	-\$29,180

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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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>BENEFITS</b>							
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$4,432,000	-\$2,216,000	-\$11,000	-\$5,500
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	\$0	\$0	-\$19,162,810	-\$9,581,410	-\$19,162,810	-\$9,581,410
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$13,165,000	-\$6,582,500	-\$23,880,000	-\$11,940,000	-\$10,715,000	-\$5,357,500
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$33,707,000	-\$16,853,500	-\$33,707,000	-\$16,853,500
217	CHANGE FAMILY PACT PROGRAM BENEFITS	\$0	\$0	-\$27,322,990	-\$9,765,720	-\$27,322,990	-\$9,765,720
219	YOUTH REGIONAL TREATMENT CENTERS	\$2,844,000	\$1,422,000	\$5,688,000	-\$711,000	\$2,844,000	-\$2,133,000
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOTS	\$2,126,000	\$1,063,000	\$27,637,000	\$13,818,500	\$25,511,000	\$12,755,500
232	PEDIATRIC PALLIATIVE CARE WAIVER	\$0	\$0	\$540,000	\$270,000	\$540,000	\$270,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$986,178,360</b>	<b>\$18,869,730</b>	<b>\$693,183,200</b>	<b>\$37,372,980</b>	<b>-\$292,995,170</b>	<b>\$18,503,240</b>
<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	\$2,026,000	\$0	\$1,912,000	\$0	-\$114,000
44	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$16,000,000	-\$5,600,000	\$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	-\$10,789,000	-\$5,394,500	-\$15,157,000	-\$7,578,500	-\$4,368,000	-\$2,184,000
47	FAMILY PACT DRUG REBATES	-\$70,090,000	-\$9,170,600	-\$73,946,000	-\$9,675,000	-\$3,856,000	-\$504,400
48	AGED AND DISPUTED DRUG REBATES	-\$135,000,000	-\$67,433,600	-\$135,000,000	-\$67,433,600	\$0	\$0
49	STATE SUPPLEMENTAL DRUG REBATES	-\$144,201,000	-\$71,985,700	-\$152,549,000	-\$76,153,300	-\$8,348,000	-\$4,167,600
50	LITIGATION SETTLEMENTS	-\$227,441,000	-\$227,441,000	\$0	\$0	\$227,441,000	\$227,441,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,264,651,000	-\$575,319,500	-\$1,258,766,000	-\$572,381,400	\$5,885,000	\$2,938,100
220	SUNSET OF SPECIALTY DRUG CONTRACTS	\$0	\$0	\$13,985,390	\$6,992,690	\$13,985,390	\$6,992,690
223	IMPLEMENTATION OF SPECIALTY DRUG CONTRACTS	\$0	\$0	-\$13,985,390	-\$6,992,690	-\$13,985,390	-\$6,992,690
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,886,103,600</b>	<b>-\$969,284,700</b>	<b>-\$1,666,094,000</b>	<b>-\$744,247,800</b>	<b>\$220,009,600</b>	<b>\$225,036,900</b>
<b>DRUG MEDI-CAL</b>							
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	-\$1,627,000	\$0	-\$1,627,000	\$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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>DRUG MEDI-CAL</b>							
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,259,000	-\$1,313,000	-\$1,859,000	\$0	\$1,400,000	\$1,313,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>-\$3,259,000</b>	<b>-\$1,313,000</b>	<b>-\$3,486,000</b>	<b>\$0</b>	<b>-\$227,000</b>	<b>\$1,313,000</b>
<b>MENTAL HEALTH</b>							
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$0	\$0	\$293,819,000	\$0	\$293,819,000	\$0
62	HEALTHY FAMILIES - SED	\$23,950,000	\$0	\$22,250,000	\$0	-\$1,700,000	\$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	\$7,931,000	\$0	\$32,731,000	\$0	\$24,800,000	\$0
65	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$2,769,000	\$0	\$2,769,000	\$0	\$0	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$0	\$3,000,000	\$0	\$1,000,000	\$0
67	SPECIALTY MENTAL HEALTH LAWSUITS	\$370,000	\$180,000	\$0	\$0	-\$370,000	-\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$6,227,000	\$0	\$0	\$0	-\$6,227,000
69	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
70	REIMBURSEMENT IN IMD ANCILLARY SERVICES COST:	\$0	\$0	-\$12,000,000	-\$12,000,000	-\$12,000,000	-\$12,000,000
71	CHART REVIEW	-\$590,000	\$0	-\$580,000	\$0	\$10,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$26,634,000	\$1,151,000	-\$70,714,000	\$39,385,000	-\$44,080,000	\$38,234,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$90,494,000	\$0	\$124,484,000	\$0	\$33,990,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$110,075,000</b>	<b>\$13,558,000</b>	<b>\$418,920,000</b>	<b>\$33,385,000</b>	<b>\$308,845,000</b>	<b>\$19,827,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
73	BTR - LIHP - MCE	\$1,035,893,000	\$26,942,000	\$4,770,999,000	\$2,090,531,000	\$3,735,106,000	\$2,063,589,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,770,785,000	\$617,797,000	\$1,774,361,000	\$622,248,000	\$3,576,000	\$4,451,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$1,121,770,000	\$560,885,000	\$1,435,292,000	\$717,646,000	\$313,522,000	\$156,761,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$527,640,000	\$263,820,000	\$546,058,000	\$273,029,000	\$18,418,000	\$9,209,000
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	\$314,749,000	\$8,980,000	\$161,299,000	\$13,470,000	-\$153,450,000	\$4,490,000
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$212,122,000	\$106,061,000	\$339,269,000	\$169,634,500	\$127,147,000	\$63,573,500

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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	MAY 2013 EST. FOR 2012-13		MAY 2013 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>							
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$40,000,000	\$20,000,000	\$126,400,000	\$63,200,000	\$86,400,000	\$43,200,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$80,500,000	\$0	\$24,500,000	\$0	-\$56,000,000	\$0
82	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYS. COST	\$80,147,000	\$0	\$77,960,000	\$0	-\$2,187,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$67,568,000	\$43,000,000	\$39,911,000	\$29,154,000	-\$27,657,000	-\$13,846,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$11,657,000	\$0	\$159,300,000	\$0	\$147,643,000	\$0
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$60,041,000	\$0	\$29,503,000	\$0	-\$30,538,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$106,342,000	\$0	\$130,627,000	\$0	\$24,285,000	\$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	\$11,734,000	\$5,867,000	\$116,992,000	\$58,496,000	\$105,258,000	\$52,629,000
90	MH/UCD—SAFETY NET CARE POOL	\$38,866,000	\$0	\$154,500,000	\$0	\$115,634,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$37,811,000	\$0	\$31,467,000	\$0	-\$6,344,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	-\$366,443,000	\$66,339,000	-\$279,331,000	\$49,189,000	\$87,112,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$914,000	\$457,000	\$8,141,000	\$4,070,500	\$7,227,000	\$3,613,500
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	-\$19,694,000	\$0	-\$19,518,000	\$0	\$176,000
97	MH/UCD & BTR—BCCTP	\$0	-\$1,496,000	\$0	-\$1,423,000	\$0	\$73,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$474,942,500	\$0	-\$560,037,000	\$0	-\$85,094,500
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
100	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	-\$80,500,000	\$0	-\$24,500,000	\$0	\$56,000,000
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	\$0	\$0	-\$116,524,360	-\$58,262,180	-\$116,524,360	-\$58,262,180
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	-\$10,557,000	\$0	-\$28,925,000	\$0	-\$18,368,000
106	HOSPITAL STABILIZATION	-\$49,136,000	-\$24,568,000	-\$36,618,000	-\$18,309,000	\$12,518,000	\$6,259,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	-\$161,000,000	\$0	-\$49,000,000	\$0	\$112,000,000	\$0
216	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$0	\$0	\$23,142,000	\$0	\$23,142,000	\$0
231	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS	\$0	\$0	-\$46,000,000	-\$23,000,000	-\$46,000,000	-\$23,000,000

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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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>WAIVER--MH/UCD &amp; BTR</b>							
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,771,773,000</b>	<b>\$703,635,500</b>	<b>\$10,195,167,640</b>	<b>\$3,083,173,820</b>	<b>\$4,423,394,640</b>	<b>\$2,379,538,320</b>
<b>MANAGED CARE</b>							
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$391,994,000	\$195,997,000	\$678,988,000	\$339,494,000	\$286,994,000	\$143,497,000
112	MANAGED CARE RATE RANGE IGTS	\$529,151,000	\$236,083,000	\$500,119,000	\$245,938,000	-\$29,032,000	\$9,855,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$0	\$0	\$503,439,000	\$503,439,000	\$503,439,000	\$503,439,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$297,163,000	\$148,581,500	\$0	\$0	-\$297,163,000	-\$148,581,500
116	MANAGED CARE COST-BASED REIMBURSEMENT CLIN	\$89,761,000	\$44,880,500	\$174,700,000	\$87,350,000	\$84,939,000	\$42,469,500
120	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$11,476,000	\$5,076,000	\$5,512,000	\$2,711,000	-\$5,964,000	-\$2,365,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
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	\$0	\$0	-\$535,000	-\$267,500	-\$535,000	-\$267,500
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	\$0	\$0	\$161,079,000	\$80,539,500	\$161,079,000	\$80,539,500
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	\$25,550,000	\$12,775,000	\$106,752,000	\$53,376,000	\$81,202,000	\$40,601,000
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,150,471,000	-\$575,235,500	-\$1,152,958,000	-\$576,479,000	-\$2,487,000	-\$1,243,500
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$0	\$0	\$332,796,000	\$166,398,000	\$332,796,000	\$166,398,000
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	ENROLLMENT STABILIZATION PROGRAM	\$0	\$0	-\$7,127,000	-\$3,563,500	-\$7,127,000	-\$3,563,500
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PAY	\$0	\$0	\$1,665,138,000	\$817,466,000	\$1,665,138,000	\$817,466,000

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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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
226	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$0	\$0	\$812,173,000	\$406,086,500	\$812,173,000	\$406,086,500
227	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
228	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
233	RETRO MC RATE ADJUSTMENTS FOR FY 2012-13	\$0	\$0	\$105,531,000	\$52,765,500	\$105,531,000	\$52,765,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$158,495,000</b>	<b>\$51,093,000</b>	<b>\$3,843,442,000</b>	<b>\$2,155,171,000</b>	<b>\$3,684,947,000</b>	<b>\$2,104,078,000</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/	\$78,878,000	\$39,439,000	\$0	\$0	-\$78,878,000	-\$39,439,000
140	LTC RATE ADJUSTMENT	\$20,125,980	\$10,062,990	\$91,642,710	\$45,821,350	\$71,516,720	\$35,758,360
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$23,994,900	\$11,997,450	\$27,686,000	\$13,843,000	\$3,691,100	\$1,845,550
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$22,598,000	\$11,299,000	\$18,219,000	\$9,110,000	-\$4,379,000	-\$2,189,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$11,942,030	\$5,971,020	\$17,910,830	\$8,955,420	\$5,968,800	\$2,984,400
144	HOSPICE RATE INCREASES	\$4,072,850	\$2,036,420	\$10,437,740	\$5,218,870	\$6,364,890	\$3,182,450
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$0	\$0	\$37,578,000	\$16,877,000	\$37,578,000	\$16,877,000
147	DENTAL RETROACTIVE RATE CHANGES	-\$2,224,000	-\$1,112,000	-\$2,000,000	-\$1,000,000	\$224,000	\$112,000
148	LABORATORY RATE METHDOLOGY CHANGE	\$0	\$0	-\$13,223,630	-\$6,611,810	-\$13,223,630	-\$6,611,810
149	REDUCTION TO RADIOLOGY RATES	-\$5,579,870	-\$2,789,930	-\$58,264,940	-\$29,132,470	-\$52,685,070	-\$26,342,530
150	NON-AB 1629 LTC RATE FREEZE	-\$1,354,000	-\$677,000	-\$72,468,610	-\$36,234,310	-\$71,114,610	-\$35,557,310
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	-\$43,198,000	-\$21,599,000	-\$51,473,000	-\$25,736,500	-\$8,275,000	-\$4,137,500
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$77,669,000	-\$38,834,500	-\$71,347,000	-\$35,673,500	\$6,322,000	\$3,161,000
153	10% PROVIDER PAYMENT REDUCTION	-\$1,031,248,000	-\$515,624,000	-\$1,041,964,000	-\$520,982,000	-\$10,716,000	-\$5,358,000
229	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$812,013,010</b>	<b>-\$406,006,510</b>	<b>-\$909,863,210</b>	<b>-\$456,843,100</b>	<b>-\$97,850,200</b>	<b>-\$50,836,600</b>
<b>SUPPLEMENTAL PMNTS.</b>							
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,195,802,000	\$3,646,726,000	\$4,212,457,000	\$2,127,154,000	-\$2,983,345,000	-\$1,519,572,000

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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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$220,284,000	\$0	\$205,995,000	\$0	-\$14,289,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$136,622,000	\$68,311,000	\$82,000,000	\$41,000,000	-\$54,622,000	-\$27,311,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$0	\$0	\$455,989,000	\$0	\$455,989,000	\$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	\$0	\$0	\$140,000,000	\$70,000,000	\$140,000,000	\$70,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,808,000	\$0	\$44,145,000	\$0	-\$5,663,000	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$25,000,000	\$12,500,000	\$15,000,000	\$7,500,000	-\$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:	\$3,800,000	\$0	\$3,600,000	\$0	-\$200,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$138,645,000	\$0	\$160,000,000	\$0	\$21,355,000	\$0
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$0	\$0	\$2,438,060,000	\$1,223,680,000	\$2,438,060,000	\$1,223,680,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$7,899,937,000</b>	<b>\$3,782,391,000</b>	<b>\$7,887,803,000</b>	<b>\$3,524,377,000</b>	<b>-\$12,134,000</b>	<b>-\$258,014,000</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	\$1,008,729,000	\$504,364,500	\$195,701,000	\$97,850,500	-\$813,028,000	-\$406,514,000
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$146,199,000	\$0	\$198,021,000	\$0	\$51,822,000	\$0
180	AUDIT SETTLEMENTS	\$15,502,000	\$15,502,000	\$6,298,000	\$6,298,000	-\$9,204,000	-\$9,204,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,418,000	\$5,709,000	\$11,418,000	\$5,709,000	\$0	\$0
183	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$3,225,000	\$1,612,500	\$2,177,000	\$1,088,500	-\$1,048,000	-\$524,000
186	INDIAN HEALTH SERVICES	\$2,082,000	-\$9,273,500	\$2,524,000	-\$9,273,500	\$442,000	\$0
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
189	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$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	MAY 2013 EST. FOR 2012-13		MAY 2013 EST. FOR 2013-14		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	\$0	\$0	\$0	\$0	\$0	\$0
194	FI COST CONTAINMENT PROJECTS	-\$1,810,000	-\$905,000	\$0	\$0	\$1,810,000	\$905,000
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	-\$10,995,650	-\$5,497,830	-\$13,800,000	-\$6,900,000	-\$2,804,350	-\$1,402,170
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	\$0	\$0	\$0	\$0	\$0	\$0
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$12,723,000	-\$6,361,500	\$0	\$0
201	IHSS REDUCTION IN SERVICE HOURS	-\$65,494,000	\$0	-\$154,157,000	\$0	-\$88,663,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
218	COST SHIFT OF CCS STATE-ONLY TO MEDI-CAL EPC	\$32,114,000	\$16,057,000	\$0	\$0	-\$32,114,000	-\$16,057,000
	<b>OTHER SUBTOTAL</b>	<b>\$1,739,870,350</b>	<b>\$527,281,170</b>	<b>\$635,402,000</b>	<b>\$92,929,000</b>	<b>-\$1,104,468,350</b>	<b>-\$434,352,170</b>
	<b>GRAND TOTAL</b>	<b>\$15,093,576,410</b>	<b>\$4,007,970,960</b>	<b>\$26,240,026,520</b>	<b>\$8,501,766,770</b>	<b>\$11,146,450,110</b>	<b>\$4,493,795,810</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 MAY 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$44,081,410	\$4,901,850	\$222,943,280	\$99,639,610	\$6,482,470	\$108,930
OTHER MEDICAL	\$55,337,460	\$8,827,980	\$325,739,920	\$368,784,390	\$8,565,720	\$307,340
COUNTY OUTPATIENT	\$398,430	\$132,220	\$7,155,680	\$2,132,200	\$107,300	\$100
COMMUNITY OUTPATIENT	\$9,628,440	\$1,677,570	\$113,301,480	\$34,717,500	\$730,310	\$18,980
PHARMACY	\$947,920	\$562,900	\$28,254,460	\$56,246,010	\$3,141,490	\$46,940
COUNTY INPATIENT	\$11,968,390	\$1,312,500	\$100,795,840	\$29,588,070	\$4,519,570	\$30,940
COMMUNITY INPATIENT	\$155,790,100	\$16,409,780	\$729,846,500	\$256,749,570	\$24,721,570	\$232,400
NURSING FACILITIES	\$462,233,360	\$20,733,610	\$693,122,680	\$2,225,870	\$1,787,636,230	\$6,997,070
ICF-DD	\$389,720	\$7,749,160	\$151,342,540	\$450,380	\$23,451,840	\$2,550,900
MEDICAL TRANSPORTATION	\$17,787,850	\$3,561,560	\$48,244,990	\$4,330,320	\$5,440,390	\$93,760
OTHER SERVICES	\$58,199,340	\$7,478,420	\$168,123,850	\$43,799,790	\$65,875,620	\$181,080
HOME HEALTH	\$435,480	\$11,380,290	\$108,849,130	\$4,017,240	\$1,900	\$0
<b>FFS SUBTOTAL</b>	<b>\$817,197,920</b>	<b>\$84,727,850</b>	<b>\$2,697,720,360</b>	<b>\$902,680,940</b>	<b>\$1,930,674,420</b>	<b>\$10,568,440</b>
DENTAL	\$23,003,610	\$1,199,240	\$56,006,290	\$80,573,140	\$2,579,420	\$12,520
TWO PLAN MODEL	\$351,874,600	\$74,795,780	\$4,574,386,010	\$1,692,351,580	-\$44,900	-\$44,900
COUNTY ORGANIZED HEALTH SYSTEMS	\$272,862,400	\$23,934,980	\$1,141,406,510	\$337,801,400	\$665,795,330	\$2,524,960
GEOGRAPHIC MANAGED CARE	\$72,358,610	\$16,153,710	\$1,007,841,710	\$386,395,460	-\$3,990	-\$3,990
PHP & OTHER MANAG. CARE	\$101,843,030	\$2,939,910	\$63,937,050	\$10,279,450	\$7,181,480	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$10,302,980	\$0	\$0
MEDICARE PAYMENTS	\$1,229,756,740	\$64,993,240	\$1,890,901,740	\$0	\$167,586,480	\$1,971,790
STATE HOSP./DEVELOPMENTAL CNTRS.	\$85,180	\$1,381,050	\$52,653,860	\$509,590	\$12,513,670	\$950,310
MISC. SERVICES	\$635,884,710	\$33,040,920	\$3,245,916,360	\$701,410	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$2,687,668,890</b>	<b>\$218,438,820</b>	<b>\$12,033,049,530</b>	<b>\$2,518,915,020</b>	<b>\$855,607,490</b>	<b>\$5,410,690</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$3,504,866,810</b>	<b>\$303,166,670</b>	<b>\$14,730,769,890</b>	<b>\$3,421,595,960</b>	<b>\$2,786,281,910</b>	<b>\$15,979,130</b>
<b>ELIGIBLES ***</b>	<b>416,800</b>	<b>22,100</b>	<b>1,034,100</b>	<b>1,487,900</b>	<b>46,700</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$8,409</b>	<b>\$13,718</b>	<b>\$14,245</b>	<b>\$2,300</b>	<b>\$59,663</b>	<b>\$79,896</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$701</b>	<b>\$1,143</b>	<b>\$1,187</b>	<b>\$192</b>	<b>\$4,972</b>	<b>\$6,658</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: 75. Refer to page following report for listing.

**FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2013 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	\$10,665,910	\$37,294,280	\$344,610	\$76,918,670	\$451,934,370	\$67,532,470
OTHER MEDICAL	\$7,791,290	\$60,865,610	\$605,790	\$101,449,740	\$947,322,120	\$190,392,050
COUNTY OUTPATIENT	\$281,540	\$1,233,520	\$25,980	\$5,557,160	\$21,975,190	\$2,870,990
COMMUNITY OUTPATIENT	\$952,570	\$9,194,930	\$158,700	\$26,327,210	\$118,743,450	\$22,852,840
PHARMACY	\$4,661,170	\$730,260	\$8,760	\$2,945,220	\$96,424,820	\$90,312,950
COUNTY INPATIENT	\$33,168,260	\$31,597,780	\$947,850	\$232,214,990	\$242,224,600	\$35,922,450
COMMUNITY INPATIENT	\$44,761,960	\$77,552,900	\$581,270	\$386,519,100	\$1,104,495,720	\$177,431,050
NURSING FACILITIES	\$504,412,180	\$225,999,550	\$490,360	\$76,076,240	\$14,574,440	\$8,510,570
ICF-DD	\$136,263,040	\$795,290	\$0	\$6,077,760	\$421,120	\$2,287,430
MEDICAL TRANSPORTATION	\$3,024,330	\$14,102,420	\$186,230	\$20,832,840	\$14,241,720	\$3,126,620
OTHER SERVICES	\$13,443,760	\$27,139,360	\$91,320	\$35,495,160	\$102,778,640	\$33,504,520
HOME HEALTH	\$18,020	\$504,070	\$178,930	\$53,806,370	\$9,383,880	\$19,589,640
<b>FFS SUBTOTAL</b>	<b>\$759,444,020</b>	<b>\$487,009,970</b>	<b>\$3,619,800</b>	<b>\$1,024,220,450</b>	<b>\$3,124,520,060</b>	<b>\$654,333,570</b>
DENTAL	\$827,520	\$16,790,150	\$32,550	\$10,074,970	\$196,091,120	\$58,131,790
TWO PLAN MODEL	-\$44,900	\$648,056,740	\$2,582,800	\$433,057,060	\$3,148,386,400	\$182,885,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$252,362,470	\$215,779,210	\$549,040	\$267,598,900	\$921,167,900	\$117,580,850
GEOGRAPHIC MANAGED CARE	-\$3,990	\$85,809,000	\$116,280	\$70,222,670	\$600,856,770	\$27,430,670
PHP & OTHER MANAG. CARE	\$470,400	\$73,194,270	\$115,610	\$9,080,570	\$24,684,380	\$1,844,390
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$25,069,830	\$1,675,590
MEDICARE PAYMENTS	\$39,998,880	\$377,370,860	\$1,971,790	\$245,626,200	\$24,288,280	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$167,093,070	\$28,080	\$25,360	\$215,250	\$128,810	\$418,110
MISC. SERVICES	\$0	\$465,020,330	\$917,800	\$584,284,810	\$1,739,330	\$663,530
<b>NON-FFS SUBTOTAL</b>	<b>\$460,703,450</b>	<b>\$1,882,048,630</b>	<b>\$6,311,230</b>	<b>\$1,620,160,440</b>	<b>\$4,942,412,820</b>	<b>\$390,630,600</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,220,147,470</b>	<b>\$2,369,058,600</b>	<b>\$9,931,020</b>	<b>\$2,644,380,890</b>	<b>\$8,066,932,880</b>	<b>\$1,044,964,160</b>
<b>ELIGIBLES ***</b>	<b>15,000</b>	<b>310,300</b>	<b>600</b>	<b>189,800</b>	<b>3,620,700</b>	<b>722,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$81,343</b>	<b>\$7,635</b>	<b>\$16,552</b>	<b>\$13,932</b>	<b>\$2,228</b>	<b>\$1,447</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,779</b>	<b>\$636</b>	<b>\$1,379</b>	<b>\$1,161</b>	<b>\$186</b>	<b>\$121</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: 75. Refer to page following report for listing.

**FISCAL YEAR 2013-14 COST PER ELIGIBLE BASED ON MAY 2013 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	\$27,556,460	\$301,270	\$30,291,240	\$294,267,180	\$9,385,670	\$7,253,550
OTHER MEDICAL	\$23,112,800	\$1,415,920	\$45,150,840	\$264,011,440	\$59,891,400	\$24,647,760
COUNTY OUTPATIENT	\$2,205,840	\$204,360	\$4,446,920	\$3,810,320	\$260,860	\$297,940
COMMUNITY OUTPATIENT	\$6,581,590	\$151,640	\$5,483,430	\$26,299,600	\$4,551,610	\$4,796,120
PHARMACY	\$61,954,200	\$438,370	\$10,001,500	\$6,143,810	\$4,173,440	\$1,478,150
COUNTY INPATIENT	\$13,245,220	\$28,930	\$70,607,650	\$57,686,070	\$1,123,130	\$2,004,230
COMMUNITY INPATIENT	\$80,643,740	\$228,950	\$93,481,650	\$406,527,940	\$23,217,480	\$21,665,740
NURSING FACILITIES	\$34,739,580	\$380	\$21,073,820	\$431,770	\$144,930	\$443,220
ICF-DD	\$462,420	\$0	\$326,750	\$0	\$0	\$180
MEDICAL TRANSPORTATION	\$3,025,800	\$11,280	\$3,866,710	\$1,580,560	\$318,580	\$242,440
OTHER SERVICES	\$10,143,460	\$21,780	\$1,678,990	\$11,025,390	\$12,946,520	\$6,177,210
HOME HEALTH	\$50,370	\$40	\$18,080	\$1,334,440	\$2,339,650	\$1,160,400
<b>FFS SUBTOTAL</b>	<b>\$263,721,490</b>	<b>\$2,802,920</b>	<b>\$286,427,560</b>	<b>\$1,073,118,530</b>	<b>\$118,353,280</b>	<b>\$70,166,930</b>
DENTAL	\$1,603,680	\$72,000	\$179,350	\$760,290	\$92,217,700	\$22,379,220
TWO PLAN MODEL	\$3,715,260	\$1,205,640	\$0	\$57,120,080	\$450,309,420	\$158,197,790
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,971,780	\$236,780	\$1,532,750	\$27,026,980	\$193,787,990	\$53,138,640
GEOGRAPHIC MANAGED CARE	\$587,220	\$671,980	\$0	\$17,047,880	\$104,276,730	\$57,224,830
PHP & OTHER MANAG. CARE	\$162,440	\$0	\$0	\$1,017,420	\$1,039,090	\$1,154,820
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,141,020	\$1,268,110
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$15,880	\$0	\$207,350	\$77,710	\$0	\$234,840
MISC. SERVICES	\$24,631,520	\$0	\$0	\$55,450	\$104,650	\$35,450
<b>NON-FFS SUBTOTAL</b>	<b>\$35,687,770</b>	<b>\$2,186,400</b>	<b>\$1,919,450</b>	<b>\$103,105,790</b>	<b>\$842,876,620</b>	<b>\$293,633,690</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$299,409,250</b>	<b>\$4,989,320</b>	<b>\$288,347,020</b>	<b>\$1,176,224,320</b>	<b>\$961,229,890</b>	<b>\$363,800,620</b>
<b>ELIGIBLES ***</b>	<b>289,800</b>	<b>2,500</b>	<b>61,500</b>	<b>186,900</b>	<b>527,000</b>	<b>183,100</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$1,033</b>	<b>\$1,996</b>	<b>\$4,689</b>	<b>\$6,293</b>	<b>\$1,824</b>	<b>\$1,987</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$86</b>	<b>\$166</b>	<b>\$391</b>	<b>\$524</b>	<b>\$152</b>	<b>\$166</b>

(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 2013-14 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$1,391,903,220
OTHER MEDICAL	\$2,494,219,570
COUNTY OUTPATIENT	\$53,096,540
COMMUNITY OUTPATIENT	\$386,167,980
PHARMACY	\$368,472,370
COUNTY INPATIENT	\$868,986,480
COMMUNITY INPATIENT	\$3,600,857,410
NURSING FACILITIES	\$3,859,845,860
ICF-DD	\$332,568,530
MEDICAL TRANSPORTATION	\$144,018,400
OTHER SERVICES	\$598,104,210
HOME HEALTH	\$213,067,950
<b>FFS SUBTOTAL</b>	<b>\$14,311,308,510</b>
DENTAL	\$562,534,530
TWO PLAN MODEL	\$11,778,790,120
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,500,058,890
GEOGRAPHIC MANAGED CARE	\$2,446,981,530
PHP & OTHER MANAG. CARE	\$298,944,310
EPSDT SCREENS	\$39,457,540
MEDICARE PAYMENTS	\$4,044,466,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$236,538,140
MISC. SERVICES	\$4,992,996,260
<b>NON-FFS SUBTOTAL</b>	<b>\$28,900,767,320</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$43,212,075,820</b>
<b>ELIGIBLES ***</b>	<b>9,117,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,740</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$395</b>

(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 2013-14 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 PAYMENT
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

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

97	MH/UCD & BTR—BCCTP
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 FUNDS
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 2013-14 COST PER ELIGIBLE BASED ON MAY 2013 ESTIMATE**

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 PROG
219	YOUTH REGIONAL TREATMENT CENTERS
227	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
229	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
231	PRIVATE HOSPITAL SUPPLEMENTAL FUND SAVINGS
	SISKIYOU COUNTY REIMBURSEMENT