

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

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CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

MANAGEMENT
SUMMARY

Medi-Cal Funding Summary
May 2011 Estimate Compared to November 2010 Estimate
Fiscal Year 2011-2012

TOTAL FUNDS			
	Nov 2010 Estimate	May 2011 Appropriation Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$33,956,650,000	\$37,773,994,000	\$3,817,344,000
4260-101-0080 CLPP Funds	\$115,000	\$804,000	\$689,000
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$70,593,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,387,000	\$24,589,000	\$1,202,000
4260-101-3148 Prop.10 Health & Human Service	\$1,000,000,000	\$0	(\$1,000,000,000)
4260-102-0001/0890 Capital Debt	\$96,998,000	\$93,182,000	(\$3,816,000)
4260-106-0890 Money Follow Person Federal Grant	\$2,934,000	\$2,934,000	\$0
4260-113-0001/0890 (Healthy Families)	\$751,438,000	\$771,363,000	\$19,925,000
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 NDPH Supplemental Fund	\$1,904,000	\$1,904,000	\$0
4260-601-3097 Private Hospital Supp. Fund	\$138,447,000	\$140,251,000	\$1,804,000
4260-601-3156 MCO Tax Fund	\$97,226,000	\$99,600,000	\$2,374,000
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$0	\$0	\$0
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$0	\$325,000,000	\$325,000,000
4260-601-7502 Demonstration DSH Fund	\$543,914,000	\$499,258,000	(\$44,656,000)
4260-601-7503 Health Care Support Fund	\$1,283,510,000	\$1,117,709,000	(\$165,801,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$0	\$0	\$0
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund	\$23,000,000	\$22,300,000	(\$700,000)
4260-605-3167 SNF Quality & Accountability	\$25,477,000	\$22,300,000	(\$3,177,000)
4260-606-0834 MIPA Fund	\$553,503,000	\$633,150,000	\$79,647,000
4260-610-0995 Reimbursements	\$858,818,000	\$876,913,000	\$18,095,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$23,000,000)	(\$22,300,000)	\$700,000
TOTAL MEDI-CAL Benefits	\$39,438,584,000	\$42,487,214,000	\$3,048,630,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$2,708,500,000	\$2,707,820,000	(\$680,000)
4260-106-0890(1) Money Follow Person Fed. Grant	\$375,000	\$15,698,000	\$15,323,000
4260-113-0001/0890 Healthy Families	\$4,039,000	\$4,039,000	\$0
4260-117-0001/0890 HIPAA	\$3,354,000	\$3,675,000	\$321,000
4260-610-0995 Reimbursements	\$984,000	\$1,664,000	\$680,000
TOTAL COUNTY ADMIN.	\$2,717,252,000	\$2,732,896,000	\$15,644,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$285,392,000	\$285,068,000	(\$324,000)
4260-113-0001/0890 (Healthy Families)	\$960,000	\$960,000	\$0
4260-117-0001/0890 (HIPAA)	\$35,657,000	\$42,680,000	\$7,023,000
4260-610-0995 (Reimbursements)	\$151,000	\$475,000	\$324,000
TOTAL FISCAL INTERMEDIARY	\$322,160,000	\$329,183,000	\$7,023,000
GRAND TOTAL - ALL FUNDS	\$42,477,996,000	\$45,549,293,000	\$3,071,297,000

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

Medi-Cal Funding Summary
May 2011 Estimate Compared to November 2010 Estimate
Fiscal Year 2011-2012

STATE FUNDS

	Nov 2010 Estimate	May 2011 Appropriation Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$12,550,138,000	\$13,567,933,000	\$1,017,795,000
4260-101-0080 CLPP Funds	\$115,000	\$804,000	\$689,000
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$70,593,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$23,387,000	\$24,589,000	\$1,202,000
4260-101-3148 Prop.10 Health & Human Service	\$1,000,000,000	\$0	(\$1,000,000,000)
4260-102-0001 Capital Debt *	\$48,499,000	\$46,591,000	(\$1,908,000)
4260-113-0001 Healthy Families *	\$248,670,000	\$197,337,000	(\$51,333,000)
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$4,000	\$4,000	\$0
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$118,400,000	\$120,177,000	\$1,777,000
4260-601-3097 Private Hosp. Supplemental Fund (Non GF)	\$20,047,000	\$20,074,000	\$27,000
4260-601-3156 MCO Tax Fund	\$97,226,000	\$99,600,000	\$2,374,000
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$0	\$0	\$0
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$0	\$325,000,000	\$325,000,000
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund *	\$23,000,000	\$22,300,000	(\$700,000)
4260-605-3167 SNF Quality & Accountability	\$25,477,000	\$22,300,000	(\$3,177,000)
4260-606-0834 MIPA Fund	\$553,503,000	\$633,150,000	\$79,647,000
4260-610-0995 Reimbursements	\$858,818,000	\$876,913,000	\$18,095,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$23,000,000)	(\$22,300,000)	\$700,000
TOTAL MEDI-CAL Benefits	\$15,650,447,000	\$16,040,635,000	\$390,188,000
Total Benefits General Fund *	\$12,990,607,000	\$13,956,238,000	\$965,631,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$746,343,000	\$648,198,000	(\$98,145,000)
4260-113-0001 Healthy Families *	\$318,000	\$239,000	(\$79,000)
4260-117-0001 HIPAA *	\$0	\$32,000	\$32,000
4260-610-0995 Reimbursements	\$984,000	\$1,664,000	\$680,000
TOTAL COUNTY ADMIN.	\$747,645,000	\$650,133,000	(\$97,512,000)
Total Co. Admin. General Fund *	\$746,661,000	\$648,469,000	(\$98,192,000)
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$99,960,000	\$90,235,000	(\$9,725,000)
4260-113-0001 Healthy Families *	\$385,000	\$394,000	\$9,000
4260-117-0001 HIPAA *	\$4,879,000	\$5,992,000	\$1,113,000
4260-610-0995 Reimbursements	\$151,000	\$475,000	\$324,000
TOTAL FISCAL INTERMEDIARY	\$105,375,000	\$97,096,000	(\$8,279,000)
Total FI General Fund *	\$105,224,000	\$96,621,000	(\$8,603,000)
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GRAND TOTAL - STATE FUNDS	\$16,503,467,000	\$16,787,864,000	\$284,397,000
Grand Total General Fund*	\$13,842,492,000	\$14,701,328,000	\$858,836,000
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Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

**Medi-Cal Funding Summary
May 2011 Estimate Compared to November 2010 Estimate
Fiscal Year 2011-2012**

FEDERAL FUNDS

	<u>Nov 2010 Estimate</u>	<u>May 2011 Appropriation Estimate</u>	<u>Difference Incr./(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$21,406,512,000	\$24,206,061,000	\$2,799,549,000
4260-102-0890 Capital Debt	\$48,499,000	\$46,591,000	(\$1,908,000)
4260-106-0890 Money Follow Person Federal Grant	\$2,934,000	\$2,934,000	\$0
4260-113-0890 Healthy Families	\$502,768,000	\$574,026,000	\$71,258,000
4260-601-7502 Demonstration DSH Fund	\$543,914,000	\$499,258,000	(\$44,656,000)
4260-601-7503 Health Care Support Fund	\$1,283,510,000	\$1,117,709,000	(\$165,801,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$0	\$0	\$0
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TOTAL MEDI-CAL Benefits	\$23,788,137,000	\$26,446,579,000	\$2,658,442,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$1,962,157,000	\$2,059,622,000	\$97,465,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$375,000	\$15,698,000	\$15,323,000
4260-113-0890 Healthy Families	\$3,721,000	\$3,800,000	\$79,000
4260-117-0890 HIPAA	\$3,354,000	\$3,643,000	\$289,000
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TOTAL COUNTY ADMIN.	\$1,969,607,000	\$2,082,763,000	\$113,156,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$185,432,000	\$194,833,000	\$9,401,000
4260-113-0890 Healthy Families	\$575,000	\$566,000	(\$9,000)
4260-117-0890 HIPAA	\$30,778,000	\$36,688,000	\$5,910,000
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TOTAL FISCAL INTERMEDIARY	\$216,785,000	\$232,087,000	\$15,302,000
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GRAND TOTAL - FEDERAL FUNDS	\$25,974,529,000	\$28,761,429,000	\$2,786,900,000
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Medi-Cal Funding Summary
Appropriation Estimate Compared to May 2011 Estimate
Fiscal Year 2011-12

TOTAL FUNDS	May 2011 Estimate	May 2011 Appropriation Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$37,685,500,000	\$37,773,994,000	\$88,494,000
4260-101-0080 CLPP Funds	\$804,000	\$804,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$70,593,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$24,589,000	\$0
4260-101-3148 Prop.10 Health & Human Service	\$0	\$0	\$0
4260-102-0001/0890 Capital Debt	\$93,182,000	\$93,182,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$7,944,000	\$2,934,000	(\$5,010,000)
4260-113-0001/0890 Healthy Families	\$854,991,000	\$771,363,000	(\$83,628,000)
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 NDPH Supplemental Fund	\$1,904,000	\$1,904,000	\$0
4260-601-3097 Private Hospital Supp. Fund	\$140,251,000	\$140,251,000	\$0
4260-601-3156 MCO Tax Fund	\$203,014,000	\$99,600,000	(\$103,414,000)
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$320,000,000	\$0	(\$320,000,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$325,000,000	\$325,000,000	\$0
4260-601-7502 Demonstration DSH Fund	\$499,258,000	\$499,258,000	\$0
4260-601-7503 Health Care Support Fund	\$1,117,709,000	\$1,117,709,000	\$0
4260-601-7504 South LA Med Svcs Preservation Fund	\$0	\$0	\$0
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund	\$22,300,000	\$22,300,000	\$0
4260-605-3167 SNF Quality & Accountability	\$22,300,000	\$22,300,000	\$0
4260-606-0834 MIPA Fund	\$633,150,000	\$633,150,000	\$0
4260-610-0995 Reimbursements	\$876,913,000	\$876,913,000	\$0
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$22,300,000)	(\$22,300,000)	\$0
TOTAL MEDI-CAL Benefits	\$42,910,772,000	\$42,487,214,000	(\$423,558,000)
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$3,001,872,000	\$2,707,820,000	(\$294,052,000)
4260-106-0890(1) Money Follow Person Fed. Grant	\$10,688,000	\$15,698,000	\$5,010,000
4260-113-0001/0890 Healthy Families	\$4,286,000	\$4,039,000	(\$247,000)
4260-117-0001/0890 HIPAA	\$3,675,000	\$3,675,000	\$0
4260-610-0995 Reimbursements	\$1,664,000	\$1,664,000	\$0
TOTAL COUNTY ADMIN.	\$3,022,185,000	\$2,732,896,000	(\$289,289,000)
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890 (2)	\$308,906,000	\$285,068,000	(\$23,838,000)
4260-113-0001/0890 Healthy Families	\$1,079,000	\$960,000	(\$119,000)
4260-117-0001/0890 HIPAA	\$42,680,000	\$42,680,000	\$0
4260-610-0995 Reimbursements	\$475,000	\$475,000	\$0
TOTAL FISCAL INTERMEDIARY	\$353,140,000	\$329,183,000	(\$23,957,000)
GRAND TOTAL - ALL FUNDS	\$46,286,097,000	\$45,549,293,000	(\$736,804,000)

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

Medi-Cal Funding Summary
Appropriation Estimate Compared to May 2011 Estimate
Fiscal Year 2011-12

STATE FUNDS

	<u>May 2011 Estimate</u>	<u>May 2011 Appropriation Estimate</u>	<u>Difference Incr./(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$13,352,066,000	\$13,567,933,000	\$215,867,000
4260-101-0080 CLPP Funds	\$804,000	\$804,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$70,593,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$24,589,000	\$0
4260-101-3148 Prop.10 Health & Human Service	\$0	\$0	\$0
4260-102-0001 Capital Debt *	\$46,591,000	\$46,591,000	\$0
4260-113-0001 Healthy Families *	\$281,203,000	\$197,337,000	(\$83,866,000)
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund(GF) *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$4,000	\$4,000	\$0
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$120,177,000	\$120,177,000	\$0
4260-601-3097 Private Hosp. Supplemental Fund (Non GF)	\$20,074,000	\$20,074,000	\$0
4260-601-3156 MCO Tax Fund	\$203,014,000	\$99,600,000	(\$103,414,000)
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$320,000,000	\$0	(\$320,000,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$325,000,000	\$325,000,000	\$0
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund *	\$22,300,000	\$22,300,000	\$0
4260-605-3167 SNF Quality & Accountability	\$22,300,000	\$22,300,000	\$0
4260-606-0834 MIPA Fund	\$633,150,000	\$633,150,000	\$0
4260-610-0995 Reimbursements	\$876,913,000	\$876,913,000	\$0
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$22,300,000)	(\$22,300,000)	\$0
TOTAL MEDI-CAL Benefits	\$16,332,048,000	\$16,040,635,000	(\$291,413,000)
Total Benefits General Fund *	\$13,824,237,000	\$13,956,238,000	\$132,001,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$795,224,000	\$648,198,000	(\$147,026,000)
4260-113-0001 Healthy Families *	\$326,000	\$239,000	(\$87,000)
4260-117-0001 HIPAA *	\$32,000	\$32,000	\$0
4260-610-0995 Reimbursements	\$1,664,000	\$1,664,000	\$0
TOTAL COUNTY ADMIN.	\$797,246,000	\$650,133,000	(\$147,113,000)
Total Co. Admin. General Fund *	\$795,582,000	\$648,469,000	(\$147,113,000)
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$102,155,000	\$90,235,000	(\$11,920,000)
4260-113-0001 Healthy Families *	\$435,000	\$394,000	(\$41,000)
4260-117-0001 HIPAA *	\$5,992,000	\$5,992,000	\$0
4260-610-0995 Reimbursements	\$475,000	\$475,000	\$0
TOTAL FISCAL INTERMEDIARY	\$109,057,000	\$97,096,000	(\$11,961,000)
Total FI General Fund *	\$108,582,000	\$96,621,000	(\$11,961,000)
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GRAND TOTAL - STATE FUNDS	\$17,238,351,000	\$16,787,864,000	(\$450,487,000)
Grand Total - General Fund*	\$14,728,401,000	\$14,701,328,000	(\$27,073,000)
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Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

Medi-Cal Funding Summary
Appropriation Estimate Compared to May 2011 Estimate
Fiscal Year 2011-12

FEDERAL FUNDS

	<u>May 2011 Estimate</u>	<u>May 2011 Appropriation Estimate</u>	<u>Difference Incr./(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$24,333,434,000	\$24,206,061,000	(\$127,373,000)
4260-102-0890 Capital Debt	\$46,591,000	\$46,591,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$7,944,000	\$2,934,000	(\$5,010,000)
4260-113-0890 Healthy Families	\$573,788,000	\$574,026,000	\$238,000
4260-601-7502 Demonstration DSH Fund	\$499,258,000	\$499,258,000	\$0
4260-601-7503 Health Care Support Fund	\$1,117,709,000	\$1,117,709,000	\$0
4260-601-7504 South LA Med Svcs Preservation Fund	\$0	\$0	\$0
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TOTAL MEDI-CAL Benefits	\$26,578,724,000	\$26,446,579,000	(\$132,145,000)
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$2,206,648,000	\$2,059,622,000	(\$147,026,000)
4260-106-0890(1) Money Follow Person Fed. Grant	\$10,688,000	\$15,698,000	\$5,010,000
4260-113-0890 Healthy Families	\$3,960,000	\$3,800,000	(\$160,000)
4260-117-0890 HIPAA	\$3,643,000	\$3,643,000	\$0
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TOTAL COUNTY ADMIN.	\$2,224,939,000	\$2,082,763,000	(\$142,176,000)
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$206,751,000	\$194,833,000	(\$11,918,000)
4260-113-0890 Healthy Families	\$644,000	\$566,000	(\$78,000)
4260-117-0890 HIPAA	\$36,688,000	\$36,688,000	\$0
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TOTAL FISCAL INTERMEDIARY	\$244,083,000	\$232,087,000	(\$11,996,000)
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GRAND TOTAL - FEDERAL FUNDS	\$29,047,746,000	\$28,761,429,000	(\$286,317,000)
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Medi-Cal Funding Summary
Appropriation Estimate Comparison of FY 2010-11 to FY 2011-12

TOTAL FUNDS	FY 2010-11	FY 2011-12	Difference
	<u>Estimate</u>	<u>Appropriation</u>	<u>Estimate</u>
			<u>Incr.//(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$43,228,450,000	\$37,773,994,000	(\$5,454,456,000)
4260-101-0080 CLPP Funds	\$804,000	\$804,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$69,074,000	\$70,593,000	\$1,519,000
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$0	\$105,000	\$105,000
4260-101-0236 Prop. 99 Unallocated Account	\$23,296,000	\$24,589,000	\$1,293,000
4260-101-3148 Prop.10 Health & Human Service	\$0	\$0	\$0
4260-102-0001/0890 Capital Debt	\$98,790,000	\$93,182,000	(\$5,608,000)
4260-106-0890 Money Follows Person Federal Grant	\$1,135,000	\$2,934,000	\$1,799,000
4260-113-0001/0890 Healthy Families	\$603,733,000	\$771,363,000	\$167,630,000
4260-601-0942142 Local Trauma Centers	\$37,445,000	\$33,565,000	(\$3,880,000)
4260-601-3096 NDPH Supplemental Fund	\$2,808,000	\$1,904,000	(\$904,000)
4260-601-3097 Private Hospital Supp. Fund	\$161,346,000	\$140,251,000	(\$21,095,000)
4260-601-3156 MCO Tax Fund	\$150,269,000	\$99,600,000	(\$50,669,000)
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$4,086,060,000	\$0	(\$4,086,060,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$415,273,000	\$325,000,000	(\$90,273,000)
4260-601-7502 Demonstration DSH Fund	\$545,868,000	\$499,258,000	(\$46,610,000)
4260-601-7503 Health Care Support Fund	\$1,469,680,000	\$1,117,709,000	(\$351,971,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$39,167,000	\$0	(\$39,167,000)
4260-601-8033 Distressed Hospital Fund	\$4,136,000	\$0	(\$4,136,000)
4260-605-0001 100% General Fund	\$4,250,000	\$22,300,000	\$18,050,000
4260-605-3167 SNF Quality & Accountability	\$0	\$22,300,000	\$22,300,000
4260-606-0834 MIPA Fund	\$623,327,000	\$633,150,000	\$9,823,000
4260-610-0995 Reimbursements	\$185,183,000	\$876,913,000	\$691,730,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$4,250,000)	(\$22,300,000)	(\$18,050,000)
TOTAL MEDI-CAL Benefits	\$51,745,844,000	\$42,487,214,000	(\$9,258,630,000)
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$2,598,918,000	\$2,707,820,000	\$108,902,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$2,200,000	\$15,698,000	\$13,498,000
4260-113-0001/0890 Healthy Families	\$3,788,000	\$4,039,000	\$251,000
4260-117-0001/0890 HIPAA	\$4,901,000	\$3,675,000	(\$1,226,000)
4260-610-0995 Reimbursements	\$878,000	\$1,664,000	\$786,000
TOTAL COUNTY ADMIN.	\$2,610,685,000	\$2,732,896,000	\$122,211,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$239,171,000	\$285,068,000	\$45,897,000
4260-113-0001/0890 Healthy Families	\$711,000	\$960,000	\$249,000
4260-117-0001/0890 HIPAA	\$23,648,000	\$42,680,000	\$19,032,000
4260-610-0995 Reimbursements	\$171,000	\$475,000	\$304,000
TOTAL FISCAL INTERMEDIARY	\$263,701,000	\$329,183,000	\$65,482,000
GRAND TOTAL - ALL FUNDS	\$54,620,230,000	\$45,549,293,000	(\$9,070,937,000)

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

Medi-Cal Funding Summary
Appropriation Estimate Comparison of FY 2010-11 to FY 2011-12

STATE FUNDS

	FY 2010-11 Estimate	FY 2011-12 Appropriation Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$11,217,981,000	\$13,567,933,000	\$2,349,952,000
4260-101-0080 CLPP Funds	\$804,000	\$804,000	\$0
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$69,074,000	\$70,593,000	\$1,519,000
4260-101-0233 Prop. Physician Svcs. Acct.	\$0	\$105,000	\$105,000
4260-101-0236 Prop. 99 Unallocated Account	\$23,296,000	\$24,589,000	\$1,293,000
4260-101-3148 Prop.10 Health & Human Service	\$0	\$0	\$0
4260-102-0001 Capital Debt *	\$49,395,000	\$46,591,000	(\$2,804,000)
4260-113-0001 Healthy Families *	\$193,173,000	\$197,337,000	\$4,164,000
4260-601-0942142 Local Trauma Centers	\$37,445,000	\$33,565,000	(\$3,880,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$908,000	\$4,000	(\$904,000)
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$123,730,000	\$120,177,000	(\$3,553,000)
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$37,616,000	\$20,074,000	(\$17,542,000)
4260-601-3156 MCO Tax Fund	\$150,269,000	\$99,600,000	(\$50,669,000)
4260-601-3158 Hosp. Quality Assurance Rev. Fund	\$4,086,060,000	\$0	(\$4,086,060,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$415,273,000	\$325,000,000	(\$90,273,000)
4260-601-8033 Distressed Hospital Fund	\$4,136,000	\$0	(\$4,136,000)
4260-605-0001 100% General Fund *	\$4,250,000	\$22,300,000	\$18,050,000
4260-605-3167 SNF Quality & Accountability	\$0	\$22,300,000	\$22,300,000
4260-606-0834 MIPA Fund	\$623,327,000	\$633,150,000	\$9,823,000
4260-610-0995 Reimbursements	\$185,183,000	\$876,913,000	\$691,730,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$4,250,000)	(\$22,300,000)	(\$18,050,000)
	=====	=====	=====
TOTAL MEDI-CAL Benefits	\$17,219,570,000	\$16,040,635,000	(\$1,178,935,000)
Total Benefits General Fund *	\$11,590,429,000	\$13,956,238,000	\$2,365,809,000
	=====	=====	=====
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$758,026,000	\$648,198,000	(\$109,828,000)
4260-113-0001 Healthy Families *	\$313,000	\$239,000	(\$74,000)
4260-117-0001 HIPAA *	\$158,000	\$32,000	(\$126,000)
4260-610-0995 Reimbursements	\$878,000	\$1,664,000	\$786,000
	=====	=====	=====
TOTAL COUNTY ADMIN.	\$759,375,000	\$650,133,000	(\$109,242,000)
Total Co. Admin. General Fund *	\$758,497,000	\$648,469,000	(\$110,028,000)
	=====	=====	=====
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$83,157,000	\$90,235,000	\$7,078,000
4260-113-0001 Healthy Families *	\$275,000	\$394,000	\$119,000
4260-117-0001 HIPAA *	\$4,702,000	\$5,992,000	\$1,290,000
4260-610-0995 Reimbursements	\$171,000	\$475,000	\$304,000
	=====	=====	=====
TOTAL FISCAL INTERMEDIARY	\$88,305,000	\$97,096,000	\$8,791,000
Total FI General Fund *	\$88,134,000	\$96,621,000	\$8,487,000
	=====	=====	=====
GRAND TOTAL - STATE FUNDS	\$18,067,250,000	\$16,787,864,000	(\$1,279,386,000)
Grand Total General Fund *	\$12,437,060,000	\$14,701,328,000	\$2,264,268,000
	=====	=====	=====

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

Medi-Cal Funding Summary
Appropriation Estimate Comparison of FY 2010-11 to FY 2011-12

FEDERAL FUNDS

	FY 2010-11 Estimate	FY 2011-12 Appropriation Estimate	Difference Incr./((Decr.))
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$32,010,469,000	\$24,206,061,000	(\$7,804,408,000)
4260-102-0890 Capital Debt	\$49,395,000	\$46,591,000	(\$2,804,000)
4260-106-0890 Money Follow Person Federal Grant	\$1,135,000	\$2,934,000	\$1,799,000
4260-113-0890 Healthy Families	\$410,560,000	\$574,026,000	\$163,466,000
4260-601-7502 Demonstration DSH Fund	\$545,868,000	\$499,258,000	(\$46,610,000)
4260-601-7503 Health Care Support Fund	\$1,469,680,000	\$1,117,709,000	(\$351,971,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$39,167,000	\$0	(\$39,167,000)
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TOTAL MEDI-CAL Benefits	\$34,526,274,000	\$26,446,579,000	(\$8,079,695,000)
	=====	=====	=====
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$1,840,892,000	\$2,059,622,000	\$218,730,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$2,200,000	\$15,698,000	\$13,498,000
4260-113-0890 Healthy Families	\$3,475,000	\$3,800,000	\$325,000
4260-117-0890 HIPAA	\$4,743,000	\$3,643,000	(\$1,100,000)
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TOTAL COUNTY ADMIN.	\$1,851,310,000	\$2,082,763,000	\$231,453,000
	=====	=====	=====
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$156,014,000	\$194,833,000	\$38,819,000
4260-113-0890 Healthy Families	\$436,000	\$566,000	\$130,000
4260-117-0890 HIPAA	\$18,946,000	\$36,688,000	\$17,742,000
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TOTAL FISCAL INTERMEDIARY	\$175,396,000	\$232,087,000	\$56,691,000
	=====	=====	=====
GRAND TOTAL - FEDERAL FUNDS	\$36,552,980,000	\$28,761,429,000	(\$7,791,551,000)
	=====	=====	=====

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

BUDGET YEAR

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2011-12

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$18,901,686,460	\$9,450,843,230	\$9,450,843,230
B. B/Y BASE POLICY CHANGES	\$18,857,950,000	\$11,591,618,150	\$7,266,331,850
C. BASE ADJUSTMENTS	-\$593,125,000	-\$451,596,100	-\$141,528,900
D. ADJUSTED BASE	<u>\$37,166,511,460</u>	<u>\$20,590,865,280</u>	<u>\$16,575,646,180</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$805,545,250	\$512,389,240	\$293,156,000
B. BENEFITS	-\$448,045,870	\$106,740,020	-\$554,785,880
C. PHARMACY	-\$1,711,062,500	-\$957,715,950	-\$753,346,550
D. MANAGED CARE	\$980,307,000	\$489,153,500	\$491,153,500
E. PROVIDER RATES	-\$906,789,910	-\$453,394,960	-\$453,394,960
F. WAIVER--MH/UCD & BTR	\$5,628,883,880	\$4,627,681,440	\$1,001,202,440
G. SUPPLEMENTAL PMNTS.	\$1,434,694,000	\$1,265,788,500	\$168,905,500
H. OTHER	-\$462,829,650	\$265,071,670	-\$727,901,330
I. TOTAL CHANGE	<u>\$5,320,702,190</u>	<u>\$5,855,713,460</u>	<u>-\$535,011,270</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$42,487,213,660</u></u>	<u><u>\$26,446,578,750</u></u>	<u><u>\$16,040,634,910</u></u>

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2011-12**

<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	\$628,775,000	\$476,676,500	\$152,098,500
2	BREAST AND CERVICAL CANCER TREATMENT	\$133,166,000	\$73,830,250	\$59,335,750
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$10,112,700	\$5,598,300
4	BRIDGE TO HFP	\$12,776,000	\$8,304,400	\$4,471,600
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	\$3,560,400	\$1,362,670	\$2,197,730
6	REFUGEES	\$6,491,000	\$0	\$6,491,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$3,896,500
8	250% WORKING DISABLED PROGRAM CHANGES	\$188,000	\$55,500	\$132,500
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$1,678,000	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	-\$120,791,000	\$120,791,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$50,727,300	-\$50,727,300
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,833,000	-\$8,833,000
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$4,929,150	-\$2,464,580	-\$2,464,580
248	LOMELI V. SHEWRY	\$336,000	\$168,000	\$168,000
	ELIGIBILITY SUBTOTAL	\$805,545,250	\$512,389,240	\$293,156,000
<u>BENEFITS</u>				
14	ADULT DAY HEALTH CARE - CDA	\$390,766,000	\$195,383,000	\$195,383,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,786,000	\$113,786,000	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$331,603,000	\$331,603,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$479,320	\$239,660	\$239,660
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$3,912,800	\$2,934,600	\$978,200
21	MFP FUNDING TO CDDS FOR CCT	\$1,173,000	\$1,173,000	\$0
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PR	\$4,993,000	\$4,993,000	\$0
23	QUALITY OF LIFE SURVEYS FOR MFP	\$69,000	\$69,000	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$4,767,600	-\$4,767,600
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$105,528,150	-\$105,528,150
27	ADHC ONSITE TAR REVIEWS	-\$713,450	-\$356,730	-\$356,730
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,585,860	-\$2,292,930	-\$2,292,930
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$8,959,000	-\$4,479,500	-\$4,479,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$1,342,000	\$0	-\$1,342,000
223	COPAYMENT FOR DENTAL SERVICES	-\$55,839,000	-\$27,919,500	-\$27,919,500
224	COPAYMENT FOR EMERGENCY ER VISITS	-\$66,610,000	-\$33,305,000	-\$33,305,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$126,967,000	-\$63,483,500	-\$63,483,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$271,294,000	-\$142,641,000	-\$128,653,000
229	PHARMACY COPAYMENTS	-\$256,786,000	-\$128,393,000	-\$128,393,000
230	HEARING AID CAP	-\$458,000	-\$229,000	-\$229,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2011-12**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>BENEFITS</u>				
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$27,543,000	-\$13,771,500	-\$13,771,500
235	ELIMINATE ADHC SERVICES	-\$339,202,670	-\$169,601,340	-\$169,601,340
237	ELIMINATION OF COUGH AND COLD PRODUCTS	-\$4,206,000	-\$2,103,000	-\$2,103,000
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE V	-\$258,704,000	-\$129,352,000	-\$129,352,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$82,082,000	-\$41,041,000	-\$41,041,000
246	SAVINGS FROM ATTRITION IN MSSP	-\$5,000,000	-\$2,500,000	-\$2,500,000
256	ADHC TRANSITION	\$170,000,000	\$85,000,000	\$85,000,000
	BENEFITS SUBTOTAL	-\$448,045,870	\$106,740,020	-\$554,785,880
<u>PHARMACY</u>				
30	FEDERAL DRUG REBATE CHANGE	\$203,000,000	\$0	\$203,000,000
31	UBL AND MAIC INJUNCTION	\$0	\$0	\$0
33	NON FFP DRUGS	\$0	-\$2,389,000	\$2,389,000
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,732,500	-\$7,866,250	-\$7,866,250
38	MEDI-CAL PHARMACY REFORMS	\$0	\$0	\$0
39	BCCTP DRUG REBATES	-\$12,000,000	-\$7,800,000	-\$4,200,000
40	MEDICAL SUPPLY REBATES	-\$30,800,000	-\$15,400,000	-\$15,400,000
41	FAMILY PACT DRUG REBATES	-\$52,617,000	-\$45,303,300	-\$7,313,700
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$45,000,000	-\$22,570,000	-\$22,430,000
43	STATE SUPPLEMENTAL DRUG REBATES	-\$197,374,000	-\$98,994,200	-\$98,379,800
44	FEDERAL DRUG REBATE PROGRAM	-\$1,382,484,000	-\$693,393,200	-\$689,090,800
150	LITIGATION SETTLEMENTS	-\$50,055,000	\$0	-\$50,055,000
249	MANAGED CARE DRUG REBATES	-\$128,000,000	-\$64,000,000	-\$64,000,000
	PHARMACY SUBTOTAL	-\$1,711,062,500	-\$957,715,950	-\$753,346,550
<u>MANAGED CARE</u>				
48	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$341,704,000	\$170,852,000	\$170,852,000
52	MANAGED CARE EXPANSION - VENTURA	\$48,424,000	\$24,212,000	\$24,212,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN	\$2,717,000	\$1,358,500	\$1,358,500
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$206,829,000	\$103,414,500	\$103,414,500
62	MANAGED CARE EXPANSION - MENDOCINO	\$14,687,000	\$7,343,500	\$7,343,500
63	MANAGED CARE EXPANSION - MARIN	\$13,935,000	\$6,967,500	\$6,967,500
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$598,000	-\$299,000	-\$299,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,609,000	\$2,304,500	\$2,304,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$2,000,000	\$0	\$2,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0
252	MANAGED CARE PUBLIC HOSPITAL IGTS	\$346,000,000	\$173,000,000	\$173,000,000
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
MANAGED CARE				
265	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$980,307,000	\$489,153,500	\$491,153,500
PROVIDER RATES				
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$115,495,220	\$57,747,610	\$57,747,610
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$213,715,160	\$106,857,580	\$106,857,580
71	LTC RATE ADJUSTMENT	\$44,087,500	\$22,043,750	\$22,043,750
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$44,600,000	\$22,300,000	\$22,300,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$3,461,070	\$1,730,530	\$1,730,530
77	HOSPICE RATE INCREASES	\$1,832,910	\$916,460	\$916,450
78	NF-B RATE CHANGES AND QA FEE	\$35,254,470	\$17,627,240	\$17,627,240
79	REDUCTION TO RADIOLOGY RATES	-\$76,195,610	-\$38,097,810	-\$38,097,810
149	DENTAL RETROACTIVE RATE CHANGES	-\$16,672,000	-\$8,336,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	-\$875,367,000	-\$437,683,500	-\$437,683,500
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$402,985,000	-\$201,492,500	-\$201,492,500
259	NON-AB 1629 LTC RATE FREEZE	-\$73,110,630	-\$36,555,310	-\$36,555,310
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES	\$160,414,000	\$80,207,000	\$80,207,000
267	SB 90 PRESERVING CONTRACT HOSPITALS	-\$81,320,000	-\$40,660,000	-\$40,660,000
	PROVIDER RATES SUBTOTAL	-\$906,789,910	-\$453,394,950	-\$453,394,960
WAIVER--MH/UCD & BTR				
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAG	\$111,117,000	\$28,440,500	\$82,676,500
80	MH/UCD & BTR—DSH PAYMENT	\$1,704,697,000	\$1,097,418,000	\$607,279,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$355,272,000	\$177,636,000	\$177,636,000
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$280,502,000	\$140,251,000	\$140,251,000
83	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$42,735,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$34,329,000	\$34,329,000	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN	\$164,604,000	\$164,604,000	\$0
87	MH/UCD—STABILIZATION FUNDING	\$44,495,000	\$13,084,500	\$31,410,500
88	MH/UCD & BTR—CCS AND GHPP	\$106,000,000	\$106,000,000	\$0
90	MH/UCD—DPH INTERIM & FINAL RECONS	\$67,235,000	\$67,235,000	\$0
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$17,758,880	\$8,879,440	\$8,879,440
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,808,000	\$1,904,000	\$1,904,000
96	MH/UCD & BTR—BCCTP	\$0	\$800,000	-\$800,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$463,898,000	-\$463,898,000
98	MH/UCD & BTR—MIA-LTC	\$0	\$17,000,000	-\$17,000,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$650,000,000	\$325,000,000	\$325,000,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$74,064,000	\$276,200,000	-\$202,136,000
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$238,693,000	\$208,693,000	\$30,000,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2011-12

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>				
222	BTR—SAFETY NET CARE POOL	\$461,952,000	\$461,952,000	\$0
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INM	\$59,571,000	\$59,571,000	\$0
242	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$1,212,051,000	\$932,051,000	\$280,000,000
WAIVER--MH/UCD & BTR SUBTOTAL		\$5,628,883,880	\$4,627,681,440	\$1,001,202,440
<u>SUPPLEMENTAL PMNTS.</u>				
101	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$321,600,000	\$321,600,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$238,879,000	\$238,879,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$166,293,000	\$166,293,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$98,792,000	\$52,201,500	\$46,590,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$32,000,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$7,500,000	\$3,750,000	\$3,750,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$6,000,000	\$3,000,000	\$3,000,000
254	IHSS PROVIDER TAX	\$332,500,000	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$32,000,000	\$32,000,000
SUPPLEMENTAL PMNTS. SUBTOTAL		\$1,434,694,000	\$1,265,788,500	\$168,905,500
<u>OTHER</u>				
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$153,210,000	\$153,210,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$3,900,000	\$3,900,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$639,025,000	\$639,025,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$8,368,000	\$4,184,000	\$4,184,000
126	HEALTHY FAMILIES - CDMH	\$27,543,000	\$27,543,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,620,000	\$0	\$7,620,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$1,973,000	\$986,500	\$986,500
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
140	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	\$8,700,000	-\$8,700,000
145	FI COST CONTAINMENT PROJECTS	-\$326,380	-\$163,190	-\$163,190
146	ANTI-FRAUD INITIATIVE	-\$4,955,600	-\$2,477,800	-\$2,477,800
147	FQHC/RHC AUDIT STAFFING	-\$5,223,920	-\$2,611,960	-\$2,611,960
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARI	-\$31,502,000	\$0	-\$31,502,000
155	UNSPECIFIED BUDGET REDUCTION	-\$690,000,000	-\$345,000,000	-\$345,000,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$1,635,760	-\$817,880	-\$817,880
241	ACCELERATED PAYMENTS	-\$1,071,028,000	-\$563,429,000	-\$507,599,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2011-12**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<u>OTHER</u>			
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$10,000,000	-\$500,000	-\$9,500,000
268	RECONCILIATION WITH THE BUDGET ACT - SPECIAL	-\$5,010,000	-\$5,010,000	\$0
269	RECONCILIATION WITH THE BUDGET ACT OF 2011	\$515,213,000	\$353,533,000	\$161,680,000
	OTHER SUBTOTAL	-\$462,829,660	\$265,071,670	-\$727,901,330
	GRAND TOTAL	<u>\$5,320,702,200</u>	<u>\$5,855,713,470</u>	<u>-\$535,011,270</u>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2011-12**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$4,594,583,250	\$2,904,627,050	\$1,689,956,200
PHYSICIANS	\$1,241,748,180	\$765,749,160	\$475,999,020
OTHER MEDICAL	\$2,359,985,610	\$1,340,846,300	\$1,019,139,310
COUNTY OUTPATIENT	\$385,972,980	\$348,625,210	\$37,347,770
COMMUNITY OUTPATIENT	\$606,876,480	\$449,406,380	\$157,470,100
PHARMACY	\$903,809,840	\$499,031,460	\$404,778,380
HOSPITAL INPATIENT	\$7,877,156,060	\$5,157,412,580	\$2,719,743,480
COUNTY INPATIENT	\$2,529,550,220	\$2,011,217,650	\$518,332,570
COMMUNITY INPATIENT	\$5,347,605,850	\$3,146,194,930	\$2,201,410,920
LONG TERM CARE	\$4,228,895,680	\$2,200,283,610	\$2,028,612,070
NURSING FACILITIES	\$3,894,477,910	\$2,026,197,130	\$1,868,280,770
ICF-DD	\$334,417,770	\$174,086,470	\$160,331,290
OTHER SERVICES	\$1,325,933,800	\$927,084,340	\$398,849,460
MEDICAL TRANSPORTATION	\$147,182,810	\$75,589,200	\$71,593,610
OTHER SERVICES	\$1,011,782,310	\$757,957,660	\$253,824,660
HOME HEALTH	\$166,968,670	\$93,537,480	\$73,431,190
TOTAL FEE-FOR-SERVICE	\$18,930,378,630	\$11,688,439,040	\$7,241,939,590
MANAGED CARE	\$10,485,259,700	\$4,942,359,480	\$5,542,900,220
TWO PLAN MODEL	\$5,755,032,530	\$2,620,922,560	\$3,134,109,970
COUNTY ORGANIZED HEALTH SYS	\$3,524,930,870	\$1,763,451,350	\$1,761,479,520
GEOGRAPHIC MANAGED CARE	\$941,965,570	\$426,200,480	\$515,765,090
PHP & OTHER MANAG. CARE	\$263,330,730	\$131,785,100	\$131,545,630
DENTAL	\$493,526,150	\$253,555,250	\$239,970,890
MENTAL HEALTH	\$1,955,042,130	\$1,945,805,380	\$9,236,750
AUDITS/ LAWSUITS	-\$38,569,810	\$932,690	-\$39,502,500
EPSDT SCREENS	\$56,516,840	\$29,589,530	\$26,927,310
MEDICARE PAYMENTS	\$3,962,879,840	\$1,213,822,420	\$2,749,057,410
STATE HOSP./DEVELOPMENTAL CNTRS.	\$243,378,750	\$243,378,750	\$0
MISC. SERVICES	\$6,695,909,440	\$6,244,039,190	\$451,870,240
RECOVERIES	-\$297,108,000	-\$115,343,000	-\$181,765,000
GRAND TOTAL MEDI-CAL	\$42,487,213,660	\$26,446,578,750	\$16,040,634,910

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

<u>SERVICE CATEGORY</u>	<u>MAY 2011 EST. FOR 2010-11</u>	<u>MAY 2011 EST. FOR 2011-12</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$6,550,129,290	\$4,594,583,250	-\$1,955,546,040	-29.86
PHYSICIANS	\$1,516,919,940	\$1,241,748,180	-\$275,171,760	-18.14
OTHER MEDICAL	\$2,652,357,630	\$2,359,985,610	-\$292,372,020	-11.02
COUNTY OUTPATIENT	\$290,342,190	\$385,972,980	\$95,630,790	32.94
COMMUNITY OUTPATIENT	\$2,090,509,530	\$606,876,480	-\$1,483,633,050	-70.97
PHARMACY	\$1,902,775,450	\$903,809,840	-\$998,965,620	-52.50
HOSPITAL INPATIENT	\$13,779,593,840	\$7,877,156,060	-\$5,902,437,770	-42.83
COUNTY INPATIENT	\$3,237,192,920	\$2,529,550,220	-\$707,642,700	-21.86
COMMUNITY INPATIENT	\$10,542,400,920	\$5,347,605,850	-\$5,194,795,070	-49.28
LONG TERM CARE	\$5,019,796,220	\$4,228,895,680	-\$790,900,540	-15.76
NURSING FACILITIES	\$4,580,889,180	\$3,894,477,910	-\$686,411,270	-14.98
ICF-DD	\$438,907,040	\$334,417,770	-\$104,489,270	-23.81
OTHER SERVICES	\$1,587,472,870	\$1,325,933,800	-\$261,539,070	-16.48
MEDICAL TRANSPORTATION	\$195,421,960	\$147,182,810	-\$48,239,150	-24.68
OTHER SERVICES	\$1,164,713,310	\$1,011,782,310	-\$152,931,000	-13.13
HOME HEALTH	\$227,337,600	\$166,968,670	-\$60,368,920	-26.55
TOTAL FEE-FOR-SERVICE	\$28,839,767,680	\$18,930,378,630	-\$9,909,389,050	-34.36
MANAGED CARE	\$10,583,142,110	\$10,485,259,700	-\$97,882,410	-0.92
TWO PLAN MODEL	\$5,553,504,550	\$5,755,032,530	\$201,527,970	3.63
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,760,881,110	\$3,524,930,870	-\$235,950,240	-6.27
GEOGRAPHIC MANAGED CARE	\$968,424,100	\$941,965,570	-\$26,458,530	-2.73
PHP & OTHER MANAG. CARE	\$300,332,340	\$263,330,730	-\$37,001,610	-12.32
DENTAL	\$546,863,060	\$493,526,150	-\$53,336,910	-9.75
MENTAL HEALTH	\$1,675,937,750	\$1,955,042,130	\$279,104,380	16.65
AUDITS/ LAWSUITS	-\$47,290,870	-\$38,569,810	\$8,721,060	-18.44
EPSDT SCREENS	\$60,076,050	\$56,516,840	-\$3,559,210	-5.92
MEDICARE PAYMENTS	\$3,565,377,830	\$3,962,879,840	\$397,502,010	11.15
STATE HOSP./DEVELOPMENTAL CNTRS.	\$331,222,610	\$243,378,750	-\$87,843,860	-26.52
MISC. SERVICES	\$6,490,371,710	\$6,695,909,440	\$205,537,730	3.17
RECOVERIES	-\$299,624,000	-\$297,108,000	\$2,516,000	-0.84
GRAND TOTAL MEDI-CAL	\$51,745,843,920	\$42,487,213,660	-\$9,258,630,270	-17.89
STATE FUNDS	\$17,219,570,170	\$16,040,634,910	-\$1,178,935,260	-6.85

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

<u>SERVICE CATEGORY</u>	<u>NOV. 2010 EST. FOR 2011-12</u>	<u>MAY 2011 EST. FOR 2011-12</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,148,583,930	\$4,594,583,250	\$445,999,320	10.75
PHYSICIANS	\$1,066,296,830	\$1,241,748,180	\$175,451,350	16.45
OTHER MEDICAL	\$2,257,905,150	\$2,359,985,610	\$102,080,460	4.52
COUNTY OUTPATIENT	\$261,788,900	\$385,972,980	\$124,184,070	47.44
COMMUNITY OUTPATIENT	\$562,593,040	\$606,876,480	\$44,283,440	7.87
PHARMACY	\$1,055,459,760	\$903,809,840	-\$151,649,920	-14.37
HOSPITAL INPATIENT	\$7,646,387,930	\$7,877,156,060	\$230,768,130	3.02
COUNTY INPATIENT	\$2,423,809,290	\$2,529,550,220	\$105,740,930	4.36
COMMUNITY INPATIENT	\$5,222,578,640	\$5,347,605,850	\$125,027,200	2.39
LONG TERM CARE	\$4,092,895,230	\$4,228,895,680	\$136,000,440	3.32
NURSING FACILITIES	\$3,709,996,450	\$3,894,477,910	\$184,481,460	4.97
ICF-DD	\$382,898,780	\$334,417,770	-\$48,481,010	-12.66
OTHER SERVICES	\$731,312,100	\$1,325,933,800	\$594,621,700	81.31
MEDICAL TRANSPORTATION	\$148,738,860	\$147,182,810	-\$1,556,040	-1.05
OTHER SERVICES	\$426,964,060	\$1,011,782,310	\$584,818,250	136.97
HOME HEALTH	\$155,609,180	\$166,968,670	\$11,359,490	7.30
TOTAL FEE-FOR-SERVICE	\$17,674,638,950	\$18,930,378,630	\$1,255,739,670	7.10
MANAGED CARE	\$9,805,487,590	\$10,485,259,700	\$679,772,110	6.93
TWO PLAN MODEL	\$5,499,637,640	\$5,755,032,530	\$255,394,880	4.64
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,117,367,310	\$3,524,930,870	\$407,563,560	13.07
GEOGRAPHIC MANAGED CARE	\$918,053,740	\$941,965,570	\$23,911,830	2.60
PHP & OTHER MANAG. CARE	\$270,428,890	\$263,330,730	-\$7,098,160	-2.62
DENTAL	\$517,137,650	\$493,526,150	-\$23,611,500	-4.57
MENTAL HEALTH	\$1,815,845,210	\$1,955,042,130	\$139,196,920	7.67
AUDITS/ LAWSUITS	\$10,485,200	-\$38,569,810	-\$49,055,010	-467.85
EPSDT SCREENS	\$55,989,240	\$56,516,840	\$527,600	0.94
MEDICARE PAYMENTS	\$3,917,172,490	\$3,962,879,840	\$45,707,350	1.17
STATE HOSP./DEVELOPMENTAL CNTRS.	\$312,118,740	\$243,378,750	-\$68,739,990	-22.02
MISC. SERVICES	\$5,563,797,940	\$6,695,909,440	\$1,132,111,500	20.35
RECOVERIES	-\$234,089,000	-\$297,108,000	-\$63,019,000	26.92
GRAND TOTAL MEDI-CAL	\$39,438,584,000	\$42,487,213,660	\$3,048,629,660	7.73
STATE FUNDS	\$15,650,447,140	\$16,040,634,910	\$390,187,760	2.49

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$696,290,000	\$168,982,200	\$628,775,000	\$152,098,500	-\$67,515,000	-\$16,883,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$133,732,000	\$59,141,900	\$133,166,000	\$59,335,750	-\$566,000	\$193,850
3	CHDP GATEWAY - PREENROLLMENT	\$15,138,000	\$5,298,300	\$15,711,000	\$5,598,300	\$573,000	\$300,000
4	BRIDGE TO HFP	\$14,453,000	\$5,058,550	\$12,776,000	\$4,471,600	-\$1,677,000	-\$586,950
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$20,095,000	\$12,475,000	\$20,700,000	\$12,777,500	\$605,000	\$302,500
6	REFUGEES	\$7,320,000	\$7,320,000	\$6,491,000	\$6,491,000	-\$829,000	-\$829,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$7,793,000	\$3,896,500	\$0	\$0
8	250% WORKING DISABLED PROGRAM CHANGES	\$391,000	\$274,500	\$188,000	\$132,500	-\$203,000	-\$142,000
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$0	\$0	\$1,678,000	\$0	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	\$81,623,500	\$0	\$120,791,000	\$0	\$39,167,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$45,634,050	\$0	-\$50,727,300	\$0	-\$5,093,250
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$7,372,500	\$0	-\$8,833,000	\$0	-\$1,460,500
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$3,635,000	-\$1,817,500	-\$6,208,000	-\$3,104,000	-\$2,573,000	-\$1,286,500
248	LOMELI V. SHEWRY	\$0	\$0	\$336,000	\$168,000	\$336,000	\$168,000
	ELIGIBILITY SUBTOTAL	\$891,577,000	\$289,246,400	\$821,406,000	\$303,096,350	-\$70,171,000	\$13,849,950
BENEFITS							
14	ADULT DAY HEALTH CARE - CDA	\$369,770,000	\$184,885,000	\$390,766,000	\$195,383,000	\$20,996,000	\$10,498,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,786,000	\$0	\$113,786,000	\$0	\$0	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$155,827,000	\$0	\$331,603,000	\$0	\$175,776,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$45,464,000	\$22,732,000	\$0	\$0
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$7,320,000	\$3,660,000	\$1,584,000	\$792,000	-\$5,736,000	-\$2,868,000
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$6,631,000	\$1,658,000	\$5,360,000	\$1,340,000	-\$1,271,000	-\$318,000
21	MFP FUNDING TO CDDS FOR CCT	\$0	\$0	\$1,173,000	\$0	\$1,173,000	\$0
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$1,235,000	\$0	\$4,993,000	\$0	\$3,758,000	\$0
23	QUALITY OF LIFE SURVEYS FOR MFP	\$68,310	\$0	\$69,000	\$0	\$690	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$4,767,600	\$0	\$0
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$100,458,800	\$0	-\$105,528,150	\$0	-\$5,069,350
26	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	\$2,313,000	\$0	\$0	\$0	-\$2,313,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
27	ADHC ONSITE TAR REVIEWS	-\$1,647,000	-\$823,500	-\$1,459,000	-\$729,500	\$188,000	\$94,000
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,505,000	-\$4,252,500	-\$6,282,000	-\$3,141,000	\$2,223,000	\$1,111,500
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$8,982,000	-\$4,491,000	-\$8,959,000	-\$4,479,500	\$23,000	\$11,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$1,302,000	-\$1,302,000	-\$1,342,000	-\$1,342,000	-\$40,000	-\$40,000
223	COPAYMENT FOR DENTAL SERVICES	-\$2,505,000	-\$1,252,500	-\$55,839,000	-\$27,919,500	-\$53,334,000	-\$26,667,000
224	COPAYMENT FOR EMERGENCY ER VISITS	-\$76,744,000	-\$38,372,000	-\$66,610,000	-\$33,305,000	\$10,134,000	\$5,067,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$146,380,000	-\$73,190,000	-\$126,967,000	-\$63,483,500	\$19,413,000	\$9,706,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$318,976,000	-\$151,195,000	-\$271,294,000	-\$128,653,000	\$47,682,000	\$22,542,000
229	PHARMACY COPAYMENTS	-\$280,647,000	-\$140,323,500	-\$256,786,000	-\$128,393,000	\$23,861,000	\$11,930,500
230	HEARING AID CAP	-\$1,013,000	-\$506,500	-\$458,000	-\$229,000	\$555,000	\$277,500
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$28,929,000	-\$14,464,500	-\$27,543,000	-\$13,771,500	\$1,386,000	\$693,000
232	DURABLE MEDICAL EQUIPMENT CAP	-\$14,705,000	-\$7,352,500	\$0	\$0	\$14,705,000	\$7,352,500
233	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	-\$22,080,000	-\$11,040,000	\$0	\$0	\$22,080,000	\$11,040,000
235	ELIMINATE ADHC SERVICES	-\$353,249,630	-\$176,624,810	-\$339,202,670	-\$169,601,340	\$14,046,950	\$7,023,480
236	MEDICAL SUPPLIES CAP	-\$3,908,000	-\$1,954,000	\$0	\$0	\$3,908,000	\$1,954,000
237	ELIMINATION OF COUGH AND COLD PRODUCTS	-\$4,379,000	-\$2,189,500	-\$4,206,000	-\$2,103,000	\$173,000	\$86,500
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	-\$305,650,000	-\$152,825,000	-\$258,704,000	-\$129,352,000	\$46,946,000	\$23,473,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$392,945,000	-\$196,472,500	-\$82,082,000	-\$41,041,000	\$310,863,000	\$155,431,500
246	SAVINGS FROM ATTRITION IN MSSP	-\$39,826,000	-\$19,913,000	-\$5,000,000	-\$2,500,000	\$34,826,000	\$17,413,000
256	ADHC TRANSITION	\$0	\$0	\$170,000,000	\$85,000,000	\$170,000,000	\$85,000,000
	BENEFITS SUBTOTAL	-\$1,312,271,320	-\$888,522,710	-\$447,935,670	-\$555,092,590	\$864,335,640	\$333,430,130
<u>PHARMACY</u>							
30	FEDERAL DRUG REBATE CHANGE	\$133,000,000	\$133,000,000	\$203,000,000	\$203,000,000	\$70,000,000	\$70,000,000
31	UBL AND MAIC INJUNCTION	\$60,000,000	\$30,000,000	\$60,000,000	\$30,000,000	\$0	\$0
33	NON FFP DRUGS	\$0	\$1,940,500	\$0	\$2,389,000	\$0	\$448,500
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,732,500	-\$7,866,250	-\$15,732,500	-\$7,866,250	\$0	\$0
35	PHARMACY TAR AUTO-ADJUDICATION	-\$2,555,000	-\$1,277,500	\$0	\$0	\$2,555,000	\$1,277,500
37	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	\$0	\$0	\$4,000,000	\$2,000,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
38	MEDI-CAL PHARMACY REFORMS	-\$31,400,000	-\$15,700,000	-\$31,400,000	-\$15,700,000	\$0	\$0
39	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$12,000,000	-\$4,200,000	\$0	\$0
40	MEDICAL SUPPLY REBATES	-\$12,500,000	-\$6,250,000	-\$30,800,000	-\$15,400,000	-\$18,300,000	-\$9,150,000
41	FAMILY PACT DRUG REBATES	-\$42,469,000	-\$5,902,900	-\$52,617,000	-\$7,313,700	-\$10,148,000	-\$1,410,800
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$45,000,000	-\$21,910,600	-\$45,000,000	-\$22,430,000	\$0	-\$519,400
43	STATE SUPPLEMENTAL DRUG REBATES	-\$216,822,000	-\$108,073,800	-\$197,374,000	-\$98,379,800	\$19,448,000	\$9,694,000
44	FEDERAL DRUG REBATE PROGRAM	-\$1,228,656,000	-\$612,416,400	-\$1,382,484,000	-\$689,090,800	-\$153,828,000	-\$76,674,400
150	LITIGATION SETTLEMENTS	\$0	\$0	-\$50,055,000	-\$50,055,000	-\$50,055,000	-\$50,055,000
249	MANAGED CARE DRUG REBATES	\$0	\$0	-\$128,000,000	-\$64,000,000	-\$128,000,000	-\$64,000,000
	PHARMACY SUBTOTAL	-\$1,418,134,500	-\$620,656,950	-\$1,682,462,500	-\$739,046,550	-\$264,328,000	-\$118,389,600
MANAGED CARE							
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$291,705,000	\$145,853,000	\$341,704,000	\$170,852,000	\$49,999,000	\$24,999,000
52	MANAGED CARE EXPANSION - VENTURA	\$5,908,000	\$2,954,000	\$48,424,000	\$24,212,000	\$42,516,000	\$21,258,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$2,764,000	\$1,382,000	\$2,717,000	\$1,358,500	-\$47,000	-\$23,500
59	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HI	\$0	\$0	\$0	\$0	\$0	\$0
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$194,452,000	\$97,226,000	\$206,829,000	\$103,414,500	\$12,377,000	\$6,188,500
61	CAPITATED RATE ADJUSTMENT FOR FY 2011-12	\$321,030,000	\$160,515,000	\$0	\$0	-\$321,030,000	-\$160,515,000
62	MANAGED CARE EXPANSION - MENDOCINO	\$14,826,000	\$7,413,000	\$14,687,000	\$7,343,500	-\$139,000	-\$69,500
63	MANAGED CARE EXPANSION - MARIN	\$13,948,000	\$6,974,000	\$13,935,000	\$6,967,500	-\$13,000	-\$6,500
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	-\$686,000	-\$343,000	-\$598,000	-\$299,000	\$88,000	\$44,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,364,000	\$2,182,000	\$4,609,000	\$2,304,500	\$245,000	\$122,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$1,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0
252	MANAGED CARE PUBLIC HOSPITAL IGTS	\$0	\$0	\$346,000,000	\$173,000,000	\$346,000,000	\$173,000,000
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
265	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$849,311,000	\$425,156,000	\$980,307,000	\$491,153,500	\$130,996,000	\$65,997,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>MANAGED CARE</u>							
<u>PROVIDER RATES</u>							
29	HOSPITAL INPATIENT RATE FREEZE	-\$214,183,000	-\$107,091,500	\$0	\$0	\$214,183,000	\$107,091,500
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$284,191,000	\$142,095,500	\$284,191,000	\$142,095,500	\$0	\$0
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$212,003,770	\$106,001,890	\$260,723,630	\$130,361,810	\$48,719,860	\$24,359,930
71	LTC RATE ADJUSTMENT	\$78,155,460	\$39,077,730	\$78,155,460	\$39,077,730	\$0	\$0
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$50,954,000	\$25,477,000	\$44,600,000	\$22,300,000	-\$6,354,000	-\$3,177,000
73	CHA V. MAXWELL-JOLLY INJUNCTION	\$57,602,000	\$28,801,000	\$0	\$0	-\$57,602,000	-\$28,801,000
74	ANNUAL MEI INCREASE FOR FQHC/RHCS	\$28,963,500	\$14,481,750	\$19,642,830	\$9,821,420	-\$9,320,670	-\$4,660,330
76	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$10,877,000	\$5,438,500	\$0	\$0	-\$10,877,000	-\$5,438,500
77	HOSPICE RATE INCREASES	\$2,438,030	\$1,219,010	\$2,438,030	\$1,219,010	\$0	\$0
78	NF-B RATE CHANGES AND QA FEE	\$0	\$0	\$35,254,470	\$17,627,240	\$35,254,470	\$17,627,240
79	REDUCTION TO RADIOLOGY RATES	-\$48,107,680	-\$24,053,840	-\$76,195,610	-\$38,097,810	-\$28,087,930	-\$14,043,960
149	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$16,672,000	-\$8,336,000	-\$16,672,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	-\$1,055,154,000	-\$537,085,500	-\$875,367,000	-\$437,683,500	\$179,787,000	\$99,402,000
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$392,942,500	-\$196,471,250	-\$402,985,000	-\$201,492,500	-\$10,042,500	-\$5,021,250
259	NON-AB 1629 LTC RATE FREEZE	\$0	\$0	-\$73,110,630	-\$36,555,310	-\$73,110,630	-\$36,555,310
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES	\$0	\$0	\$160,414,000	\$80,207,000	\$160,414,000	\$80,207,000
267	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	-\$81,320,000	-\$40,660,000	-\$81,320,000	-\$40,660,000
	PROVIDER RATES SUBTOTAL	-\$985,202,420	-\$502,109,710	-\$640,230,810	-\$320,115,410	\$344,971,610	\$181,994,300
<u>WAIVER--MH/UCD & BTR</u>							
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGEE	\$191,398,000	\$78,183,000	\$111,117,000	\$82,676,500	-\$80,281,000	\$4,493,500
80	MH/UCD & BTR—DSH PAYMENT	\$1,660,039,000	\$562,622,000	\$1,704,697,000	\$607,279,000	\$44,658,000	\$44,657,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$507,904,000	\$253,952,000	\$355,272,000	\$177,636,000	-\$152,632,000	-\$76,316,000
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL I	\$276,894,000	\$138,447,000	\$280,502,000	\$140,251,000	\$3,608,000	\$1,804,000
83	MH/UCD—SAFETY NET CARE POOL	\$70,993,000	\$0	\$42,735,000	\$0	-\$28,258,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$17,866,000	\$0	\$34,329,000	\$0	\$16,463,000	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$72,501,000	\$0	\$164,604,000	\$0	\$92,103,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
87	MH/UCD—STABILIZATION FUNDING	\$66,210,000	\$33,105,000	\$44,495,000	\$31,410,500	-\$21,715,000	-\$1,694,500
88	MH/UCD & BTR—CCS AND GHPP	\$0	\$0	\$106,000,000	\$0	\$106,000,000	\$0
90	MH/UCD—DPH INTERIM & FINAL RECONS	\$66,631,000	\$0	\$67,235,000	\$0	\$604,000	\$0
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$103,336,000	\$51,668,000	\$99,769,000	\$49,884,500	-\$3,567,000	-\$1,783,500
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,808,000	\$1,904,000	\$3,808,000	\$1,904,000	\$0	\$0
96	MH/UCD & BTR—BCCTP	\$0	\$0	\$0	-\$800,000	\$0	-\$800,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$484,560,500	\$0	-\$463,898,000	\$0	\$20,662,500
98	MH/UCD & BTR—MIA-LTC	\$0	\$0	\$0	-\$17,000,000	\$0	-\$17,000,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,300,000,000	\$650,000,000	\$650,000,000	\$325,000,000	-\$650,000,000	-\$325,000,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	\$0	\$74,064,000	-\$202,136,000	\$74,064,000	-\$202,136,000
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$221,029,000	\$0	\$238,693,000	\$30,000,000	\$17,664,000	\$30,000,000
222	BTR—SAFETY NET CARE POOL	\$382,918,000	\$0	\$461,952,000	\$0	\$79,034,000	\$0
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMAT	\$0	\$0	\$59,571,000	\$0	\$59,571,000	\$0
242	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$590,704,000	\$0	\$1,212,051,000	\$280,000,000	\$621,347,000	\$280,000,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,532,231,000	\$1,285,320,500	\$5,710,894,000	\$1,042,207,500	\$178,663,000	-\$243,113,000
<u>SUPPLEMENTAL PMNTS.</u>							
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$72,600,000	\$0	\$321,600,000	\$0	\$249,000,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$280,719,000	\$0	\$238,879,000	\$0	-\$41,840,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$55,431,000	\$0	\$166,293,000	\$0	\$110,862,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,609,000	\$48,499,000	\$98,792,000	\$46,590,500	-\$3,817,000	-\$1,908,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$32,000,000	\$0	\$0	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$7,500,000	\$3,750,000	-\$2,500,000	-\$1,250,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$6,000,000	\$3,000,000	-\$2,000,000	-\$1,000,000
254	IHSS PROVIDER TAX	\$0	\$0	\$332,500,000	\$0	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	\$64,000,000	\$32,000,000	\$64,000,000	\$32,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$728,489,000	\$141,064,000	\$1,434,694,000	\$168,905,500	\$706,205,000	\$27,841,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>SUPPLEMENTAL PMNTS.</u>							
<u>OTHER</u>							
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$52,729,000	\$0	\$153,210,000	\$0	\$100,481,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$3,900,000	\$0	\$3,900,000	\$0	\$0	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$634,775,000	\$0	\$639,025,000	\$0	\$4,250,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$7,936,000	\$3,968,000	\$8,368,000	\$4,184,000	\$432,000	\$216,000
126	HEALTHY FAMILIES - CDMH	\$28,955,000	\$0	\$27,543,000	\$0	-\$1,412,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,620,000	\$7,620,000	\$7,620,000	\$7,620,000	\$0	\$0
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$2,874,000	\$1,437,000	\$1,973,000	\$986,500	-\$901,000	-\$450,500
135	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNI	\$0	\$0	\$0	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
140	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	-\$8,500,000	\$0	-\$8,700,000	\$0	-\$200,000
144	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$900,000	-\$495,000	\$0	\$0	\$900,000	\$495,000
145	FI COST CONTAINMENT PROJECTS	-\$1,560,000	-\$780,000	-\$326,380	-\$163,190	\$1,233,620	\$616,810
146	ANTI-FRAUD INITIATIVE	-\$6,079,500	-\$3,039,750	-\$4,955,600	-\$2,477,800	\$1,123,910	\$561,950
147	FQHC/RHC AUDIT STAFFING	-\$6,043,600	-\$3,021,800	-\$5,223,920	-\$2,611,960	\$819,680	\$409,840
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$18,000,000	-\$18,000,000	\$0	\$0	\$18,000,000	\$18,000,000
151	PROVIDER OVERPAYMENT REPAYMENTS	\$30,000,000	\$30,000,000	\$0	\$0	-\$30,000,000	-\$30,000,000
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$29,756,000	-\$29,756,000	-\$31,502,000	-\$31,502,000	-\$1,746,000	-\$1,746,000
155	UNSPECIFIED BUDGET REDUCTION	\$0	\$0	-\$690,000,000	-\$345,000,000	-\$690,000,000	-\$345,000,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$56,517,000	-\$28,258,500	-\$1,635,760	-\$817,880	\$54,881,240	\$27,440,620
241	ACCELERATED PAYMENTS	-\$1,637,574,000	-\$785,209,000	-\$1,071,028,000	-\$507,599,000	\$566,546,000	\$277,610,000
244	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$0	\$0	-\$10,000,000	-\$9,500,000	-\$10,000,000	-\$9,500,000
268	RECONCILIATION WITH THE BUDGET ACT - SPECIAL FI	\$0	\$0	-\$5,010,000	\$0	-\$5,010,000	\$0
269	RECONCILIATION WITH THE BUDGET ACT OF 2011	\$0	\$0	\$515,213,000	\$161,680,000	\$515,213,000	\$161,680,000
	OTHER SUBTOTAL	-\$987,641,100	-\$828,035,050	-\$462,829,660	-\$727,901,330	\$524,811,440	\$100,133,720

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2011 ESTIMATE COMPARED TO NOVEMBER 2010 ESTIMATE
FISCAL YEAR 2011-12**

NO.	POLICY CHANGE TITLE	NOV. 2010 EST. FOR 2011-12		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>OTHER</u>						
	GRAND TOTAL	<u>\$3,298,358,660</u>	<u>-\$698,537,520</u>	<u>\$5,713,842,360</u>	<u>-\$336,793,020</u>	<u>\$2,415,483,700</u>	<u>\$361,744,500</u>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$614,919,000	\$148,746,400	\$628,775,000	\$152,098,500	\$13,856,000	\$3,352,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$127,814,000	\$56,776,150	\$133,166,000	\$59,335,750	\$5,352,000	\$2,559,600
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$5,598,300	\$15,711,000	\$5,598,300	\$0	\$0
4	BRIDGE TO HFP	\$13,540,000	\$4,739,000	\$12,776,000	\$4,471,600	-\$764,000	-\$267,400
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$16,437,000	\$10,386,500	\$20,700,000	\$12,777,500	\$4,263,000	\$2,391,000
6	REFUGEES	\$6,531,000	\$6,531,000	\$6,491,000	\$6,491,000	-\$40,000	-\$40,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$1,150,000	\$575,000	\$7,793,000	\$3,896,500	\$6,643,000	\$3,321,500
8	250% WORKING DISABLED PROGRAM CHANGES	\$0	\$0	\$188,000	\$132,500	\$188,000	\$132,500
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$0	\$0	\$1,678,000	\$0	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	\$102,359,500	\$0	\$120,791,000	\$0	\$18,431,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$47,360,850	\$0	-\$50,727,300	\$0	-\$3,366,450
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$19,874,650	\$0	-\$8,833,000	\$0	\$11,041,650
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$1,918,000	-\$959,000	-\$6,208,000	-\$3,104,000	-\$4,290,000	-\$2,145,000
248	LOMELI V. SHEWRY	\$0	\$0	\$336,000	\$168,000	\$336,000	\$168,000
	ELIGIBILITY SUBTOTAL	\$794,184,000	\$267,517,350	\$821,406,000	\$303,096,350	\$27,222,000	\$35,579,000
BENEFITS							
14	ADULT DAY HEALTH CARE - CDA	\$388,872,000	\$194,436,000	\$390,766,000	\$195,383,000	\$1,894,000	\$947,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,070,000	\$0	\$113,786,000	\$0	-\$4,284,000	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$0	\$0	\$331,603,000	\$0	\$331,603,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$18,319,000	\$45,464,000	\$22,732,000	\$0	\$4,413,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$1,017,610	\$508,810	\$1,584,000	\$792,000	\$566,390	\$283,200
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$3,046,000	\$614,000	\$5,360,000	\$1,340,000	\$2,314,000	\$726,000
21	MFP FUNDING TO CDDS FOR CCT	\$0	\$0	\$1,173,000	\$0	\$1,173,000	\$0
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PRO.	\$0	\$0	\$4,993,000	\$0	\$4,993,000	\$0
23	QUALITY OF LIFE SURVEYS FOR MFP	\$35,690	\$0	\$69,000	\$0	\$33,320	\$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 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
BENEFITS							
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$3,980,950	\$0	-\$4,767,600	\$0	-\$786,650
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$104,650,000	\$0	-\$105,528,150	\$0	-\$878,150
27	ADHC ONSITE TAR REVIEWS	-\$615,000	-\$307,500	-\$1,459,000	-\$729,500	-\$844,000	-\$422,000
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,211,000	-\$2,105,500	-\$6,282,000	-\$3,141,000	-\$2,071,000	-\$1,035,500
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$1,828,000	-\$914,000	-\$8,959,000	-\$4,479,500	-\$7,131,000	-\$3,565,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$335,000	-\$335,000	-\$1,342,000	-\$1,342,000	-\$1,007,000	-\$1,007,000
223	COPAYMENT FOR DENTAL SERVICES	-\$4,653,000	-\$2,326,500	-\$55,839,000	-\$27,919,500	-\$51,186,000	-\$25,593,000
224	COPAYMENT FOR EMERGENCY ER VISITS	\$0	\$0	-\$66,610,000	-\$33,305,000	-\$66,610,000	-\$33,305,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$126,967,000	-\$63,483,500	-\$126,967,000	-\$63,483,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	\$0	\$0	-\$271,294,000	-\$128,653,000	-\$271,294,000	-\$128,653,000
229	PHARMACY COPAYMENTS	\$0	\$0	-\$256,786,000	-\$128,393,000	-\$256,786,000	-\$128,393,000
230	HEARING AID CAP	\$0	\$0	-\$458,000	-\$229,000	-\$458,000	-\$229,000
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	\$0	\$0	-\$27,543,000	-\$13,771,500	-\$27,543,000	-\$13,771,500
235	ELIMINATE ADHC SERVICES	\$0	\$0	-\$339,202,670	-\$169,601,340	-\$339,202,670	-\$169,601,340
237	ELIMINATION OF COUGH AND COLD PRODUCTS	\$0	\$0	-\$4,206,000	-\$2,103,000	-\$4,206,000	-\$2,103,000
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	\$0	\$0	-\$258,704,000	-\$129,352,000	-\$258,704,000	-\$129,352,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	\$0	\$0	-\$82,082,000	-\$41,041,000	-\$82,082,000	-\$41,041,000
246	SAVINGS FROM ATTRITION IN MSSP	\$0	\$0	-\$5,000,000	-\$2,500,000	-\$5,000,000	-\$2,500,000
256	ADHC TRANSITION	\$0	\$0	\$170,000,000	\$85,000,000	\$170,000,000	\$85,000,000
	BENEFITS SUBTOTAL	\$544,863,300	\$99,258,360	-\$447,935,670	-\$555,092,590	-\$992,798,970	-\$654,350,950
PHARMACY							
30	FEDERAL DRUG REBATE CHANGE	\$39,702,000	\$39,702,000	\$203,000,000	\$203,000,000	\$163,298,000	\$163,298,000
31	UBL AND MAIC INJUNCTION	\$59,520,000	\$29,760,000	\$60,000,000	\$30,000,000	\$480,000	\$240,000
33	NON FFP DRUGS	\$0	\$9,960,000	\$0	\$2,389,000	\$0	-\$7,571,000
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	\$0	\$0	-\$15,732,500	-\$7,866,250	-\$15,732,500	-\$7,866,250

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
38	MEDI-CAL PHARMACY REFORMS	-\$31,400,000	-\$15,700,000	-\$31,400,000	-\$15,700,000	\$0	\$0
39	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$12,000,000	-\$4,200,000	\$0	\$0
40	MEDICAL SUPPLY REBATES	-\$30,800,000	-\$15,400,000	-\$30,800,000	-\$15,400,000	\$0	\$0
41	FAMILY PACT DRUG REBATES	-\$50,460,000	-\$7,014,000	-\$52,617,000	-\$7,313,700	-\$2,157,000	-\$299,700
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$56,600,000	-\$24,644,800	-\$45,000,000	-\$22,430,000	\$11,600,000	\$2,214,800
43	STATE SUPPLEMENTAL DRUG REBATES	-\$190,312,000	-\$94,860,000	-\$197,374,000	-\$98,379,800	-\$7,062,000	-\$3,519,800
44	FEDERAL DRUG REBATE PROGRAM	-\$1,333,020,000	-\$664,436,000	-\$1,382,484,000	-\$689,090,800	-\$49,464,000	-\$24,654,800
150	LITIGATION SETTLEMENTS	-\$67,619,000	-\$67,619,000	-\$50,055,000	-\$50,055,000	\$17,564,000	\$17,564,000
249	MANAGED CARE DRUG REBATES	\$0	\$0	-\$128,000,000	-\$64,000,000	-\$128,000,000	-\$64,000,000
	PHARMACY SUBTOTAL	-\$1,672,989,000	-\$814,451,800	-\$1,682,462,500	-\$739,046,550	-\$9,473,500	\$75,405,250
MANAGED CARE							
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$272,649,000	\$109,081,000	\$341,704,000	\$170,852,000	\$69,055,000	\$61,771,000
52	MANAGED CARE EXPANSION - VENTURA	\$0	\$0	\$48,424,000	\$24,212,000	\$48,424,000	\$24,212,000
53	MATERNITY SUPPLEMENTAL PAYMENT	\$25,040,000	\$12,520,000	\$0	\$0	-\$25,040,000	-\$12,520,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN M	\$11,773,000	\$5,886,500	\$2,717,000	\$1,358,500	-\$9,056,000	-\$4,528,000
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$2,990,000	\$1,495,000	\$0	\$0	-\$2,990,000	-\$1,495,000
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$6,926,000	\$2,791,000	\$206,829,000	\$103,414,500	\$199,903,000	\$100,623,500
62	MANAGED CARE EXPANSION - MENDOCINO	\$0	\$0	\$14,687,000	\$7,343,500	\$14,687,000	\$7,343,500
63	MANAGED CARE EXPANSION - MARIN	\$0	\$0	\$13,935,000	\$6,967,500	\$13,935,000	\$6,967,500
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	-\$14,347,000	\$0	\$0	\$0	\$14,347,000
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$598,000	-\$299,000	-\$598,000	-\$299,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$9,630,000	-\$4,815,000	\$4,609,000	\$2,304,500	\$14,239,000	\$7,119,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>MANAGED CARE</u>							
252	MANAGED CARE PUBLIC HOSPITAL IGTS	\$0	\$0	\$346,000,000	\$173,000,000	\$346,000,000	\$173,000,000
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
265	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$311,748,000	\$114,611,500	\$980,307,000	\$491,153,500	\$668,559,000	\$376,542,000
<u>PROVIDER RATES</u>							
29	HOSPITAL INPATIENT RATE FREEZE	-\$25,548,000	-\$10,294,000	\$0	\$0	\$25,548,000	\$10,294,000
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$166,887,000	\$66,806,000	\$284,191,000	\$142,095,500	\$117,304,000	\$75,289,500
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$182,048,710	\$91,024,360	\$260,723,630	\$130,361,810	\$78,674,920	\$39,337,460
71	LTC RATE ADJUSTMENT	\$32,585,510	\$16,292,760	\$78,155,460	\$39,077,730	\$45,569,950	\$22,784,970
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	-\$4,250,000	-\$4,250,000	\$44,600,000	\$22,300,000	\$48,850,000	\$26,550,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,860,130	\$4,930,070	\$19,642,830	\$9,821,420	\$9,782,700	\$4,891,350
77	HOSPICE RATE INCREASES	\$774,060	\$387,030	\$2,438,030	\$1,219,010	\$1,663,970	\$831,990
78	NF-B RATE CHANGES AND QA FEE	\$0	\$0	\$35,254,470	\$17,627,240	\$35,254,470	\$17,627,240
79	REDUCTION TO RADIOLOGY RATES	-\$2,645,070	-\$1,322,540	-\$76,195,610	-\$38,097,810	-\$73,550,540	-\$36,775,270
149	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$16,672,000	-\$8,336,000	-\$16,672,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	\$0	\$0	-\$875,367,000	-\$437,683,500	-\$875,367,000	-\$437,683,500
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	\$0	\$0	-\$402,985,000	-\$201,492,500	-\$402,985,000	-\$201,492,500
259	NON-AB 1629 LTC RATE FREEZE	\$0	\$0	-\$73,110,630	-\$36,555,310	-\$73,110,630	-\$36,555,310
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES	\$0	\$0	\$160,414,000	\$80,207,000	\$160,414,000	\$80,207,000
267	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	-\$81,320,000	-\$40,660,000	-\$81,320,000	-\$40,660,000
	PROVIDER RATES SUBTOTAL	\$359,712,340	\$163,573,670	-\$640,230,810	-\$320,115,410	-\$999,943,150	-\$483,689,070
<u>WAIVER--MH/UCD & BTR</u>							
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGEE	\$11,501,000	\$5,807,500	\$111,117,000	\$82,676,500	\$99,616,000	\$76,869,000
80	MH/UCD & BTR—DSH PAYMENT	\$1,740,752,000	\$601,839,000	\$1,704,697,000	\$607,279,000	-\$36,055,000	\$5,440,000
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$450,887,000	\$225,443,500	\$355,272,000	\$177,636,000	-\$95,615,000	-\$47,807,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$322,692,000	\$161,346,000	\$280,502,000	\$140,251,000	-\$42,190,000	-\$21,095,000
83	MH/UCD—SAFETY NET CARE POOL	\$24,449,000	\$0	\$42,735,000	\$0	\$18,286,000	\$0
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$70,553,000	\$0	\$34,329,000	\$0	-\$36,224,000	\$0
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$228,850,000	\$0	\$0	\$0	-\$228,850,000	\$0
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$74,616,000	\$0	\$164,604,000	\$0	\$89,988,000	\$0
87	MH/UCD—STABILIZATION FUNDING	\$21,067,000	\$10,533,500	\$44,495,000	\$31,410,500	\$23,428,000	\$20,877,000
88	MH/UCD & BTR—CCS AND GHPP	\$166,185,000	\$0	\$106,000,000	\$0	-\$60,185,000	\$0
89	MH/UCD—SOUTH LA PRESERVATION FUND	\$39,167,000	\$0	\$0	\$0	-\$39,167,000	\$0
90	MH/UCD—DPH INTERIM & FINAL RECONS	\$4,165,000	\$0	\$67,235,000	\$0	\$63,070,000	\$0
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$45,824,000	\$22,912,000	\$99,769,000	\$49,884,500	\$53,945,000	\$26,972,500
92	MH/UCD—DISTRESSED HOSPITAL FUND	\$8,272,000	\$4,136,000	\$0	\$0	-\$8,272,000	-\$4,136,000
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,616,000	\$2,808,000	\$3,808,000	\$1,904,000	-\$1,808,000	-\$904,000
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
95	MH/UCD—REDUCTION TO DPH SNCP BY 10%	\$0	-\$1,820,000	\$0	\$0	\$0	\$1,820,000
96	MH/UCD & BTR—BCCTP	\$0	-\$2,136,000	\$0	-\$800,000	\$0	\$1,336,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$514,666,500	\$0	-\$463,898,000	\$0	\$50,768,500
98	MH/UCD & BTR—MIA-LTC	\$0	-\$26,102,000	\$0	-\$17,000,000	\$0	\$9,102,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,006,880,000	\$415,273,000	\$650,000,000	\$325,000,000	-\$356,880,000	-\$90,273,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$306,550,000	\$0	\$74,064,000	-\$202,136,000	-\$232,486,000	-\$202,136,000
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$139,898,000	\$0	\$238,693,000	\$30,000,000	\$98,795,000	\$30,000,000
222	BTR—SAFETY NET CARE POOL	\$503,137,000	\$0	\$461,952,000	\$0	-\$41,185,000	\$0
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMAT	\$0	\$0	\$59,571,000	\$0	\$59,571,000	\$0
242	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$0	\$0	\$1,212,051,000	\$280,000,000	\$1,212,051,000	\$280,000,000
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,171,061,000	\$905,374,000	\$5,710,894,000	\$1,042,207,500	\$539,833,000	\$136,833,500

SUPPLEMENTAL PMNTS.

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.							
99	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,141,120,000	\$2,896,060,000	\$0	\$0	-\$7,141,120,000	-\$2,896,060,000
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS	\$420,000,000	\$0	\$0	\$0	-\$420,000,000	\$0
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$21,705,000	\$0	\$321,600,000	\$0	\$299,895,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$295,087,000	\$0	\$238,879,000	\$0	-\$56,208,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$124,068,000	\$49,862,000	\$100,000,000	\$50,000,000	-\$24,068,000	\$138,000
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$166,293,000	\$0	\$166,293,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$106,565,000	\$49,395,000	\$98,792,000	\$46,590,500	-\$7,773,000	-\$2,804,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$93,158,000	\$37,445,000	\$67,130,000	\$33,565,000	-\$26,028,000	-\$3,880,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$45,300,000	\$0	\$32,000,000	\$0	-\$13,300,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$7,500,000	\$3,750,000	-\$5,000,000	-\$2,500,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$6,000,000	\$3,000,000	-\$4,000,000	-\$2,000,000
254	IHSS PROVIDER TAX	\$0	\$0	\$332,500,000	\$0	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$27,597,000	\$64,000,000	\$32,000,000	\$0	\$4,403,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,333,503,000	\$3,071,609,000	\$1,434,694,000	\$168,905,500	-\$6,898,809,000	-\$2,902,703,500
OTHER							
20	LANTERMAN REGIONAL CENTER DISALLOWANCE	\$1,390,000	\$1,390,000	\$0	\$0	-\$1,390,000	-\$1,390,000
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$111,555,000	\$0	\$153,210,000	\$0	\$41,655,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$140,892,000	\$0	\$3,900,000	\$0	-\$136,992,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$43,625,000	\$0	\$639,025,000	\$0	\$595,400,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$30,082,720	\$12,119,960	\$8,368,000	\$4,184,000	-\$21,714,720	-\$7,935,960
126	HEALTHY FAMILIES - CDMH	\$40,559,000	\$0	\$27,543,000	\$0	-\$13,016,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,989,000	\$7,989,000	\$7,620,000	\$7,620,000	-\$369,000	-\$369,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENT!	\$5,222,000	\$2,611,000	\$1,973,000	\$986,500	-\$3,249,000	-\$1,624,500
136	ARRA-ADDITIONAL FFP FOR DHCS	\$0	-\$2,706,419,000	\$0	\$0	\$0	\$2,706,419,000
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2010-11 AND 2011-12**

NO.	POLICY CHANGE TITLE	MAY 2011 EST. FOR 2010-11		MAY 2011 EST. FOR 2011-12		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0	\$0	\$0	\$0
139	NUVARING COST SHIFT	\$0	-\$12,656,000	\$0	\$0	\$0	\$12,656,000
140	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	-\$8,700,000	\$0	-\$8,700,000	\$0	\$0
145	FI COST CONTAINMENT PROJECTS	\$0	\$0	-\$326,380	-\$163,190	-\$326,380	-\$163,190
146	ANTI-FRAUD INITIATIVE	-\$770,720	-\$385,360	-\$4,955,600	-\$2,477,800	-\$4,184,870	-\$2,092,440
147	FQHC/RHC AUDIT STAFFING	\$0	\$0	-\$5,223,920	-\$2,611,960	-\$5,223,920	-\$2,611,960
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	\$0	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$311,669,000	-\$311,669,000	-\$31,502,000	-\$31,502,000	\$280,167,000	\$280,167,000
155	UNSPECIFIED BUDGET REDUCTION	\$0	\$0	-\$690,000,000	-\$345,000,000	-\$690,000,000	-\$345,000,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	\$0	\$0	-\$1,635,760	-\$817,880	-\$1,635,760	-\$817,880
241	ACCELERATED PAYMENTS	\$1,071,028,000	\$408,526,000	-\$1,071,028,000	-\$507,599,000	-\$2,142,056,000	-\$916,125,000
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$0	\$0	-\$10,000,000	-\$9,500,000	-\$10,000,000	-\$9,500,000
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYME	-\$41,000,000	-\$20,500,000	\$0	\$0	\$41,000,000	\$20,500,000
268	RECONCILIATION WITH THE BUDGET ACT - SPECIAL FI	\$0	\$0	-\$5,010,000	\$0	-\$5,010,000	\$0
269	RECONCILIATION WITH THE BUDGET ACT OF 2011	\$0	\$0	\$515,213,000	\$161,680,000	\$515,213,000	\$161,680,000
	OTHER SUBTOTAL	\$1,098,903,000	-\$2,621,693,400	-\$462,829,660	-\$727,901,330	-\$1,561,732,650	\$1,893,792,070
	GRAND TOTAL	\$14,940,985,630	\$1,185,798,680	\$5,713,842,360	-\$336,793,020	-\$9,227,143,270	-\$1,522,591,700

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

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

<u>SERVICE CATEGORY</u>	<u>PA-OAS</u>	<u>PA-AB</u>	<u>PA-ATD</u>	<u>PA-AFDC</u>	<u>LT-OAS</u>	<u>LT-AB</u>
PHYSICIANS	\$30,494,550	\$6,006,920	\$287,862,720	\$69,709,940	\$3,935,520	\$110,190
OTHER MEDICAL	\$57,014,240	\$13,855,710	\$438,700,100	\$282,693,240	\$8,085,260	\$417,780
COUNTY OUTPATIENT	\$526,780	\$303,090	\$20,047,600	\$3,015,190	\$95,670	\$1,380
COMMUNITY OUTPATIENT	\$4,802,820	\$1,736,710	\$107,700,940	\$29,227,400	\$513,850	\$5,540
PHARMACY	\$23,504,150	\$10,263,120	\$566,497,050	\$57,639,670	\$7,013,820	\$140,350
COUNTY INPATIENT	\$6,453,630	\$2,011,870	\$145,210,870	\$30,045,000	\$1,646,250	\$160
COMMUNITY INPATIENT	\$150,873,300	\$25,881,410	\$1,151,408,990	\$297,251,680	\$31,611,210	\$1,175,130
NURSING FACILITIES	\$465,272,530	\$25,680,200	\$759,744,680	\$3,316,190	\$1,798,657,930	\$8,667,470
ICF-DD	\$359,610	\$9,037,270	\$172,059,820	\$423,820	\$20,525,010	\$2,515,700
MEDICAL TRANSPORTATION	\$16,135,730	\$4,074,670	\$64,180,130	\$4,914,800	\$4,818,670	\$146,940
OTHER SERVICES	\$50,482,720	\$8,190,980	\$340,491,360	\$35,256,770	\$66,554,740	\$209,230
HOME HEALTH	\$309,460	\$9,171,020	\$98,402,080	\$3,409,600	\$1,590	\$0
FFS SUBTOTAL	\$806,229,510	\$116,212,960	\$4,152,306,340	\$816,903,310	\$1,943,459,530	\$13,389,860
DENTAL	\$25,524,630	\$1,382,950	\$61,392,680	\$99,150,870	\$3,423,350	\$17,450
TWO PLAN MODEL	\$87,884,920	\$20,405,730	\$1,673,993,200	\$1,351,203,930	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$195,021,720	\$21,652,420	\$988,331,520	\$358,955,500	\$559,265,050	\$1,400,890
GEOGRAPHIC MANAGED CARE	\$16,671,780	\$3,543,190	\$294,230,500	\$241,643,090	\$0	\$0
PHP & OTHER MANAG. CARE	\$97,470,320	\$2,684,910	\$58,496,510	\$14,337,990	\$4,982,410	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$15,971,880	\$0	\$0
MEDICARE PAYMENTS	\$1,228,873,020	\$65,601,550	\$1,887,761,960	\$0	\$169,141,030	\$2,272,540
STATE HOSP./DEVELOPMENTAL CNTRS.	\$81,010	\$1,336,510	\$54,086,360	\$372,830	\$11,857,060	\$1,192,350
MISC. SERVICES	\$596,384,480	\$32,304,770	\$2,834,132,360	\$987,450	\$40	\$0
NON-FFS SUBTOTAL	\$2,247,911,880	\$148,912,030	\$7,852,425,090	\$2,082,623,540	\$748,668,940	\$4,883,230
TOTAL DOLLARS (1)	\$3,054,141,390	\$265,124,990	\$12,004,731,430	\$2,899,526,850	\$2,692,128,470	\$18,273,090
ELIGIBLES ***	401,900	21,800	966,700	1,563,900	47,900	200
ANNUAL \$/ELIGIBLE	\$7,599	\$12,162	\$12,418	\$1,854	\$56,203	\$91,365
AVG. MO. \$/ELIGIBLE	\$633	\$1,013	\$1,035	\$155	\$4,684	\$7,614

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

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

Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,135,530	\$47,763,600	\$517,370	\$69,107,950	\$285,723,390	\$29,930,470
OTHER MEDICAL	\$7,797,340	\$91,073,740	\$1,835,790	\$137,394,880	\$622,545,200	\$93,891,920
COUNTY OUTPATIENT	\$386,930	\$3,670,320	\$17,050	\$10,243,240	\$20,805,810	\$1,908,110
COMMUNITY OUTPATIENT	\$774,190	\$10,394,140	\$86,910	\$22,569,910	\$88,900,310	\$9,518,200
PHARMACY	\$11,185,910	\$37,310,410	\$387,170	\$54,240,790	\$111,018,820	\$28,694,890
COUNTY INPATIENT	\$12,906,850	\$23,851,290	\$428,340	\$149,371,330	\$209,266,280	\$13,509,870
COMMUNITY INPATIENT	\$43,652,770	\$126,928,950	\$1,718,670	\$397,776,660	\$1,180,311,940	\$110,065,300
NURSING FACILITIES	\$515,959,970	\$239,155,480	\$907,430	\$81,927,060	\$16,081,500	\$5,673,490
ICF-DD	\$132,879,490	\$298,770	\$430	\$5,026,850	\$382,630	\$2,155,710
MEDICAL TRANSPORTATION	\$2,927,980	\$13,771,560	\$280,220	\$21,217,960	\$15,030,660	\$1,722,090
OTHER SERVICES	\$15,492,860	\$233,331,550	\$555,460	\$230,556,570	\$82,917,060	\$10,262,510
HOME HEALTH	\$72,410	\$722,740	\$41,980	\$42,933,880	\$8,301,540	\$10,975,010
FFS SUBTOTAL	\$751,172,230	\$828,272,560	\$6,776,820	\$1,222,367,080	\$2,641,285,130	\$318,307,560
DENTAL	\$1,079,620	\$17,785,700	\$38,480	\$10,626,450	\$216,913,460	\$16,323,490
TWO PLAN MODEL	\$0	\$108,277,000	\$422,270	\$125,402,810	\$2,223,937,910	\$43,256,960
COUNTY ORGANIZED HEALTH SYSTEMS	\$223,997,770	\$150,971,180	\$511,400	\$222,768,900	\$813,585,250	\$35,309,340
GEOGRAPHIC MANAGED CARE	\$0	\$13,069,570	\$0	\$22,164,930	\$306,689,660	\$7,490,310
PHP & OTHER MANAG. CARE	\$242,880	\$65,849,960	\$69,880	\$6,328,320	\$31,148,270	\$2,065,120
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$34,941,870	\$2,331,270
MEDICARE PAYMENTS	\$40,149,950	\$348,822,690	\$2,302,080	\$229,063,490	\$20,393,520	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$165,141,140	\$114,140	\$79,470	\$245,210	\$246,700	\$241,120
MISC. SERVICES	\$10	\$409,682,890	\$883,250	\$494,261,200	\$2,201,100	\$147,970
NON-FFS SUBTOTAL	\$430,611,380	\$1,114,573,140	\$4,306,840	\$1,110,861,300	\$3,650,057,730	\$107,165,590
TOTAL DOLLARS (1)	\$1,181,783,600	\$1,942,845,700	\$11,083,660	\$2,333,228,370	\$6,291,342,860	\$425,473,140
ELIGIBLES ***	15,100	283,700	600	169,800	3,421,300	228,300
ANNUAL \$/ELIGIBLE	\$78,264	\$6,848	\$18,473	\$13,741	\$1,839	\$1,864
AVG. MO. \$/ELIGIBLE	\$6,522	\$571	\$1,539	\$1,145	\$153	\$155

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

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

Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$1,722,180	\$663,160	\$20,602,420	\$164,433,120	\$4,413,010	\$4,581,940
OTHER MEDICAL	\$1,722,550	\$1,504,470	\$43,653,780	\$218,725,380	\$25,655,140	\$16,137,710
COUNTY OUTPATIENT	\$139,160	\$338,120	\$3,268,140	\$4,025,050	\$242,220	\$272,080
COMMUNITY OUTPATIENT	\$354,300	\$215,890	\$4,337,780	\$18,266,960	\$2,093,570	\$1,999,100
PHARMACY	\$1,556,960	\$533,520	\$9,144,550	\$8,813,160	\$2,245,930	\$5,657,810
COUNTY INPATIENT	\$486,810	\$75,710	\$48,106,370	\$51,462,990	\$714,700	\$1,692,930
COMMUNITY INPATIENT	\$6,070,810	\$798,110	\$114,791,500	\$409,408,550	\$14,437,070	\$17,892,250
NURSING FACILITIES	\$30,565,020	\$6,290	\$24,414,580	\$526,340	\$811,850	\$821,360
ICF-DD	\$462,950	\$0	\$411,280	\$3,310	\$50	\$409,340
MEDICAL TRANSPORTATION	\$257,040	\$13,830	\$3,759,870	\$1,644,740	\$196,050	\$215,550
OTHER SERVICES	\$481,070	\$19,330	\$1,452,120	\$14,704,830	\$3,089,200	\$3,816,530
HOME HEALTH	\$6,010	\$1,970	\$29,170	\$805,550	\$454,120	\$972,170
FFS SUBTOTAL	\$43,824,850	\$4,170,400	\$273,971,550	\$892,819,990	\$54,352,900	\$54,468,780
DENTAL	\$134,510	\$223,000	\$250,510	\$576,760	\$16,895,960	\$20,290,490
TWO PLAN MODEL	\$252,580	\$1,327,250	\$0	\$40,647,650	\$107,637,040	\$102,129,140
COUNTY ORGANIZED HEALTH SYSTEMS	\$747,090	\$311,740	-\$2,309,000	\$28,856,450	\$57,737,770	\$43,795,070
GEOGRAPHIC MANAGED CARE	\$42,230	\$451,460	\$0	\$9,175,240	\$25,644,740	\$23,524,020
PHP & OTHER MANAG. CARE	\$16,170	\$0	\$0	\$1,599,210	\$1,335,060	\$1,319,490
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,586,260	\$1,567,750
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$276,810	\$0	\$240,440	\$91,760	\$40,320	\$81,920
MISC. SERVICES	\$920	\$0	\$0	\$88,800	\$30,220	\$28,980
NON-FFS SUBTOTAL	\$1,470,310	\$2,313,440	-\$1,818,050	\$81,035,880	\$210,907,370	\$192,736,860
TOTAL DOLLARS (1)	\$45,295,150	\$6,483,840	\$272,153,510	\$973,855,870	\$265,260,270	\$247,205,630
ELIGIBLES ***	1,900	2,600	63,100	186,100	155,300	153,500
ANNUAL \$/ELIGIBLE	\$23,840	\$2,494	\$4,313	\$5,233	\$1,708	\$1,610
AVG. MO. \$/ELIGIBLE	\$1,987	\$208	\$359	\$436	\$142	\$134

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

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

Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,034,713,970
OTHER MEDICAL	\$2,062,704,250
COUNTY OUTPATIENT	\$69,305,940
COMMUNITY OUTPATIENT	\$303,498,520
PHARMACY	\$935,848,070
COUNTY INPATIENT	\$697,241,240
COMMUNITY INPATIENT	\$4,082,054,310
NURSING FACILITIES	\$3,978,189,380
ICF-DD	\$346,952,040
MEDICAL TRANSPORTATION	\$155,308,480
OTHER SERVICES	\$1,097,864,870
HOME HEALTH	\$176,610,270
FFS SUBTOTAL	\$14,940,291,350
DENTAL	\$492,030,360
TWO PLAN MODEL	\$5,886,778,390
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,700,910,040
GEOGRAPHIC MANAGED CARE	\$964,340,720
PHP & OTHER MANAG. CARE	\$287,946,510
EPSDT SCREENS	\$56,399,030
MEDICARE PAYMENTS	\$3,994,381,840
STATE HOSP./DEVELOPMENTAL CNTRS.	\$235,725,160
MISC. SERVICES	\$4,371,134,430
NON-FFS SUBTOTAL	\$19,989,646,500
TOTAL DOLLARS (1)	\$34,929,937,840
ELIGIBLES ***	7,683,700
ANNUAL \$/ELIGIBLE	\$4,546
AVG. MO. \$/ELIGIBLE	\$379

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

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

Excluded policy changes: 50. Refer to page following report for listing.

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

EXCLUDED POLICY CHANGES: 50

1	FAMILY PACT PROGRAM
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
20	LANTERMAN REGIONAL CENTER DISALLOWANCE
41	FAMILY PACT DRUG REBATES
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
80	MH/UCD & BTR—DSH PAYMENT
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
83	MH/UCD—SAFETY NET CARE POOL
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS
87	MH/UCD—STABILIZATION FUNDING
88	MH/UCD & BTR—CCS AND GHPP
89	MH/UCD—SOUTH LA PRESERVATION FUND
92	MH/UCD—DISTRESSED HOSPITAL FUND
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
97	MH/UCD & BTR—DPH INTERIM RATE
99	HOSPITAL QAF - HOSPITAL PAYMENTS
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
103	IGT FOR NON-SB 1100 HOSPITALS
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
105	CAPITAL PROJECT DEBT REIMBURSEMENT
106	FFP FOR LOCAL TRAUMA CENTERS
107	CERTIFICATION PAYMENTS FOR DP-NFS
108	DSH OUTPATIENT PAYMENT METHOD CHANGE

FISCAL YEAR 2011-12 COST PER ELIGIBLE BASED ON MAY 2011 ESTIMATE

109	SRH OUTPATIENT PAYMENT METHOD CHANGE
122	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
123	ARRA HITECH - PROVIDER PAYMENTS
126	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE
149	DENTAL RETROACTIVE RATE CHANGES
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
155	UNSPECIFIED BUDGET REDUCTION
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
219	BTR—DESIGNATED STATE HEALTH PROGRAMS
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI
222	BTR—SAFETY NET CARE POOL
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
241	ACCELERATED PAYMENTS
242	BTR—LOW INCOME HEALTH PROGRAM - MCE
250	TRANSFER OF MCO TAX TO GENERAL FUND
260	NDPH IGT SUPPLEMENTAL PAYMENTS

**ESTIMATED COST OF 1% RATE INCREASE
FISCAL YEAR 2011-12**

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2011 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,034,713,970	0.9660	\$9,995,340	\$4,829,480	0.9167	0.7955	\$7,288,950	\$3,521,820
OTHER MEDICAL	\$2,062,704,250	0.9760	\$20,131,990	\$9,742,890	0.9167	0.8410	\$15,519,730	\$7,510,780
COUNTY OUTPATIENT	\$69,305,940	0.9600	\$665,340	\$322,530	0.9167	0.7396	\$451,100	\$218,680
COMMUNITY OUTPATIENT	\$303,498,520	0.9100	\$2,761,840	\$1,281,580	0.9167	0.8158	\$2,065,270	\$958,350
PHARMACY	\$935,848,070	0.0793	\$742,500	\$393,070	0.9167	0.9343	\$635,880	\$336,630
COUNTY INPATIENT	\$697,241,240	1.0000	N/A	N/A	0.9167	0.5743	N/A	N/A
COMMUNITY INPATIENT	\$4,082,054,310	1.0000	N/A	N/A	0.9167	0.7344	N/A	N/A
NURSING FACILITIES	\$3,978,189,380	1.1578	\$46,059,080	\$23,074,720	0.9167	0.8640	\$36,477,940	\$18,274,760
ICF-DD	\$346,952,040	1.1578	\$4,016,980	\$1,994,810	0.9167	0.9151	\$3,369,690	\$1,673,370
MEDICAL TRANSPORTATION	\$155,308,480	0.9660	\$1,500,280	\$758,900	0.9167	0.8289	\$1,139,930	\$576,620
OTHER SERVICES	\$1,097,864,870	0.9540	\$10,473,630	\$2,819,720	0.9167	0.7832	\$7,518,930	\$2,024,250
HOME HEALTH	\$176,610,270	0.9800	\$1,730,780	\$800,150	0.9167	0.8338	\$1,322,790	\$611,540
DENTAL	\$492,030,360	0.9990	\$4,915,380	\$2,392,040	0.9167	1.0000	\$4,505,770	\$2,192,700
MENTAL HEALTH	\$1,706,742,620	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$5,886,778,390	1.0000	\$58,867,780	\$32,007,530	0.9167	1.0000	\$53,962,140	\$29,340,240
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,700,910,040	1.0000	\$37,009,100	\$18,470,700	0.9167	1.0000	\$33,925,010	\$16,931,470
GEOGRAPHIC MANAGED CARE	\$964,340,720	1.0000	\$9,643,410	\$5,270,850	0.9167	1.0000	\$8,839,790	\$4,831,610
PHP & OTHER MANAG. CARE	\$287,946,510	1.0000	\$2,879,470	\$1,438,540	0.9167	1.0000	\$2,639,510	\$1,318,660
AUDITS/ LAWSUITS	-\$46,189,810	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$56,399,030	1.0000	\$563,990	\$268,850	0.9167	1.0000	\$516,990	\$246,450
MEDICARE PAYMENTS (4)	\$3,994,381,840	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$235,725,160	0.9782	\$2,305,840	\$0	0.9167	1.0000	\$2,113,690	\$0
MISC. SERVICES	\$4,371,134,430	1.0000	\$43,711,340	\$190,060	0.9167	1.0000	\$40,068,730	\$174,220
RECOVERIES	-\$297,108,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TOTAL	\$36,293,382,650		\$257,974,070	\$106,056,440 (3)			\$222,361,830	\$90,742,160

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.
 Adjustment factor for Dental services due primarily to prior year reconciliations.
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

CASELOAD

**Estimated Average Monthly Certified Eligibles
May 2011 Medi-Cal Estimate
Fiscal Years 2009-2010, 2010-2011, & 2011-2012**

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

	2009-2010	2010-2011	2011-2012	09-10 To 10-11 % Change	10-11 To 11-12 % Change
Public Assistance	2,798,300	2,893,500	2,954,300	3.40%	2.10%
Aged	401,300	398,000	401,900	-0.82%	0.98%
Blind	22,200	21,800	21,800	-1.80%	0.00%
Disabled	941,500	950,100	966,700	0.91%	1.75%
Families	1,433,300	1,523,600	1,563,900	6.30%	2.65%
Long Term	63,100	63,100	63,200	0.00%	0.16%
Aged	48,000	47,900	47,900	-0.21%	0.00%
Blind	200	200	200	0.00%	0.00%
Disabled	14,900	15,000	15,100	0.67%	0.67%
Medically Needy ¹	3,629,600	3,779,900	3,866,300	4.14%	2.29%
Aged	249,500	267,000	278,200	7.01%	4.19%
Blind	600	600	600	0.00%	0.00%
Disabled	144,400	157,900	166,200	9.35%	5.26%
Families ²	3,235,100	3,354,400	3,421,300	3.69%	1.99%
Medically Indigent	231,900	228,600	230,200	-1.42%	0.70%
Children	229,400	226,700	228,300	-1.18%	0.71%
Adults	2,500	1,900	1,900	-24.00%	0.00%
Other	545,500	557,100	569,700	2.13%	2.26%
Refugees	3,600	2,700	2,600	-25.00%	-3.70%
Undocumented Persons ³	66,400	64,100	63,100	-3.46%	-1.56%
185% Poverty ⁴	183,700	181,400	186,100	-1.25%	2.59%
133% Poverty	147,800	152,300	155,300	3.04%	1.97%
100% Poverty	137,300	148,000	153,500	7.79%	3.72%
QMB	6,700	8,600	9,100	28.36%	5.81%
GRAND TOTAL	7,268,400	7,522,200	7,683,700	3.49%	2.15%

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

***** 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 Undocumented Persons include aid codes 55, 58, 5F, C1-C9 and D1-D9. Aid codes 55, 58, and 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:

	2009-2010	2010-2011	2011-2012
Total Undoc. Persons	811,400	817,100	823,500

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

	2009-2010	2010-2011	2011-2012
Presumptive Eligibility	35,100	33,400	34,800

⁵ The following Medi-Cal special program eligibles (average monthly during FY 2009-10 shown in parenthesis) are not included above: BCCTP (10,567), Tuberculosis (752), Dialysis (88), TPN (2), QDWI (0), SLMB (4135), and QI-1 (11210). Family PACT eligibles are also not included above.

May 2011 Medi-Cal 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>2010-11</u>	<u>2011-12</u>
PC 9 Medi-Cal Inpatient Hosp. Cost for Inmates	MN Aged	0	15
	MN Disabled	0	10
	POV 185	0	7
		0	31

Total by aid code group**By Aid Category Group**

PA Aged		
PA Blind		
PA Disabled		
PA AFDC (Families)		
MN Aged		15
MN Blind		
MN Disabled		10
MN AFDC (Families)		
MI Children		
Undocumented Persons		
185% Poverty		7
133% Poverty		
100% Poverty		
Total		31
Total Caseload PC Changes		31

Notes: The 1931(b) category of eligibility is included in MN-Families and PA-Families
Family PACT, Healthy Families (7X, 8X) and BCCTP eligibles are not included in caseload chart.

**Comparison of Average Monthly Certified Eligibles
May 2011 Medi-Cal Estimate
Fiscal Year 2010-2011**

(With Estimated Impact of Eligibility Policy Changes)

	<u>Appropriation 2010-2011</u>	<u>Nov 2010 2010-2011</u>	<u>May 2011 2010-2011</u>	<u>Approp. to Nov 10 % Change</u>	<u>Nov 10 to May 11 % Change</u>
Public Assistance	2,873,700	2,872,000	2,893,500	-0.06%	0.75%
Aged	405,800	398,900	398,000	-1.70%	-0.23%
Blind	22,100	21,900	21,800	-0.90%	-0.46%
Disabled	956,400	949,000	950,100	-0.77%	0.12%
Families	1,489,400	1,502,200	1,523,600	0.86%	1.42%
Long Term	63,400	63,000	63,100	-0.63%	0.16%
Aged	48,000	47,700	47,900	-0.63%	0.42%
Blind	200	200	200	0.00%	0.00%
Disabled	15,200	15,100	15,000	-0.66%	-0.66%
Medically Needy ¹	3,791,700	3,789,100	3,779,900	-0.07%	-0.24%
Aged	262,700	267,200	267,000	1.71%	-0.07%
Blind	600	600	600	0.00%	0.00%
Disabled	156,600	160,200	157,900	2.30%	-1.44%
Families	3,371,800	3,361,100	3,354,400	-0.32%	-0.20%
Medically Indigent	230,300	230,500	228,600	0.09%	-0.82%
Children	227,700	228,500	226,700	0.35%	-0.79%
Adults	2,600	2,000	1,900	-23.08%	-5.00%
Other	579,600	569,200	557,100	-1.79%	-2.13%
Refugees	3,600	3,000	2,700	-16.67%	-10.00%
Undocumented Persons	66,800	66,300	64,100	-0.75%	-3.32%
185% Poverty	186,700	187,000	181,400	0.16%	-2.99%
133% Poverty	160,000	156,200	152,300	-2.38%	-2.50%
100% Poverty	155,700	148,900	148,000	-4.37%	-0.60%
QMB	6,800	7,800	8,600	14.71%	10.26%
GRAND TOTAL	7,538,700	7,523,800	7,522,200	-0.20%	-0.02%

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

**Comparison of Average Monthly Certified Eligibles
May 2011 Medi-Cal Estimate
Fiscal Year 2011-2012**

(With Estimated Impact of Eligibility Policy Changes)

	Nov 2010 2011-2012	May 2011 2011-2012	% Change
Public Assistance	2,922,800	2,954,300	1.08%
Aged	404,300	401,900	-0.59%
Blind	21,900	21,800	-0.46%
Disabled	969,100	966,700	-0.25%
Families	1,527,500	1,563,900	2.38%
Long Term	63,100	63,200	0.16%
Aged	47,700	47,900	0.42%
Blind	200	200	0.00%
Disabled	15,200	15,100	-0.66%
Medically Needy ¹	3,853,400	3,866,300	0.33%
Aged	278,300	278,200	-0.04%
Blind	600	600	0.00%
Disabled	169,600	166,200	-2.00%
Families	3,404,900	3,421,300	0.48%
Medically Indigent	230,900	230,200	-0.30%
Children	228,900	228,300	-0.26%
Adults	2,000	1,900	-5.00%
Other	585,100	569,700	-2.63%
Refugees	3,300	2,600	-21.21%
Undocumented Persons	66,400	63,100	-4.97%
185% Poverty	193,600	186,100	-3.87%
133% Poverty	160,300	155,300	-3.12%
100% Poverty	153,700	153,500	-0.13%
QMB	7,800	9,100	16.67%
GRAND TOTAL	7,655,300	7,683,700	0.37%

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

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

REGULAR
POLICY CHANGES

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
ELIGIBILITY	
1	FAMILY PACT PROGRAM
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.
6	REFUGEES
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE
8	250% WORKING DISABLED PROGRAM CHANGES
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES
10	NEW QUALIFIED ALIENS
11	RESOURCE DISREGARD - % PROGRAM CHILDREN
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION
248	LOMELI V. SHEWRY
BENEFITS	
14	ADULT DAY HEALTH CARE - CDA
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS
16	ADDITIONAL SERVICES FOR HCBS CLIENTS
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA
18	REINSTATEMENT OF OPTOMETRY SERVICES
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS
21	MFP FUNDING TO CDDS FOR CCT
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PROJECT
23	QUALITY OF LIFE SURVEYS FOR MFP
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT
25	SCHIP FUNDING FOR PRENATAL CARE
27	ADHC ONSITE TAR REVIEWS
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS
36	ELIMINATION OF ACETAMINOPHEN DRUGS
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENES
223	COPAYMENT FOR DENTAL SERVICES
224	COPAYMENT FOR EMERGENCY ER VISITS
225	COPAYMENT FOR NON-EMERGENCY ER VISITS
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>BENEFITS</u>	
229	PHARMACY COPAYMENTS
230	HEARING AID CAP
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING
235	ELIMINATE ADHC SERVICES
237	ELIMINATION OF COUGH AND COLD PRODUCTS
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VISITS
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP
246	SAVINGS FROM ATTRITION IN MSSP
256	ADHC TRANSITION
<u>PHARMACY</u>	
30	FEDERAL DRUG REBATE CHANGE
31	UBL AND MAIC INJUNCTION
33	NON FFP DRUGS
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT
38	MEDI-CAL PHARMACY REFORMS
39	BCCTP DRUG REBATES
40	MEDICAL SUPPLY REBATES
41	FAMILY PACT DRUG REBATES
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS
43	STATE SUPPLEMENTAL DRUG REBATES
44	FEDERAL DRUG REBATE PROGRAM
150	LITIGATION SETTLEMENTS
249	MANAGED CARE DRUG REBATES
<u>MANAGED CARE</u>	
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS
52	MANAGED CARE EXPANSION - VENTURA
53	MATERNITY SUPPLEMENTAL PAYMENT
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN MODEL
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
60	INCREASE IN CAPITATION RATES FOR MCO TAX
62	MANAGED CARE EXPANSION - MENDOCINO
63	MANAGED CARE EXPANSION - MARIN
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>MANAGED CARE</u>	
65	FFS COSTS FOR MANAGED CARE ENROLLEES
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM PHC
67	COVERAGE FOR FORMER AGNEWS RESIDENTS
133	TWO-PLAN MODEL NOTICES OF DISPUTE
250	TRANSFER OF MCO TAX TO GENERAL FUND
252	MANAGED CARE PUBLIC HOSPITAL IGTS
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE
265	GENERAL FUND REIMBURSEMENTS FROM DPHS
<u>PROVIDER RATES</u>	
29	HOSPITAL INPATIENT RATE FREEZE
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREASE
70	FQHC/RHC/CBRC RECONCILIATION PROCESS
71	LTC RATE ADJUSTMENT
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS
77	HOSPICE RATE INCREASES
78	NF-B RATE CHANGES AND QA FEE
79	REDUCTION TO RADIOLOGY RATES
149	DENTAL RETROACTIVE RATE CHANGES
243	10% PROVIDER PAYMENT REDUCTION
245	10% PAYMENT REDUCTION FOR LTC FACILITIES
259	NON-AB 1629 LTC RATE FREEZE
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES
267	SB 90 PRESERVING CONTRACT HOSPITALS
<u>WAIVER--MH/UCD & BTR</u>	
68	BTR—MANDATORY SPD ENROLLMENT INTO MANAGED CARE
80	MH/UCD & BTR—DSH PAYMENT
81	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
82	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
83	MH/UCD—SAFETY NET CARE POOL
84	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
85	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
86	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>WAIVER--MH/UCD & BTR</u>	
87	MH/UCD—STABILIZATION FUNDING
88	MH/UCD & BTR—CCS AND GHPP
89	MH/UCD—SOUTH LA PRESERVATION FUND
90	MH/UCD—DPH INTERIM & FINAL RECONS
91	MH/UCD & BTR—DPH INTERIM RATE GROWTH
92	MH/UCD—DISTRESSED HOSPITAL FUND
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA
95	MH/UCD—REDUCTION TO DPH SNCP BY 10%
96	MH/UCD & BTR—BCCTP
97	MH/UCD & BTR—DPH INTERIM RATE
98	MH/UCD & BTR—MIA-LTC
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
219	BTR—DESIGNATED STATE HEALTH PROGRAMS
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI
222	BTR—SAFETY NET CARE POOL
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
242	BTR—LOW INCOME HEALTH PROGRAM - MCE
<u>SUPPLEMENTAL PMNTS.</u>	
99	HOSPITAL QAF - HOSPITAL PAYMENTS
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
103	IGT FOR NON-SB 1100 HOSPITALS
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
105	CAPITAL PROJECT DEBT REIMBURSEMENT
106	FFP FOR LOCAL TRAUMA CENTERS
107	CERTIFICATION PAYMENTS FOR DP-NFS
108	DSH OUTPATIENT PAYMENT METHOD CHANGE
109	SRH OUTPATIENT PAYMENT METHOD CHANGE
254	IHSS PROVIDER TAX
260	NDPH IGT SUPPLEMENTAL PAYMENTS
<u>OTHER</u>	

**MEDI-CAL PROGRAM REGULAR
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	OTHER
20	LANTERMAN REGIONAL CENTER DISALLOWANCE
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH
123	ARRA HITECH - PROVIDER PAYMENTS
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS
126	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS
136	ARRA-ADDITIONAL FFP FOR DHCS
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE
138	MEDI-CAL COST CONTAINMENT STRATEGIES
139	NUVARING COST SHIFT
140	IMD ANCILLARY SERVICES
141	CIGARETTE AND TOBACCO SURTAX FUNDS
142	INDIAN HEALTH SERVICES
145	FI COST CONTAINMENT PROJECTS
146	ANTI-FRAUD INITIATIVE
147	FQHC/RHC AUDIT STAFFING
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
155	UNSPECIFIED BUDGET REDUCTION
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSICIANS
241	ACCELERATED PAYMENTS
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYMENTS
268	RECONCILIATION WITH THE BUDGET ACT - SPECIAL FUNDS
269	RECONCILIATION WITH THE BUDGET ACT OF 2011

INCREASE IN CAPITATION RATES FOR MCO TAX

REGULAR POLICY CHANGE NUMBER: 60
 IMPLEMENTATION DATE: 11/2009
 ANALYST: Calah Frazier
 FISCAL REFERENCE NUMBER: 1455

	<u>FY 2010-11</u>	<u>FY 2011-12</u>
FULL YEAR COST - TOTAL FUNDS	\$6,926,000	\$206,829,000
- STATE FUNDS	\$2,791,000	\$103,414,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$6,926,000	\$206,829,000
STATE FUNDS	\$2,791,000	\$103,414,500
FEDERAL FUNDS	\$4,135,000	\$103,414,500

DESCRIPTION

AB 1422 (Chapter 157, Statutes of 2009) imposes an additional tax on the total operating revenue of the following Medi-Cal Managed Care plans: Two-Plan, COHS, GMC, AIDS Healthcare Centers (AHF), and Senior Care Action Network (SCAN). Total operating revenue is exclusive of amounts received by a Medi-Cal Managed Care plan pursuant to a subcontract with another Medi-Cal Managed Care plan to provide health care services to Medi-Cal beneficiaries. It is required that the tax proceeds be used to offset, in the capitation rate development process, payments made to the State that result directly from the imposition of the tax. The provision pertaining to this tax is effective retroactively to January 1, 2009 through June 30, 2011. Legislation has been proposed to extend the tax through December 30, 2013. Proceeds from the tax used to offset payments made to the State by the plans during the extended time period will be matched with federal funds at the level in effect at that time.

Under the American Recovery and Reinvestment Act of 2009 (ARRA), California's FMAP increased from 50% to 61.59% for October 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 added six additional months of increased FMAP. California's FMAP will be 58.77% for January 1, 2011 through March 31, 2011, and 56.88% for April 1, 2011 through June 30, 2011. This policy change includes the additional FFP for FY 2010-11.

Assumptions:

1. FY 2010-11 costs include the unpaid amount of the capitation rate increases for January 2009 through June 2009 for AHF and SCAN as well as the capitation rate increases due to the MCO tax levied on IGT revenues for FY 2010-11. The FY 2010-11 rate increases due to the MCO tax levied on revenues exclusive of the IGT revenues are budgeted in the managed care model policy changes.
2. The Department has proposed legislation to extend the MCO tax from July 1, 2011 through December 30, 2013. This policy change budgets the FY 2011-12 cost of rate increases for all plans subject to the tax. The transfer of the MCO Tax to GF is reflected in a separate policy change, PC 250 Transfer of MCO Tax to General Fund.

INCREASE IN CAPITATION RATES FOR MCO TAX

REGULAR POLICY CHANGE NUMBER: 60

(In Thousands)	<u>MCO Tax</u>	<u>Reg FFP</u>	<u>ARRA FFP</u>	<u>Total FFP</u>	<u>TF</u>
Total FY 2010-11	\$2,791	\$3,463	\$672	\$4,135	\$6,926
	<u>GF</u>	<u>FFP</u>	<u>TF</u>		
Total FY 2011-12	\$103,414	\$103,415	\$206,829		

LITIGATION SETTLEMENTS

REGULAR POLICY CHANGE NUMBER: 150
 IMPLEMENTATION DATE: 8/2009
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 1449

	<u>FY 2010-11</u>	<u>FY 2011-12</u>
FULL YEAR COST - TOTAL FUNDS	-\$67,619,000	-\$50,055,000
- STATE FUNDS	-\$67,619,000	-\$50,055,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	-\$67,619,000	-\$50,055,000
STATE FUNDS	-\$67,619,000	-\$50,055,000
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

The Department continues to work collaboratively with the Office of the Attorney General to pursue charges related to the illegal promotion of drugs, kickbacks and overcharging Medicaid. Settlements are expected to be received in FY 2010-11 from Westcliff Medical Laboratories; Seaciff Diagnostics Medical Group; Teva; Alpharma; AstraZeneca; Novartis; Dey Pharma, L.P.; Allergan; Forest Pharmaceuticals, Inc.; Eisai/Elan; GlaxosmithKlein Pharmaceutical Corp.; KOS Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceutical, Inc.; Schwarz Pharma; Serono; and CVS Caremark, Inc. Settlements are expected to be received in FY 2011-12 from Quest Diagnostics.

	<u>FY 2010-11 Settlement Payments</u>	<u>FY 2011-12 Settlement Payments</u>
Westcliff Medical Labs	\$ 4,044,000	
Seaciff Diagnostics	\$ 188,000	
Teva	\$ 3,500,000	
Alpharma	\$ 969,000	
AstraZeneca	\$ 15,200,000	
Novartis	\$ 3,598,000	
Dey Pharma	\$ 10,986,000	
Allergan	\$ 449,000	
Forest Pharm.	\$ 2,202,000	
Eisai/Elan	\$ 1,169,000	
GlaxosmithKlein Pharm.	\$ 22,108,000	
KOS Pharm.	\$ 389,000	
Ortho-McNeil-Janssen Pharm.	\$ 1,185,000	
Schwarz Pharma	\$ 118,000	
Serono	\$ 635,000	
CVS Caremark, Inc.	\$ 879,000	
Quest Diagnostics		\$55,055,000
Total GF Savings	\$ 67,619,000	\$55,055,000

UNSPECIFIED BUDGET REDUCTION

REGULAR POLICY CHANGE NUMBER: 155
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Betty Lai
 FISCAL REFERENCE NUMBER: 1203

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	-\$690,000,000
- STATE FUNDS	\$0	-\$345,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$690,000,000
STATE FUNDS	\$0	-\$345,000,000
FEDERAL FUNDS	\$0	-\$345,000,000

DESCRIPTION

The Budget Act of 2011 included an unspecified reduction in the Medi-Cal budget of \$690 million TF (\$345 million GF) for FY 2011-12.

10% PROVIDER PAYMENT REDUCTION

REGULAR POLICY CHANGE NUMBER: 243
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Dee Britton
 FISCAL REFERENCE NUMBER: 1580

	<u>FY 2010-11</u>	<u>FY 2011-12</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$875,367,000
- STATE FUNDS	\$0	-\$437,683,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$875,367,000
STATE FUNDS	\$0	-\$437,683,500
FEDERAL FUNDS	\$0	-\$437,683,500

DESCRIPTION

This policy changes budgets the savings due to the implementation of a 10% provider payment reduction, which will be effective July 1, 2011 and retroactive to June 1, 2011.

AB 97 (Chapter 2, Statutes of 2011) requires the Department to implement a 10% provider payment reduction, which will affect all services except contracted acute hospital inpatient services, critical access hospital, federal rural referral centers and FQHCs/RHCs, services provided through the Breast and Cervical Cancer Treatment and Family PACT programs and hospice services. Payments to facilities owned or operated by the State Department of Mental Health or the State Department of Developmental Services and payments funded by certified public expenditure and intergovernmental transfer are exempt. Managed care savings also exempt payments to AHF, PACE and SCAN.

Effective March 1, 2009, as required by the Health Trailer Bill of 2008, pharmacy and LTC provider payments were reduced by 5% and FFS provider payments were reduced by 1%. Managed care providers payments were reduced by an actuarially equivalent reduction. Subsequent court actions enjoined the Department from continuing to implement the payment reductions to specified providers. Therefore, this policy change budgets a 10% payment reduction for FFS providers receiving fully restored payments and an additional 9% or 5% payment reduction for FFS providers whose payments are currently reduced by 1% or 5%.

Managed care provider payments will be reduced by the actuarial equivalent amount of the FFS payment reductions.

Lagged Savings	<u>FY 2011-12</u>	<u>Annual</u>
FFS	\$630,893,000	\$615,214,000
Managed Care	\$244,474,000	\$225,668,000
Total	\$875,367,000	\$840,882,000

SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL

REGULAR POLICY CHANGE NUMBER: 253
 IMPLEMENTATION DATE: 1/2012
 ANALYST: Marc Lowry
 FISCAL REFERENCE NUMBER: 1511

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	\$258,762,000
- STATE FUNDS	\$0	\$90,566,700
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$258,762,000
STATE FUNDS	\$0	\$90,566,700
FEDERAL FUNDS	\$0	\$168,195,300

DESCRIPTION

Legislation has been proposed to shift all Healthy Families Program (HFP) eligibles to the Medi-Cal Program. Beginning January 2012, a six-month transition of eligibles will take place. Children over 150% of the federal poverty level will continue to be required to pay a premium for coverage. Administrative costs associated with this change are budgeted separately. This policy change budgets the cost to the Medi-Cal program. The savings to the Healthy Families Program is reflected in the Managed Risk Medical Insurance Board (MRMIB) budget.

Assumptions:

- As of January 1, 2012, 891,700 eligibles will be transferred to Medi-Cal over a 6 month period. A State Plan amendment will be submitted to allow these eligibles to be determined presumptively eligible for Medi-Cal.
- Distribution of these eligibles among counties is based upon their current enrollment in the HFP.
- These new eligibles will be enrolled in managed care plans in those counties that have County Organized Health Systems, Geographic Managed Care, or the Two Plan Model. In other counties they will participate in the Fee-For-Service system.
- Eligibles will be transferred to Medi-Cal as follows:

	Eligibles	Phase-In
In Medi-Cal managed care counties		
Able to enroll in same health plan	387,366	Jan. – Feb. 2012
Unable to enroll in same health plan	454,734	March – April 2012
Not in Medi-Cal managed care counties	49,600	March - June 2012
	891,700	

SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL**REGULAR POLICY CHANGE NUMBER: 253**

5. The weighted average monthly cost of benefits for these eligibles under the Medi-Cal program is estimated to be \$74.38, including managed care capitation payments, fee-for-service costs, managed care carve-outs, FQHC wrap-around payments and dental payments (excludes CCS).
6. Premiums in FY 2011-12 for those over 150% of FPL are estimated to be \$74,704,000.
7. Included in the 891,700 eligibles are an estimated 6,144 CCS-HFP eligibles that will be shifted to CCS-Medi-Cal. The cost for these eligibles is currently budgeted in the Family Health Estimate. CCS-HFP is funded with 65% FFP, 17.5% GF, and 17.5% county funds. It is assumed that the county share will continue under Medi-Cal. The GF reimbursement from the counties for CCS-Medi-Cal in the amount of \$6.2 million in FY 2011-12 is included in the 4260-610-0995 Reimbursement line in the Management Summary.
8. Enhanced federal funding under Title XXI is available for these eligibles on Medi-Cal. These costs are budgeted in Item 4260-113 at 65% FFP.
9. This policy change includes caseload growth for the period of January 1, 2012 through June 30, 2012.

(In Thousands)

FY 2011-12	TF	GF	Reimbursement from Counties
Other Services	\$289,116	\$101,191	
Premiums	\$ 74,704	(\$ 26,147)	
Net	\$ 214,412	\$ 75,044	
CCS	\$ 44,350	\$ 9,314	\$6,209
Total	\$ 258,762	\$ 84,358	\$6,209

ADHC TRANSITION

REGULAR POLICY CHANGE NUMBER: 256
 IMPLEMENTATION DATE: 1/2012
 ANALYST: Irene Gen
 FISCAL REFERENCE NUMBER: 1594

	<u>FY 2010-11</u>	<u>FY 2011-12</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$170,000,000
- STATE FUNDS	\$0	\$85,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$170,000,000
STATE FUNDS	\$0	\$85,000,000
FEDERAL FUNDS	\$0	\$85,000,000

DESCRIPTION

This policy change budgets the costs associated with transitioning current Adult Day Health Care (ADHC) program participants into other services appropriate to their needs in order to minimize the risks of institutionalization.

The Health Trailer Bill of 2011 eliminated ADHC services from the Medi-Cal program in FY 2011-12. As part of the process of ending ADHC, the Department will utilize \$170 million TF (\$85 million GF) to help transition existing ADHC enrollees to other appropriate Medi-Cal services. The funds may be used for assessment, placement, and the provision of services.

FY 2011-12 HOSPITAL QAF - CHILDREN'S HEALTH CARE

REGULAR POLICY CHANGE NUMBER: 263
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Marc Lowry
 FISCAL REFERENCE NUMBER: 1603

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

This policy change budgets the funding for health care coverage for children in the Medi-Cal program due to implementation of a quality assurance fee (QAF) for hospitals in FY 2011-12.

SB 90 (Chapter 19, Statutes of 2011) allows an acute care hospital building that is classified as a Structural Performance Category-1 (SPC-1) building to be used for nonacute care hospital purposes after January 1, 2010, contingent upon a hospital QAF program being established in FY 2011-12 that results in \$320 million in fee revenue for health care coverage for children. It is assumed that legislation will be enacted to establish such a program in FY 2011-12.

The funding adjustment is reflected in the management summary. The estimated receipt of funds for children's health care coverage is:

FY 2011-12	TF	GF	Hosp. QA Rev Fund
	\$0	\$-320,000,000	\$ 320,000,000

ONE YEAR LOCK-IN FOR MANAGED CARE ENROLLEES

REGULAR POLICY CHANGE NUMBER: 266
 IMPLEMENTATION DATE: 10/2011
 ANALYST: Calah Frazier
 FISCAL REFERENCE NUMBER: 1606

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	-\$5,300,000
- STATE FUNDS	\$0	-\$2,650,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$5,300,000
STATE FUNDS	\$0	-\$2,650,000
FEDERAL FUNDS	\$0	-\$2,650,000

DESCRIPTION

The Department will propose legislation to change the managed care enrollment policy to only allow managed care enrollees in Two-Plan and Geographic Managed Care counties to switch plans once a year. New beneficiaries will have a 60-day period from their initial enrollment date to switch plans after which they will be locked in for the balance of the one-year period.

Currently, managed care enrollees may switch plans monthly. Managed care plans are required to perform a health assessment each time a new beneficiary enrolls in their plan. By limiting the frequency of plan enrollment to once per year and requiring plans to share health records with other managed care plans for beneficiaries choosing to switch plans, costs associated with the health assessment will be reduced.

Every beneficiary affected by this policy will receive an annual notification letter on or before their one-year anniversary date. Beneficiaries choosing to switch plans will then receive an annual informing packet. These costs are budgeted under the Fiscal Intermediary/Health Care Options.

FY 2011-12	TF	GF
Benefit Savings	-\$5,300,000	-\$2,650,000
Mailing Costs	\$2,000,000	\$1,000,000
Net Impact	-\$3,300,000	-\$1,650,000

RECONCILIATION WITH THE BUDGET ACT - SPECIAL FUNDS

REGULAR POLICY CHANGE NUMBER: 268
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Betty Lai
 FISCAL REFERENCE NUMBER: 1610

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	-\$5,010,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$5,010,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	-\$5,010,000

DESCRIPTION

This policy change reconciles special funds for the May 2011 Medi-Cal Estimate to the Budget Act of 2011.

	TF	FFP
(In Thousands) Money Follow Person Federal Grant	-\$5,010	-\$5,010

RECONCILIATION WITH THE BUDGET ACT OF 2011

REGULAR POLICY CHANGE NUMBER: 269
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Betty Lai
 FISCAL REFERENCE NUMBER: 1611

	FY 2010-11	FY 2011-12
FULL YEAR COST - TOTAL FUNDS	\$0	\$515,213,000
- STATE FUNDS	\$0	\$161,680,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$515,213,000
STATE FUNDS	\$0	\$161,680,000
FEDERAL FUNDS	\$0	\$353,533,000

DESCRIPTION

This policy change reconciles General fund and federal funds for the May 2011 Medi-Cal Estimate to the Budget Act of 2011.

(In Thousands)	TF	GF	FFP
Title XIX	\$340,080	\$154,980	\$185,100
Title XXI	\$168,924	\$491	\$168,433
Reimbursement	\$6,209	\$6,209	\$0
Total	\$515,213	\$161,680	\$353,533

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

COUNTY
ADMINISTRATION

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

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	OTHER
1	CalWORKs APPLICATIONS
2	SAWS
3	ELIGIBLE GROWTH
4	MEDI-CAL DATA PRIVACY AND SECURITY AGREEMENTS
5	FY 2010-11 COST OF DOING BUSINESS
6	LOS ANGELES COUNTY HOSPITAL INTAKES
7	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.
8	FY 2011-12 COST OF DOING BUSINESS
9	SAVE
10	PRIOR YEAR RECONCILIATIONS
11	REDUCTION TO COLA TO COUNTIES FOR FY 2011-12
12	REDUCTION TO COLA TO COUNTIES FOR FY 2010-11
13	CHIPRA - DRA CITIZENSHIP OPTION
14	REDUCTION TO COUNTY ADMINISTRATION

SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL

COUNTY ADMIN. POLICY CHANGE NUMBER: 15
 IMPLEMENTATION DATE: 10/2011
 ANALYST: Howard Sun
 FISCAL REFERENCE NUMBER: 1598

	FY 2010-11		FY 2011-12	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$5,934,000
TOTAL FUNDS	\$0	\$0	\$0	\$5,934,000
STATE FUNDS	\$0	\$0	\$0	\$2,967,000
% 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	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$5,934,000
TOTAL FUNDS	\$0	\$0	\$0	\$5,934,000
STATE FUNDS	\$0	\$0	\$0	\$2,967,000

DESCRIPTION

Beginning January 1, 2012, children with incomes above 100% and up to and including 250% of the federal poverty level (FPL) and who are enrolled in the Healthy Families Program (HFP) will be transferred to Medi-Cal.

HFP will send to the counties the current eligibles applications and information. The counties will process the applications.

This policy change budgets the county administration costs associated with the new Medi-Cal population.

Assumptions:

- As of January 1, 2012, 340,300 eligibles with incomes above 100% and up to and including 150% FPL will be transferred to Medi-Cal over a 6 month period. A State Plan amendment will be submitted to allow these eligibles to be determined presumptively eligible for Medi-Cal.
- County administrative costs and contractor administrative costs for HFP eligibles between 150%-250% FPL will not be budgeted in the DHCS budget at this time because the administrative processes for this group are still being determined. It is assumed that the costs will be comparable to those under MRMIB.
- The shift of the administrative funding from MRMIB to DHCS for the children above 150% to 250% FPL is assumed to be authorized through budget bill language and will take place once the MAXIMUS and county costs have been determined.

SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL

COUNTY ADMIN. POLICY CHANGE NUMBER: 15

4. This policy change budgets the Medi-Cal county administration costs for eligibles who are above 100% and up to 150% of FPL.
5. The per member per month (PMPM) cost for this group of eligibles is assumed to \$4.00, based on assumptions from the California Welfare Director's Association of the time needed to process intakes and maintain cases for these children.
6. This estimate assumes one child per case.
7. The expansion for the children above 100% and up to 150% FPL is assumed to occur beginning January 2012 and will phase in over 6 months as follows:

<u>Eligibles</u>	<u>Months of phase in</u>	<u>Months</u>	<u>% of Eligibles</u>	
146,329	2	Jan-Feb	43%	Able to enroll in same managed care plan
173,553	2	Mar-Apr	51%	Managed care, but different plan
20,418	4	Mar-June	6%	Fee-for-service
<u>340,300</u>			<u>100%</u>	Total HFP eligibles up to 150% FPL

Calculations:

1,483,440 eligible months x \$4.00 PMPM costs = **\$5,934,000 TF (\$2,967,000 GF)**

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

OTHER
ADMINISTRATION

**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	MH/UCD—HCCI - ADMIN COSTS
4	EPSDT CASE MANAGEMENT
5	POSTAGE & PRINTING
6	LITIGATION RELATED SERVICES
7	COORDINATED CARE MANAGEMENT PILOTS
8	MEDI-CAL SAFETY NET RECOVERY CONTRACT
9	MIS/DSS CONTRACT
10	CA-MMIS TAKEOVER OTHER STATE TRANSITION COSTS
11	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)
12	CA-MMIS REPLACEMENT AND OVERSIGHT CONTRACTORS
13	ARRA HITECH INCENTIVE PROGRAM
14	HIPAA CAPITATION PAYMENT PROJECT
15	MMA - DSH ANNUAL INDEPENDENT AUDIT
16	SSA COSTS FOR HEALTH COVERAGE INFO.
17	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES
18	POSTAGE AND PRINTING - THIRD PARTY LIAB.
19	ENCRYPTION OF PHI DATA
20	ELECTRONIC ASSET VERIFICATION PROGRAM
21	SPD EDUCATION AND OUTREACH
22	CCT ENROLLMENT-ADMIN COSTS
23	RATE STUDY FOR PHYSICIAN-ADMINISTERED DRUGS
24	MITA
25	EMILY Q. SPECIAL MASTER
26	Q5i AUTOMATED DATA SYSTEM ACQUISITION
27	EPOCRATES
28	PEDIATRIC PALLIATIVE CARE WAIVER EVALUATION
29	KATIE A. V. DIANA BONTA SPECIAL MASTER
30	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT
31	TAR POSTAGE
32	RATE STUDY FOR MAIC AND AAP
33	DISEASE MANAGEMENT PROGRAM
74	BTR—LIHP - ADMIN COSTS
75	MEDICARE RECOVERY PROJECT CONTRACT
76	HEALTH CARE OPTIONS CONSULTANT COSTS

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

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>CDHS</u>	
77	RECONCILIATION WITH THE BUDGET ACT OF 2011
78	RECONCILIATION WITH BUDGET ACT - SPECIAL FUNDS
<u>OTHER DEPARTMENTS</u>	
34	PERSONAL CARE SERVICES
35	HEALTH RELATED ACTIVITIES/TITLE XIX
36	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS
37	CDDS ADMINISTRATIVE COSTS
38	MATERNAL AND CHILD HEALTH
39	PUBLIC HEALTH NURSES FOR FOSTER CARE
40	DEPARTMENT OF PUBLIC HEALTH (CDPH) ADMIN COSTS
41	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
42	ADMINISTRATIVE COSTS FOR CCT
43	DEPARTMENT OF ALCOHOL AND DRUG ADMIN. COSTS
44	CLPP CASE MANAGEMENT SERVICES
45	DEPARTMENT OF AGING ADMINISTRATIVE COSTS
46	SINGLE POINT OF ENTRY - MEDI-CAL/HFP
47	SPD TRANSITION TO MANAGED CARE - CDDS
48	OUTREACH - CHILDREN
49	KIT FOR NEW PARENTS
50	FAMILY PACT WAIVER DEMO EVALUATION
51	VETERANS BENEFITS
52	FAMILY PACT I&E PROGRAM AND EVALUATION
54	CHHS AGENCY HIPAA FUNDING
55	FPACT SUPPORT, PROVIDER EDUC. & CLIENT OUTREACH
57	HEALTH-E APP
58	MERIT SYSTEM SERVICES FOR COUNTIES
59	CMIPS II
61	PIA EYEWEAR COURIER SERVICE

RECONCILIATION WITH THE BUDGET ACT OF 2011

OTHER ADMIN. POLICY CHANGE NUMBER: 77
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Betty Lai
 FISCAL REFERENCE NUMBER: 1608

	FY 2010-11	FY 2011-12
TOTAL FUNDS	\$0	-\$288,365,000
STATE FUNDS	\$0	-\$144,145,450
FEDERAL FUNDS	\$0	-\$144,219,550

DESCRIPTION

This policy change reconciles General Fund and federal funds for the May 2011 Medi-Cal Estimate to the Budget Act of 2011.

(In Thousands)	TF	GF	FFP
Title XIX	-\$288,118	-\$144,059	-\$144,059
Title XXI	-\$247	-\$86	-\$161
Total	-\$288,365	-\$144,145	-\$144,220

RECONCILIATION WITH BUDGET ACT - SPECIAL FUNDS

OTHER ADMIN. POLICY CHANGE NUMBER: 78
 IMPLEMENTATION DATE: 7/2011
 ANALYST: Betty Lai
 FISCAL REFERENCE NUMBER: 1609

	FY 2010-11	FY 2011-12
TOTAL FUNDS	\$0	\$5,010,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$5,010,000

DESCRIPTION

This policy change reconciles special funds for the May 2011 Medi-Cal Estimate to the Budget Act of 2011.

	TF	FFP
(In Thousands) Money Follow Person Federal Grant	\$5,010	\$5,010

BUDGET ACT OF 2011
CHANGES TO THE
MAY 2011
MEDI-CAL ESTIMATE

FISCAL
INTERMEDIARY

FISCAL INTERMEDIARY ESTIMATE

May 2011

FY 2011-12	TOTAL	FEDERAL	STATE
HP MEDICAL FISCAL INTERMEDIARY CONTRACT (a)	\$74,598,000	\$53,024,000	\$21,574,000
ACS MEDICAL FISCAL INTERMEDIARY CONTRACT (a)	\$150,980,000	\$113,708,000	\$37,272,000
DENTAL FISCAL INTERMEDIARY CONTRACT (b)	\$69,102,000	\$47,759,000	\$21,343,000
HEALTH CARE OPTIONS	\$54,547,000	\$27,273,000	\$27,274,000
STATE CONTROLLER/STATE TREASURER	\$1,890,000	\$1,307,000	\$583,000
PROVIDER VERIFICATION FILE	\$3,000	\$2,000	\$1,000
RECONCILIATION WITH BUDGET ACT	(\$21,937,000)	(\$10,986,000)	(\$10,951,000)
TOTAL MEDI-CAL COSTS	<u>\$329,183,000</u>	<u>\$232,087,000</u>	<u>\$97,096,000</u>

Optional Contractual Services expenditures of \$354,135 are included in the Reimbursement line (4260-610-0995) in the Management Summary. This amount is the 10% non-federal match for the ARRA HITECH Incentive Program reimbursed to the Department by the California Healthcare Foundation (CHCF).

Refugee expenditures of \$121,164 are included in the Reimbursement line (4260-610-0995) in the Management Summary.

(a) Includes \$649,882 (\$285,125 GF) for Title XXI activities (4260-113-0001/0890), and \$40,600,086 (\$5,472,363 GF) for HIPAA (4260-117-0001/0890).

(b) Includes \$310,000 (\$108,500 GF) for Title XXI activities (4260-113-0001/0890), and \$2,079,946 (\$519,987 GF) for HIPAA (4260-117-0001/0890).

FISCAL INTERMEDIARY

Comparison of May 2011 Estimate to Appropriation and November 2010 Estimate

Current Year 2010-11 Comparison

	<u>2010-11 Appropriation</u>		<u>November 2010 Estimate CY</u>		<u>May 2011 Estimate CY</u>		<u>Difference between May 2011 & Appropriation</u>		<u>Difference between May 2011 & November 2010</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>
Total Medical Fiscal Intermediary	\$236,566,000	\$61,576,000	\$167,299,000	\$47,264,000	\$151,727,000	\$44,209,000	(\$84,839,000)	(\$17,367,000)	(\$15,572,000)	(\$3,055,000)
Total Dental Fiscal Intermediary	\$61,804,000	\$18,262,000	\$61,375,000	\$19,165,000	\$61,368,000	\$19,155,000	(\$436,000)	\$893,000	(\$7,000)	(\$10,000)
Total Health Care Options	\$55,731,000	\$27,866,000	\$50,290,000	\$25,145,000	\$48,713,000	\$24,357,000	(\$7,018,000)	(\$3,509,000)	(\$1,577,000)	(\$788,000)
Total Miscellaneous Expenditures	<u>\$12,832,000</u>	<u>\$2,619,000</u>	<u>\$2,798,000</u>	<u>\$989,000</u>	<u>\$1,893,000</u>	<u>\$584,000</u>	<u>(\$10,939,000)</u>	<u>(\$2,035,000)</u>	<u>(\$905,000)</u>	<u>(\$405,000)</u>
GRAND TOTAL	\$366,933,000	\$110,323,000	\$281,762,000	\$92,563,000	\$263,701,000	\$88,305,000	(\$103,232,000)	(\$22,018,000)	(\$18,061,000)	(\$4,258,000)

Budget Year 2011-12 Comparison

	<u>November 2010 Estimate BY</u>		<u>May 2011 Estimate BY</u>		<u>Difference between May 2011 & November 2010</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>
HP Medical Fiscal Intermediary	\$57,348,000	\$17,022,000	\$74,598,000	\$21,574,000	\$17,250,000	\$4,552,000
ACS Medical Fiscal Intermediary	\$144,428,000	\$40,697,000	\$150,980,000	\$37,272,000	\$6,552,000	(\$3,425,000)
Total Dental Fiscal Intermediary	\$64,369,000	\$20,058,000	\$69,102,000	\$21,343,000	\$4,733,000	\$1,285,000
Total Health Care Options	\$53,217,000	\$26,609,000	\$54,547,000	\$27,274,000	\$1,330,000	\$665,000
Total Miscellaneous Expenditures	<u>\$2,798,000</u>	<u>\$989,000</u>	<u>\$1,893,000</u>	<u>\$584,000</u>	<u>(\$905,000)</u>	<u>(\$405,000)</u>
GRAND TOTAL	\$322,160,000	\$105,375,000	\$351,120,000	\$108,047,000	\$28,960,000	\$2,672,000

HEALTH CARE OPTIONS

May 2011 Estimate

FY 2011-12

CONTRACT NO. 07-65829:

Operations:

Section 8.3.2	Transactions	\$9,647,332	
Section 8.3.3	Mailings	\$6,491,134	
Section 8.3.47	Beneficiary Direct Assistance	\$4,389,416	
	Medi-Cal Publications Management Services	\$368,490	
	<i>Total Operations</i>		\$20,896,372

Hourly Reimbursement:

Section 8.6	Enrollment Services Representatives	\$9,934,752	\$9,934,752
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Cost Reimbursement:

Section 8.7.1	Various		\$18,447,948
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Personalized Provider Directories (PPD) (\$2,000,000)

Additional Contractual Services (ACSs) \$253,312

SPD Mandatory Enrollment into Managed Care \$5,927,834

Shift of Healthy Families Children to Medi-Cal Admin. Costs \$1,086,602

TOTAL HEALTH CARE OPTIONS FY 2011-12 ESTIMATE \$54,546,820