

Medi-Cal Funding Summary
May 2013 Estimate Compared to November 2012 Estimate
Fiscal Year 2013 - 2014

Appropriation

TOTAL FUNDS	Nov 2012 Estimate	Appropriation May 2013 Estimate	Difference Incr./Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$43,867,793,000	\$50,771,860,000	\$6,904,067,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,570,000	\$23,540,000	(\$30,000)
4260-101-3168 Emergency Air Transportation Fund	\$10,010,000	\$11,429,000	\$1,419,000
4260-101-3213 LTC QA Fund	\$0	\$436,646,000	\$436,646,000
4260-102-0001/0890 Capital Debt	\$92,086,000	\$92,086,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$41,640,000	\$33,080,000	(\$8,560,000)
4260-113-0001/0890 Healthy Families	\$1,651,909,000	\$1,761,373,000	\$109,464,000
4260-601-0942142 Local Trauma Centers	\$38,600,000	\$41,000,000	\$2,400,000
4260-601-3096 NDPH Supplemental Fund	\$0	\$3,802,000	\$3,802,000
4260-601-3097 Private Hospital Supp. Fund	\$106,500,000	\$128,595,000	\$22,095,000
4260-601-3156 MCO Tax Fund	\$455,987,000	\$849,078,000	\$393,091,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$817,500,000	\$772,646,000	(\$44,854,000)
4260-601-7502 Demonstration DSH Fund	\$522,839,000	\$520,264,000	(\$2,575,000)
4260-601-7503 Health Care Support Fund	\$994,576,000	\$1,163,739,000	\$169,163,000
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund	\$25,365,000	\$26,756,000	\$1,391,000
4260-605-3167 SNF Quality & Accountability	\$20,701,000	\$20,701,000	\$0
4260-606-0834 MIPA Fund	\$563,945,000	\$662,764,000	\$98,819,000
4260-607-8502 Low Income Health Program IGT	\$233,311,000	\$2,104,001,000	\$1,870,690,000
4260-610-0995 Reimbursements	\$2,512,122,000	\$1,602,811,000	(\$909,311,000)
4260-610-3158 Hospital Quality Assurance Revenue	\$2,572,000	\$1,000,000	(\$1,572,000)
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$99,600,000	\$33,200,000	(\$66,400,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$3,786,867,000	\$4,104,084,000	\$317,217,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$25,365,000)	(\$26,756,000)	(\$1,391,000)
TOTAL MEDI-CAL Benefits	\$55,901,309,000	\$65,196,880,000	\$9,295,571,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$3,457,558,000	\$3,866,732,000	\$409,174,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$369,000	\$727,000	\$358,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,664,000	\$2,500,000	(\$164,000)
4260-113-0001/0890 Healthy Families	\$89,794,000	\$92,556,000	\$2,762,000
4260-117-0001/0890 HIPAA	\$3,448,000	\$3,452,000	\$4,000
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$2,433,000	\$2,433,000
4260-610-0995 Reimbursements	\$10,600,000	\$11,903,000	\$1,303,000
TOTAL COUNTY ADMIN.	\$3,564,433,000	\$3,980,303,000	\$415,870,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$293,164,000	\$325,979,000	\$32,815,000
4260-113-0001/0890 Healthy Families	\$697,000	\$868,000	\$171,000
4260-117-0001/0890 HIPAA	\$18,727,000	\$25,749,000	\$7,022,000
4260-601-0001 100% General Fund	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$86,000	\$101,000	\$15,000
TOTAL FISCAL INTERMEDIARY	\$312,674,000	\$353,197,000	\$40,523,000
GRAND TOTAL - ALL FUNDS	\$59,778,416,000	\$69,530,380,000	\$9,751,964,000

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
May 2013 Estimate Compared to November 2012 Estimate
Fiscal Year 2013 - 2014

Appropriation

STATE FUNDS

	Nov 2012 Estimate	Appropriation May 2013 Estimate	Difference Incr./((Decr.))
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$13,624,570,000	\$14,355,054,000	\$730,484,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,570,000	\$23,540,000	(\$30,000)
4260-101-3168 Emergency Air Transportation Fund	\$10,010,000	\$11,429,000	\$1,419,000
4260-101-3213 LTC QA Fund	\$0	\$436,646,000	\$436,646,000
4260-102-0001 Capital Debt *	\$46,043,000	\$46,043,000	\$0
4260-113-0001 Healthy Families *	\$526,053,000	\$567,616,000	\$41,563,000
4260-601-0942142 Local Trauma Centers	\$38,600,000	\$41,000,000	\$2,400,000
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$0	\$3,531,000	\$3,531,000
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$0	\$271,000	\$271,000
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$106,500,000	\$77,360,000	(\$29,140,000)
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$0	\$51,235,000	\$51,235,000
4260-601-3156 MCO Tax Fund	\$455,987,000	\$849,078,000	\$393,091,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$817,500,000	\$772,646,000	(\$44,854,000)
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund *	\$25,365,000	\$26,756,000	\$1,391,000
4260-605-3167 SNF Quality & Accountability	\$20,701,000	\$20,701,000	\$0
4260-606-0834 MIPA Fund	\$563,945,000	\$662,764,000	\$98,819,000
4260-607-8502 Low Income Health Program IGT	\$233,311,000	\$2,104,001,000	\$1,870,690,000
4260-610-0995 Reimbursements	\$2,512,122,000	\$1,602,811,000	(\$909,311,000)
4260-610-3158 Hospital Quality Assurance Revenue	\$2,572,000	\$1,000,000	(\$1,572,000)
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$99,600,000	\$33,200,000	(\$66,400,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$3,786,867,000	\$4,104,084,000	\$317,217,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$25,365,000)	(\$26,756,000)	(\$1,391,000)
TOTAL MEDI-CAL Benefits	\$22,927,132,000	\$25,823,191,000	\$2,896,059,000
Total Benefits General Fund *	\$14,328,531,000	\$15,076,360,000	\$747,829,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$785,373,000	\$866,567,000	\$81,194,000
4260-113-0001 Healthy Families *	\$26,212,000	\$27,738,000	\$1,526,000
4260-117-0001 HIPAA *	\$500,000	\$500,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$2,433,000	\$2,433,000
4260-610-0995 Reimbursements	\$10,600,000	\$11,903,000	\$1,303,000
TOTAL COUNTY ADMIN.	\$822,685,000	\$909,141,000	\$86,456,000
Total Co. Admin. General Fund *	\$812,085,000	\$894,805,000	\$82,720,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$108,227,000	\$117,382,000	\$9,155,000
4260-113-0001 Healthy Families *	\$244,000	\$304,000	\$60,000
4260-117-0001 HIPAA *	\$2,030,000	\$4,347,000	\$2,317,000
4260-601-0001 100% General Fund *	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$86,000	\$101,000	\$15,000
TOTAL FISCAL INTERMEDIARY	\$110,587,000	\$122,634,000	\$12,047,000
Total FI General Fund *	\$110,501,000	\$122,533,000	\$12,032,000
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GRAND TOTAL - STATE FUNDS	\$23,860,404,000	\$26,854,966,000	\$2,994,562,000
Grand Total General Fund*	\$15,251,117,000	\$16,093,698,000	\$842,581,000
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Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

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Fiscal Year 2013 - 2014

Appropriation

FEDERAL FUNDS

	Nov 2012 Estimate	Appropriation May 2013 Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$30,243,223,000	\$36,416,806,000	\$6,173,583,000
4260-102-0890 Capital Debt	\$46,043,000	\$46,043,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$41,640,000	\$33,080,000	(\$8,560,000)
4260-113-0890 Healthy Families	\$1,125,856,000	\$1,193,757,000	\$67,901,000
4260-601-7502 Demonstration DSH Fund	\$522,839,000	\$520,264,000	(\$2,575,000)
4260-601-7503 Health Care Support Fund	\$994,576,000	\$1,163,739,000	\$169,163,000
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TOTAL MEDI-CAL Benefits	\$32,974,177,000	\$39,373,689,000	\$6,399,512,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$2,672,185,000	\$3,000,165,000	\$327,980,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$369,000	\$727,000	\$358,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,664,000	\$2,500,000	(\$164,000)
4260-113-0890 Healthy Families	\$63,582,000	\$64,818,000	\$1,236,000
4260-117-0890 HIPAA	\$2,948,000	\$2,952,000	\$4,000
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TOTAL COUNTY ADMIN.	\$2,741,748,000	\$3,071,162,000	\$329,414,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$184,937,000	\$208,597,000	\$23,660,000
4260-113-0890 Healthy Families	\$453,000	\$564,000	\$111,000
4260-117-0890 HIPAA	\$16,697,000	\$21,402,000	\$4,705,000
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TOTAL FISCAL INTERMEDIARY	\$202,087,000	\$230,563,000	\$28,476,000
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GRAND TOTAL - FEDERAL FUNDS	\$35,918,012,000	\$42,675,414,000	\$6,757,402,000
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Medi-Cal Funding Summary
May 2013 Estimate Compared to November 2012 Estimate
Fiscal Year 2013 - 2014

Appropriation

TOTAL FUNDS	May 2013 Estimate	Appropriation May 2013 Estimate	Difference Incr./Decr.
MEDI-CAL Benefits:			
4260-101-0001/0890(3)	\$50,393,163,000	\$50,771,860,000	\$378,697,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,540,000	\$23,540,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$11,429,000	\$11,429,000	\$0
4260-101-3213 LTC QA Fund	\$436,646,000	\$436,646,000	\$0
4260-102-0001/0890 Capital Debt	\$92,086,000	\$92,086,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$33,080,000	\$33,080,000	\$0
4260-113-0001/0890 Healthy Families	\$1,769,495,000	\$1,761,373,000	(\$8,122,000)
4260-601-0942142 Local Trauma Centers	\$41,000,000	\$41,000,000	\$0
4260-601-3096 NDPH Supplemental Fund	\$3,802,000	\$3,802,000	\$0
4260-601-3097 Private Hospital Supp. Fund	\$128,595,000	\$128,595,000	\$0
4260-601-3156 MCO Tax Fund	\$852,267,000	\$849,078,000	(\$3,189,000)
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$772,646,000	\$772,646,000	\$0
4260-601-7502 Demonstration DSH Fund	\$520,264,000	\$520,264,000	\$0
4260-601-7503 Health Care Support Fund	\$1,163,739,000	\$1,163,739,000	\$0
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund	\$26,756,000	\$26,756,000	\$0
4260-605-3167 SNF Quality & Accountability	\$20,701,000	\$20,701,000	\$0
4260-606-0834 MIPA Fund	\$662,764,000	\$662,764,000	\$0
4260-607-8502 Low Income Health Program IGT	\$2,104,001,000	\$2,104,001,000	\$0
4260-610-0995 Reimbursements	\$1,602,811,000	\$1,602,811,000	\$0
4260-610-3158 Hospital Quality Assurance Revenue	\$1,000,000	\$1,000,000	\$0
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$33,200,000	\$33,200,000	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$4,104,084,000	\$4,104,084,000	\$0
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$26,756,000)	(\$26,756,000)	\$0
TOTAL MEDI-CAL Benefits	\$64,829,494,000	\$65,196,880,000	\$367,386,000
COUNTY ADMINISTRATION:			
4260-101-0001/0890(1)	\$3,863,378,000	\$3,866,732,000	\$3,354,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$727,000	\$727,000	\$0
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,500,000	\$2,500,000	\$0
4260-113-0001/0890 Healthy Families	\$92,556,000	\$92,556,000	\$0
4260-117-0001/0890 HIPAA	\$3,452,000	\$3,452,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$2,433,000	\$2,433,000	\$0
4260-610-0995 Reimbursements	\$11,903,000	\$11,903,000	\$0
TOTAL COUNTY ADMIN.	\$3,976,949,000	\$3,980,303,000	\$3,354,000
FISCAL INTERMEDIARY:			
4260-101-0001/0890(2)	\$328,972,000	\$325,979,000	(\$2,993,000)
4260-113-0001/0890 Healthy Families	\$868,000	\$868,000	\$0
4260-117-0001/0890 HIPAA	\$25,749,000	\$25,749,000	\$0
4260-601-0001 100% General Fund	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$101,000	\$101,000	\$0
TOTAL FISCAL INTERMEDIARY	\$355,690,000	\$353,197,000	(\$2,493,000)
GRAND TOTAL - ALL FUNDS	\$69,162,133,000	\$69,530,380,000	\$368,247,000

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
May 2013 Estimate Compared to November 2012 Estimate
Fiscal Year 2013 - 2014

Appropriation

STATE FUNDS

	May 2013 Estimate	Appropriation May 2013 Estimate	Difference Incr./((Decr.))
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$14,330,720,000	\$14,355,054,000	\$24,334,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,540,000	\$23,540,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$11,429,000	\$11,429,000	\$0
4260-101-3213 LTC QA Fund	\$436,646,000	\$436,646,000	\$0
4260-102-0001 Capital Debt *	\$46,043,000	\$46,043,000	\$0
4260-113-0001 Healthy Families *	\$570,459,000	\$567,616,000	(\$2,843,000)
4260-601-0942142 Local Trauma Centers	\$41,000,000	\$41,000,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$3,531,000	\$3,531,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$271,000	\$271,000	\$0
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$77,360,000	\$77,360,000	\$0
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$51,235,000	\$51,235,000	\$0
4260-601-3156 MCO Tax Fund	\$852,267,000	\$849,078,000	(\$3,189,000)
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$772,646,000	\$772,646,000	\$0
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund *	\$26,756,000	\$26,756,000	\$0
4260-605-3167 SNF Quality & Accountability	\$20,701,000	\$20,701,000	\$0
4260-606-0834 MIPA Fund	\$662,764,000	\$662,764,000	\$0
4260-607-8502 Low Income Health Program IGT	\$2,104,001,000	\$2,104,001,000	\$0
4260-610-0995 Reimbursements	\$1,602,811,000	\$1,602,811,000	\$0
4260-610-3158 Hospital Quality Assurance Revenue	\$1,000,000	\$1,000,000	\$0
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$33,200,000	\$33,200,000	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$4,104,084,000	\$4,104,084,000	\$0
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$26,756,000)	(\$26,756,000)	\$0
TOTAL MEDI-CAL Benefits	\$25,804,889,000	\$25,823,191,000	\$18,302,000
Total Benefits General Fund *	\$15,054,869,000	\$15,076,360,000	\$21,491,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$865,618,000	\$866,567,000	\$949,000
4260-113-0001 Healthy Families *	\$27,738,000	\$27,738,000	\$0
4260-117-0001 HIPAA *	\$500,000	\$500,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$2,433,000	\$2,433,000	\$0
4260-610-0995 Reimbursements	\$11,903,000	\$11,903,000	\$0
TOTAL COUNTY ADMIN.	\$908,192,000	\$909,141,000	\$949,000
Total Co. Admin. General Fund *	\$893,856,000	\$894,805,000	\$949,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$118,879,000	\$117,382,000	(\$1,497,000)
4260-113-0001 Healthy Families *	\$304,000	\$304,000	\$0
4260-117-0001 HIPAA *	\$4,347,000	\$4,347,000	\$0
4260-601-0001 100% General Fund *	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$101,000	\$101,000	\$0
TOTAL FISCAL INTERMEDIARY	\$123,631,000	\$122,634,000	(\$997,000)
Total FI General Fund *	\$123,530,000	\$122,533,000	(\$997,000)
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GRAND TOTAL - STATE FUNDS	\$26,836,712,000	\$26,854,966,000	\$18,254,000
Grand Total General Fund*	\$16,072,255,000	\$16,093,698,000	\$21,443,000
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Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

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Fiscal Year 2013 - 2014

Appropriation

FEDERAL FUNDS

	May 2013 Estimate	Appropriation May 2013 Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$36,062,443,000	\$36,416,806,000	\$354,363,000
4260-102-0890 Capital Debt	\$46,043,000	\$46,043,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$33,080,000	\$33,080,000	\$0
4260-113-0890 Healthy Families	\$1,199,036,000	\$1,193,757,000	(\$5,279,000)
4260-601-7502 Demonstration DSH Fund	\$520,264,000	\$520,264,000	\$0
4260-601-7503 Health Care Support Fund	\$1,163,739,000	\$1,163,739,000	\$0
TOTAL MEDI-CAL Benefits	\$39,024,605,000	\$39,373,689,000	\$349,084,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$2,997,760,000	\$3,000,165,000	\$2,405,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$727,000	\$727,000	\$0
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,500,000	\$2,500,000	\$0
4260-113-0890 Healthy Families	\$64,818,000	\$64,818,000	\$0
4260-117-0890 HIPAA	\$2,952,000	\$2,952,000	\$0
TOTAL COUNTY ADMIN.	\$3,068,757,000	\$3,071,162,000	\$2,405,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$210,093,000	\$208,597,000	(\$1,496,000)
4260-113-0890 Healthy Families	\$564,000	\$564,000	\$0
4260-117-0890 HIPAA	\$21,402,000	\$21,402,000	\$0
TOTAL FISCAL INTERMEDIARY	\$232,059,000	\$230,563,000	(\$1,496,000)
GRAND TOTAL - FEDERAL FUNDS	\$42,325,421,000	\$42,675,414,000	\$349,993,000

Medi-Cal Funding Summary
May 2013 Estimate Comparison of FY 2012-13 to FY 2013-14

Appropriation

TOTAL FUNDS	FY 2012-13 Estimate	Appropriation FY 2013-14 Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$42,653,880,000	\$50,771,860,000	\$8,117,980,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$23,540,000	(\$1,049,000)
4260-101-3168 Emergency Air Transportation Fund	\$15,272,000	\$11,429,000	(\$3,843,000)
4260-101-3213 LTC QA Fund	\$0	\$436,646,000	\$436,646,000
4260-102-0001/0890 Capital Debt	\$91,708,000	\$92,086,000	\$378,000
4260-106-0890 Money Follow Person Federal Grant	\$56,671,000	\$33,080,000	(\$23,591,000)
4260-113-0001/0890 Healthy Families	\$865,884,000	\$1,761,373,000	\$895,489,000
4260-601-0942142 Local Trauma Centers	\$68,311,000	\$41,000,000	(\$27,311,000)
4260-601-3096 NDPH Supplemental Fund	\$457,000	\$3,802,000	\$3,345,000
4260-601-3097 Private Hospital Supp. Fund	\$106,061,000	\$128,595,000	\$22,534,000
4260-601-3156 MCO Tax Fund	\$5,076,000	\$849,078,000	\$844,002,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$11,000,000	\$0	(\$11,000,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$588,385,000	\$772,646,000	\$184,261,000
4260-601-7502 Demonstration DSH Fund	\$545,941,000	\$520,264,000	(\$25,677,000)
4260-601-7503 Health Care Support Fund	\$1,285,314,000	\$1,163,739,000	(\$121,575,000)
4260-601-8033 Distressed Hospital Fund	\$527,000	\$0	(\$527,000)
4260-605-0001 100% General Fund *	\$4,052,000	\$26,756,000	\$22,704,000
4260-605-3167 SNF Quality & Accountability	\$0	\$20,701,000	\$20,701,000
4260-606-0834 MIPA Fund	\$607,047,000	\$662,764,000	\$55,717,000
4260-607-8502 Low Income Health Program IGT	\$35,922,000	\$2,104,001,000	\$2,068,079,000
4260-610-0995 Reimbursements	\$636,436,000	\$1,602,811,000	\$966,375,000
4260-610-3158 Hospital Quality Assurance Revenue	\$0	\$1,000,000	\$1,000,000
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$0	\$33,200,000	\$33,200,000
4260-611-3158 Hospital Quality Assurance Revenue	\$4,378,476,000	\$4,104,084,000	(\$274,392,000)
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	\$0	(\$26,756,000)	(\$26,756,000)
TOTAL MEDI-CAL Benefits	\$52,040,190,000	\$65,196,880,000	\$13,156,690,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$2,564,848,000	\$3,866,732,000	\$1,301,884,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$11,000	\$727,000	\$716,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$3,034,000	\$2,500,000	(\$534,000)
4260-113-0001/0890 Healthy Families	\$54,810,000	\$92,556,000	\$37,746,000
4260-117-0001/0890 HIPAA	\$1,785,000	\$3,452,000	\$1,667,000
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$2,433,000	\$2,433,000
4260-610-0995 Reimbursements	\$6,604,000	\$11,903,000	\$5,299,000
TOTAL COUNTY ADMIN.	\$2,631,092,000	\$3,980,303,000	\$1,349,211,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$294,791,000	\$325,979,000	\$31,188,000
4260-113-0001/0890 Healthy Families	\$774,000	\$868,000	\$94,000
4260-117-0001/0890 HIPAA	\$27,113,000	\$25,749,000	(\$1,364,000)
4260-601-0001 100% General Fund	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$96,000	\$101,000	\$5,000
TOTAL FISCAL INTERMEDIARY	\$322,774,000	\$353,197,000	\$30,423,000
GRAND TOTAL - ALL FUNDS	\$54,994,056,000	\$69,530,380,000	\$14,536,324,000

Notes: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
May 2013 Estimate Comparison of FY 2012-13 to FY 2013-14

Appropriation

STATE FUNDS	FY 2012-13 Estimate	Appropriation FY 2013-14 Estimate	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001(3) *	\$13,622,973,000	\$14,355,054,000	\$732,081,000
4260-101-0080 CLPP Funds	\$130,000	\$130,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$23,540,000	(\$1,049,000)
4260-101-3168 Emergency Air Transportation Fund	\$15,272,000	\$11,429,000	(\$3,843,000)
4260-101-3213 LTC QA Fund	\$0	\$436,646,000	\$436,646,000
4260-102-0001 Capital Debt *	\$45,854,000	\$46,043,000	\$189,000
4260-113-0001 Healthy Families *	\$277,372,000	\$567,616,000	\$290,244,000
4260-601-0942142 Local Trauma Centers	\$68,311,000	\$41,000,000	(\$27,311,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$269,000	\$3,531,000	\$3,262,000
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$188,000	\$271,000	\$83,000
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$106,061,000	\$77,360,000	(\$28,701,000)
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$0	\$51,235,000	\$51,235,000
4260-601-3156 MCO Tax Fund	\$5,076,000	\$849,078,000	\$844,002,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$11,000,000	\$0	(\$11,000,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$588,385,000	\$772,646,000	\$184,261,000
4260-601-8033 Distressed Hospital Fund	\$527,000	\$0	(\$527,000)
4260-605-0001 100% General Fund *	\$4,052,000	\$26,756,000	\$22,704,000
4260-605-3167 SNF Quality & Accountability	\$0	\$20,701,000	\$20,701,000
4260-606-0834 MIPA Fund	\$607,047,000	\$662,764,000	\$55,717,000
4260-607-8502 Low Income Health Program IGT	\$35,922,000	\$2,104,001,000	\$2,068,079,000
4260-610-0995 Reimbursements	\$636,436,000	\$1,602,811,000	\$966,375,000
4260-610-3158 Hospital Quality Assurance Revenue	\$0	\$1,000,000	\$1,000,000
4260-610-3201 LIHP MCE Out-of-Network ER Svcs.	\$0	\$33,200,000	\$33,200,000
4260-611-3158 Hospital Quality Assurance Revenue	\$4,378,476,000	\$4,104,084,000	(\$274,392,000)
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	\$0	(\$26,756,000)	(\$26,756,000)
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TOTAL MEDI-CAL Benefits	\$20,486,991,000	\$25,823,191,000	\$5,336,200,000
Total Benefits General Fund *	\$14,056,581,000	\$15,076,360,000	\$1,019,779,000
	=====	=====	=====
COUNTY ADMINISTRATION:			
4260-101-0001(1) *	\$744,995,000	\$866,567,000	\$121,572,000
4260-113-0001 Healthy Families *	\$18,116,000	\$27,738,000	\$9,622,000
4260-117-0001 HIPAA *	\$83,000	\$500,000	\$417,000
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$2,433,000	\$2,433,000
4260-610-0995 Reimbursements	\$6,604,000	\$11,903,000	\$5,299,000
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TOTAL COUNTY ADMIN.	\$769,798,000	\$909,141,000	\$139,343,000
Total Co. Admin. General Fund *	\$763,194,000	\$894,805,000	\$131,611,000
	=====	=====	=====
FISCAL INTERMEDIARY:			
4260-101-0001(2) *	\$104,923,000	\$117,382,000	\$12,459,000
4260-113-0001 Healthy Families *	\$271,000	\$304,000	\$33,000
4260-117-0001 HIPAA *	\$3,788,000	\$4,347,000	\$559,000
4260-601-0001 100% General Fund *	\$0	\$500,000	\$500,000
4260-610-0995 Reimbursements	\$96,000	\$101,000	\$5,000
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TOTAL FISCAL INTERMEDIARY	\$109,078,000	\$122,634,000	\$13,556,000
Total FI General Fund *	\$108,982,000	\$122,533,000	\$13,551,000
	=====	=====	=====
GRAND TOTAL - STATE FUNDS	\$21,365,867,000	\$26,854,966,000	\$5,489,099,000
Grand Total General Fund *	\$14,928,757,000	\$16,093,698,000	\$1,164,941,000
	=====	=====	=====

Notes: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
May 2013 Estimate Comparison of FY 2012-13 to FY 2013-14

Appropriation

FEDERAL FUNDS

	FY 2012-13 Estimate	Appropriation FY 2013-14 Estimate	Difference Incr./.(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$29,030,907,000	\$36,416,806,000	\$7,385,899,000
4260-102-0890 Capital Debt	\$45,854,000	\$46,043,000	\$189,000
4260-106-0890 Money Follow Person Federal Grant	\$56,671,000	\$33,080,000	(\$23,591,000)
4260-113-0890 Healthy Families	\$588,512,000	\$1,193,757,000	\$605,245,000
4260-601-7502 Demonstration DSH Fund	\$545,941,000	\$520,264,000	(\$25,677,000)
4260-601-7503 Health Care Support Fund	\$1,285,314,000	\$1,163,739,000	(\$121,575,000)
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TOTAL MEDI-CAL Benefits	\$31,553,199,000	\$39,373,689,000	\$7,820,490,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$1,819,853,000	\$3,000,165,000	\$1,180,312,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$11,000	\$727,000	\$716,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$3,034,000	\$2,500,000	(\$534,000)
4260-113-0890 Healthy Families	\$36,694,000	\$64,818,000	\$28,124,000
4260-117-0890 HIPAA	\$1,702,000	\$2,952,000	\$1,250,000
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TOTAL COUNTY ADMIN.	\$1,861,294,000	\$3,071,162,000	\$1,209,868,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$189,868,000	\$208,597,000	\$18,729,000
4260-113-0890 Healthy Families	\$503,000	\$564,000	\$61,000
4260-117-0890 HIPAA	\$23,325,000	\$21,402,000	(\$1,923,000)
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TOTAL FISCAL INTERMEDIARY	\$213,696,000	\$230,563,000	\$16,867,000
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GRAND TOTAL - FEDERAL FUNDS	\$33,628,189,000	\$42,675,414,000	\$9,047,225,000
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2013-14

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
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>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$1,970,523,580	\$1,334,741,690	\$635,781,890
B. AFFORDABLE CARE ACT	\$3,429,397,150	\$3,297,441,950	\$131,955,200
C. BENEFITS	\$792,652,910	\$719,449,350	\$73,203,560
D. PHARMACY	-\$1,667,538,000	-\$922,568,200	-\$744,969,800
E. DRUG MEDI-CAL	-\$3,486,000	-\$3,486,000	\$0
F. MENTAL HEALTH	\$450,901,000	\$417,516,000	\$33,385,000
G. WAIVER--MH/UCD & BTR	\$10,195,167,640	\$7,111,993,820	\$3,083,173,820
H. MANAGED CARE	\$3,855,100,000	\$1,694,100,000	\$2,161,000,000
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>\$26,731,097,920</u>	<u>\$18,147,000,110</u>	<u>\$8,584,097,810</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$65,196,878,390</u></u>	<u><u>\$39,373,689,200</u></u>	<u><u>\$25,823,189,190</u></u>

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

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
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
	ELIGIBILITY SUBTOTAL	\$1,970,523,590	\$1,334,741,690	\$635,781,900
<u>AFFORDABLE CARE ACT</u>				
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	\$228,164,000	\$120,364,000	\$107,800,000
234	ACA OPTIONAL EXPANSION	\$1,426,631,000	\$1,426,631,000	\$0
236	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$7,500,000	-\$7,500,000
237	ACA EXPANSION-CDCR INMATES INPT. HOSP. COST	\$24,631,000	\$24,631,000	\$0
238	ACA EXPANSION-NEW QUALIFIED ALIENS	-\$7,205,000	-\$4,551,000	-\$2,654,000
239	ACA EXPANSION-PREGNANCY ONLY	-\$52,047,000	-\$26,023,500	-\$26,023,500
243	ACA EXTENSION OF FOSTER CARE COVERAGE	\$803,000	\$0	\$803,000
244	ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION	\$251,173,000	\$251,173,000	\$0
247	SHIFT MENTAL HEALTH SVCS TO MANAGED CARE	\$79,315,000	\$47,405,000	\$31,910,000
248	ENHANCE DRUG MEDI-CAL SVCS	\$80,025,000	\$45,254,000	\$34,771,000

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>AFFORDABLE CARE ACT</u>				
	AFFORDABLE CARE ACT SUBTOTAL	\$3,429,397,150	\$3,297,441,950	\$131,955,200
<u>BENEFITS</u>				
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
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	\$4,506,000	\$2,253,000	\$2,253,000
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
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
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
241	RESTORATION OF ADULT OPTIONAL DENTAL BENEFIT	\$51,057,000	\$35,537,000	\$15,520,000
	BENEFITS SUBTOTAL	\$792,652,910	\$719,449,360	\$73,203,560
<u>PHARMACY</u>				
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
242	ENTERAL NUTRITION RESTORATION	\$3,356,000	\$1,678,000	\$1,678,000
	PHARMACY SUBTOTAL	-\$1,667,538,000	-\$922,568,200	-\$744,969,800

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>DRUG MEDI-CAL</u>				
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
	DRUG MEDI-CAL SUBTOTAL	-\$3,486,000	-\$3,486,000	\$0
<u>MENTAL HEALTH</u>				
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 COS	-\$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
245	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800,000	\$24,800,000	\$0
246	PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSIO	\$7,181,000	\$7,181,000	\$0
	MENTAL HEALTH SUBTOTAL	\$450,901,000	\$417,516,000	\$33,385,000
<u>WAIVER--MH/UCD & BTR</u>				
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

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>WAIVER--MH/UCD & BTR</u>				
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 PROG	\$0	\$24,500,000	-\$24,500,000
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$10,195,167,640	\$7,111,993,820	\$3,083,173,820
<u>MANAGED CARE</u>				
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 FR	-\$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
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

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>MANAGED CARE</u>				
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
	MANAGED CARE SUBTOTAL	\$3,855,100,000	\$1,694,100,000	\$2,161,000,000
<u>PROVIDER RATES</u>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$190,060,270	\$95,030,140	\$95,030,130
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
	PROVIDER RATES SUBTOTAL	-\$844,376,360	-\$420,276,680	-\$424,099,680
<u>SUPPLEMENTAL PMNTS.</u>				
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,887,803,000	\$4,363,426,000	\$3,524,377,000
<u>OTHER</u>				

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 & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<u>OTHER</u>			
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
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
	OTHER SUBTOTAL	\$664,953,000	\$554,662,180	\$110,290,820
	GRAND TOTAL	\$26,731,097,930	\$18,147,000,120	\$8,584,097,810

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

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$6,211,252,790	\$4,002,463,150	\$2,208,789,640
PHYSICIANS	\$1,503,439,280	\$1,091,943,010	\$411,496,270
OTHER MEDICAL	\$3,128,204,740	\$2,009,569,800	\$1,118,634,940
COUNTY OUTPATIENT	\$56,860,330	\$30,283,870	\$26,576,460
COMMUNITY OUTPATIENT	\$1,522,748,450	\$870,666,470	\$652,081,970
PHARMACY	\$339,789,840	\$188,306,270	\$151,483,570
HOSPITAL INPATIENT	\$11,421,243,700	\$7,037,366,440	\$4,383,877,260
COUNTY INPATIENT	\$2,769,079,950	\$2,282,662,710	\$486,417,240
COMMUNITY INPATIENT	\$8,652,163,750	\$4,754,703,730	\$3,897,460,010
LONG TERM CARE	\$4,658,999,010	\$2,522,724,560	\$2,136,274,450
NURSING FACILITIES	\$4,314,190,850	\$2,344,498,840	\$1,969,692,010
ICF-DD	\$344,808,160	\$178,225,720	\$166,582,440
OTHER SERVICES	\$1,099,974,840	\$648,609,800	\$451,365,040
MEDICAL TRANSPORTATION	\$308,273,930	\$234,190,190	\$74,083,730
OTHER SERVICES	\$572,236,050	\$301,202,360	\$271,033,690
HOME HEALTH	\$219,464,870	\$113,217,240	\$106,247,630
TOTAL FEE-FOR-SERVICE	\$23,731,260,190	\$14,399,470,230	\$9,331,789,960
MANAGED CARE	\$22,048,885,100	\$11,233,921,980	\$10,814,963,120
TWO PLAN MODEL	\$13,672,939,190	\$6,938,148,870	\$6,734,790,320
COUNTY ORGANIZED HEALTH SYS	\$5,861,662,600	\$3,029,170,200	\$2,832,492,400
GEOGRAPHIC MANAGED CARE	\$2,169,581,330	\$1,094,353,340	\$1,075,227,990
PHP & OTHER MANAG. CARE	\$344,701,980	\$172,249,570	\$172,452,410
DENTAL	\$622,285,160	\$337,256,280	\$285,028,880
MENTAL HEALTH	\$2,988,603,500	\$2,949,084,340	\$39,519,160
AUDITS/ LAWSUITS	\$10,174,220	\$939,790	\$9,234,430
EPSDT SCREENS	\$39,457,540	\$20,716,040	\$18,741,490
MEDICARE PAYMENTS	\$4,044,466,000	\$1,198,265,000	\$2,846,201,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$242,082,830	\$242,072,640	\$10,200
MISC. SERVICES	\$11,723,140,260	\$9,094,474,420	\$2,628,665,840
RECOVERIES	-\$253,476,400	-\$102,511,520	-\$150,964,880
GRAND TOTAL MEDI-CAL	\$65,196,878,390	\$39,373,689,200	\$25,823,189,190

**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>
PROFESSIONAL	\$5,595,548,640	\$6,211,252,790	\$615,704,150	11.00
PHYSICIANS	\$1,037,661,910	\$1,503,439,280	\$465,777,370	44.89
OTHER MEDICAL	\$2,599,926,880	\$3,128,204,740	\$528,277,860	20.32
COUNTY OUTPATIENT	\$59,131,940	\$56,860,330	-\$2,271,610	-3.84
COMMUNITY OUTPATIENT	\$1,898,827,910	\$1,522,748,450	-\$376,079,460	-19.81
PHARMACY	\$582,600,280	\$339,789,840	-\$242,810,440	-41.68
HOSPITAL INPATIENT	\$12,289,483,930	\$11,421,243,700	-\$868,240,230	-7.06
COUNTY INPATIENT	\$2,693,785,740	\$2,769,079,950	\$75,294,210	2.80
COMMUNITY INPATIENT	\$9,595,698,190	\$8,652,163,750	-\$943,534,440	-9.83
LONG TERM CARE	\$4,862,159,190	\$4,658,999,010	-\$203,160,180	-4.18
NURSING FACILITIES	\$4,472,172,930	\$4,314,190,850	-\$157,982,080	-3.53
ICF-DD	\$389,986,260	\$344,808,160	-\$45,178,100	-11.58
OTHER SERVICES	\$1,347,521,250	\$1,099,974,840	-\$247,546,410	-18.37
MEDICAL TRANSPORTATION	\$313,019,570	\$308,273,930	-\$4,745,650	-1.52
OTHER SERVICES	\$803,407,870	\$572,236,050	-\$231,171,830	-28.77
HOME HEALTH	\$231,093,800	\$219,464,870	-\$11,628,930	-5.03
TOTAL FEE-FOR-SERVICE	\$24,677,313,290	\$23,731,260,190	-\$946,053,100	-3.83
MANAGED CARE	\$13,970,631,540	\$22,048,885,100	\$8,078,253,560	57.82
TWO PLAN MODEL	\$8,137,897,150	\$13,672,939,190	\$5,535,042,040	68.02
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,168,191,410	\$5,861,662,600	\$1,693,471,190	40.63
GEOGRAPHIC MANAGED CARE	\$1,371,992,040	\$2,169,581,330	\$797,589,290	58.13
PHP & OTHER MANAG. CARE	\$292,550,950	\$344,701,980	\$52,151,040	17.83
DENTAL	\$478,636,580	\$622,285,160	\$143,648,580	30.01
MENTAL HEALTH	\$1,511,720,530	\$2,988,603,500	\$1,476,882,960	97.70
AUDITS/ LAWSUITS	-\$204,992,000	\$10,174,220	\$215,166,220	-104.96
EPSDT SCREENS	\$36,891,680	\$39,457,540	\$2,565,860	6.96
MEDICARE PAYMENTS	\$3,886,357,000	\$4,044,466,000	\$158,109,000	4.07
STATE HOSP./DEVELOPMENTAL CNTRS.	\$259,821,920	\$242,082,830	-\$17,739,080	-6.83
MISC. SERVICES	\$7,719,110,000	\$11,723,140,260	\$4,004,030,270	51.87
RECOVERIES	-\$295,301,000	-\$253,476,400	\$41,824,600	-14.16
GRAND TOTAL MEDI-CAL	\$52,040,189,530	\$65,196,878,390	\$13,156,688,860	25.28
STATE FUNDS	\$20,486,990,370	\$25,823,189,190	\$5,336,198,830	26.05

**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>
PROFESSIONAL	\$5,507,659,880	\$6,211,252,790	\$703,592,910	12.77
PHYSICIANS	\$1,247,557,630	\$1,503,439,280	\$255,881,650	20.51
OTHER MEDICAL	\$2,668,738,590	\$3,128,204,740	\$459,466,150	17.22
COUNTY OUTPATIENT	\$176,207,340	\$56,860,330	-\$119,347,010	-67.73
COMMUNITY OUTPATIENT	\$1,415,156,330	\$1,522,748,450	\$107,592,120	7.60
PHARMACY	\$17,360,530	\$339,789,840	\$322,429,310	1857.26
HOSPITAL INPATIENT	\$10,910,400,720	\$11,421,243,700	\$510,842,980	4.68
COUNTY INPATIENT	\$2,670,050,370	\$2,769,079,950	\$99,029,590	3.71
COMMUNITY INPATIENT	\$8,240,350,360	\$8,652,163,750	\$411,813,390	5.00
LONG TERM CARE	\$3,741,315,990	\$4,658,999,010	\$917,683,020	24.53
NURSING FACILITIES	\$3,436,652,740	\$4,314,190,850	\$877,538,110	25.53
ICF-DD	\$304,663,250	\$344,808,160	\$40,144,910	13.18
OTHER SERVICES	\$1,146,977,500	\$1,099,974,840	-\$47,002,650	-4.10
MEDICAL TRANSPORTATION	\$415,119,890	\$308,273,930	-\$106,845,960	-25.74
OTHER SERVICES	\$539,083,820	\$572,236,050	\$33,152,230	6.15
HOME HEALTH	\$192,773,790	\$219,464,870	\$26,691,080	13.85
TOTAL FEE-FOR-SERVICE	\$21,323,714,620	\$23,731,260,190	\$2,407,545,570	11.29
MANAGED CARE	\$20,707,236,150	\$22,048,885,100	\$1,341,648,950	6.48
TWO PLAN MODEL	\$13,328,427,270	\$13,672,939,190	\$344,511,920	2.58
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,901,287,330	\$5,861,662,600	\$960,375,270	19.59
GEOGRAPHIC MANAGED CARE	\$2,071,777,330	\$2,169,581,330	\$97,804,000	4.72
PHP & OTHER MANAG. CARE	\$405,744,230	\$344,701,980	-\$61,042,240	-15.04
DENTAL	\$568,040,640	\$622,285,160	\$54,244,520	9.55
MENTAL HEALTH	\$1,591,756,540	\$2,988,603,500	\$1,396,846,960	87.76
AUDITS/ LAWSUITS	\$3,865,000	\$10,174,220	\$6,309,220	163.24
EPSDT SCREENS	\$40,966,410	\$39,457,540	-\$1,508,870	-3.68
MEDICARE PAYMENTS	\$4,161,414,000	\$4,044,466,000	-\$116,948,000	-2.81
STATE HOSP./DEVELOPMENTAL CNTRS.	\$249,228,100	\$242,082,830	-\$7,145,270	-2.87
MISC. SERVICES	\$7,499,330,000	\$11,723,140,260	\$4,223,810,260	56.32
RECOVERIES	-\$244,243,000	-\$253,476,400	-\$9,233,400	3.78
GRAND TOTAL MEDI-CAL	\$55,901,308,460	\$65,196,878,390	\$9,295,569,930	16.63
STATE FUNDS	\$22,927,131,800	\$25,823,189,190	\$2,896,057,400	12.63

**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
ELIGIBILITY							
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
	ELIGIBILITY SUBTOTAL	\$1,891,654,560	\$619,529,580	\$1,946,355,750	\$624,097,970	\$54,701,190	\$4,568,400
AFFORDABLE CARE ACT							
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
<u>AFFORDABLE CARE ACT</u>							
230	ACA MANDATORY EXPANSION	\$0	\$0	\$228,164,000	\$107,800,000	\$228,164,000	\$107,800,000
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	-\$7,500,000	\$0	-\$7,500,000
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	-\$7,205,000	-\$2,654,000	-\$7,205,000	-\$2,654,000
239	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$52,047,000	-\$26,023,500	-\$52,047,000	-\$26,023,500
243	ACA EXTENSION OF FOSTER CARE COVERAGE	\$0	\$0	\$803,000	\$803,000	\$803,000	\$803,000
244	ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION	\$0	\$0	\$251,173,000	\$0	\$251,173,000	\$0
247	SHIFT MENTAL HEALTH SVCS TO MANAGED CARE	\$0	\$0	\$79,315,000	\$31,910,000	\$79,315,000	\$31,910,000
248	ENHANCE DRUG MEDI-CAL SVCS	\$0	\$0	\$80,025,000	\$34,771,000	\$80,025,000	\$34,771,000
	AFFORDABLE CARE ACT SUBTOTAL	\$509,816,000	-\$142,984,190	\$3,429,397,150	\$131,955,200	\$2,919,581,150	\$274,939,390
<u>BENEFITS</u>							
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 CDDS	\$4,227,000	\$0	\$4,227,000	\$0	\$0	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREI	\$7,277,000	\$3,638,500	\$4,506,000	\$2,253,000	-\$2,771,000	-\$1,385,500
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	\$0	\$0	\$22,575,250	\$11,287,620

**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
<u>BENEFITS</u>							
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
219	YOUTH REGIONAL TREATMENT CENTERS	\$0	\$0	\$5,688,000	-\$711,000	\$5,688,000	-\$711,000
221	CALIFORNIA CHILDREN'S SERVICES PROGRAM PILOT	\$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
241	RESTORATION OF ADULT OPTIONAL DENTAL BENEFIT	\$0	\$0	\$51,057,000	\$15,520,000	\$51,057,000	\$15,520,000
	BENEFITS SUBTOTAL	\$370,393,550	-\$150,503,680	\$787,904,000	\$70,829,100	\$417,510,450	\$221,332,780
<u>PHARMACY</u>							
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
242	ENTERAL NUTRITION RESTORATION	\$0	\$0	\$3,356,000	\$1,678,000	\$3,356,000	\$1,678,000
	PHARMACY SUBTOTAL	-\$1,508,114,000	-\$664,742,000	-\$1,662,738,000	-\$742,569,800	-\$154,624,000	-\$77,827,800
<u>DRUG MEDI-CAL</u>							
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
	DRUG MEDI-CAL SUBTOTAL	-\$5,231,000	\$0	-\$3,486,000	\$0	\$1,745,000	\$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
<u>MENTAL HEALTH</u>							
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
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
245	INVESTMENT IN MENTAL HEALTH WELLNESS	\$0	\$0	\$24,800,000	\$0	\$24,800,000	\$0
246	PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION	\$0	\$0	\$7,181,000	\$0	\$7,181,000	\$0
	MENTAL HEALTH SUBTOTAL	\$360,803,000	\$33,261,000	\$450,901,000	\$33,385,000	\$90,098,000	\$124,000
<u>WAIVER--MH/UCD & BTR</u>							
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 PC	\$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 REPLACEME	\$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 F	\$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

**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
<u>WAIVER--MH/UCD & BTR</u>							
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$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
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,643,865,120	\$1,231,445,060	\$10,195,167,640	\$3,083,173,820	\$3,551,302,520	\$1,851,728,760
<u>MANAGED CARE</u>							
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

**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
MANAGED CARE							
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
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	STABLE ENROLLMENT PROGRAM	-\$2,000,000	-\$1,000,000	\$0	\$0	\$2,000,000	\$1,000,000
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 PAY	\$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 MGD. 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
	MANAGED CARE SUBTOTAL	\$3,338,486,000	\$2,142,351,500	\$3,850,569,000	\$2,158,734,500	\$512,083,000	\$16,383,000
PROVIDER RATES							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,403,690	\$98,701,840	\$197,403,690	\$98,701,840	\$0	\$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
<u>PROVIDER RATES</u>							
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
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
	PROVIDER RATES SUBTOTAL	-\$1,028,847,460	-\$514,423,230	-\$909,863,210	-\$456,843,100	\$118,984,250	\$57,580,120
<u>SUPPLEMENTAL PMNTS.</u>							
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

**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
<u>SUPPLEMENTAL PMNTS.</u>							
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$6,891,068,000	\$3,057,332,000	\$7,887,803,000	\$3,524,377,000	\$996,735,000	\$467,045,000
<u>OTHER</u>							
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
	OTHER SUBTOTAL	\$231,231,850	-\$85,136,580	\$635,402,000	\$92,929,000	\$404,170,150	\$178,065,580

**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
	GRAND TOTAL	\$17,695,125,620	\$5,526,129,470	\$26,607,412,330	\$8,520,068,690	\$8,912,286,710	\$2,993,939,220

**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
ELIGIBILITY							
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
	ELIGIBILITY SUBTOTAL	\$1,024,303,550	\$315,077,870	\$1,946,355,750	\$624,097,970	\$922,052,200	\$309,020,100
AFFORDABLE CARE ACT							
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
<u>AFFORDABLE CARE ACT</u>							
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	\$228,164,000	\$107,800,000	\$228,164,000	\$107,800,000
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	-\$7,500,000	\$0	-\$7,500,000
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	-\$7,205,000	-\$2,654,000	-\$7,205,000	-\$2,654,000
239	ACA EXPANSION-PREGNANCY ONLY	\$0	\$0	-\$52,047,000	-\$26,023,500	-\$52,047,000	-\$26,023,500
243	ACA EXTENSION OF FOSTER CARE COVERAGE	\$0	\$0	\$803,000	\$803,000	\$803,000	\$803,000
244	ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION	\$0	\$0	\$251,173,000	\$0	\$251,173,000	\$0
247	SHIFT MENTAL HEALTH SVCS TO MANAGED CARE	\$0	\$0	\$79,315,000	\$31,910,000	\$79,315,000	\$31,910,000
248	ENHANCE DRUG MEDI-CAL SVCS	\$0	\$0	\$80,025,000	\$34,771,000	\$80,025,000	\$34,771,000
	AFFORDABLE CARE ACT SUBTOTAL	\$104,319,770	-\$27,331,120	\$3,429,397,150	\$131,955,200	\$3,325,077,380	\$159,286,320
<u>BENEFITS</u>							
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	\$4,506,000	\$2,253,000	\$3,763,000	\$1,881,500
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

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
BENEFITS							
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
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$4,432,000	-\$2,216,000	-\$11,000	-\$5,500
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
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
241	RESTORATION OF ADULT OPTIONAL DENTAL BENEFIT	\$0	\$0	\$51,057,000	\$15,520,000	\$51,057,000	\$15,520,000
	BENEFITS SUBTOTAL	\$986,178,360	\$18,869,730	\$787,904,000	\$70,829,100	-\$198,274,360	\$51,959,370
PHARMACY							
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,790,400	\$2,395,200	\$4,800,000	\$2,400,000	\$9,600	\$4,800
43	NON FFP DRUGS	\$0	\$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

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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
PHARMACY							
242	ENTERAL NUTRITION RESTORATION	\$0	\$0	\$3,356,000	\$1,678,000	\$3,356,000	\$1,678,000
	PHARMACY SUBTOTAL	-\$1,886,103,600	-\$969,284,700	-\$1,662,738,000	-\$742,569,800	\$223,365,600	\$226,714,900
DRUG MEDI-CAL							
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	-\$1,627,000	\$0	-\$1,627,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,259,000	-\$1,313,000	-\$1,859,000	\$0	\$1,400,000	\$1,313,000
	DRUG MEDI-CAL SUBTOTAL	-\$3,259,000	-\$1,313,000	-\$3,486,000	\$0	-\$227,000	\$1,313,000
MENTAL HEALTH							
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$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
245	INVESTMENT IN MENTAL HEALTH WELLNESS	\$0	\$0	\$24,800,000	\$0	\$24,800,000	\$0
246	PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION	\$0	\$0	\$7,181,000	\$0	\$7,181,000	\$0
	MENTAL HEALTH SUBTOTAL	\$110,075,000	\$13,558,000	\$450,901,000	\$33,385,000	\$340,826,000	\$19,827,000
WAIVER--MH/UCD & BTR							
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

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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
<u>WAIVER--MH/UCD & BTR</u>							
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
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

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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
<u>WAIVER--MH/UCD & BTR</u>							
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
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,771,773,000	\$703,635,500	\$10,195,167,640	\$3,083,173,820	\$4,423,394,640	\$2,379,538,320
<u>MANAGED CARE</u>							
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

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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
MANAGED CARE							
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
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE PAY	\$0	\$0	\$1,665,138,000	\$817,466,000	\$1,665,138,000	\$817,466,000
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
	MANAGED CARE SUBTOTAL	\$158,495,000	\$51,093,000	\$3,850,569,000	\$2,158,734,500	\$3,692,074,000	\$2,107,641,500
PROVIDER RATES							
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$187,648,100	\$93,824,050	\$197,403,690	\$98,701,840	\$9,755,590	\$4,877,800
139	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$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

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>							
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
	PROVIDER RATES SUBTOTAL	-\$812,013,010	-\$406,006,510	-\$909,863,210	-\$456,843,100	-\$97,850,200	-\$50,836,600
<u>SUPPLEMENTAL PMNTS.</u>							
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
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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,899,937,000	\$3,782,391,000	\$7,887,803,000	\$3,524,377,000	-\$12,134,000	-\$258,014,000
<u>OTHER</u>							
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

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
OTHER							
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
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
	OTHER SUBTOTAL	\$1,739,870,350	\$527,281,170	\$635,402,000	\$92,929,000	-\$1,104,468,350	-\$434,352,170
	GRAND TOTAL	\$15,093,576,410	\$4,007,970,960	\$26,607,412,330	\$8,520,068,690	\$11,513,835,920	\$4,512,097,730

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

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$44,683,600	\$4,872,100	\$220,215,680	\$99,925,320	\$6,488,350	\$109,460
OTHER MEDICAL	\$57,135,370	\$9,085,400	\$335,222,120	\$379,734,070	\$8,429,440	\$302,690
COUNTY OUTPATIENT	\$390,810	\$129,880	\$7,022,420	\$2,114,450	\$105,160	\$100
COMMUNITY OUTPATIENT	\$9,455,280	\$1,644,610	\$110,924,490	\$34,400,990	\$716,870	\$18,660
PHARMACY	\$147,840	\$163,380	\$2,523,580	\$54,887,100	\$2,850,240	\$42,580
COUNTY INPATIENT	\$11,968,730	\$1,309,760	\$100,586,290	\$29,528,450	\$4,519,680	\$30,940
COMMUNITY INPATIENT	\$155,795,900	\$16,360,530	\$727,723,950	\$256,044,600	\$24,722,430	\$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	\$17,788,430	\$3,551,170	\$48,107,720	\$4,318,700	\$5,440,580	\$93,760
OTHER SERVICES	\$58,202,170	\$7,440,160	\$167,335,450	\$35,804,180	\$65,877,650	\$181,090
HOME HEALTH	\$435,480	\$11,380,290	\$108,849,130	\$4,017,240	\$1,900	\$0
FFS SUBTOTAL	\$818,626,690	\$84,420,050	\$2,672,976,060	\$903,451,330	\$1,930,240,380	\$10,559,650
DENTAL	\$25,720,140	\$1,330,350	\$62,129,700	\$89,382,560	\$2,579,510	\$12,520
TWO PLAN MODEL	\$355,034,930	\$74,879,730	\$4,579,521,090	\$1,694,789,240	-\$44,900	-\$44,900
COUNTY ORGANIZED HEALTH SYSTEMS	\$312,042,850	\$26,880,870	\$1,281,917,290	\$390,974,320	\$764,035,660	\$2,897,520
GEOGRAPHIC MANAGED CARE	\$55,956,210	\$12,441,540	\$776,208,810	\$285,778,020	-\$3,990	-\$3,990
PHP & OTHER MANAG. CARE	\$101,846,480	\$2,931,390	\$63,753,520	\$10,251,900	\$7,181,680	\$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
NON-FFS SUBTOTAL	\$2,716,327,230	\$217,879,090	\$11,953,002,380	\$2,482,690,020	\$953,848,110	\$5,783,260
TOTAL DOLLARS (1)	\$3,534,953,920	\$302,299,140	\$14,625,978,440	\$3,386,141,350	\$2,884,088,490	\$16,342,900
ELIGIBLES ***	416,900	21,900	1,021,800	1,470,200	46,800	200
ANNUAL \$/ELIGIBLE	\$8,479	\$13,804	\$14,314	\$2,303	\$61,626	\$81,715
AVG. MO. \$/ELIGIBLE	\$707	\$1,150	\$1,193	\$192	\$5,135	\$6,810

(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

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$10,611,730	\$37,246,910	\$341,550	\$76,686,310	\$452,837,840	\$67,496,510
OTHER MEDICAL	\$7,669,010	\$62,821,030	\$623,170	\$104,438,480	\$975,041,200	\$193,624,980
COUNTY OUTPATIENT	\$276,690	\$1,213,520	\$25,500	\$5,446,380	\$21,799,560	\$2,859,300
COMMUNITY OUTPATIENT	\$936,020	\$9,032,600	\$155,320	\$25,767,300	\$117,669,370	\$22,748,300
PHARMACY	\$4,212,410	\$132,300	\$3,060	\$84,090	\$93,827,150	\$89,733,860
COUNTY INPATIENT	\$33,169,040	\$31,598,450	\$945,790	\$231,728,170	\$241,747,120	\$35,906,380
COMMUNITY INPATIENT	\$44,763,380	\$77,555,210	\$579,530	\$385,395,410	\$1,101,489,310	\$177,334,410
NURSING FACILITIES	\$504,412,180	\$225,999,550	\$490,360	\$76,076,240	\$14,574,440	\$8,519,430
ICF-DD	\$136,263,040	\$795,290	\$0	\$6,077,760	\$421,120	\$2,291,320
MEDICAL TRANSPORTATION	\$3,024,430	\$14,102,890	\$185,680	\$20,771,210	\$14,203,000	\$3,124,970
OTHER SERVICES	\$13,444,180	\$27,140,730	\$91,030	\$35,309,540	\$88,657,900	\$29,815,480
HOME HEALTH	\$18,020	\$504,070	\$178,930	\$53,806,370	\$9,383,880	\$19,610,360
FFS SUBTOTAL	\$758,800,110	\$488,142,550	\$3,619,920	\$1,021,587,260	\$3,131,651,890	\$653,065,300
DENTAL	\$827,550	\$18,772,910	\$36,100	\$11,176,510	\$217,526,720	\$59,482,660
TWO PLAN MODEL	-\$44,900	\$653,878,260	\$2,585,710	\$433,543,290	\$3,152,921,130	\$183,038,420
COUNTY ORGANIZED HEALTH SYSTEMS	\$289,599,090	\$247,437,600	\$618,030	\$301,232,860	\$1,066,153,890	\$123,283,770
GEOGRAPHIC MANAGED CARE	-\$3,990	\$66,354,130	\$89,550	\$54,080,480	\$444,399,990	\$24,105,370
PHP & OTHER MANAG. CARE	\$470,420	\$73,196,810	\$115,290	\$9,053,700	\$24,618,200	\$1,839,780
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
NON-FFS SUBTOTAL	\$497,940,100	\$1,902,058,970	\$6,359,640	\$1,639,213,100	\$4,956,846,190	\$394,507,240
TOTAL DOLLARS (1)	\$1,256,740,220	\$2,390,201,520	\$9,979,560	\$2,660,800,350	\$8,088,498,080	\$1,047,572,540
ELIGIBLES ***	15,000	310,300	600	187,700	3,577,600	719,300
ANNUAL \$/ELIGIBLE	\$83,783	\$7,703	\$16,633	\$14,176	\$2,261	\$1,456
AVG. MO. \$/ELIGIBLE	\$6,982	\$642	\$1,386	\$1,181	\$188	\$121

(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

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$27,570,500	\$296,450	\$30,390,750	\$293,889,810	\$9,328,960	\$7,167,030
OTHER MEDICAL	\$23,182,420	\$1,392,850	\$45,433,260	\$270,743,810	\$60,729,600	\$25,172,850
COUNTY OUTPATIENT	\$2,204,570	\$200,980	\$4,486,300	\$3,778,940	\$258,320	\$292,050
COMMUNITY OUTPATIENT	\$6,577,030	\$149,480	\$5,536,620	\$26,052,460	\$4,497,660	\$4,704,820
PHARMACY	\$61,916,590	\$431,310	\$10,296,840	\$5,965,090	\$4,060,830	\$1,199,680
COUNTY INPATIENT	\$13,242,660	\$28,930	\$70,607,650	\$57,597,460	\$1,121,560	\$2,000,030
COMMUNITY INPATIENT	\$80,627,680	\$228,950	\$93,481,650	\$405,655,240	\$23,179,410	\$21,607,300
NURSING FACILITIES	\$282,428,010	\$380	\$21,073,820	\$431,770	\$144,930	\$443,220
ICF-DD	\$3,946,990	\$0	\$326,750	\$0	\$0	\$180
MEDICAL TRANSPORTATION	\$3,025,190	\$11,280	\$3,866,710	\$1,576,740	\$318,050	\$241,680
OTHER SERVICES	\$10,141,510	\$21,780	\$1,678,990	\$11,001,480	\$12,190,070	\$4,861,890
HOME HEALTH	\$50,370	\$40	\$18,080	\$1,334,440	\$2,339,650	\$1,160,400
FFS SUBTOTAL	\$514,913,520	\$2,762,440	\$287,197,410	\$1,078,027,240	\$118,169,040	\$68,851,110
DENTAL	\$1,615,160	\$72,000	\$179,350	\$822,200	\$94,363,180	\$24,826,040
TWO PLAN MODEL	\$3,715,780	\$1,222,850	\$0	\$57,202,350	\$450,518,440	\$158,425,650
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,032,020	\$239,670	\$1,532,750	\$30,750,440	\$203,286,290	\$61,502,170
GEOGRAPHIC MANAGED CARE	\$568,510	\$683,230	\$0	\$12,608,770	\$91,335,360	\$42,324,040
PHP & OTHER MANAG. CARE	\$162,400	\$0	\$0	\$1,014,690	\$1,036,310	\$1,151,730
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
NON-FFS SUBTOTAL	\$35,741,270	\$2,217,750	\$1,919,450	\$102,531,610	\$841,785,260	\$289,768,020
TOTAL DOLLARS (1)	\$550,654,790	\$4,980,190	\$289,116,870	\$1,180,558,850	\$959,954,300	\$358,619,130
ELIGIBLES ***	289,800	2,500	61,500	185,100	525,100	180,900
ANNUAL \$/ELIGIBLE	\$1,900	\$1,992	\$4,701	\$6,378	\$1,828	\$1,982
AVG. MO. \$/ELIGIBLE	\$158	\$166	\$392	\$531	\$152	\$165

(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

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,390,158,860
OTHER MEDICAL	\$2,560,781,750
COUNTY OUTPATIENT	\$52,604,950
COMMUNITY OUTPATIENT	\$380,987,870
PHARMACY	\$332,477,910
COUNTY INPATIENT	\$867,637,080
COMMUNITY INPATIENT	\$3,592,777,280
NURSING FACILITIES	\$4,107,543,160
ICF-DD	\$336,056,980
MEDICAL TRANSPORTATION	\$143,752,170
OTHER SERVICES	\$569,195,270
HOME HEALTH	\$213,088,660
FFS SUBTOTAL	\$14,547,061,940
DENTAL	\$610,855,160
TWO PLAN MODEL	\$11,801,142,180
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,109,417,090
GEOGRAPHIC MANAGED CARE	\$1,866,922,030
PHP & OTHER MANAG. CARE	\$298,624,290
EPSDT SCREENS	\$39,457,540
MEDICARE PAYMENTS	\$4,044,466,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$236,538,140
MISC. SERVICES	\$4,992,996,260
NON-FFS SUBTOTAL	\$29,000,418,690
TOTAL DOLLARS (1)	\$43,547,480,630
ELIGIBLES ***	9,033,200
ANNUAL \$/ELIGIBLE	\$4,821
AVG. MO. \$/ELIGIBLE	\$402

(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

**Estimated Average Monthly Certified Eligibles
May 2013 Medi-Cal Appropriation Estimate
Fiscal Years 2011-2012, 2012-2013, 2013-2014**

(With Estimated Impact of Eligibility Policy Changes)***

	2011-2012	2012-2013	2013-2014	11-12 To 12-13 % Change	12-13 To 13-14 % Change
Public Assistance	2,859,800	2,844,900	2,930,800	-0.52%	3.02%
Aged	404,300	411,700	416,900	1.83%	1.26%
Blind	21,700	21,500	21,900	-0.92%	1.86%
Disabled	971,500	984,400	1,021,800	1.33%	3.80%
Families	1,462,300	1,427,300	1,470,200	-2.39%	3.01%
Long Term	62,000	61,900	62,000	-0.16%	0.16%
Aged	46,900	46,800	46,800	-0.21%	0.00%
Blind	200	200	200	0.00%	0.00%
Disabled	14,900	14,900	15,000	0.00%	0.67%
Medically Needy ¹	3,918,600	3,954,900	4,066,400	0.93%	2.82%
Aged	282,400	292,700	304,400	3.65%	4.00%
Blind	600	600	600	0.00%	0.00%
Disabled	166,500	171,300	183,800	2.88%	7.30%
Families ²	3,469,100	3,490,300	3,577,600	0.61%	2.50%
Medically Indigent	224,800	351,900	1,009,100	56.54%	186.76%
Children	223,000	350,000	719,300	56.95%	105.51%
Adults	1,800	1,900	289,800	5.56%	15152.63%
Other	568,500	681,200	964,900	19.82%	41.65%
Refugees	1,900	2,400	2,500	26.32%	4.17%
Undocumented Persons ³	62,200	61,800	61,500	-0.64%	-0.49%
185% Poverty ⁴	179,400	180,500	185,100	0.61%	2.55%
133% Poverty	154,000	252,900	525,100	64.22%	107.63%
100% Poverty	161,800	174,000	180,900	7.54%	3.97%
QMB	9,200	9,600	9,800	4.35%	2.08%
GRAND TOTAL ⁵	7,633,700	7,894,800	9,033,200	3.42%	14.42%

Note: Graphs of eligibles represent base projections only and do not reflect estimated impact of policy changes.

*** See CL Page B reflecting impact of Policy Changes.

¹ Includes Medically Needy with No Share-of-Cost and Medically Needy with a Share-of-Cost.

² The 1931(b) category of eligibility is included in MN-Families and PA-Families.

³ Undocumented Persons include aid codes 55, 58, 5F, C1-C9, & D1-D9. Aid codes 55, 58, & 5F include the Medically Needy & Medically Indigent; however, the program cannot be determined by these aid codes. All other undocumented persons are included in the Medi-Cal program for which they are eligible. Total undocumented persons included above are:

	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>
Total Undoc. Persons	811,400	817,100	823,500

⁴ Includes the following presumptive eligibility for pregnant women program eligibles:

	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>
Presumptive Eligibility	32,200	29,100	32,300

⁵ The following Medi-Cal special program eligibles (average monthly during FY 2010-11 shown in parenthesis) are not included above: BCCTP (10,567), Tuberculosis (752), Dialysis (88), TPN (2), QDWI (0), SLMB (4,135), and QI-1 (11,210). Family PACT eligibles are also not included above.

**May 2013 Medi-Cal Appropriation Estimate
Caseload Changes Identified in Policy Changes
(Portion not in the base estimate)**

<u>Policy Change</u>	<u>Budget Aid Category Group</u>	<u>Caseload Change Average Monthly Eligibles not in the Base Estimate</u>	
		<u>2012-13</u>	<u>2013-14</u>
PC 2 Transition of HFP to Medi-Cal	MI-C	132,805	493,411
	133% Poverty	95,965	362,274
	Total	228,770	855,686
PC 5 Medi-Cal Inpatient Hosp Costs - Adult Inmates	MN-OAS	118	181
	MN-ATD	20	28
	LTC-OAS	2	10
	185% Poverty	13	21
	MI-C	9	13
	Total	160	253
PC 8 Medi-Cal Inpatient Hosp Costs - Juvenile Inmates	MI-C	59	117
	Total	59	117
PC 17 PARIS-Veterans Match	LTC-OAS	(1)	(1)
	MN-AFDC	(2)	(2)
	Total	(3)	(3)
PC 222 Incarceration Verification Program	MN-AFDC	(5)	(5)
	PA-AFDC	(1)	(1)
	Total	(6)	(6)
PC 237 ACA Expansion-CDCR Inmates Inpt. Hosp. Costs	MI-A	0	288
	Total	0	288
PC 240 AIM Linked Inants 250-300% FPL	MI-C	0	3,997
	Total	0	3,997
PC 230 ACA Mandatory Expansion	PA-AB	0	484
	PA-ATD	0	22,389
	PA-AFDC	0	32,336
	MN-AB	0	13
	MN-ATD	0	3,962
	MN-AFDC	0	78,877
	MI-C	0	4,898
	MI-A	0	42
	POV 185	0	3,468
	POV 133	0	3,568
	POV 100	0	3,961
	Total	0	154,000

Notes: MN AFDC includes the 1931(b) Program.

Family PACT, Healthy Families (7X, 8X) and BCCTP eligibles are not included in caseload chart.

Continued on CL Page C

**May 2013 Medi-Cal Appropriation Estimate
Caseload Changes Identified in Policy Changes
(Portion not in the base estimate)**

<u>Policy Change</u>	<u>Budget Aid Category Group</u>	<u>Caseload Change</u> <u>Average Monthly Eligibles</u> <u>not in the Base Estimate</u>	
		<u>2012-13</u>	<u>2013-14</u>
PC 234 ACA Optional Expansion	MI-A	0	287,592
	Total	0	287,592
PC 238 ACA Expansion-New Qualified Aliens	PA-OAS	0	(138)
	PA-AB	0	(7)
	PA-ATD	0	(331)
	PA-AFDC	0	(478)
	LT-OAS	0	(16)
	LT-AB	0	(0)
	LT-ATD	0	(5)
	MN-OAS	0	(100)
	MN-AB	0	(0)
	MN-ATD	0	(59)
	MN-AFDC	0	(1,166)
	MI-C	0	(72)
	MI-A	0	(1)
	POV 185	0	(51)
	POV 133	0	(53)
	POV 100	0	(59)
	Total	0	(2,535)
PC 239 ACA Expansion-Pregnancy Only	POV 185	0	(6,681)
	Total	0	(6,681)
Total by aid code group	By Aid Category Group		
	PA Aged	-	(138)
	PA Blind	-	477
	PA Disabled	-	22,058
	PA AFDC (Families)	(1)	31,857
	LT Aged	1	(7)
	LT Blind	-	(0)
	LT Disabled	-	(5)
	MN Aged	118	81
	MN Blind	-	13
	MN Disabled	20	3,932
	MN AFDC (Families)	(7)	77,704
	MI Adult	-	287,922
	MI Children	132,872	502,364
	Undocumented Persons	-	-
	185% Poverty	13	(3,243)
	133% Poverty	95,965	365,790
	100% Poverty	-	3,903
	Total	228,980	1,292,707
	Total Caseload PC Changes	228,980	1,292,707

Notes: MN AFDC includes the 1931(b) Program.

Family PACT, Healthy Families (7X, 8X) and BCCTP eligibles are not included in caseload chart.

**Comparison of Average Monthly Certified Eligibles
May 2013 Medi-Cal Appropriation Estimate
Fiscal Year 2012-13**

(With Estimated Impact of Eligibility Policy Changes)

	November 2012 2013-2014	May 2013 2013-2014	% Change
Public Assistance	2,879,900	2,930,800	1.77%
Aged	415,700	416,900	0.29%
Blind	21,600	21,900	1.39%
Disabled	1,005,600	1,021,800	1.61%
Families	1,437,000	1,470,200	2.31%
Long Term	62,000	62,000	0.00%
Aged	46,800	46,800	0.00%
Blind	200	200	0.00%
Disabled	15,000	15,000	0.00%
Medically Needy ¹	4,049,100	4,066,400	0.43%
Aged	304,000	304,400	0.13%
Blind	600	600	0.00%
Disabled	181,100	183,800	1.49%
Families	3,563,400	3,577,600	0.40%
Medically Indigent	715,300	1,009,100	41.07%
Children	713,500	719,300	0.81%
Adults	1,800	289,800	16000.00%
Other	965,700	964,900	-0.08%
Refugees	2,600	2,500	-3.85%
Undocumented Persons	61,900	61,500	-0.65%
185% Poverty	192,700	185,100	-3.94%
133% Poverty	522,300	525,100	0.54%
100% Poverty	176,900	180,900	2.26%
QMB	9,300	9,800	5.38%
GRAND TOTAL	8,672,000	9,033,200	4.17%

¹ Includes Medically Needy with No Share-of-Cost and Medically Needy with a Share-of-Cost.

**Estimated Average Monthly Certified Eligibles
May 2013 Medi-Cal Appropriation Estimate
Fiscal Years 2011-2012, 2012-2013, 2013-2014**

Managed Care <i>(With Estimated Impact of Eligibility Policy Changes)***</i>					
	2011-2012	2012-2013	2013-2014	11-12 To 12-13 % Change	12-13 To 13-14 % Change
Public Assistance	1,830,630	1,936,360	2,030,250	5.78%	4.85%
Aged	88,310	105,180	110,980	19.10%	5.51%
Blind	8,250	10,530	11,170	27.64%	6.08%
Disabled	479,630	598,630	639,820	24.81%	6.88%
Families	1,254,440	1,222,020	1,268,280	-2.58%	3.79%
Long Term	11,870	11,460	11,480	-3.45%	0.17%
Aged	8,550	8,220	8,230	-3.86%	0.12%
Blind	30	30	30	0.00%	0.00%
Disabled	3,290	3,210	3,220	-2.43%	0.31%
Medically Needy ¹	2,508,180	2,570,960	2,687,050	2.50%	4.52%
Aged	104,050	127,650	133,950	22.68%	4.94%
Blind	220	300	320	36.36%	6.67%
Disabled	59,660	71,470	79,000	19.80%	10.54%
Families ²	2,344,250	2,371,540	2,473,780	1.16%	4.31%
Medically Indigent	55,130	186,930	844,760	239.07%	351.91%
Children	54,580	186,490	556,690	241.68%	198.51%
Adults	550	440	288,070	-20.00%	65370.45%
Other	298,500	403,840	682,690	35.29%	69.05%
Refugees	1,100	1,330	1,420	20.91%	6.77%
Undocumented Persons	610	530	530	-13.11%	0.00%
185% Poverty	51,860	49,830	47,870	-3.91%	-3.93%
133% Poverty	125,400	222,030	494,360	77.06%	122.65%
100% Poverty	119,530	130,120	138,510	8.86%	6.45%
GRAND TOTAL ³	4,704,310	5,109,550	6,256,230	8.61%	22.44%
Percent of Statewide	61.63%	64.72%	69.26%		

*** See Attached Chart reflecting impact of Policy Changes.

¹ Includes Medically Needy with No Share-of-Cost and Medically Needy with a Share-of-Cost.

² The 1931(b) category of eligibility is included in MN-Families and PA-Families.

³ Eligibles enrolled or estimated to be enrolled in a medical Managed Care plan.

**Estimated Average Monthly Certified Eligibles
May 2013 Medi-Cal Appropriation Estimate
Fiscal Years 2011-2012, 2012-2013, 2013-2014**

Fee-For-Service <i>(With Estimated Impact of Eligibility Policy Changes)***</i>					
	2011-2012	2012-2013	2013-2014	11-12 To 12-13 % Change	12-13 To 13-14 % Change
Public Assistance	1,029,170	908,540	900,550	-11.72%	-0.88%
Aged	315,990	306,520	305,920	-3.00%	-0.20%
Blind	13,450	10,970	10,730	-18.44%	-2.19%
Disabled	491,870	385,770	381,980	-21.57%	-0.98%
Families	207,860	205,280	201,920	-1.24%	-1.64%
Long Term	50,130	50,440	50,520	0.62%	0.16%
Aged	38,350	38,580	38,570	0.60%	-0.03%
Blind	170	170	170	0.00%	0.00%
Disabled	11,610	11,690	11,780	0.69%	0.77%
Medically Needy ¹	1,410,420	1,383,940	1,379,350	-1.88%	-0.33%
Aged	178,350	165,050	170,450	-7.46%	3.27%
Blind	380	300	280	-21.05%	-6.67%
Disabled	106,840	99,830	104,800	-6.56%	4.98%
Families ²	1,124,850	1,118,760	1,103,820	-0.54%	-1.34%
Medically Indigent	169,670	164,970	164,340	-2.77%	-0.38%
Children	168,420	163,510	162,610	-2.92%	-0.55%
Adults	1,250	1,460	1,730	16.80%	18.49%
Other	270,000	277,360	282,210	2.73%	1.75%
Refugees	800	1,070	1,080	33.75%	0.93%
Undocumented Persons	61,590	61,270	60,970	-0.52%	-0.49%
185% Poverty	127,540	130,670	137,230	2.45%	5.02%
133% Poverty	28,600	30,870	30,740	7.94%	-0.42%
100% Poverty	42,270	43,880	42,390	3.81%	-3.40%
GRAND TOTAL	2,929,390	2,785,250	2,776,970	-4.92%	-0.30%
Percent of Statewide	38.37%	35.28%	30.74%		

*** See Attached Chart reflecting impact of Policy Changes.

¹ Includes Medically Needy with No Share-of-Cost and Medically Needy with a Share-of-Cost.

² The 1931(b) category of eligibility is included in MN-Families and PA-Families.

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4	CHDP GATEWAY - PREENROLLMENT
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATES
6	BRIDGE TO HFP
7	REFUGEES
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATES
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86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
87	MH/UCD & BTR—CCS AND GHPP
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89	MH/UCD & BTR—DPH INTERIM RATE GROWTH
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**MEDI-CAL PROGRAM REGULAR
POLICY CHANGE INDEX**

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DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING

REGULAR POLICY CHANGE NUMBER: 27
 IMPLEMENTATION DATE: 4/2013
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 1754

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$743,000	\$4,506,000
- STATE FUNDS	\$371,500	\$2,253,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$743,000	\$4,506,000
STATE FUNDS	\$371,500	\$2,253,000
FEDERAL FUNDS	\$371,500	\$2,253,000

DESCRIPTION

Purpose:

This policy change estimates the costs due to increased utilization for breast cancer screening services as a result of notification of dense breast.

Authority:

SB 1538 (Chapter 458, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

SB 1538 requires health facilities administering mammograms to women 40 years of age and over to notify patients whose breasts are categorized as being heterogeneously or extremely dense and inform the patients that they may benefit from supplementary screening due to the level of dense breast tissue (DBT) seen on the mammogram. The generated notices will result in patients requesting additional screening tests, such as magnetic resonance imaging (MRIs) and ultrasounds. The provisions of this bill will become operative April 1, 2013 and sunset on January 1, 2019.

Reason for Change from Prior Estimate:

The change is due to updated managed care expenditures.

Methodology:

1. Assume implementation begins April 1, 2013.
2. Assume mammography exams include screening and diagnostic.

**DENSE BREAST NOTIFICATION SUPPLEMENTAL
SCREENING**
REGULAR POLICY CHANGE NUMBER: 27

3. Based on FY 2010-11 data, the average number of women who received a mammography exam is 585,739 per year for age 40 and over for fee for service.

40 – 49 years: 211,809
50 and over: 373,930
Total 585,739

4. According to data presented by the American Society of Breast Surgeons (ASBS) in 2009, 75% of women 40 – 49 years of age and 42% of women over 50 years of age have dense breasts.

40 – 49 years: 211,809 x 75% = 158,857
50 and over: 373,930 x 42% = 157,051
Total 315,908

5. Of the notices received from their physician, assume 50% of women in FY 2012-13 and 30% of women in FY 2013-14, would request a supplementary screening test, such as ultrasound.

FY 2012-13: 315,908 x 50% = 157,954

FY 2013-14: 315,908 x 30% = 94,772

6. Assume the reimbursement rate per ultrasound is \$49.35.

FY 2012-13: 157,954 x \$49.35 = \$7,795,000

FY 2013-14: 94,772 x \$49.35 = \$4,677,000

7. Assume a lag of 0.346 for FY 2012-13 and 0.905 for FY 2013-14 for fee for service.

8. For managed care, assume expenditures to be \$274,000 annually.

FY 2012-13	TF	GF	FFP
FFS (lagged)	\$674,000	\$337,000	\$337,000
Managed Care	\$69,000	\$34,500	\$34,500
Total FY 2012-13	\$743,000	\$371,500	\$371,500
FY 2013-14	TF	GF	FFP
FFS (lagged)	\$4,232,000	\$2,116,000	\$2,116,000
Managed Care	\$274,000	\$137,000	\$137,000
Total FY 2013-14	\$4,506,000	\$2,253,000	\$2,253,000

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP

REGULAR POLICY CHANGE NUMBER: 37
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Yao-Hui Yu
 FISCAL REFERENCE NUMBER: 1519

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$22,933,000
- STATE FUNDS	\$0	-\$11,466,500
PAYMENT LAG	1.0000	0.8356
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$19,162,800
STATE FUNDS	\$0	-\$9,581,410
FEDERAL FUNDS	\$0	-\$9,581,410

DESCRIPTION

Purpose:

This policy change estimates the savings from implementing an annual seven physician visit cap for Medi-Cal beneficiaries.

Authority:

AB 97 (Chapter 3, Statutes of 2011), Welfare & Institutions Code, Section 14131.07

Interdependent Policy Changes:

Not Applicable

Background:

AB 97 caps the number of physician visits and clinic visits, including Federally Qualified Health Centers and Rural Health Clinics (FQHCs/RHCs), allowed per Medi-Cal beneficiary at seven per year. The cap on the number of physician and clinic visits is for adults 21 years of age or older that do not meet the statutory exemptions or exceptions criteria. The Department concluded that any changes in the managed care utilization would be minimal and any savings from a utilization decrease would be offset by increased administrative costs for the plans and providers. Consequently, the cap applies only to fee-for-service (FFS) settings.

Reason for Change from Prior Estimate:

Implementation date changed from January 1, 2013 to July 1, 2013 because of delay in expected federal approval and implementing necessary system changes.

Methodology:

- Savings will begin on July 1, 2013.
- The annual physician visit cap is set at seven visits per beneficiary. All visits above the seven allowed will require a physician's certification to be paid by Medi-Cal.
- In CY 2009, the average cost per visit is \$114.66.

PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP

REGULAR POLICY CHANGE NUMBER: 37

4. Assume that 90% of the visits above the cap will meet the physicians' certification requirement, and the remaining 10% will be eliminated.
5. Assume 200,000 visits will be eliminated annually due to 7 visit cap rule.
6. FFS annual savings are estimated to be:
200,000 eliminated visits x \$114.66 average cost per visit = \$22,933,000 TF (\$11,466,500 GF)

(Dollar In Thousands)

Annual Savings:	TF	GF
FFS	_____ (\$22,933)	_____ (\$11,466)
FY 2012-13 Savings:	TF	GF
FFS	_____ (\$0)	_____ (\$0)
FY 2013-14 Savings:	TF	GF
FFS	_____ (\$22,933)	_____ (\$11,466)

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

ENROLLMENT STABILIZATION PROGRAM

REGULAR POLICY CHANGE NUMBER: 212
 IMPLEMENTATION DATE: 10/2013
 ANALYST: Candace Epstein
 FISCAL REFERENCE NUMBER: 1606

	FY 2012-13	FY 2013-14
FULL YEAR COST - TOTAL FUNDS	\$0	-\$7,127,000
- STATE FUNDS	\$0	-\$3,563,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$7,127,000
STATE FUNDS	\$0	-\$3,563,500
FEDERAL FUNDS	\$0	-\$3,563,500

DESCRIPTION

Purpose:

This policy change estimates the fiscal impact of implementing a stable enrollment plan for Medi-Cal managed care beneficiaries, excluding seniors and persons with disabilities (SPDs).

Authority:

Proposed Legislation

Interdependent Policy Changes:

PC 226 MCO Tax Mgd. Care Plans - Incr. Cap. Rates
 PC 227 MCO Tax Mgd. Care Plans - Funding Adjustment
 PC 228 MCO Tax Managed Care Plans

Background:

Currently, managed care enrollees may change plans on a monthly basis. This policy fosters frequent changes throughout the year which adversely affect continuity of care. The Department is proposing legislation to change the managed care enrollment policy to allow non-SPD enrollees in Two-Plan and Geographic Managed Care counties to change plans on an annual basis. This change is consistent with the policy in most large group health plans such as CalPERS. New beneficiaries will have 90 days from their initial enrollment date to select or change their managed care plan. On an annual basis, existing members will be provided a 60-day period to change plans.

Currently, managed care plans are required to perform a health assessment each time a new beneficiary enrolls into their plan. Plans will now be required to share health records when beneficiaries switch plans.

Reason for Change from Prior Estimate:

This policy change no longer includes the mailing costs and systems cost.

ENROLLMENT STABILIZATION PROGRAM

REGULAR POLICY CHANGE NUMBER: 212

Methodology:

1. Assume the initial open enrollment period will be implemented October 1, 2013. In October and November 2013, existing plan members may elect to change their plan. Any plan changes will be effective January 1, 2014. Thereafter, plan members will have a 60-day period each year to change plans. New beneficiaries will continue to have 90 days from their initial enrollment date to select or change their managed care plan.
2. During October through December 2013, routine plan changes will not be allowed.
3. It is assumed that most health assessments will no longer be required when an existing beneficiary changes plans. The new plan will rely on the initial health assessment of the previous plan. The average cost of an assessment is \$68.00.
4. Of the estimated 164,400 beneficiaries changing plans each year, it is assumed 85% will no longer require a health assessment and the remaining 15% will still require an additional assessment.

164,400 assessments x 85% x \$68.00 = \$9,502,000 TF (\$4,751,500 GF) annual savings
 \$9,502,000 x .75 (October to June) = \$7,127,000 (\$3,563,500 GF) FY 2013-14 savings

5. Upon implementation, an initial notification will be mailed to approximately 3,200,000 beneficiaries informing them of their open enrollment period. There will be two additional mailings. The net increase in total mailing and related costs will be \$4,464,000 in FY 2013-14. Annual costs are expected to be lower but are indeterminate at this time.
6. Currently, the average annual cost of mailing information packets to beneficiaries who are changing plans is \$510,000. It is assumed that approximately 164,400 will change plans. Of these, 50%, or 82,200 beneficiaries, will request an information packet so they can change plans by mail, at a cost of \$5.10 per packet. The remaining 50% will change plans, at no cost, by phone.

82,195 information packets x \$5.10 = \$419,000 projected mailing cost
 \$510,000 current cost - \$419,000 projected cost = \$91,000 (\$45,500 GF) net annual savings for mailings
 \$91,000 x .75 (October to June) = \$68,000 (\$34,000 GF) savings in FY 2013-14

7. Assume there will be an additional one-time cost of \$731,000 (\$365,500 GF) in FY 2013-14 for system modifications.

FY 2013-14:	TF	GF
Health Assessment Savings	(\$7,127,000)	(\$3,563,500)
Mailing & Related Costs*	\$2,993,000	\$1,496,500
Total	(\$4,134,000)	(\$2,067,000)

*Included in the HCO Estimate in the Fiscal Intermediary section.

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

CHANGE FAMILY PACT PROGRAM BENEFITS

REGULAR POLICY CHANGE NUMBER: 217
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 1770

	FY 2012-13	FY 2013-14
FULL YEAR COST - TOTAL FUNDS	\$0	-\$32,605,000
- STATE FUNDS	\$0	-\$11,653,600
PAYMENT LAG	1.0000	0.8380
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$27,323,000
STATE FUNDS	\$0	-\$9,765,720
FEDERAL FUNDS	\$0	-\$17,557,270

DESCRIPTION

Purpose:

This policy change estimates the savings from benefit changes to the Family Planning, Access, Care and Treatment (PACT) program.

Authority:

Affordable Care Act Section 2303(a)(3)

Interdependent Policy Changes:

Not Applicable

Background:

The Office of Family Planning conducts on-going monitoring and utilization management of the Family PACT program to evaluate the cost-effectiveness of services and identify opportunities to reduce program costs while maintaining the same quality of care. Effective July 1, 2013, the Department plans to:

- Reduce chlamydia screening of women over 25 years of age,
- Decrease over-utilization of emergency contraception,
- Adopt a Medi-Cal Preferred List for oral contraceptives,
- Eliminate urine culture, and
- Discontinue brand name anti-fungal drugs.

Under the Affordable Care Act, services for Family PACT are limited to medical diagnosis and treatment services provided pursuant to a family planning service in a family planning setting. Effective July 1, 2013, the Department plans to eliminate mammograms and pregnancy test only benefit to maintain compliance with Federal rules.

Reason for Change from Prior Estimate:

This is a new policy change.

CHANGE FAMILY PACT PROGRAM BENEFITS

REGULAR POLICY CHANGE NUMBER: 217

Methodology:

1. Assume the implementation date July 1, 2013.
2. Based on FY 2011-12 data, assume an annual savings of \$32,605,000 TF from following benefit changes:

Benefit	FMAP*	TF
Chlamydia Screening	90%	\$16,586,000
Emergency Contraception	90%	\$5,505,000
Medi-Cal List of Oral Contraceptives	90%	\$4,000,000
Urine Culture	50%	\$335,000
Brand Name Antifungal Drug	50%	\$812,000
Mammograms	0%	\$5,042,000
Pregnancy Test Only	90%	\$325,000
Total Savings		\$32,605,000

*FMAP: Federal Medical Assistance Percentage

3. It is assumed that 13.95% of the Family PACT population are undocumented persons and are budgeted at 100% GF.

Funding:

Title XIX 10/90 FFP (4260-101-0001/0890)

Title XIX 50/50 FFP (4260-101-0001/0890)

GF (4260-101-0001)

ACA MANDATORY EXPANSION

REGULAR POLICY CHANGE NUMBER: 230
 IMPLEMENTATION DATE: 10/2013
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1785

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$228,164,000
- STATE FUNDS	\$0	\$107,800,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$228,164,000
STATE FUNDS	\$0	\$107,800,000
FEDERAL FUNDS	\$0	\$120,364,000

DESCRIPTION**Purpose:**

This policy change estimates the costs of the Affordable Care Act (ACA) mandatory expansion of coverage to currently eligible but not enrolled beneficiaries.

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

Effective January 1, 2014, the ACA provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). The Department expects this optional expansion population to result in a significant number of new Medi-Cal beneficiaries. In addition, the ACA requires enrollment simplification for several current coverage groups and imposes a penalty upon those without health coverage. These mandatory requirements will likely encourage many individuals who are currently eligible but not enrolled in Medi-Cal to enroll in the program.

A percentage of the Medi-Cal expansion population will need substance use disorder treatment services and/or mental health services. Expenditures for Drug Medi-Cal and county mental health services are not included in this policy change.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

- 1) Effective January 1, 2014, the ACA will simplify eligibility for several coverage groups (Children, Pregnant Women, and 1931b).

ACA MANDATORY EXPANSION**REGULAR POLICY CHANGE NUMBER: 230**

- 2) The Department expects the eligibility simplification and ACA outreach efforts to result in a significant number of currently eligible but not enrolled Medi-Cal beneficiaries. In order to quantify the amount of individuals, the Department analyzed historical enrollment trends when simplification efforts were implemented, and referenced several published studies regarding churning impacts of Medicaid enrollment.
- 3) In FY 2013-14, it is estimated an additional 334,000 eligibles will enroll in Medi-Cal. This will increase average monthly caseload for the year by 154,000 eligibles. This increase includes those who are assumed to retain coverage through enrollment simplification, Healthy Families Program (HFP) eligibles who were unenrolled previously, and others who are currently eligible but never enrolled.
- 4) In FY 2013-14, it is estimated the weighted average per-member-per-month (PMPM) for those currently eligible but not enrolled is \$135.97 except for HFP eligibles. The estimated PMPM for HFP eligible but not enrolled children is \$93.04. Both PMPM costs include: managed care capitation rates, managed care carve-outs, and dental capitated rates.
- 5) It is assumed each of the eligible groups joining Medi-Cal due to ACA will phase-in over different periods of time. The currently eligible but never enrolled group will start enrolling in October 2013 while the HFP and eligibility simplification groups will phase-in beginning January 1, 2014.
- 6) The ACA requires Medi-Cal to increase the primary care service rates to 100% of the Medicare rate for services provided from January 1, 2013 through December 31, 2014. The Department will receive 100% FFP for the additional incremental increase in Medi-Cal rates.
- 7) The ACA requires the expansion of Foster Care Medicaid coverage to age 26. Currently, Medi-Cal provides coverage up to age 21. In FY 2013-14, it is estimated the costs from expanding coverage for the Foster Care beneficiaries is \$10,671,000 TF (\$5,336,000 GF).
- 8) Included in this policy change are adjustments made for managed care organization (MCO) taxes.

ACA MANDATORY EXPANSION

REGULAR POLICY CHANGE NUMBER: 230

9) In FY 2013-14, the total estimated costs for the ACA mandatory expansion are:

(Dollars in Thousands)	FY 2013-14		
	<u>TF</u>	<u>GF</u>	<u>FFP</u>
Currently Eligible but Uninsured (0-64)			
1931(b) and Percent of Poverty Capitation	\$76,049	\$38,025	\$38,024
Eligible but Never Enrolled Capitation	\$90,141	\$45,071	\$45,070
HFP <150% of FPL Capitation	<u>\$7,286</u>	<u>\$2,550</u>	<u>\$4,736</u>
Subtotal	\$173,476	\$85,646	\$87,830
Dental Capitation	\$3,305	\$1,472	\$1,833
Managed Care Carve-Outs	\$31,052	\$15,346	\$15,706
100% of Medicare Primary Care Rates	<u>\$9,660</u>	<u>\$0</u>	<u>\$9,660</u>
Total Currently Eligible but Uninsured Costs	\$217,493	\$102,464	\$115,029
Foster Care Expansion to 26 years old	\$10,671	\$5,336	\$5,335
MCO Tax - Benefit to GF	<u>\$0</u>	<u>-\$3,800</u>	<u>\$0</u>
Net Impact to State	\$228,164	\$104,000	\$120,364
Funding:			
(Dollars in thousands)	<u>TF</u>	<u>GF/SF</u>	<u>FFP</u>
Title XIX 50/50 FFP (4260-101-0001/0890)	\$208,824	\$104,412	\$104,412
Title XXI 65/35 FFP (4260-113-0001/0890)	\$9,680	\$3,388	\$6,292
Title XIX 100% FFP (4260-101-0890)	\$9,660	\$0	\$9,660
3156 MCO Tax (Non-GF) (4260-601-3156)	\$3,800	\$3,800	\$0
Title XIX 100% GF (4260-101-0001)	<u>(\$3,800)</u>	<u>(\$3,800)</u>	<u>\$0</u>
Totals	\$228,164	\$107,800	\$120,364

1% FMAP INCREASE FOR PREVENTIVE SERVICES

REGULAR POLICY CHANGE NUMBER: 236
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Jennifer Hsu
 FISCAL REFERENCE NUMBER: 1791

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	-\$7,500,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	-\$7,500,000
FEDERAL FUNDS	\$0	\$7,500,000

DESCRIPTION**Purpose:**

This policy change estimates the savings from receiving an additional one percent in federal medical assistance percentage (FMAP) for specified preventive services effective January 1, 2014.

Authority:

Affordable Care Act Section 4106
 Proposed Trailer Bill Language

Interdependent Policy Changes:

Not Applicable

Background:

Effective January 1, 2014, the Affordable Care Act (ACA) provides states with the option to receive an additional one percent in FMAP for providing specified preventive services. Eligible preventive services are those assigned grade A or B by the United States Preventive Services Task Force (USPSTF), and approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). For states to be eligible in receiving the enhanced FMAP, they must cover the specified preventive services in their standard Medicaid benefit package and cannot impose copayments for these services. California currently provides these preventive services within the standard benefit package and has proposed legislation to prohibit copayments for preventive services.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

- 1) The Department estimates the one percent increase in FMAP will offset the general fund by \$7,500,000 in FY 2013-14.

Funding:

100% Title XIX FFP (4260-101-0890)
 100% Title XIX GF (4260-101-0001)

ACA EXPANSION-NEW QUALIFIED ALIENS

REGULAR POLICY CHANGE NUMBER: 238
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1793

	FY 2012-13	FY 2013-14
FULL YEAR COST - TOTAL FUNDS	\$0	-\$7,205,000
- STATE FUNDS	\$0	-\$2,654,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$7,205,000
STATE FUNDS	\$0	-\$2,654,000
FEDERAL FUNDS	\$0	-\$4,551,000

DESCRIPTION

Purpose:

This policy change estimates the savings from shifting all newly enrolled New Qualified Aliens (NQA) and the optional expansion NQA eligibles into the California Health Benefit Exchange beginning January 1, 2014.

Authority:

SBX1 1 (Chapter 4, Statutes of 2013)

Interdependent Policy Changes:

Not Applicable

Background:

HR 3734 (1996), Personal Responsibility and Work Opportunity Act (PRWORA) specified that federal financial participation (FFP) is not available for full-scope Medi-Cal services for most qualified nonexempt aliens during the first 5 years they are in the country. Currently, FFP is only available for emergency services. California law requires that legal immigrants receive the same services as citizens and pays for nonemergency services with 100% State GF.

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). The Department expects this optional expansion population to result in a significant number of new Medi-Cal beneficiaries. Additionally, the ACA requires states to participate in online health benefit exchanges, whether they establish their own, partner with other states in a multi-state exchange, or have a federal government administered exchange. The online health benefit exchange will provide the public with the ability to purchase competitive cost-efficient health coverage. Individuals with incomes below 400% FPL will be eligible for federal subsidies to help offset the monthly premium costs. California is developing a state-operated Health Benefit Exchange called Covered California, which will open for the public no later than January 1, 2014. Covered California will be available for citizens and legal residents to purchase health coverage.

ACA EXPANSION-NEW QUALIFIED ALIENS**REGULAR POLICY CHANGE NUMBER: 238**

This policy change estimates the savings from shifting new NQA eligibles and the optional expansion NQA eligibles from Medi-Cal into Covered California. The Department will cover all out-of-pocket expenditures that may occur by shifting into Covered California.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

- 1) Effective January 1, 2014, the new NQA eligibles and the optional expansion NQA eligibles will begin shifting into Covered California through a phase-in methodology.
- 2) In FY 2013-14, it is estimated 13,471 NQAs will shift into Covered California.
- 3) In FY 2013-14, the total estimated savings are:

(in thousands)	<u>TF</u>	<u>GF</u>	<u>FF</u>
FY 2013-14 savings	-\$7,205	-\$2,654	-\$4,551

Funding:

Title XIX FFP (4260-101-0001/0890)

ACA EXPANSION-PREGNANCY ONLY

REGULAR POLICY CHANGE NUMBER: 239
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1794

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$52,047,000
- STATE FUNDS	\$0	-\$26,023,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$52,047,000
STATE FUNDS	\$0	-\$26,023,500
FEDERAL FUNDS	\$0	-\$26,023,500

DESCRIPTION**Purpose:**

This policy change estimates the savings from current pregnant women with incomes up to 200% of the federal poverty level (FPL) who receive pregnancy-only services electing to receive coverage through the California Health Benefit Exchange beginning January 1, 2014.

Authority:

This is a beneficiary option to elect coverage through the California Health benefit Exchange instead of Medi-Cal. The authority for Medi-Cal to provide coverage to this population is unchanged.

Interdependent Policy Changes:

Not Applicable

Background:

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). The Department expects this optional expansion population to result in a significant number of new Medi-Cal beneficiaries. Additionally, the ACA requires states to participate in online health benefit exchanges, whether they establish their own, partner with other states in a multi-state exchange, or have a federal government administered exchange. The online health benefit exchange will provide the public with the ability to purchase competitive cost-efficient health coverage. Individuals with incomes below 400% FPL will be eligible for federal subsidies to help offset the monthly premium costs. California is developing a state-operated Health Benefit Exchange called Covered California, which will open for the public no later than January 1, 2014. Covered California will only be available for citizens and legal immigrants to purchase health coverage.

Pregnant women with incomes up to 200% of the FPL are eligible for Medi-Cal pregnancy-only coverage. Pregnancy-only coverage is limited to pregnancy related services throughout the entire pregnancy.

This policy change estimates the savings from some pregnant women receiving pregnancy-only services through Medi-Cal electing to receive full coverage from Covered California. The Department

ACA EXPANSION-PREGNANCY ONLY

REGULAR POLICY CHANGE NUMBER: 239

will cover all out-of-pocket expenditures that may occur from shifting into Covered California.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

- 1) Effective January 1, 2014, the beneficiaries currently receiving pregnancy only coverage will begin shifting into Covered California through a 12-month phase-in.
- 2) In FY 2013-14, it is estimated 13,363 eligibles will shift into Covered California.
- 3) In FY 2013-14, the total estimated total savings are:

(in thousands)	<u>TF</u>	<u>GF</u>	<u>FF</u>
FY 2013-14 savings	-\$52,047	-\$26,023	-\$26,024

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS

REGULAR POLICY CHANGE NUMBER: 241
 IMPLEMENTATION DATE: 5/2014
 ANALYST: Jennifer Hsu
 FISCAL REFERENCE NUMBER: 1798

	FY 2012-13	FY 2013-14
FULL YEAR COST - TOTAL FUNDS	\$0	\$51,057,000
- STATE FUNDS	\$0	\$15,520,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$51,057,000
STATE FUNDS	\$0	\$15,520,000
FEDERAL FUNDS	\$0	\$35,537,000

DESCRIPTION

Purpose:

This policy change estimates the benefit costs to restore partial adult optional dental benefits.

Authority:

AB 82 (2013, Pending) Section 62

Interdependent Policy Changes:

Not Applicable

Background:

ABX3 5 (Chapter 20, Statutes of 2009) discontinued Medi-Cal optional services for adults 21 years of age or older who are not in nursing facilities and excluding pregnant women. ABX3 5 eliminated the full scope of adult optional dental benefits, including full denture related procedures and "restore but not replace" procedures. Currently, Medi-Cal only covers the services that are Federally Required Adult Dental Services (FRADS).

AB 82 restores partial adult optional dental benefits, including full mouth dentures.

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138% of the federal poverty level (FPL). The ACA expansion includes:

- ACA Mandatory Expansion: cover the currently Medi-Cal eligible but not enrolled beneficiaries.
- ACA Optional Expansion: expand coverage to newly eligibles.

The optional dental benefit cost for the expanded population due to the ACA is included in this policy change.

Reason for Change from Prior Estimate:

This is a new policy change.

RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS

REGULAR POLICY CHANGE NUMBER: 241

Methodology:

1. Assume the implementation date is May 2014.
2. In FY 2013-14, the average per-member-per-month (PMPM) for adult optional dental benefits is \$11.07 and \$0.92 for the administrative costs. Assume the annual utilization growth rate is 2.85% and no growth for the PMPM.
3. In FY 2013-14, it is estimated 606,000 eligibles will enroll in Medi-Cal under the ACA mandatory expansion and 635,000 eligibles under the ACA optional expansion. Assume 27% of ACA mandatory expansion eligibles are children.
4. In FY 2013-14, the total estimated costs for adult optional dental benefits are:

(Dollar in Thousands)

	<u>TF</u>	<u>FFP</u>	<u>GF</u>
Benefit Costs			
Current Medi-Cal (50/50)	\$23,300	\$11,650	\$11,650
ACA Mandatory Expansion (50/50)	\$7,740	\$3,870	\$3,870
ACA Optional Expansion (100% FFP)	\$20,017	\$20,017	\$0
Total Benefit Costs	\$51,057	\$35,537	\$15,520
Administrative Costs (FI)			
Current Medi-Cal	\$1,942	\$1,326	\$616
ACA Mandatory Expansion	\$645	\$440	\$205
ACA Optional Expansion	\$1,668	\$1,139	\$529
Total Administrative Costs (FI)	\$4,255	\$2,905	\$1,350
Grand Total	\$55,312	\$38,442	\$16,870

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

Title XIX 100% FFP (4260-101-0001/0890)

ENTERAL NUTRITION RESTORATION

REGULAR POLICY CHANGE NUMBER: 242
 IMPLEMENTATION DATE: 5/2014
 ANALYST: Erickson Chow
 FISCAL REFERENCE NUMBER: 1801

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$3,356,000
- STATE FUNDS	\$0	\$1,678,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$3,356,000
STATE FUNDS	\$0	\$1,678,000
FEDERAL FUNDS	\$0	\$1,678,000

DESCRIPTION**Purpose:**

This policy change estimates the cost of expanding Medi-Cal coverage of enteral nutrition.

Authority:

AB 82 (2013, Pending), Section 63

Interdependent Policy Change:

Not Applicable

Background:

Enteral nutrition is nourishment that bypasses the upper digestive tract. AB 97 (Chapter 3, Statutes of 2011) limited enteral nutrition products to those products to be administered through a feeding tube. However, AB 97 exempts the beneficiaries under Early Periodic Screening, Diagnosis and Treatment (EPSDT) from the limit and allows the Department to deem an enteral nutrition product not administered through a feeding tube a benefit for patients with diagnoses including, but not limited to, malabsorption syndromes and inborn errors of metabolism.

AB 82 repeals the restrictions on enteral nutrition products enacted by AB 97 effective May 1, 2014.

Reason for Change from Prior Estimate:

New Policy Change

Methodology:

1. The provision for enteral nutrition products will be implemented May 1, 2014.
2. Fee-for-service expenditures for enteral nutrition products for adults were approximately \$32,777,000 annually before the AB 97 change.
3. Of this amount, expenditures for tube-fed adults were approximately \$3,885,000 annually.

ENTERAL NUTRITION RESTORATION**REGULAR POLICY CHANGE NUMBER: 242**

4. The annual expenditures for the restoration of coverage are estimated to be:

\$32,777,000
-\$ 3,885,000
 \$28,892,000 (\$14,446,000 GF)

5. The restoration of coverage is assumed to begin May 1, 2014, so there are two months of impact:

$\$28,892,000 \times (2/12 \text{ months}) = \$4,815,333$

6. There is a payment lag of 0.6970

$\$4,815,333 \times 0.6970 = \$3,356,000$

7. Total Expenditures:

	<u>TF</u>	<u>GF</u>
Total FY 2013-14	\$3,356,000	\$1,678,000

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

ACA EXTENSION OF FOSTER CARE COVERAGE

REGULAR POLICY CHANGE NUMBER: 243
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1802

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$803,000
- STATE FUNDS	\$0	\$803,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$803,000
STATE FUNDS	\$0	\$803,000
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

Purpose:

This policy change estimates the benefit costs related to extending Medi-Cal coverage to former foster care youth who will turn 21 years old between July 1, 2013 and December 31, 2013.

Authority:

AB 82 (Chapter 23, Statutes of 2013)

Interdependent Policy Changes:

CA 16 ACA Extension of Foster Care coverage

Background:

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). Additionally, the ACA requires the expansion of Foster Care Medicaid coverage to age 26, beginning January 1, 2014.

Effective July 1, 2013, the Department is changing the age-out policy for former foster youth currently receiving Medi-Cal benefits. Prior to July 1, 2013, once a former foster youth turned 21 years old they would lose their Medi-Cal coverage. Instead under the new policy, those scheduled to lose their Medi-Cal coverage between July 1, 2013 and December 31, 2013 will remain eligible to receive Medi-Cal benefits. These costs will be funded at 100% State General Fund.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

- 1) The Department is extending Medi-Cal benefits to former foster youth who will turn 21 years old between July 1, 2013 and December 31, 2013.
- 2) The Department estimates 993 former foster youth will turn 21 years old between July 1, 2013 and December 31, 2013.

ACA EXTENSION OF FOSTER CARE COVERAGE

REGULAR POLICY CHANGE NUMBER: 243

3) In FY 2013-14, the total estimated benefit costs are:

(In Thousands)	<u>TF</u>	<u>GF</u>	<u>FF</u>
FY 2013-14 costs	\$803	\$803	\$0

Funding:

100% State GF (4260-101-0001)

ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION

REGULAR POLICY CHANGE NUMBER: 244
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1804

	FY 2012-13	FY 2013-14
FULL YEAR COST - TOTAL FUNDS	\$0	\$251,173,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$251,173,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$251,173,000

DESCRIPTION

Purpose:

This policy change estimates the costs for providing Long Term Support Services (LTSS) benefits to the Affordable Care Act (ACA) optional expansion newly eligibles.

Authority:

SBX1 1 (Chapter 4, Statutes of 2013)

Interdependent Policy Changes:

PC 234 ACA Optional Expansion

Background:

Effective January 1, 2014, the ACA provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). The Department expects the optional expansion population to result in a significant number of new Medi-Cal beneficiaries. In addition, the ACA requires enrollment simplification for several current coverage groups and imposes a penalty upon the uninsured. These new mandatory requirements will increase enrollment of the currently eligible but not enrolled population. Costs for the mandatory requirements are budgeted separately in the ACA Mandatory Expansion policy change.

A percentage of the ACA optional expansion newly eligible population will utilize LTSS benefits. This policy change estimates the utilization costs of LTSS benefits, specifically In-Home Support Services (IHSS) and nursing facilities. These benefit costs will be available for enhanced ACA federal financial participation (FFP).

The Department is seeking a waiver from the Centers of Medicaid Services (CMS) for retaining the current asset test for long-term care. The May Revision proposes LTSS will be included in the ACA optional expansion benefits package, provided CMS approves of the waiver.

Reason for Change from Prior Estimate:

This is a new policy change.

ACA EXPANSION-LTSS FOR OPTIONAL EXPANSION**REGULAR POLICY CHANGE NUMBER: 244****Methodology:**

- 1) Effective January 1, 2014, the ACA will expand eligibility for previously ineligible persons, primarily childless adults at or below 138 percent of the FPL. The Department expects the overall population to result in a significant number of newly eligible Medi-Cal beneficiaries.
- 2) The Department utilized enrollment projections from the California Simulation of Insurance Markets (CalSIM Version 1.8) model designed by the UCLA Center for Health Policy Research and the UC Berkeley Labor Center.
- 3) The Department estimates 635,000 newly eligible beneficiaries will enroll in Medi-Cal in FY 2013-14. Of the newly eligible beneficiaries, LIHP represent the majority (490,000).
- 4) The Department estimates the LIHP population to transition on January 1, 2014. In FY 2013-14, the remaining 145,000 newly eligibles will phase-in over 6-months beginning January 1, 2014.
- 5) In FY 2013-14, assuming CMS approves the waiver, the total estimated LTSS benefit costs for the ACA optional expansion will be:

(In Thousands)			
FY 2013-14	TF	GF	FF
LTSS costs	\$251,173	\$0	\$251,173

Funding:

Title XIX 100% Federal Share (4260-101-0890)

INVESTMENT IN MENTAL HEALTH WELLNESS

REGULAR POLICY CHANGE NUMBER: 245
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Raman Pabla
 FISCAL REFERENCE NUMBER: 1805

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$24,800,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$24,800,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$24,800,000

DESCRIPTION

Purpose:

This policy change estimates the federal funds for mobile crisis support teams and triage personnel to enhance mental health services for community wellness.

Authority:

SB 82 (2013)

Interdependent Policy Changes:

Not Applicable

Background:

The proposal adds 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds over the next two years to expand community-based resources and capacity. These resources would provide a comprehensive continuum of services to address short-term crisis, acute needs, and the longer-term ongoing treatment and rehabilitation opportunities of adults with mental health care disorders.

In addition, 600 triage personnel would be added over the next two years to assist individuals gain access to medical, specialty mental health care, alcohol and drug treatment, social, educational, and other services. The costs of these triage personnel are assumed to be Medi-Cal reimbursable.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

1. The federal portion is shown below:

Mobile Crisis Teams	\$2,800,000
600 Triage Personnel	<u>\$22,000,000</u>
Total for FY 2013-14	\$24,800,000

INVESTMENT IN MENTAL HEALTH WELLNESS

REGULAR POLICY CHANGE NUMBER: 245

Funding:

Title XIX 100% FFP (4260-101-0890)

PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION

REGULAR POLICY CHANGE NUMBER: 246
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Raman Pabla
 FISCAL REFERENCE NUMBER: 1806

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$7,181,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$7,181,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$7,181,000

DESCRIPTION

Purpose:

This policy change estimates the federal funds for enrolling mentally ill parolees into Medi-Cal and providing them necessary health services.

Authority:

Proposed Legislation

Interdependent Policy Changes:

Not Applicable

Background:

The proposal increases the number of parolees served in the Integrated Services for Mentally Ill Parolees (ISMIP) program and helps ensure that eligible California Department of Corrections and Rehabilitation (CDCR) mentally ill inmates released after January 1, 2014 are enrolled in Medi-Cal through the Affordable Care Act (ACA) eligibility expansion.

The Transitional Case Management Program (TCMP) utilizes contracted social workers to provide case management services to inmates who are 120 days from release. These services include enrollment in state and federal benefit programs (including Medi-Cal). The proposal adds 28 TCMP social workers, effective January 1, 2014, to enroll mentally ill parolees into Medi-Cal.

The ISMIP program provides supportive/transitional housing and an array of mental health and rehabilitative services to assist with the development of independent living skills. The ISMIP program funding will increase to serve up to 1,000 parolees.

Reason for Change from Prior Estimate:

This is a new policy change.

PAROLE MENTAL HEALTH AND MEDI-CAL EXPANSION

REGULAR POLICY CHANGE NUMBER: 246

Methodology:

1. Under the ACA, it is assumed that the vast majority of CDCR inmates, especially those with severe mental health conditions, will be eligible for Medi-Cal upon release to parole supervision.
2. The federal funds budgeted for FY 2013-14 are \$7,181,000.

<u>FY 2013-14</u>	<u>FF</u>
TCMP	\$2,437,000
ISMIP	\$4,744,000
Total	\$7,181,000

Funding:

Title XIX 100% FFP (4260-101-0890)

SHIFT MENTAL HEALTH SVCS TO MANAGED CARE

REGULAR POLICY CHANGE NUMBER: 247
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1807

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$79,315,000
- STATE FUNDS	\$0	\$31,910,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$79,315,000
STATE FUNDS	\$0	\$31,910,000
FEDERAL FUNDS	\$0	\$47,405,000

DESCRIPTION**Purpose:**

This policy change estimates the costs for shifting non-specialty mental health services into Medi-Cal managed care plans, effective January 1, 2014. Additionally, the policy changes estimates costs of Medi-Cal covering mental health group counseling.

Authority:

Welfare & Institutions Code, sections 14132.03 and 14189, as added by SBX1 1 (Chapter 4, Statutes of 2013)

Interdependent Policy Changes:

Not Applicable

Background:

Currently, Medi-Cal covers certain specialty mental health services provided by county mental health plans. Other mental health services are provided through the Medi-Cal fee-for-service delivery system. SBX1 1 permits non-specialty mental health services to be provided by managed care plans, effective January 1, 2014. The Department intends to amend managed care contracts to shift these services to the managed care delivery system. In addition, SBX1 1 requires Medi-Cal to cover mental health services that are included in the essential health benefits package that the State adopted pursuant to Health & Safety Code, section 1367.005. Because that package includes group mental health counseling, Medi-Cal will extend coverage for these services through the managed care plans effective January 1, 2014. These changes affect the current Medi-Cal eligibles as well as the additional eligibles that are added as a result of the Affordable Care Act (ACA) mandatory and optional expansions.

Reason for Change from Prior Estimate:

This is a new policy change.

SHIFT MENTAL HEALTH SVCS TO MANAGED CARE

REGULAR POLICY CHANGE NUMBER: 247

Methodology:

The following is the estimated cost in FY 2013-14, based upon projections of member months and projected per member per month increases of approximately \$1 to almost \$7 for various populations.

(In Thousands)			
FY 2013-14	TF	GF	FF
Current Eligibles	\$60,604	\$30,302	\$30,302
ACA Mandatory Expansion	\$3,216	\$1,608	\$1,608
ACA Optional Expansion	\$15,495	\$0	\$15,495
Total	\$79,315	\$31,910	\$47,405

Funding:

Title XIX 50% Federal Share (4260-101-0001/0890)

Title XIX 100% Federal Share (4260-101-0890)

ENHANCE DRUG MEDI-CAL SVCS

REGULAR POLICY CHANGE NUMBER: 248
 IMPLEMENTATION DATE: 1/2014
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1808

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$80,025,000
- STATE FUNDS	\$0	\$34,771,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$80,025,000
STATE FUNDS	\$0	\$34,771,000
FEDERAL FUNDS	\$0	\$45,254,000

DESCRIPTION**Purpose:**

This policy change estimates the costs for additional substance use disorder services under the Drug Medi-Cal program, effective January 1, 2014.

Authority:

Welfare & Institutions Code, section 14132.03, as added by SBX1 1 (Chapter 4, Statutes of 2013)

Interdependent Policy Changes:

Not Applicable

Background:

Currently, the Drug Medi-Cal program provides certain medically necessary substance use disorder treatment services. These services are provided by certified providers under contract with the counties or with the State. Funding for the services is generally 50% county funds and 50% Title XIX federal funds.

SBX1 1 requires Medi-Cal to cover substance use disorder services that are included in the essential health benefits package that the State adopted pursuant to Health & Safety Code, section 1367.005. Because that package includes additional services that are not currently covered under Drug Medi-Cal, Medi-Cal will extend coverage for these new services, effective January 1, 2014. These changes affect the current Medi-Cal eligibles as well as the additional eligibles that are added as a result of the Affordable Care Act (ACA) mandatory and optional expansions.

For these new services, county funds will not be used to match federal funds. Instead, General Funds will be used as needed to match federal funds.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

ENHANCE DRUG MEDI-CAL SVCS**REGULAR POLICY CHANGE NUMBER: 248**

The following is the estimated cost in FY 2013-14, based upon projections utilization and population.

(In Thousands) FY 2013-14	TF	GF	FF
Current Eligibles	\$63,400	\$31,700	\$31,700
ACA Mandatory Expansion	\$6,142	\$3,071	\$3,071
ACA Optional Expansion	\$10,483	\$0	\$10,483
Total	\$80,025	\$34,771	\$45,254

Funding:

Title XIX 50% Federal Share (4260-101-0001/0890)

Title XIX 100% Federal Share (4260-101-0890)

Appropriation

May 2013 Medi-Cal Estimate

**COUNTY ADMINISTRATION
FUNDING SUMMARY
(Includes Other Administration)**

FY 2012-2013 ESTIMATE:	Total Funds	Federal Funds	State Funds
BASE	\$1,264,965,000	\$632,482,500	\$632,482,500
POLICY CHANGES	\$123,214,000	\$116,589,150	\$6,624,850
SubTotal County Admin.	\$1,388,179,000	\$749,071,650	\$639,107,350
OTHER ADMINISTRATION	\$1,242,913,000	\$1,112,222,250	\$130,690,750
TOTAL CURRENT YEAR	\$2,631,092,000	\$1,861,293,900	\$769,798,100

FY 2013-2014 ESTIMATE:	Total Funds	Federal Funds	State Funds
BASE	\$1,302,683,000	\$651,341,500	\$651,341,500
POLICY CHANGES	\$391,101,000	\$286,796,900	\$104,304,100
SubTotal County Admin.	\$1,693,784,000	\$938,138,400	\$755,645,600
OTHER ADMINISTRATION	\$2,286,519,000	\$2,133,023,250	\$153,495,750
TOTAL BUDGET YEAR	\$3,980,303,000	\$3,071,161,650	\$909,141,350

Note:			
C/Y Title XXI (Item 113) activities	\$54,810,000	\$36,694,000	\$18,116,000
B/Y Title XXI (Item 113) activities	\$92,556,000	\$64,818,000	\$27,738,000
C/Y HIPAA (Item 117) activities	\$1,785,000	\$1,702,000	\$83,000
B/Y HIPAA (Item 117) activities	\$3,452,000	\$2,952,000	\$500,000

**MEDI-CAL COUNTY ADMINISTRATION
POLICY CHANGE SUMMARY
FISCAL YEAR 2013-14**

NO.	POLICY CHANGE TITLE	ONE-TIME CHANGES		ON-GOING CHANGES		TOTAL POLICY CHANGE	TOTAL STATE FUNDS
		PROCEDURAL	CASELOAD	PROCEDURAL	CASELOAD		
	OTHER						
1	COUNTY ADMINISTRATION BASE		\$0	\$1,302,683,000	\$0	\$1,302,683,000	\$651,341,500
2	SAWS	\$167,378,000	\$0	\$0	\$0	\$167,378,000	\$7,566,000
3	CalWORKs APPLICATIONS	\$0	\$0	\$64,896,000	\$0	\$64,896,000	\$32,448,000
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$0	\$0	\$0	\$20,354,000	\$20,354,000	\$3,561,500
7	TRANSITION OF HFP TO MEDI-CAL	\$0	\$0	\$0	\$33,716,000	\$33,716,000	\$11,800,600
9	FY 2013-14 COST OF DOING BUSINESS	\$0	\$0	\$30,813,000	\$0	\$30,813,000	\$15,406,500
10	SAVE	\$0	\$0	\$0	\$0	\$0	-\$3,500,000
13	PRIOR YEAR RECONCILIATIONS	-\$70,000,000	\$0	\$0	\$0	-\$70,000,000	-\$35,000,000
14	IMPLEMENTATION OF ACA	\$143,845,000	\$0	\$0	\$0	\$143,845,000	\$71,922,500
16	ACA EXTENSION OF FOSTER CARE COVERAGE	\$99,000	\$0	\$0	\$0	\$99,000	\$99,000
	OTHER SUBTOTAL	\$241,322,000	\$0	\$1,398,392,000	\$54,070,000	\$1,693,784,000	\$755,645,600
	GRAND TOTAL	\$241,322,000	\$0	\$1,398,392,000	\$54,070,000	\$1,693,784,000	\$755,645,600

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

NOV. PC#	MAY PC#	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
		OTHER						
1	1	COUNTY ADMINISTRATION BASE	\$1,302,683,000	\$651,341,500	\$1,302,683,000	\$651,341,500	\$0	\$0
2	2	SAWS	\$74,603,000	\$7,955,500	\$167,378,000	\$7,566,000	\$92,775,000	-\$389,500
3	3	CalWORKs APPLICATIONS	\$67,028,000	\$33,514,000	\$64,896,000	\$32,448,000	-\$2,132,000	-\$1,066,000
5	5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$7,123,000	\$3,561,500	\$20,354,000	\$3,561,500	\$13,231,000	\$0
7	7	TRANSITION OF HFP TO MEDI-CAL	\$59,856,000	\$20,949,600	\$33,716,000	\$11,800,600	-\$26,140,000	-\$9,149,000
9	9	FY 2013-14 COST OF DOING BUSINESS	\$30,813,000	\$15,406,500	\$30,813,000	\$15,406,500	\$0	\$0
10	10	SAVE	\$0	-\$3,500,000	\$0	-\$3,500,000	\$0	\$0
13	13	PRIOR YEAR RECONCILIATIONS	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000	\$0	\$0
--	14	IMPLEMENTATION OF ACA	\$0	\$0	\$143,845,000	\$71,922,500	\$143,845,000	\$71,922,500
--	16	ACA EXTENSION OF FOSTER CARE COVERAGE	\$0	\$0	\$99,000	\$99,000	\$99,000	\$99,000
		OTHER SUBTOTAL	\$1,472,106,000	\$694,228,600	\$1,693,784,000	\$755,645,600	\$221,678,000	\$61,417,000
		COUNTY ADMINISTRATION GRAND TOTAL	\$1,472,106,000	\$694,228,600	\$1,693,784,000	\$755,645,600	\$221,678,000	\$61,417,000

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

MAY PC#	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
	OTHER						
1	COUNTY ADMINISTRATION BASE	\$1,264,965,000	\$632,482,500	\$1,302,683,000	\$651,341,500	\$37,718,000	\$18,859,000
2	SAWS	\$86,389,000	\$7,955,500	\$167,378,000	\$7,566,000	\$80,989,000	-\$389,500
3	CalWORKs APPLICATIONS	\$65,462,000	\$32,731,000	\$64,896,000	\$32,448,000	-\$566,000	-\$283,000
4	ELIGIBLE GROWTH	\$37,718,000	\$18,859,000	\$0	\$0	-\$37,718,000	-\$18,859,000
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$32,117,000	\$4,063,500	\$20,354,000	\$3,561,500	-\$11,763,000	-\$502,000
6	FY 2012-13 COST OF DOING BUSINESS	\$26,310,000	\$13,155,000	\$0	\$0	-\$26,310,000	-\$13,155,000
7	TRANSITION OF HFP TO MEDI-CAL	\$28,321,000	\$9,912,350	\$33,716,000	\$11,800,600	\$5,395,000	\$1,888,250
8	MCHA VS. DHCS AND MRMB	\$765,000	\$382,500	\$0	\$0	-\$765,000	-\$382,500
9	FY 2013-14 COST OF DOING BUSINESS	\$0	\$0	\$30,813,000	\$15,406,500	\$30,813,000	\$15,406,500
10	SAVE	\$0	-\$3,500,000	\$0	-\$3,500,000	\$0	\$0
12	REDUCTION TO COLA TO COUNTIES FOR FY 2012-13	-\$26,310,000	-\$13,155,000	\$0	\$0	\$26,310,000	\$13,155,000
13	PRIOR YEAR RECONCILIATIONS	-\$127,558,000	-\$63,779,000	-\$70,000,000	-\$35,000,000	\$57,558,000	\$28,779,000
14	IMPLEMENTATION OF ACA	\$0	\$0	\$143,845,000	\$71,922,500	\$143,845,000	\$71,922,500
16	ACA EXTENSION OF FOSTER CARE COVERAGE	\$0	\$0	\$99,000	\$99,000	\$99,000	\$99,000
	OTHER SUBTOTAL	\$1,388,179,000	\$639,107,350	\$1,693,784,000	\$755,645,600	\$305,605,000	\$116,538,250
	COUNTY ADMINISTRATION GRAND TOTAL	\$1,388,179,000	\$639,107,350	\$1,693,784,000	\$755,645,600	\$305,605,000	\$116,538,250

Costs shown do not include percent reflected in base calculation.

**MEDI-CAL COUNTY ADMINISTRATION
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>OTHER</u>
1	COUNTY ADMINISTRATION BASE
2	SAWS
3	CalWORKs APPLICATIONS
4	ELIGIBLE GROWTH
5	LOS ANGELES COUNTY HOSPITAL INTAKES
6	FY 2012-13 COST OF DOING BUSINESS
7	TRANSITION OF HFP TO MEDI-CAL
8	MCHA VS. DHCS AND MRMIB
9	FY 2013-14 COST OF DOING BUSINESS
10	SAVE
12	REDUCTION TO COLA TO COUNTIES FOR FY 2012-13
13	PRIOR YEAR RECONCILIATIONS
14	IMPLEMENTATION OF ACA
16	ACA EXTENSION OF FOSTER CARE COVERAGE

ACA EXTENSION OF FOSTER CARE COVERAGE

COUNTY ADMIN. POLICY CHANGE NUMBER: 16
 IMPLEMENTATION DATE: 7/2013
 ANALYST: Ryan Witz
 FISCAL REFERENCE NUMBER: 1803

	FY 2012-13		FY 2013-14	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$99,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$99,000	\$0
STATE FUNDS	\$0	\$0	\$99,000	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$99,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$99,000	\$0
STATE FUNDS	\$0	\$0	\$99,000	\$0

DESCRIPTION

Purpose:

This policy change estimates county administrative costs related to extending Medi-Cal benefits to former foster care youth who will turn 21 years old between July 1, 2013 and December 31, 2013.

Authority:

AB 82 (Chapter 23, Statutes of 2013)

Interdependent Policy Changes:

Not Applicable

Background:

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). Additionally, the ACA requires the expansion of Foster Care Medicaid coverage to age 26, beginning January 1, 2014.

Effective July 1, 2013, the Department is changing the age-out policy for former foster youth currently receiving Medi-Cal benefits. Prior to July 1, 2013, once a former foster youth turned 21 years old they would lose their Medi-Cal coverage. Instead under the new policy, those scheduled to lose their Medi-Cal coverage between July 1, 2013 and December 31, 2013 will remain eligible to receive Medi-Cal benefits. These costs will be funded at 100% State General Fund.

Reason for Change from Prior Estimate:

This is a new policy change.

ACA EXTENSION OF FOSTER CARE COVERAGE

COUNTY ADMIN. POLICY CHANGE NUMBER: 16

Methodology:

- 1) The Department is extending Medi-Cal benefits to former foster youth who will turn 21 years old between July 1, 2013 and December 31, 2013.
- 2) The Department estimates 993 former foster youth will turn 21 years old between July 1, 2013 and December 31, 2013.
- 3) In FY 2013-14, the total estimated county administrative costs are:

(In Thousands)	<u>TF</u>	<u>GF</u>	<u>FF</u>
FY 2013-14 costs	\$99	\$99	\$0

Funding:

100% State GF (4260-101-0001)

OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2012-13		FISCAL YEAR 2013-14	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CDHS					
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$85,000,000	\$0	\$303,000,000	\$0
2	CCS CASE MANAGEMENT	\$150,025,000	\$60,439,000	\$174,950,000	\$67,638,500
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$126,625,000	\$0	\$141,726,000	\$0
4	BTR—LIHP - ADMIN COSTS	\$4,782,000	\$0	\$742,976,000	\$0
5	EPSDT CASE MANAGEMENT	\$33,718,000	\$11,871,300	\$33,718,000	\$11,871,300
6	MH/UCD—HCCI - ADMIN COSTS	\$20,046,000	\$0	\$0	\$0
7	CALHEERS DEVELOPMENT	\$28,412,000	\$6,048,100	\$27,134,000	\$8,063,800
8	POSTAGE & PRINTING	\$25,427,000	\$12,601,200	\$25,427,000	\$12,653,700
9	SMH MAA	\$22,905,000	\$0	\$24,509,000	\$0
10	COUNTY UR & QA ADMIN	\$16,333,000	\$0	\$16,798,000	\$0
11	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$15,821,000	\$0	\$26,641,000	\$0
12	COORDINATED CARE MANAGEMENT PILOTS	\$10,488,000	\$5,244,000	\$4,716,000	\$2,358,000
13	TRANSITION OF HFP TO MEDI-CAL	\$15,537,000	\$5,438,000	\$24,134,000	\$8,446,900
14	MIS/DSS CONTRACT	\$11,555,000	\$3,056,500	\$10,900,000	\$2,892,800
15	LITIGATION RELATED SERVICES	\$9,600,000	\$4,800,000	\$9,980,000	\$4,990,000
16	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,176,000	\$1,740,500	\$5,435,000	\$1,828,000
17	MEDI-CAL RECOVERY CONTRACTS	\$4,329,000	\$1,082,300	\$5,009,000	\$1,252,300
18	CA-MMIS TAKEOVER & REPLACEMENT OVERSIGHT	\$4,730,000	\$566,900	\$6,704,000	\$803,000
19	CCI - DUAL ELIGIBLE DEMONSTRATION PROJECT	\$4,664,000	\$950,000	\$5,172,000	\$2,542,500
20	CA-MMIS TAKEOVER/OTHER STATE TRANSITION COSTS	\$2,245,000	\$269,500	\$3,315,000	\$396,900
21	PREVENTION OF CHRONIC DISEASE GRANT PROJECT	\$3,034,000	\$0	\$2,500,000	\$0
22	FY 2012-13 FAMILY PACT EVALUATION	\$2,861,000	\$1,430,500	\$2,861,000	\$1,430,500
23	ARRA HITECH INCENTIVE PROGRAM	\$1,818,000	\$154,000	\$2,626,000	\$154,000
24	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,110,000	\$1,055,000	\$2,530,000	\$1,265,000
25	ADHC TRANSITION-ADMINISTRATION	\$6,390,000	\$3,195,000	\$656,000	\$328,000

OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2012-13		FISCAL YEAR 2013-14	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CDHS					
26	MEDS INTERFACE WITH CALHEERS	\$1,273,000	\$1,072,600	\$1,008,000	\$852,800
27	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500
28	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$633,000	\$383,300	\$2,000,000	\$500,000
29	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000
30	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$856,000	\$428,000	\$856,000	\$428,000
31	RATE STUDIES FOR MAIC AND AAC VENDOR	\$635,000	\$317,500	\$0	\$0
32	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$560,000	\$0	\$560,000	\$0
33	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$526,000	\$263,000	\$572,000	\$286,000
34	DENTAL PAPD PROJECT MANAGER	\$51,000	\$25,500	\$288,000	\$144,000
35	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$400,000	\$200,000	\$400,000	\$200,000
36	CCT OUTREACH - ADMINISTRATIVE COSTS	\$11,000	\$0	\$727,000	\$0
37	ENCRYPTION OF PHI DATA	\$850,000	\$425,000	\$750,000	\$375,000
38	MIS/DSS CONTRACT REPROCUREMENT SERVICES	\$250,000	\$62,500	\$350,000	\$87,500
39	MEDS MODERNIZATION PROJECT CONTRACTORS	\$154,000	\$15,400	\$546,000	\$54,600
40	MITA	\$189,000	\$18,900	\$0	\$0
41	PEDIATRIC PALLIATIVE CARE WAIVER EVALUATION	\$184,000	\$92,000	\$102,000	\$51,000
42	HEALTH CARE OPTIONS CONSULTANT COSTS	\$28,000	\$14,000	\$222,000	\$111,000
43	EPOCRATES	\$98,000	\$49,000	\$107,000	\$53,500
44	KATIE A. V. DIANA BONTA SPECIAL MASTER	\$103,000	\$51,500	\$100,000	\$50,000
45	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0
46	TAR POSTAGE	\$106,000	\$53,000	\$106,000	\$53,000
47	Q5i AUTOMATED DATA SYSTEM ACQUISTION	\$87,000	\$43,500	\$87,000	\$43,500
48	PASRR	\$0	\$0	\$3,616,000	\$904,000
49	SDMC SYSTEM M&O SUPPORT	\$0	\$0	\$1,834,000	\$917,000
50	ANNUAL EDP AUDIT CONTRACTOR	\$0	\$0	\$400,000	\$200,000

OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2012-13		FISCAL YEAR 2013-14	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CDHS					
51	RECOVERY AUDIT CONTRACTOR COSTS	\$0	\$0	\$9,000	\$4,500
75	ETL DATA SOLUTION	\$0	\$0	\$469,000	\$77,900
76	VITAL RECORDS DATA	\$0	\$0	\$926,000	\$0
78	ACA EXPANSION ADMIN COSTS	\$0	\$0	\$19,085,000	\$9,542,500
79	RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS	\$0	\$0	\$4,255,000	\$1,350,000
	CDHS SUBTOTAL	\$622,882,000	\$125,009,700	\$1,645,049,000	\$146,754,400
OTHER DEPARTMENTS					
52	PERSONAL CARE SERVICES	\$255,456,000	\$0	\$262,751,000	\$0
53	HEALTH-RELATED ACTIVITIES - CDSS	\$206,848,000	\$0	\$218,951,000	\$0
54	CDDS ADMINISTRATIVE COSTS	\$36,635,000	\$0	\$33,875,000	\$0
55	MATERNAL AND CHILD HEALTH	\$30,113,000	\$0	\$34,190,000	\$0
56	HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE	\$25,143,000	\$0	\$25,143,000	\$0
57	CLPP CASE MANAGEMENT SERVICES	\$6,830,000	\$0	\$5,200,000	\$0
58	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$23,412,000	\$0	\$24,111,000	\$0
59	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$2,793,000	\$0	\$3,146,000	\$0
60	VETERANS BENEFITS	\$956,000	\$0	\$956,000	\$0
61	CDPH I&E PROGRAM AND EVALUATION	\$1,490,000	\$0	\$1,557,000	\$0
62	OUTREACH - CHILDREN	\$916,000	\$320,600	\$0	\$0
63	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	\$1,746,000	\$0	\$0	\$0
64	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$19,329,000	\$2,433,000	\$19,005,000	\$2,433,000
65	CDDS DENTAL SERVICES	\$1,270,000	\$1,270,000	\$1,270,000	\$1,270,000
66	KIT FOR NEW PARENTS	\$1,017,000	\$0	\$1,017,000	\$0
67	QUITLINE ADMINISTRATIVE SERVICES	\$0	\$0	\$2,000,000	\$0
68	CHHS AGENCY HIPAA FUNDING	\$651,000	\$0	\$651,000	\$0
69	FAMILY PACT EVALUATION	\$619,000	\$0	\$63,000	\$0

OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2012-13		FISCAL YEAR 2013-14	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER DEPARTMENTS					
70	FPACT SUPPORT, PROVIDER EDUC. & CLIENT OUTREACH	\$480,000	\$0	\$27,000	\$0
71	CCI CDA ADMIN COST-HICAP	\$272,000	\$0	\$0	\$0
72	MERIT SYSTEM SERVICES FOR COUNTIES	\$207,000	\$103,500	\$184,000	\$92,000
73	SINGLE POINT OF ENTRY - MEDI-CAL ONLY	\$3,524,000	\$1,392,000	\$7,049,000	\$2,784,400
74	PIA EYEWEAR COURIER SERVICE	\$324,000	\$162,000	\$324,000	\$162,000
OTHER DEPARTMENTS SUBTOTAL		\$620,031,000	\$5,681,100	\$641,470,000	\$6,741,400
GRAND TOTAL		\$1,242,913,000	\$130,690,800	\$2,286,519,000	\$153,495,800

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

NOV. PC #	MAY PC #	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
CDHS								
1	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$228,000,000	\$0	\$303,000,000	\$0	\$75,000,000	\$0
2	2	CCS CASE MANAGEMENT	\$148,982,000	\$58,725,750	\$174,950,000	\$67,638,500	\$25,968,000	\$8,912,750
3	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$141,726,000	\$0	\$141,726,000	\$0	\$0	\$0
4	4	BTR—LIHP - ADMIN COSTS	\$703,567,000	\$0	\$742,976,000	\$0	\$39,409,000	\$0
5	5	EPSDT CASE MANAGEMENT	\$33,718,000	\$11,871,250	\$33,718,000	\$11,871,250	\$0	\$0
6		MH/UCD—HCCI - ADMIN COSTS	\$1,500,000	\$0	\$0	\$0	-\$1,500,000	\$0
7	7	CALHEERS DEVELOPMENT	\$24,085,000	\$6,168,100	\$27,134,000	\$8,063,800	\$3,049,000	\$1,895,700
8	8	POSTAGE & PRINTING	\$25,227,000	\$12,553,700	\$25,427,000	\$12,653,700	\$200,000	\$100,000
9	9	SMH MAA	\$24,912,000	\$0	\$24,509,000	\$0	-\$403,000	\$0
10	10	COUNTY UR & QA ADMIN	\$16,798,000	\$0	\$16,798,000	\$0	\$0	\$0
11	11	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$26,641,000	\$0	\$26,641,000	\$0	\$0	\$0
12	12	COORDINATED CARE MANAGEMENT PILOTS	\$4,716,000	\$2,358,000	\$4,716,000	\$2,358,000	\$0	\$0
13	13	TRANSITION OF HFP TO MEDI-CAL	\$26,286,000	\$9,200,100	\$24,134,000	\$8,446,900	-\$2,152,000	-\$753,200
14	14	MIS/DSS CONTRACT	\$10,900,000	\$2,892,750	\$10,900,000	\$2,892,750	\$0	\$0
15	15	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
16	16	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,949,000	\$1,971,550	\$5,435,000	\$1,828,000	-\$514,000	-\$143,550
17	17	MEDI-CAL RECOVERY CONTRACTS	\$5,290,000	\$1,322,000	\$5,009,000	\$1,252,250	-\$281,000	-\$69,750
18	18	CA-MMIS TAKEOVER & REPLACEMENT OVERSIGHT	\$5,513,000	\$660,300	\$6,704,000	\$803,000	\$1,191,000	\$142,700
19	19	CCI - DUAL ELIGIBLE DEMONSTRATION PROJECT	\$5,172,000	\$2,542,500	\$5,172,000	\$2,542,500	\$0	\$0
20	20	CA-MMIS TAKEOVER/OTHER STATE TRANSITION C	\$2,284,000	\$273,800	\$3,315,000	\$396,900	\$1,031,000	\$123,100
21	21	PREVENTION OF CHRONIC DISEASE GRANT PROJE	\$2,664,000	\$0	\$2,500,000	\$0	-\$164,000	\$0
22	22	FY 2012-13 FAMILY PACT EVALUATION	\$2,861,000	\$1,430,500	\$2,861,000	\$1,430,500	\$0	\$0
23	23	ARRA HITECH INCENTIVE PROGRAM	\$2,626,000	\$154,000	\$2,626,000	\$154,000	\$0	\$0
24	24	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,000,000	\$1,000,000	\$2,530,000	\$1,265,000	\$530,000	\$265,000
25	25	ADHC TRANSITION-ADMINISTRATION	\$564,000	\$282,000	\$656,000	\$328,000	\$92,000	\$46,000
26	26	MEDS INTERFACE WITH CALHEERS	\$997,000	\$848,950	\$1,008,000	\$852,800	\$11,000	\$3,850
27	27	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$0	\$0
28	28	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$2,000,000	\$500,000	\$2,000,000	\$500,000	\$0	\$0
29	29	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000	\$0	\$0
30	30	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$856,000	\$428,000	\$856,000	\$428,000	\$0	\$0

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

NOV. PC #	MAY PC #	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
CDHS								
31		RATE STUDIES FOR MAIC AND AAC VENDOR	\$1,000,000	\$500,000	\$0	\$0	-\$1,000,000	-\$500,000
32	32	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$560,000	\$0	\$560,000	\$0	\$0	\$0
33	33	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$507,000	\$253,500	\$572,000	\$286,000	\$65,000	\$32,500
34	34	DENTAL PAPD PROJECT MANAGER	\$71,000	\$35,500	\$288,000	\$144,000	\$217,000	\$108,500
35	35	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$400,000	\$200,000	\$400,000	\$200,000	\$0	\$0
36	36	CCT OUTREACH - ADMINISTRATIVE COSTS	\$369,000	\$0	\$727,000	\$0	\$358,000	\$0
37	37	ENCRYPTION OF PHI DATA	\$500,000	\$250,000	\$750,000	\$375,000	\$250,000	\$125,000
38	38	MIS/DSS CONTRACT REPROCUREMENT SERVICES	\$350,000	\$87,500	\$350,000	\$87,500	\$0	\$0
41	41	PEDIATRIC PALLIATIVE CARE WAIVER EVALUATION	\$103,000	\$51,500	\$102,000	\$51,000	-\$1,000	-\$500
42	42	HEALTH CARE OPTIONS CONSULTANT COSTS	\$125,000	\$62,500	\$222,000	\$111,000	\$97,000	\$48,500
43	43	EPOCRATES	\$119,000	\$59,500	\$107,000	\$53,500	-\$12,000	-\$6,000
44	44	KATIE A. V. DIANA BONTA SPECIAL MASTER	\$100,000	\$50,000	\$100,000	\$50,000	\$0	\$0
45	45	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMEI	\$100,000	\$0	\$100,000	\$0	\$0	\$0
46	46	TAR POSTAGE	\$93,000	\$46,500	\$106,000	\$53,000	\$13,000	\$6,500
47	47	Q5i AUTOMATED DATA SYSTEM ACQUISITION	\$87,000	\$43,500	\$87,000	\$43,500	\$0	\$0
48	48	PASRR	\$2,616,000	\$654,000	\$3,616,000	\$904,000	\$1,000,000	\$250,000
49	49	SDMC SYSTEM M&O SUPPORT	\$1,834,000	\$917,000	\$1,834,000	\$917,000	\$0	\$0
50	50	ANNUAL EDP AUDIT CONTRACTOR	\$400,000	\$200,000	\$400,000	\$200,000	\$0	\$0
51	51	RECOVERY AUDIT CONTRACTOR COSTS	\$9,000	\$4,500	\$9,000	\$4,500	\$0	\$0
	39	MEDS MODERNIZATION PROJECT CONTRACTORS	\$0	\$0	\$546,000	\$54,600	\$546,000	\$54,600
	75	ETL DATA SOLUTION	\$0	\$0	\$469,000	\$77,900	\$469,000	\$77,900
	76	VITAL RECORDS DATA	\$0	\$0	\$926,000	\$0	\$926,000	\$0
	78	ACA EXPANSION ADMIN COSTS	\$0	\$0	\$19,085,000	\$9,542,500	\$19,085,000	\$9,542,500
	79	RESTORATION OF ADULT OPTIONAL DENTAL BENE	\$0	\$0	\$4,255,000	\$1,350,000	\$4,255,000	\$1,350,000
		CDHS SUBTOTAL	\$1,477,314,000	\$125,142,250	\$1,645,049,000	\$146,754,350	\$167,735,000	\$21,612,100
OTHER DEPARTMENTS								
52	52	PERSONAL CARE SERVICES	\$252,906,000	\$0	\$262,751,000	\$0	\$9,845,000	\$0
53	53	HEALTH-RELATED ACTIVITIES - CDSS	\$209,849,000	\$0	\$218,951,000	\$0	\$9,102,000	\$0
54	54	CDDS ADMINISTRATIVE COSTS	\$33,394,000	\$0	\$33,875,000	\$0	\$481,000	\$0

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

NOV. PC #	MAY PC #	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
OTHER DEPARTMENTS								
55	55	MATERNAL AND CHILD HEALTH	\$31,954,000	\$0	\$34,190,000	\$0	\$2,236,000	\$0
56	56	HEALTH CARE PROGRAM FOR CHILDREN IN FOSTE	\$24,445,000	\$0	\$25,143,000	\$0	\$698,000	\$0
57	57	CLPP CASE MANAGEMENT SERVICES	\$6,593,000	\$0	\$5,200,000	\$0	-\$1,393,000	\$0
58	58	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$24,171,000	\$0	\$24,111,000	\$0	-\$60,000	\$0
59	59	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$3,146,000	\$0	\$3,146,000	\$0	\$0	\$0
60	60	VETERANS BENEFITS	\$1,956,000	\$0	\$956,000	\$0	-\$1,000,000	\$0
61	61	CDPH I&E PROGRAM AND EVALUATION	\$1,984,000	\$0	\$1,557,000	\$0	-\$427,000	\$0
62		OUTREACH - CHILDREN	\$1,626,000	\$569,100	\$0	\$0	-\$1,626,000	-\$569,100
63		SINGLE POINT OF ENTRY - MEDI-CAL/HFP	\$1,164,000	\$0	\$0	\$0	-\$1,164,000	\$0
64	64	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPC	\$14,416,000	\$0	\$19,005,000	\$2,433,000	\$4,589,000	\$2,433,000
65	65	CDDS DENTAL SERVICES	\$1,270,000	\$1,270,000	\$1,270,000	\$1,270,000	\$0	\$0
66	66	KIT FOR NEW PARENTS	\$1,017,000	\$0	\$1,017,000	\$0	\$0	\$0
67	67	QUITLINE ADMINISTRATIVE SERVICES	\$1,000,000	\$0	\$2,000,000	\$0	\$1,000,000	\$0
68	68	CHHS AGENCY HIPAA FUNDING	\$651,000	\$0	\$651,000	\$0	\$0	\$0
69	69	FAMILY PACT EVALUATION	\$100,000	\$0	\$63,000	\$0	-\$37,000	\$0
70	70	FPACT SUPPORT, PROVIDER EDUC. & CLIENT OUTI	\$66,000	\$0	\$27,000	\$0	-\$39,000	\$0
72	72	MERIT SYSTEM SERVICES FOR COUNTIES	\$184,000	\$92,000	\$184,000	\$92,000	\$0	\$0
73	73	SINGLE POINT OF ENTRY - MEDI-CAL ONLY	\$2,842,000	\$1,244,000	\$7,049,000	\$2,784,400	\$4,207,000	\$1,540,400
74	74	PIA EYEWEAR COURIER SERVICE	\$279,000	\$139,500	\$324,000	\$162,000	\$45,000	\$22,500
OTHER DEPARTMENTS SUBTOTAL			\$615,013,000	\$3,314,600	\$641,470,000	\$6,741,400	\$26,457,000	\$3,426,800
OTHER ADMINISTRATION SUBTOTAL			\$2,092,327,000	\$128,456,850	\$2,286,519,000	\$153,495,750	\$194,192,000	\$25,038,900
GRAND TOTAL ALL ADMIN. ADJUSTMENTS			\$3,564,433,000	\$822,685,450	\$3,980,303,000	\$909,141,350	\$415,870,000	\$86,455,900

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

MAY PC#	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
CDHS							
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$85,000,000	\$0	\$303,000,000	\$0	\$218,000,000	\$0
2	CCS CASE MANAGEMENT	\$150,025,000	\$60,439,000	\$174,950,000	\$67,638,500	\$24,925,000	\$7,199,500
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$126,625,000	\$0	\$141,726,000	\$0	\$15,101,000	\$0
4	BTR—LIHP - ADMIN COSTS	\$4,782,000	\$0	\$742,976,000	\$0	\$738,194,000	\$0
5	EPSDT CASE MANAGEMENT	\$33,718,000	\$11,871,250	\$33,718,000	\$11,871,250	\$0	\$0
6	MH/UCD—HCCI - ADMIN COSTS	\$20,046,000	\$0	\$0	\$0	-\$20,046,000	\$0
7	CALHEERS DEVELOPMENT	\$28,412,000	\$6,048,050	\$27,134,000	\$8,063,800	-\$1,278,000	\$2,015,750
8	POSTAGE & PRINTING	\$25,427,000	\$12,601,200	\$25,427,000	\$12,653,700	\$0	\$52,500
9	SMH MAA	\$22,905,000	\$0	\$24,509,000	\$0	\$1,604,000	\$0
10	COUNTY UR & QA ADMIN	\$16,333,000	\$0	\$16,798,000	\$0	\$465,000	\$0
11	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$15,821,000	\$0	\$26,641,000	\$0	\$10,820,000	\$0
12	COORDINATED CARE MANAGEMENT PILOTS	\$10,488,000	\$5,244,000	\$4,716,000	\$2,358,000	-\$5,772,000	-\$2,886,000
13	TRANSITION OF HFP TO MEDI-CAL	\$15,537,000	\$5,437,950	\$24,134,000	\$8,446,900	\$8,597,000	\$3,008,950
14	MIS/DSS CONTRACT	\$11,555,000	\$3,056,500	\$10,900,000	\$2,892,750	-\$655,000	-\$163,750
15	LITIGATION RELATED SERVICES	\$9,600,000	\$4,800,000	\$9,980,000	\$4,990,000	\$380,000	\$190,000
16	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,176,000	\$1,740,500	\$5,435,000	\$1,828,000	\$259,000	\$87,500
17	MEDI-CAL RECOVERY CONTRACTS	\$4,329,000	\$1,082,250	\$5,009,000	\$1,252,250	\$680,000	\$170,000
18	CA-MMIS TAKEOVER & REPLACEMENT OVERSIGHT	\$4,730,000	\$566,900	\$6,704,000	\$803,000	\$1,974,000	\$236,100
19	CCI - DUAL ELIGIBLE DEMONSTRATION PROJECT	\$4,664,000	\$950,000	\$5,172,000	\$2,542,500	\$508,000	\$1,592,500
20	CA-MMIS TAKEOVER/OTHER STATE TRANSITION COST	\$2,245,000	\$269,450	\$3,315,000	\$396,900	\$1,070,000	\$127,450
21	PREVENTION OF CHRONIC DISEASE GRANT PROJECT	\$3,034,000	\$0	\$2,500,000	\$0	-\$534,000	\$0
22	FY 2012-13 FAMILY PACT EVALUATION	\$2,861,000	\$1,430,500	\$2,861,000	\$1,430,500	\$0	\$0
23	ARRA HITECH INCENTIVE PROGRAM	\$1,818,000	\$154,000	\$2,626,000	\$154,000	\$808,000	\$0
24	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,110,000	\$1,055,000	\$2,530,000	\$1,265,000	\$420,000	\$210,000
25	ADHC TRANSITION-ADMINISTRATION	\$6,390,000	\$3,195,000	\$656,000	\$328,000	-\$5,734,000	-\$2,867,000
26	MEDS INTERFACE WITH CALHEERS	\$1,273,000	\$1,072,600	\$1,008,000	\$852,800	-\$265,000	-\$219,800
27	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$0	\$0

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

MAY PC#	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
CDHS							
28	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$633,000	\$383,250	\$2,000,000	\$500,000	\$1,367,000	\$116,750
29	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000	\$0	\$0
30	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$856,000	\$428,000	\$856,000	\$428,000	\$0	\$0
31	RATE STUDIES FOR MAIC AND AAC VENDOR	\$635,000	\$317,500	\$0	\$0	-\$635,000	-\$317,500
32	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$560,000	\$0	\$560,000	\$0	\$0	\$0
33	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$526,000	\$263,000	\$572,000	\$286,000	\$46,000	\$23,000
34	DENTAL PAPD PROJECT MANAGER	\$51,000	\$25,500	\$288,000	\$144,000	\$237,000	\$118,500
35	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$400,000	\$200,000	\$400,000	\$200,000	\$0	\$0
36	CCT OUTREACH - ADMINISTRATIVE COSTS	\$11,000	\$0	\$727,000	\$0	\$716,000	\$0
37	ENCRYPTION OF PHI DATA	\$850,000	\$425,000	\$750,000	\$375,000	-\$100,000	-\$50,000
38	MIS/DSS CONTRACT REPROCUREMENT SERVICES	\$250,000	\$62,500	\$350,000	\$87,500	\$100,000	\$25,000
39	MEDS MODERNIZATION PROJECT CONTRACTORS	\$154,000	\$15,400	\$546,000	\$54,600	\$392,000	\$39,200
40	MITA	\$189,000	\$18,900	\$0	\$0	-\$189,000	-\$18,900
41	PEDIATRIC PALLIATIVE CARE WAIVER EVALUATION	\$184,000	\$92,000	\$102,000	\$51,000	-\$82,000	-\$41,000
42	HEALTH CARE OPTIONS CONSULTANT COSTS	\$28,000	\$14,000	\$222,000	\$111,000	\$194,000	\$97,000
43	EPOCRATES	\$98,000	\$49,000	\$107,000	\$53,500	\$9,000	\$4,500
44	KATIE A. V. DIANA BONTA SPECIAL MASTER	\$103,000	\$51,500	\$100,000	\$50,000	-\$3,000	-\$1,500
45	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0	\$0	\$0
46	TAR POSTAGE	\$106,000	\$53,000	\$106,000	\$53,000	\$0	\$0
47	Q5i AUTOMATED DATA SYSTEM ACQUISTION	\$87,000	\$43,500	\$87,000	\$43,500	\$0	\$0
48	PASRR	\$0	\$0	\$3,616,000	\$904,000	\$3,616,000	\$904,000
49	SDMC SYSTEM M&O SUPPORT	\$0	\$0	\$1,834,000	\$917,000	\$1,834,000	\$917,000
50	ANNUAL EDP AUDIT CONTRACTOR	\$0	\$0	\$400,000	\$200,000	\$400,000	\$200,000
51	RECOVERY AUDIT CONTRACTOR COSTS	\$0	\$0	\$9,000	\$4,500	\$9,000	\$4,500
75	ETL DATA SOLUTION	\$0	\$0	\$469,000	\$77,900	\$469,000	\$77,900
76	VITAL RECORDS DATA	\$0	\$0	\$926,000	\$0	\$926,000	\$0
78	ACA EXPANSION ADMIN COSTS	\$0	\$0	\$19,085,000	\$9,542,500	\$19,085,000	\$9,542,500

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

MAY PC#	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
CDHS							
79	RESTORATION OF ADULT OPTIONAL DENTAL BENEFIT	\$0	\$0	\$4,255,000	\$1,350,000	\$4,255,000	\$1,350,000
	CDHS SUBTOTAL	\$622,882,000	\$125,009,700	\$1,645,049,000	\$146,754,350	\$1,022,167,000	\$21,744,650
OTHER DEPARTMENTS							
52	PERSONAL CARE SERVICES	\$255,456,000	\$0	\$262,751,000	\$0	\$7,295,000	\$0
53	HEALTH-RELATED ACTIVITIES - CDSS	\$206,848,000	\$0	\$218,951,000	\$0	\$12,103,000	\$0
54	CDDS ADMINISTRATIVE COSTS	\$36,635,000	\$0	\$33,875,000	\$0	-\$2,760,000	\$0
55	MATERNAL AND CHILD HEALTH	\$30,113,000	\$0	\$34,190,000	\$0	\$4,077,000	\$0
56	HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER C	\$25,143,000	\$0	\$25,143,000	\$0	\$0	\$0
57	CLPP CASE MANAGEMENT SERVICES	\$6,830,000	\$0	\$5,200,000	\$0	-\$1,630,000	\$0
58	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$23,412,000	\$0	\$24,111,000	\$0	\$699,000	\$0
59	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$2,793,000	\$0	\$3,146,000	\$0	\$353,000	\$0
60	VETERANS BENEFITS	\$956,000	\$0	\$956,000	\$0	\$0	\$0
61	CDPH I&E PROGRAM AND EVALUATION	\$1,490,000	\$0	\$1,557,000	\$0	\$67,000	\$0
62	OUTREACH - CHILDREN	\$916,000	\$320,600	\$0	\$0	-\$916,000	-\$320,600
63	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	\$1,746,000	\$0	\$0	\$0	-\$1,746,000	\$0
64	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT	\$19,329,000	\$2,433,000	\$19,005,000	\$2,433,000	-\$324,000	\$0
65	CDDS DENTAL SERVICES	\$1,270,000	\$1,270,000	\$1,270,000	\$1,270,000	\$0	\$0
66	KIT FOR NEW PARENTS	\$1,017,000	\$0	\$1,017,000	\$0	\$0	\$0
67	QUITLINE ADMINISTRATIVE SERVICES	\$0	\$0	\$2,000,000	\$0	\$2,000,000	\$0
68	CHHS AGENCY HIPAA FUNDING	\$651,000	\$0	\$651,000	\$0	\$0	\$0
69	FAMILY PACT EVALUATION	\$619,000	\$0	\$63,000	\$0	-\$556,000	\$0
70	FPACT SUPPORT, PROVIDER EDUC. & CLIENT OUTREA	\$480,000	\$0	\$27,000	\$0	-\$453,000	\$0
71	CCI CDA ADMIN COST-HICAP	\$272,000	\$0	\$0	\$0	-\$272,000	\$0
72	MERIT SYSTEM SERVICES FOR COUNTIES	\$207,000	\$103,500	\$184,000	\$92,000	-\$23,000	-\$11,500
73	SINGLE POINT OF ENTRY - MEDI-CAL ONLY	\$3,524,000	\$1,391,950	\$7,049,000	\$2,784,400	\$3,525,000	\$1,392,450
74	PIA EYEWEAR COURIER SERVICE	\$324,000	\$162,000	\$324,000	\$162,000	\$0	\$0

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

MAY PC#	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
	OTHER DEPARTMENTS						
	OTHER DEPARTMENTS SUBTOTAL	\$620,031,000	\$5,681,050	\$641,470,000	\$6,741,400	\$21,439,000	\$1,060,350
	OTHER ADMINISTRATION SUBTOTAL	\$1,242,913,000	\$130,690,750	\$2,286,519,000	\$153,495,750	\$1,043,606,000	\$22,805,000
	GRAND TOTAL COUNTY AND OTHER ADMIN.	\$2,631,092,000	\$769,798,100	\$3,980,303,000	\$909,141,350	\$1,349,211,000	\$139,343,250

**MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>CDHS</u>
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES
2	CCS CASE MANAGEMENT
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN
4	BTR—LIHP - ADMIN COSTS
5	EPSDT CASE MANAGEMENT
6	MH/UCD—HCCI - ADMIN COSTS
7	CALHEERS DEVELOPMENT
8	POSTAGE & PRINTING
9	SMH MAA
10	COUNTY UR & QA ADMIN
11	INTERIM AND FINAL COST SETTLEMENTS-SMHS
12	COORDINATED CARE MANAGEMENT PILOTS
13	TRANSITION OF HFP TO MEDI-CAL
14	MIS/DSS CONTRACT
15	LITIGATION RELATED SERVICES
16	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)
17	MEDI-CAL RECOVERY CONTRACTS
18	CA-MMIS TAKEOVER & REPLACEMENT OVERSIGHT
19	CCI - DUAL ELIGIBLE DEMONSTRATION PROJECT
20	CA-MMIS TAKEOVER/OTHER STATE TRANSITION COSTS
21	PREVENTION OF CHRONIC DISEASE GRANT PROJECT
22	FY 2012-13 FAMILY PACT EVALUATION
23	ARRA HITECH INCENTIVE PROGRAM
24	SSA COSTS FOR HEALTH COVERAGE INFO.
25	ADHC TRANSITION-ADMINISTRATION
26	MEDS INTERFACE WITH CALHEERS
27	FAMILY PACT PROGRAM ADMIN.
28	HIPAA CAPITATION PAYMENT REPORTING SYSTEM
29	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES
30	MMA - DSH ANNUAL INDEPENDENT AUDIT
31	RATE STUDIES FOR MAIC AND AAC VENDOR
32	MEDI-CAL INPATIENT SERVICES FOR INMATES
33	POSTAGE AND PRINTING - THIRD PARTY LIAB.
34	DENTAL PAPD PROJECT MANAGER
35	MEDICARE BUY-IN QUALITY REVIEW PROJECT
36	CCT OUTREACH - ADMINISTRATIVE COSTS

**MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>CDHS</u>	
37	ENCRYPTION OF PHI DATA
38	MIS/DSS CONTRACT REPROCUREMENT SERVICES
39	MEDS MODERNIZATION PROJECT CONTRACTORS
40	MITA
41	PEDIATRIC PALLIATIVE CARE WAIVER EVALUATION
42	HEALTH CARE OPTIONS CONSULTANT COSTS
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44	KATIE A. V. DIANA BONTA SPECIAL MASTER
45	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT
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47	Q5i AUTOMATED DATA SYSTEM ACQUISITION
48	PASRR
49	SDMC SYSTEM M&O SUPPORT
50	ANNUAL EDP AUDIT CONTRACTOR
51	RECOVERY AUDIT CONTRACTOR COSTS
75	ETL DATA SOLUTION
76	VITAL RECORDS DATA
78	ACA EXPANSION ADMIN COSTS
79	RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS
<u>OTHER DEPARTMENTS</u>	
52	PERSONAL CARE SERVICES
53	HEALTH-RELATED ACTIVITIES - CDSS
54	CDDS ADMINISTRATIVE COSTS
55	MATERNAL AND CHILD HEALTH
56	HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
57	CLPP CASE MANAGEMENT SERVICES
58	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
59	DEPARTMENT OF AGING ADMINISTRATIVE COSTS
60	VETERANS BENEFITS
61	CDPH I&E PROGRAM AND EVALUATION
62	OUTREACH - CHILDREN
63	SINGLE POINT OF ENTRY - MEDI-CAL/HFP
64	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS
65	CDDS DENTAL SERVICES
66	KIT FOR NEW PARENTS

**MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>OTHER DEPARTMENTS</u>
67	QUITLINE ADMINISTRATIVE SERVICES
68	CHHS AGENCY HIPAA FUNDING
69	FAMILY PACT EVALUATION
70	FPACT SUPPORT, PROVIDER EDUC. & CLIENT OUTREACH
71	CCI CDA ADMIN COST-HICAP
72	MERIT SYSTEM SERVICES FOR COUNTIES
73	SINGLE POINT OF ENTRY - MEDI-CAL ONLY
74	PIA EYEWEAR COURIER SERVICE

RATE STUDIES FOR MAIC AND AAC VENDOR

OTHER ADMIN. POLICY CHANGE NUMBER: 31
 IMPLEMENTATION DATE: 3/2012
 ANALYST: Erickson Chow
 FISCAL REFERENCE NUMBER: 1483

	FY 2012-13	FY 2013-14
TOTAL FUNDS	\$635,000	\$0
STATE FUNDS	\$317,500	\$0
FEDERAL FUNDS	\$317,500	\$0

DESCRIPTION

Purpose:

This policy change estimates the cost related to hiring a contractor to survey drug price information from pharmacies.

Authority:

AB 102 (Chapter 29, Statutes of 2011)
 Welfare & Institutions (W&I) Code, sections 14105.45 and 14105.451

Interdependent Policy Changes:

Not Applicable

Background:

W&I Code section 14105.45, requires the Department to establish Maximum Allowable Ingredient Costs (MAIC) on certain generic drugs based on pharmacies' acquisition costs and to update the MAICs at least every three months. Currently, the Department is subject to a court injunction which precludes implementation of the MAIC methodology.

AB 102 authorized the Department to develop a reimbursement methodology for drugs based on a new benchmark, the Average Acquisition Cost (AAC), to replace the Average Wholesale Price. MAICs based on the new reimbursement benchmark, AACs, are not subject to the injunction.

To obtain information from providers necessary to establish the MAICs and AACs, the Department hired a contractor to survey drug price information from Medi-Cal pharmacy providers and update MAICs and AACs on an ongoing basis. A project management contractor was assigned to oversee the implementation of the AAC vendor program.

Reason for Change from Prior Estimate:

Because of the court injunction, no costs will be incurred in FY 2013-14.

Methodology:

1. The project management contractor was hired in February 2012, payments began in March 2012.
2. Estimated contractors' costs are:

	FY 2012-13	
Total	\$ 635,000	

RATE STUDIES FOR MAIC AND AAC VENDOR

OTHER ADMIN. POLICY CHANGE NUMBER: 31

Funding:

Title XIX 50/50 FFP (4260-101-0001/0890)

RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS

OTHER ADMIN. POLICY CHANGE NUMBER: 79
 IMPLEMENTATION DATE: 5/2014
 ANALYST: Jennifer Hsu
 FISCAL REFERENCE NUMBER: 1800

	FY 2012-13	FY 2013-14
TOTAL FUNDS	\$0	\$4,255,000
STATE FUNDS	\$0	\$1,350,000
FEDERAL FUNDS	\$0	\$2,905,000

DESCRIPTION

Purpose:

This policy change estimates the administrative costs to restore partial adult optional dental benefits.

Authority:

AB 82 (2013, Pending), Section 14131.10 of the Welfare & Institutions Code

Interdependent Policy Changes:

Not Applicable

Background:

ABX3 5 (Chapter 20, Statutes of 2009) discontinued Medi-Cal optional services for adults 21 years of age or older who are not in nursing facilities and excluding pregnant women. ABX3 5 eliminated the full scope of adult optional dental benefits, including full denture related procedures and "restore but not replace" procedures. Currently, Medi-Cal only covers the services that are Federally Required Adult Dental Services (FRADS).

AB 82 restores partial adult optional dental benefits, including full mouth dentures.

Effective January 1, 2014, the Affordable Care Act (ACA) provides states the option to expand Medicaid coverage to previously ineligible persons, primarily childless adults at or below 138 percent of the federal poverty level (FPL). The ACA expansion includes:

- ACA Mandatory Expansion: cover the currently Medi-Cal eligible but not enrolled beneficiaries.
- ACA Optional Expansion: expand coverage to newly eligibles.

The optional dental administrative cost for the expanded population due to the ACA is included in this policy change.

Reason for Change from Prior Estimate:

This is a new policy change.

Methodology:

1. Assume the implementation date is May 2014.
2. In FY 2013-14, the average per-member-per-month (PMPM) for adult optional dental benefits is \$11.07 and \$0.92 for the administrative costs. Assume the annual utilization growth rate is 2.85% and no growth for the PMPM.

RESTORATION OF ADULT OPTIONAL DENTAL BENEFITS

OTHER ADMIN. POLICY CHANGE NUMBER: 79

3. In FY 2013-14, it is estimated 606,000 eligibles will enroll in Medi-Cal under the ACA mandatory expansion and 635,000 eligibles under the ACA optional expansion. Assume 27% of ACA mandatory expansion eligibles are children.
4. In FY 2013-14, the total estimated costs for adult optional dental benefits are:

(Dollar in Thousands)

	TF	FFP	GF
Benefit Costs			
Current Medi-Cal (50/50)	\$23,300	\$11,650	\$11,650
ACA Mandatory Expansion (50/50)	\$7,740	\$3,870	\$3,870
ACA Optional Expansion (100% FFP)	\$20,017	\$20,017	\$0
Total Benefit Costs	\$51,057	\$35,537	\$15,520
Administrative Costs (FI)			
Current Medi-Cal	\$1,942	\$1,326	\$616
ACA Mandatory Expansion	\$645	\$440	\$205
ACA Optional Expansion	\$1,668	\$1,139	\$529
Total Administrative Costs (FI)	\$4,255	\$2,905	\$1,350
Grand Total	\$55,312	\$38,442	\$16,870

Funding:

100% General Fund (4260-101-0001)

Title XIX 100% FFP (4260-101-0890)

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FISCAL INTERMEDIARY ESTIMATE

Appropriation

May 2013

FY 2013-14	TOTAL	FEDERAL	STATE
MEDICAL FISCAL INTERMEDIARY CONTRACT (a)	\$180,393,000	\$130,743,000	\$49,650,000
DENTAL FISCAL INTERMEDIARY CONTRACT (b)	\$74,158,000	\$50,527,000	\$23,631,000
HEALTH CARE OPTIONS (c)	\$96,787,000	\$48,144,000	\$48,643,000
STATE CONTROLLER/STATE TREASURER	\$1,856,000	\$1,148,000	\$708,000
PROVIDER VERIFICATION FILE	\$2,000	\$1,000	\$1,000
TOTAL MEDI-CAL COSTS	<u>\$353,196,000</u>	<u>\$230,563,000</u>	<u>\$122,633,000</u>

Refugee expenditures of \$100,609 are included in the Reimbursement line (4260-610-0995) in the Management Summary.

(a) Includes \$481,175 TF (\$168,411 GF) for Title XXI activities (4260-113-0001/0890), and \$24,703,542 TF (\$4,085,585 GF) for HIPAA (4260-117-0001/0890).

(b) Includes \$387,000 TF (\$135,450 GF) for Title XXI activities (4260-113-0001/0890), and \$1,045,000 TF (\$261,250 GF) for HIPAA (4260-117-0001/0890).

(c) Includes \$500,000 TF (\$500,000 GF) for CCI Activities (4260-601-00001)

FISCAL INTERMEDIARY

Appropriation

Comparison of May 2013 Estimate to Appropriation and November 2012 Estimate

Current Year 2012-13 Comparison

	<u>2012-13 Appropriation</u>		<u>November 2012 Estimate CY</u>		<u>May 2013 Estimate CY</u>		<u>Difference between May 2013 & Appropriation</u>		<u>Difference between May 2013 & November 2012</u>	
	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>
Xerox Medical Fiscal Intermediary	\$150,980,000	\$37,272,000	\$178,080,000	\$47,342,000	\$172,792,000	\$47,089,000	\$21,812,000	\$9,817,000	(\$5,288,000)	(\$253,000)
Total Dental Fiscal Intermediary	\$69,102,000	\$21,343,000	\$73,612,000	\$23,031,000	\$69,903,000	\$22,168,000	\$801,000	\$825,000	(\$3,709,000)	(\$863,000)
Total Health Care Options	\$54,547,000	\$27,274,000	\$84,131,000	\$42,066,000	\$78,220,000	\$39,110,000	\$23,673,000	\$11,836,000	(\$5,911,000)	(\$2,956,000)
Total Miscellaneous Expenditures	\$1,893,000	\$584,000	\$1,858,000	\$576,000	\$1,858,000	\$710,000	(\$35,000)	\$126,000	\$0	\$134,000
Reconciliation with Budget Act	<u>(\$21,937,000)</u>	<u>(\$10,951,000)</u>	\$0	\$0	\$0	\$0	<u>\$21,937,000</u>	<u>\$10,951,000</u>	\$0	\$0
GRAND TOTAL	\$254,585,000	\$75,522,000	\$337,681,000	\$113,015,000	\$322,773,000	\$109,077,000	\$68,188,000	\$33,555,000	-\$14,908,000	-\$3,938,000

Budget Year 2013-14 Comparison

	<u>November 2012 Estimate BY</u>		<u>May 2013 Estimate BY</u>		<u>Difference between May 2013 & November 2012</u>	
	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>	<u>Total Funds</u>	<u>State Funds</u>
Xerox Medical Fiscal Intermediary	\$145,423,000	\$39,984,000	\$180,393,000	\$49,650,000	\$34,970,000	\$9,666,000
Total Dental Fiscal Intermediary	\$72,807,000	\$23,734,000	\$74,158,000	\$23,631,000	\$1,351,000	(\$103,000)
Total Health Care Options	\$92,586,000	\$46,293,000	\$96,787,000	\$48,643,000	\$4,201,000	\$2,350,000
Total Miscellaneous Expenditures	<u>\$1,858,000</u>	<u>\$576,000</u>	<u>\$1,858,000</u>	<u>\$709,000</u>	\$0	\$133,000
GRAND TOTAL	\$312,674,000	\$110,587,000	\$353,196,000	\$122,633,000	\$40,522,000	\$12,046,000

HEALTH CARE OPTIONS

May 2013

FY 2013-14

Appropriation

CONTRACT NO. 07-65829:

Operations:

Section 8.3.2	Transactions	\$10,243,376	
Section 8.3.3	Mailings	\$7,185,153	
Section 8.3.47	Beneficiary Direct Assistance	\$4,473,347	
	Medi-Cal Publications Management Services	\$378,848	
	Personalized Provider Directory	\$429,099	
	SPD County Inserts - Incremental Costs	\$57,738	
	Initial Health Screen Questionnaire (MET/HIF)	\$165,115	
	Base Volume Increase Projection	\$8,020,366	
	<i>Total Operations</i>		\$30,953,042

Hourly Reimbursement:

Section 8.6	Enrollment Services Representatives		\$10,983,285
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Cost Reimbursement:

Section 8.7.1	Various		\$27,735,797
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Personalized Provider Directories (PPD) (\$2,000,000)

Duals Coordinated Care Initiative (CCI) \$17,137,143

Shift of Healthy Families Children to Medi-Cal Admin Costs \$8,597,923

CCI Notification \$500,000

Expansion of Managed Care \$381,819

Low Income Health Program (LIHP) \$2,498,118

TOTAL HEALTH CARE OPTIONS FY 2013-14 ESTIMATE \$96,787,127

CCI Notification

Appropriation

The Coordinated Care Initiative (CCI) will integrate the delivery of medical, behavioral, and long-term care services and will provide a road map to integrate Medicare and Medi-Cal for dual beneficiaries. The CCI will be implemented in eight counties beginning in 2014.

Funds will be used to notify individuals who are dually eligible for Medi-Cal and Medicare and providers regarding the provisions of the CCI.

	<u>FY 2012-13</u>	<u>FY 2013-14</u>
Total Funds	\$0	\$500,000
General Fund 4260-601-0001	\$0	\$500,000