

BUDGET ACT OF 2012
CHANGES TO THE
MAY 2012
MEDI-CAL ESTIMATE

BUDGET ACT OF 2012
CHANGES TO THE
MAY 2012
MEDI-CAL ESTIMATE

MANAGEMENT
SUMMARY

Medi-Cal Funding Summary
May 2012 Estimate Compared to November 2011 Estimate
Fiscal Year 2012 - 2013

TOTAL FUNDS

	Nov 2011 Estimate	Appropriation May 2012 Estimate	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$42,901,026,000	\$44,365,889,000	\$1,464,863,000
4260-101-0080 CLPP Funds	\$803,000	\$746,000	(\$57,000)
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Svcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$24,589,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$7,263,000	\$15,272,000	\$8,009,000
4260-102-0001/0890 Capital Debt	\$90,688,000	\$90,688,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$10,243,000	\$9,369,000	(\$874,000)
4260-113-0001/890 Healthy Families	\$1,098,976,000	\$659,792,000	(\$439,184,000)
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 NDPH Supplemental Fund	\$2,169,000	\$718,000	(\$1,451,000)
4260-601-3097 Private Hospital Supp. Fund	\$131,664,000	\$151,422,000	\$19,758,000
4260-601-3156 MCO Tax Fund	\$350,717,000	\$212,504,000	(\$138,213,000)
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$690,000,000	\$732,500,000	\$42,500,000
4260-601-7502 Demonstration DSH Fund	\$543,652,000	\$535,143,000	(\$8,509,000)
4260-601-7503 Health Care Support Fund	\$952,965,000	\$1,117,322,000	\$164,357,000
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*	\$24,750,000	\$0	(\$24,750,000)
4260-605-3167 SNF Quality & Accountability	\$23,322,000	\$0	(\$23,322,000)
4260-606-0834 MIPA Fund	\$617,322,000	\$594,822,000	(\$22,500,000)
4260-607-8502 Low Income Health Program IGT	\$461,608,000	\$745,080,000	\$283,472,000
4260-610-0995 Reimbursements	\$2,292,538,000	\$1,858,333,000	(\$434,205,000)
4260-610-3158 Hospital Quality Assurance Revenue	\$547,000,000	\$0	(\$547,000,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$3,577,063,000	\$4,593,827,000	\$1,016,764,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$24,750,000)	\$0	\$24,750,000
TOTAL MEDI-CAL Benefits	\$54,416,224,000	\$55,800,632,000	\$1,384,408,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$2,985,308,000	\$3,087,660,000	\$102,352,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$17,150,000	\$4,226,000	(\$12,924,000)
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,186,000	\$2,125,000	(\$61,000)
4260-113-0001/0890 Healthy Families	\$5,377,000	\$52,811,000	\$47,434,000
4260-117-0001/0890 HIPAA	\$3,346,000	\$3,592,000	\$246,000
4260-610-0995 Reimbursements	\$2,177,000	\$2,275,000	\$98,000
TOTAL COUNTY ADMIN.	\$3,015,544,000	\$3,152,689,000	\$150,069,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$282,390,000	\$304,531,000	\$22,141,000
4260-113-0001/0890 Healthy Families	\$1,011,000	\$1,028,000	\$17,000
4260-117-0001/0890 HIPAA	\$19,154,000	\$44,557,000	\$25,403,000
4260-610-0995 Reimbursements	\$414,000	\$422,000	\$8,000
TOTAL FISCAL INTERMEDIARY	\$302,969,000	\$350,538,000	\$47,569,000
GRAND TOTAL - ALL FUNDS	\$57,734,737,000	\$59,303,859,000	\$1,582,046,000

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

Medi-Cal Funding Summary
May 2012 Estimate Compared to November 2011 Estimate
Fiscal Year 2012 - 2013

STATE FUNDS

	<u>Nov 2011</u> <u>Estimate</u>	<u>Appropriation</u> <u>May 2012</u> <u>Estimate</u>	<u>Difference</u> <u>Incr./!(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$13,326,224,000	\$13,120,260,000	(\$205,964,000)
4260-101-0080 CLPP Funds	\$803,000	\$746,000	(\$57,000)
4260-101-0232 Prop. 99 Hospital Srvcs. Acct.	\$58,946,000	\$58,946,000	\$0
4260-101-0233 Prop. 99 Physician Srvcs. Acct.	\$105,000	\$105,000	\$0
4260-101-0236 Prop. 99 Unallocated Account	\$24,589,000	\$24,589,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$7,263,000	\$15,272,000	\$8,009,000
4260-102-0001 Capital Debt *	\$45,344,000	\$45,344,000	\$0
4260-113-0001 Healthy Families *	\$360,996,000	\$211,782,000	(\$149,214,000)
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (GF) *	\$2,169,000	\$269,000	(\$1,900,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$0	\$449,000	\$449,000
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$131,446,000	\$134,662,000	\$3,216,000
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$218,000	\$16,760,000	\$16,542,000
4260-601-3156 MCO Tax Fund	\$350,717,000	\$212,504,000	(\$138,213,000)
4260-601-3158 Hosp. Quality Assurance Revenue	\$0	\$0	\$0
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$690,000,000	\$732,500,000	\$42,500,000
4260-601-8033 Distressed Hospital Fund	\$0	\$0	\$0
4260-605-0001 100% General Fund*	\$24,750,000	\$0	(\$24,750,000)
4260-605-3167 SNF Quality & Accountability	\$23,322,000	\$0	(\$23,322,000)
4260-606-0834 MIPA Fund	\$617,322,000	\$594,822,000	(\$22,500,000)
4260-607-8502 Low Income Health Program IGT	\$461,608,000	\$745,080,000	\$283,472,000
4260-610-0995 Reimbursements	\$2,292,538,000	\$1,858,333,000	(\$434,205,000)
4260-610-3158 Hospital Quality Assurance Revenue	\$547,000,000	\$0	(\$547,000,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$3,577,063,000	\$4,593,827,000	\$1,016,764,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$24,750,000)	\$0	\$24,750,000
TOTAL MEDI-CAL Benefits	\$22,551,238,000	\$22,399,815,000	(\$151,423,000)
Total Benefits General Fund *	\$13,890,929,000	\$13,512,317,000	(\$378,612,000)
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$817,258,000	\$799,992,000	(\$17,266,000)
4260-113-0001 Healthy Families *	\$299,000	\$17,819,000	\$17,520,000
4260-117-0001 HIPAA *	\$0	\$250,000	\$250,000
4260-610-0995 Reimbursements	\$2,177,000	\$2,275,000	\$98,000
TOTAL COUNTY ADMIN.	\$819,734,000	\$820,336,000	\$602,000
Total Co. Admin. General Fund *	\$817,557,000	\$818,061,000	\$504,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$88,885,000	\$109,681,000	\$20,796,000
4260-113-0001 Healthy Families *	\$404,000	\$411,000	\$7,000
4260-117-0001 HIPAA *	\$2,352,000	\$5,417,000	\$3,065,000
4260-610-0995 Reimbursements	\$414,000	\$422,000	\$8,000
TOTAL FISCAL INTERMEDIARY	\$92,055,000	\$115,931,000	\$23,876,000
Total FI General Fund *	\$91,641,000	\$115,509,000	\$23,868,000
GRAND TOTAL - STATE FUNDS	\$23,463,027,000	\$23,336,082,000	(\$126,945,000)
Grand Total General Fund*	\$14,800,127,000	\$14,445,887,000	(\$354,240,000)

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

Medi-Cal Funding Summary
May 2012 Estimate Compared to November 2011 Estimate
Fiscal Year 2012 - 2013

FEDERAL FUNDS

	<u>Nov 2011</u> <u>Estimate</u>	<u>Appropriation</u> <u>May 2012</u> <u>Estimate</u>	<u>Difference</u> <u>Incr./.(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$29,574,802,000	\$31,245,629,000	\$1,670,827,000
4260-102-0890 Capital Debt	\$45,344,000	\$45,344,000	\$0
4260-106-0890 Money Follow Person Federal Grant	\$10,243,000	\$9,369,000	(\$874,000)
4260-113-0890 Healthy Families	\$737,980,000	\$448,010,000	(\$289,970,000)
4260-601-7502 Demonstration DSH Fund	\$543,652,000	\$535,143,000	(\$8,509,000)
4260-601-7503 Health Care Support Fund	\$952,965,000	\$1,117,322,000	\$164,357,000
4260-601-7504 South LA Med Svcs Preservation Fund	\$0	\$0	\$0
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TOTAL MEDI-CAL Benefits	\$31,864,986,000	\$33,400,817,000	\$1,535,831,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$2,168,050,000	\$2,287,668,000	\$119,618,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$17,150,000	\$4,226,000	(\$12,924,000)
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$2,186,000	\$2,125,000	(\$61,000)
4260-113-0890 Healthy Families	\$5,078,000	\$34,992,000	\$29,914,000
4260-117-0890 HIPAA	\$3,346,000	\$3,342,000	(\$4,000)
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TOTAL COUNTY ADMIN.	\$2,195,810,000	\$2,332,353,000	\$136,543,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$193,505,000	\$194,850,000	\$1,345,000
4260-113-0890 Healthy Families	\$607,000	\$617,000	\$10,000
4260-117-0890 HIPAA	\$16,802,000	\$39,140,000	\$22,338,000
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TOTAL FISCAL INTERMEDIARY	\$210,914,000	\$234,607,000	\$23,693,000
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GRAND TOTAL - FEDERAL FUNDS	\$34,271,710,000	\$35,967,777,000	\$1,696,067,000
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Medi-Cal Funding Summary
May 2012 Estimate Comparison of FY 2011-12 to FY 2012-13

TOTAL FUNDS

	FY 2011-12	Appropriation	Difference
	Estimate	FY 2012-13	Incr./(Decr.)
	Estimate	Estimate	Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$38,305,664,000	\$44,365,889,000	\$6,060,225,000
4260-101-0080 CLPP Funds	\$2,360,000	\$746,000	(\$1,614,000)
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$58,946,000	(\$11,647,000)
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
4260-101-3168 Emergency Air Transportation Fund	\$0	\$15,272,000	\$15,272,000
4260-102-0001/0890 Capital Debt	\$93,962,000	\$90,688,000	(\$3,274,000)
4260-106-0890 Money Follow Person Federal Grant	\$5,761,000	\$9,369,000	\$3,608,000
4260-113-0001/890 Healthy Families	\$591,077,000	\$659,792,000	\$68,715,000
4260-601-0942142 Local Trauma Centers	\$33,565,000	\$33,565,000	\$0
4260-601-3096 NDPH Supplemental Fund	\$3,125,000	\$718,000	(\$2,407,000)
4260-601-3097 Private Hospital Supp. Fund	\$116,265,000	\$151,422,000	\$35,157,000
4260-601-3156 MCO Tax Fund	\$163,902,000	\$212,504,000	\$48,602,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$19,745,000	\$0	(\$19,745,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$487,500,000	\$732,500,000	\$245,000,000
4260-601-7502 Demonstration DSH Fund	\$595,929,000	\$535,143,000	(\$60,786,000)
4260-601-7503 Health Care Support Fund	\$1,422,444,000	\$1,117,322,000	(\$305,122,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$39,167,000	\$0	(\$39,167,000)
4260-601-8033 Distressed Hospital Fund	\$1,124,000	\$0	(\$1,124,000)
4260-605-0001 100% General Fund*	\$4,250,000	\$0	(\$4,250,000)
4260-605-3167 SNF Quality & Accountability	\$0	\$0	\$0
4260-606-0834 MIPA Fund	\$621,255,000	\$594,822,000	(\$26,433,000)
4260-607-8502 Low Income Health Program IGT	\$28,297,000	\$745,080,000	\$716,783,000
4260-610-0995 Reimbursements	\$169,059,000	\$1,858,333,000	\$1,689,274,000
4260-610-3158 Hospital Quality Assurance Revenue	\$173,888,000	\$0	(\$173,888,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$948,536,000	\$4,593,827,000	\$3,645,291,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$4,250,000)	\$0	\$4,250,000
TOTAL MEDI-CAL Benefits	\$43,917,912,000	\$55,800,632,000	\$11,882,720,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$2,621,224,000	\$3,087,660,000	\$466,436,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$1,250,000	\$4,226,000	\$2,976,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$0	\$2,125,000	\$2,125,000
4260-113-0001/0890 Healthy Families	\$3,274,000	\$52,811,000	\$49,537,000
4260-117-0001/0890 HIPAA	\$3,024,000	\$3,592,000	\$568,000
4260-610-0995 Reimbursements	\$1,339,000	\$2,275,000	\$936,000
TOTAL COUNTY ADMIN.	\$2,630,111,000	\$3,152,689,000	\$522,578,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$298,277,000	\$304,531,000	\$6,254,000
4260-113-0001/0890 Healthy Families	\$790,000	\$1,028,000	\$238,000
4260-117-0001/0890 HIPAA	\$19,638,000	\$44,557,000	\$24,919,000
4260-610-0995 Reimbursements	\$178,000	\$422,000	\$244,000
TOTAL FISCAL INTERMEDIARY	\$318,883,000	\$350,538,000	\$31,655,000
GRAND TOTAL - ALL FUNDS	\$46,866,906,000	\$59,303,859,000	\$12,436,953,000

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

Medi-Cal Funding Summary
May 2012 Estimate Comparison of FY 2011-12 to FY 2012-13

STATE FUNDS	FY 2011-12 Estimate	Appropriation FY 2012-13 Estimate	Difference Incr./Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$14,266,164,000	\$13,120,260,000	(\$1,145,904,000)
4260-101-0080 CLPP Funds	\$2,360,000	\$746,000	(\$1,614,000)
4260-101-0232 Prop. 99 Hospital Svcs. Acct.	\$70,593,000	\$58,946,000	(\$11,647,000)
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
4260-101-3168 Emergency Air Transportation Fund	\$0	\$15,272,000	\$15,272,000
4260-102-0001 Capital Debt *	\$46,981,000	\$45,344,000	(\$1,637,000)
4260-113-0001 Healthy Families *	\$193,829,000	\$211,782,000	\$17,953,000
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	\$269,000	(\$1,631,000)
4260-601-3096 Non-Desig. Public Hosp. Supp. Fund (Non-GF)	\$1,225,000	\$449,000	(\$776,000)
4260-601-3097 Private Hosp. Supplemental Fund (GF) *	\$116,265,000	\$134,662,000	\$18,397,000
4260-601-3097 Private Hosp. Supplemental Fund (Non-GF)	\$0	\$16,760,000	\$16,760,000
4260-601-3156 MCO Tax Fund	\$163,902,000	\$212,504,000	\$48,602,000
4260-601-3158 Hosp. Quality Assurance Revenue	\$19,745,000	\$0	(\$19,745,000)
4260-601-3172 Delivery System Reform Incentive Pool (DSRIP)	\$487,500,000	\$732,500,000	\$245,000,000
4260-601-8033 Distressed Hospital Fund	\$1,124,000	\$0	(\$1,124,000)
4260-605-0001 100% General Fund*	\$4,250,000	\$0	(\$4,250,000)
4260-605-3167 SNF Quality & Accountability	\$0	\$0	\$0
4260-606-0834 MIPA Fund	\$621,255,000	\$594,822,000	(\$26,433,000)
4260-607-8502 Low Income Health Program IGT	\$28,297,000	\$745,080,000	\$716,783,000
4260-610-0995 Reimbursements	\$169,059,000	\$1,858,333,000	\$1,689,274,000
4260-610-3158 Hospital Quality Assurance Revenue	\$173,888,000	\$0	(\$173,888,000)
4260-611-3158 Hospital Quality Assurance Revenue	\$948,536,000	\$4,593,827,000	\$3,645,291,000
4260-698-3167 SNF Quality & Acct. (Less Funded by GF)	(\$4,250,000)	\$0	\$4,250,000
TOTAL MEDI-CAL Benefits	\$17,370,882,000	\$22,399,815,000	\$5,028,933,000
Total Benefits General Fund *	\$14,629,389,000	\$13,512,317,000	(\$1,117,072,000)
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$723,293,000	\$799,992,000	\$76,699,000
4260-113-0001 Healthy Families *	\$305,000	\$17,819,000	\$17,514,000
4260-117-0001 HIPAA *	\$0	\$250,000	\$250,000
4260-610-0995 Reimbursements	\$1,339,000	\$2,275,000	\$936,000
TOTAL COUNTY ADMIN.	\$724,937,000	\$820,336,000	\$95,399,000
Total Co. Admin. General Fund *	\$723,598,000	\$818,061,000	\$94,463,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$104,231,000	\$109,681,000	\$5,450,000
4260-113-0001 Healthy Families *	\$310,000	\$411,000	\$101,000
4260-117-0001 HIPAA *	\$3,365,000	\$5,417,000	\$2,052,000
4260-610-0995 Reimbursements	\$178,000	\$422,000	\$244,000
TOTAL FISCAL INTERMEDIARY	\$108,084,000	\$115,931,000	\$7,847,000
Total FI General Fund *	\$107,906,000	\$115,509,000	\$7,603,000
GRAND TOTAL - STATE FUNDS	\$18,203,903,000	\$23,336,082,000	\$5,132,179,000
Grand Total General Fund *	\$15,460,893,000	\$14,445,887,000	(\$1,015,006,000)

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

Medi-Cal Funding Summary
May 2012 Estimate Comparison of FY 2011-12 to FY 2012-13

FEDERAL FUNDS

	FY 2011-12 Estimate	Appropriation FY 2012-13 Estimate	Difference Incr./Decr.
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$24,039,500,000	\$31,245,629,000	\$7,206,129,000
4260-102-0890 Capital Debt	\$46,981,000	\$45,344,000	(\$1,637,000)
4260-106-0890 Money Follow Person Federal Grant	\$5,761,000	\$9,369,000	\$3,608,000
4260-113-0890 Healthy Families	\$397,248,000	\$448,010,000	\$50,762,000
4260-601-7502 Demonstration DSH Fund	\$595,929,000	\$535,143,000	(\$60,786,000)
4260-601-7503 Health Care Support Fund	\$1,422,444,000	\$1,117,322,000	(\$305,122,000)
4260-601-7504 South LA Med Svcs Preservation Fund	\$39,167,000	\$0	(\$39,167,000)
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TOTAL MEDI-CAL Benefits	\$26,547,030,000	\$33,400,817,000	\$6,853,787,000
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<u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$1,897,931,000	\$2,287,668,000	\$389,737,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$1,250,000	\$4,226,000	\$2,976,000
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$0	\$2,125,000	\$2,125,000
4260-113-0890 Healthy Families	\$2,969,000	\$34,992,000	\$32,023,000
4260-117-0890 HIPAA	\$3,024,000	\$3,342,000	\$318,000
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TOTAL COUNTY ADMIN.	\$1,905,174,000	\$2,332,353,000	\$427,179,000
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<u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$194,046,000	\$194,850,000	\$804,000
4260-113-0890 Healthy Families	\$480,000	\$617,000	\$137,000
4260-117-0890 HIPAA	\$16,273,000	\$39,140,000	\$22,867,000
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TOTAL FISCAL INTERMEDIARY	\$210,799,000	\$234,607,000	\$23,808,000
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GRAND TOTAL - FEDERAL FUNDS	\$28,663,003,000	\$35,967,777,000	\$7,304,774,000
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BUDGET ACT OF 2012
CHANGES TO THE
MAY 2012
MEDI-CAL ESTIMATE

BUDGET YEAR

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2012-13

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$16,042,687,510	\$8,021,343,760	\$8,021,343,760
B. B/Y BASE POLICY CHANGES	\$21,923,136,000	\$13,124,643,400	\$8,798,492,600
C. BASE ADJUSTMENTS	-\$532,572,000	-\$419,019,800	-\$113,552,200
D. ADJUSTED BASE	<u>\$37,433,251,510</u>	<u>\$20,726,967,360</u>	<u>\$16,706,284,150</u>
II. REGULAR POLICY CHANGES			
A. ELIGIBILITY	\$825,952,430	\$555,934,470	\$270,017,970
B. BENEFITS	\$927,239,110	\$951,966,300	-\$24,727,190
C. PHARMACY	-\$1,599,077,950	-\$884,718,570	-\$714,359,370
D. MANAGED CARE	\$1,166,758,000	\$363,220,000	\$803,538,000
E. PROVIDER RATES	-\$141,990,180	\$76,756,410	-\$218,746,590
F. WAIVER--MH/UCD & BTR	\$7,681,546,000	\$6,113,635,500	\$1,567,910,500
G. SUPPLEMENTAL PMNTS.	\$8,692,323,000	\$4,707,587,500	\$3,984,735,500
H. OTHER	\$814,628,540	\$789,467,620	\$25,160,920
I. TOTAL CHANGE	<u>\$18,367,378,960</u>	<u>\$12,673,849,230</u>	<u>\$5,693,529,730</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$55,800,630,470</u></u>	<u><u>\$33,400,816,580</u></u>	<u><u>\$22,399,813,890</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$600,407,000	\$454,331,800	\$146,075,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$138,724,000	\$78,876,850	\$59,847,150
3	CHDP GATEWAY - PREENROLLMENT	\$10,615,000	\$5,685,050	\$4,929,950
4	BRIDGE TO HFP	\$4,828,000	\$3,138,200	\$1,689,800
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$3,686,000
7	REFUGEES	\$5,674,000	\$0	\$5,674,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$6,628,000	\$6,628,000	\$0
9	LOMELI V. SHEWRY	\$426,430	\$213,220	\$213,220
10	250% WORKING DISABLED PROGRAM CHANGES	\$464,000	\$146,000	\$318,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,858,100	-\$8,858,100
12	NEW QUALIFIED ALIENS	\$0	-\$99,663,000	\$99,663,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$60,354,450	-\$60,354,450
14	PARIS - VETERANS MATCH	-\$742,000	-\$371,000	-\$371,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$3,596,000	-\$1,798,000	-\$1,798,000
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-C/	\$55,152,000	\$35,848,800	\$19,303,200
	ELIGIBILITY SUBTOTAL	\$825,952,430	\$555,934,470	\$270,017,970
BENEFITS				
16	ADULT DAY HEALTH CARE - CDA	\$327,635,000	\$163,817,500	\$163,817,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$651,423,000	\$651,423,000	\$0
18	ADHC TRANSITION-BENEFITS	\$309,744,000	\$154,872,000	\$154,872,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$115,122,000	\$115,122,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,614,000	\$19,382,000	\$20,232,000
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$2,100,000	\$2,100,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$9,528,000	\$7,146,000	\$2,382,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$123,000	\$123,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$752,000	\$752,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$9,535,200	-\$9,535,200
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,041,950	-\$92,041,950
27	HEARING AID CAP	-\$764,000	-\$382,000	-\$382,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$105,190	\$0	-\$105,190
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$2,210,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$37,519,440	-\$18,759,720	-\$18,759,720
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$9,938,250	-\$4,969,130	-\$4,969,130
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$1,326,160	-\$663,080	-\$663,080
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$12,518,850	-\$6,259,420	-\$6,259,420
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$14,291,000	-\$7,145,500	-\$7,145,500
37	PHARMACY COPAYMENTS	-\$26,116,000	-\$13,058,000	-\$13,058,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
40	ELIMINATE ADHC SERVICES	-\$361,802,000	-\$180,901,000	-\$180,901,000
167	VALUE BASED PURCHASING	-\$60,000,000	-\$30,000,000	-\$30,000,000
	BENEFITS SUBTOTAL	\$927,239,110	\$951,966,300	-\$24,727,190
<u>PHARMACY</u>				
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$0	\$108,000,000
42	NON FFP DRUGS	\$0	-\$1,488,000	\$1,488,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$9,100,000	-\$4,900,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,715,000	-\$28,357,500	-\$28,357,500
45	MEDICAL SUPPLY REBATES	-\$24,900,000	-\$12,450,000	-\$12,450,000
46	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,570,000	-\$27,430,000
47	FAMILY PACT DRUG REBATES	-\$70,417,000	-\$61,203,700	-\$9,213,300
49	MANAGED CARE DRUG REBATES	-\$316,347,000	-\$158,173,500	-\$158,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$95,942,000	-\$48,093,400	-\$47,848,600
51	FEDERAL DRUG REBATE PROGRAM	-\$1,100,415,000	-\$551,611,500	-\$548,803,500
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RA	\$22,214,000	\$11,107,000	\$11,107,000
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,444,050	\$2,222,030	\$2,222,030
	PHARMACY SUBTOTAL	-\$1,599,077,950	-\$884,718,570	-\$714,359,370
<u>MANAGED CARE</u>				
55	MANAGED CARE RATE RANGE IGTS	\$525,946,000	\$291,601,000	\$234,345,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$20,704,000	\$10,280,000	\$10,424,000
60	MANAGED CARE COST BASED REIMBURSEMENT CL	\$90,073,000	\$45,036,500	\$45,036,500
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$450,000,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$743,000	-\$371,500	-\$371,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,682,000	\$1,341,000	\$1,341,000
98	MANDATORY SPD ENROLLMENT INTO MANAGED CA	\$0	\$0	\$0
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,198,255,000	-\$599,127,500	-\$599,127,500
172	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,818,000	-\$2,409,000	-\$2,409,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	-\$96,406,000	-\$48,203,000	-\$48,203,000
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,360,000	-\$2,680,000	-\$2,680,000
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$435,505,000	\$217,752,500	\$217,752,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$495,430,000	\$0	\$495,430,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0

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

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

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
MANAGED CARE				
MANAGED CARE SUBTOTAL		\$1,166,758,000	\$363,220,000	\$803,538,000
PROVIDER RATES				
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$189,934,970	\$94,967,490	\$94,967,490
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT	\$7,618,150	\$3,809,080	\$3,809,080
75	NF-B RATE CHANGES	\$101,472,000	\$50,736,000	\$50,736,000
76	LTC RATE ADJUSTMENT	\$49,325,240	\$24,662,620	\$24,662,620
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$74,049,000	\$37,024,500	\$37,024,500
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,665,190	\$4,832,590	\$4,832,590
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$24,044,000	\$12,022,000	\$12,022,000
80	HOSPICE RATE INCREASES	\$7,041,410	\$3,520,700	\$3,520,700
81	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$192,568,000	\$96,284,000	\$96,284,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR.	\$46,643,000	\$23,321,500	\$23,321,500
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,107,000	-\$4,553,500	-\$4,553,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$10,583,130	-\$5,291,570	-\$5,291,570
85	REDUCTION TO RADIOLOGY RATES	-\$48,994,000	-\$24,497,000	-\$24,497,000
86	NON-AB 1629 LTC RATE FREEZE	-\$76,878,000	-\$38,439,000	-\$38,439,000
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$145,719,000	-\$72,859,500	-\$72,859,500
88	10% PROVIDER PAYMENT REDUCTION	-\$764,182,000	-\$382,091,000	-\$382,091,000
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$372,992,000	\$334,247,500	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$146,496,000	-\$73,248,000	-\$73,248,000
214	LABORATORY RATE METHDOLOGY CHANGE	-\$15,384,000	-\$7,692,000	-\$7,692,000
PROVIDER RATES SUBTOTAL		-\$141,990,170	\$76,756,420	-\$218,746,590
WAIVER--MH/UCD & BTR				
89	MH/UCD & BTR—DSH PAYMENT	\$1,719,634,000	\$1,122,643,000	\$596,991,000
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,375,000,000	\$687,500,000	\$687,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$2,325,678,000	\$1,743,814,000	\$581,864,000
92	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEN	\$477,937,000	\$238,968,500	\$238,968,500
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$302,844,000	\$151,422,000	\$151,422,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$301,431,000	\$223,061,000	\$78,370,000
96	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	\$362,123,000	-\$312,823,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN	\$70,703,000	\$70,703,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$159,300,000	\$159,300,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$105,756,000	\$47,215,000	\$58,541,000
103	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$42,735,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$75,223,000	\$75,223,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>				
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$5,000,000	\$5,000,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	-\$9,187,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,236,000	\$2,618,000	\$2,618,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$190,000,000	\$95,000,000	\$95,000,000
110	MH/UCD & BTR—MIA-LTC	\$0	\$14,493,000	-\$14,493,000
111	MH/UCD & BTR—BCCTP	\$0	\$988,000	-\$988,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$449,298,500	-\$449,298,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$0	\$0	\$0
171	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$42,877,000
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$225,000,000	\$112,500,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$71,660,000	\$24,170,000	-\$95,830,000
202	NDPH SAFETY NET CARE POOL	\$40,000,000	\$40,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$90,000,000	\$45,000,000	\$45,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$200,000,000	-\$172,345,500	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$100,000,000	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$100,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$7,681,546,000	\$6,113,635,500	\$1,567,910,500
<u>SUPPLEMENTAL PMNTS.</u>				
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,827,754,000	\$3,865,927,000	\$3,961,827,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$195,000,000	\$195,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$173,507,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,214,000	\$65,870,500	\$45,343,500
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$175,073,000	\$175,073,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$32,000,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$4,000,000	\$4,000,000	\$0
185	GROUND EMT PAYMENT	\$218,645,000	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$150,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,692,323,000	\$4,707,587,500	\$3,984,735,500
<u>OTHER</u>				

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

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

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
133	ARRA HITECH - PROVIDER PAYMENTS	\$468,775,000	\$468,775,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$212,509,000	\$212,509,000	\$0
142	HEALTHY FAMILIES - CDMH	\$21,099,000	\$21,099,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$11,418,000	\$5,709,000	\$5,709,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$5,203,000	\$2,601,500	\$2,601,500
148	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
151	INDIAN HEALTH SERVICES	\$1,463,000	\$11,301,500	-\$9,838,500
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
155	CLPP FUNDS	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	\$0	-\$1,556,000
158	FI COST CONTAINMENT PROJECTS	-\$1,032,800	-\$516,400	-\$516,400
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$10,775,660	-\$5,387,830	-\$5,387,830
160	FQHC/RHC AUDIT STAFFING	-\$6,044,000	-\$3,022,000	-\$3,022,000
161	ANTI-FRAUD INITIATIVE	-\$1,118,000	-\$559,000	-\$559,000
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$1,000,000	-\$19,000,000
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	-\$12,332,000	\$0	-\$12,332,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	\$174,555,000	\$87,277,500	\$87,277,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	-\$6,227,000	\$6,227,000
190	COMMUNITY FIRST CHOICE OPTION	\$411,121,000	\$411,121,000	\$0
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	-\$325,420,000	-\$325,420,000	\$0
212	RECONCILIATION WITH THE BUDGET ACT	-\$104,666,000	-\$72,793,650	-\$31,872,350
213	OPERATIONAL FLEXIBILITIES	-\$20,000,000	-\$10,000,000	-\$10,000,000
	OTHER SUBTOTAL	\$814,628,540	\$789,467,620	\$25,160,920
	GRAND TOTAL	\$18,367,378,960	\$12,673,849,230	\$5,693,529,740

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

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2012-13**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
PROFESSIONAL	\$5,319,039,460	\$3,170,580,080	\$2,148,459,380
PHYSICIANS	\$1,014,172,470	\$627,248,210	\$386,924,260
OTHER MEDICAL	\$2,600,041,010	\$1,604,168,690	\$995,872,310
COUNTY OUTPATIENT	\$156,352,840	\$125,688,590	\$30,664,250
COMMUNITY OUTPATIENT	\$1,548,473,150	\$813,474,590	\$734,998,560
PHARMACY	\$403,763,070	\$171,377,180	\$232,385,880
HOSPITAL INPATIENT	\$11,409,526,830	\$6,926,448,140	\$4,483,078,680
COUNTY INPATIENT	\$2,628,825,400	\$2,101,844,390	\$526,981,000
COMMUNITY INPATIENT	\$8,780,701,430	\$4,824,603,750	\$3,956,097,680
LONG TERM CARE	\$3,640,437,090	\$1,884,849,020	\$1,755,588,070
NURSING FACILITIES	\$3,375,525,250	\$1,747,909,220	\$1,627,616,030
ICF-DD	\$264,911,840	\$136,939,810	\$127,972,040
OTHER SERVICES	\$1,004,004,060	\$667,875,700	\$336,128,360
MEDICAL TRANSPORTATION	\$351,703,700	\$281,250,140	\$70,453,560
OTHER SERVICES	\$500,735,000	\$308,662,690	\$192,072,310
HOME HEALTH	\$151,565,350	\$77,962,870	\$73,602,490
TOTAL FEE-FOR-SERVICE	\$21,776,770,510	\$12,821,130,130	\$8,955,640,380
MANAGED CARE	\$18,449,190,010	\$9,071,156,950	\$9,378,033,050
TWO PLAN MODEL	\$11,189,112,670	\$5,466,969,510	\$5,722,143,150
COUNTY ORGANIZED HEALTH SYS	\$5,173,680,690	\$2,588,167,110	\$2,585,513,590
GEOGRAPHIC MANAGED CARE	\$1,770,712,540	\$859,497,900	\$911,214,640
PHP & OTHER MANAG. CARE	\$315,684,110	\$156,522,440	\$159,161,670
DENTAL	\$509,636,490	\$254,474,250	\$255,162,240
MENTAL HEALTH	\$1,920,151,140	\$1,913,839,520	\$6,311,610
AUDITS/ LAWSUITS	\$3,865,000	\$932,500	\$2,932,500
EPSDT SCREENS	\$48,176,420	\$25,548,500	\$22,627,920
MEDICARE PAYMENTS	\$3,951,251,810	\$1,161,327,120	\$2,789,924,690
STATE HOSP./DEVELOPMENTAL CNTRS.	\$211,024,110	\$211,024,110	\$0
MISC. SERVICES	\$9,216,821,000	\$8,049,285,500	\$1,167,535,500
RECOVERIES	-\$286,256,000	-\$107,902,000	-\$178,354,000
GRAND TOTAL MEDI-CAL	\$55,800,630,470	\$33,400,816,580	\$22,399,813,890

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

<u>SERVICE CATEGORY</u>	<u>MAY 2012 EST. FOR 2011-12</u>	<u>MAY 2012 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,792,438,530	\$5,319,039,460	\$526,600,930	10.99
PHYSICIANS	\$1,131,290,250	\$1,014,172,470	-\$117,117,780	-10.35
OTHER MEDICAL	\$2,541,973,970	\$2,600,041,010	\$58,067,040	2.28
COUNTY OUTPATIENT	\$186,492,600	\$156,352,840	-\$30,139,760	-16.16
COMMUNITY OUTPATIENT	\$932,681,710	\$1,548,473,150	\$615,791,440	66.02
PHARMACY	\$1,176,618,480	\$403,763,070	-\$772,855,410	-65.68
HOSPITAL INPATIENT	\$9,357,871,320	\$11,409,526,830	\$2,051,655,510	21.92
COUNTY INPATIENT	\$2,610,576,000	\$2,628,825,400	\$18,249,400	0.70
COMMUNITY INPATIENT	\$6,747,295,320	\$8,780,701,430	\$2,033,406,110	30.14
LONG TERM CARE	\$4,587,529,610	\$3,640,437,090	-\$947,092,510	-20.64
NURSING FACILITIES	\$4,178,459,960	\$3,375,525,250	-\$802,934,710	-19.22
ICF-DD	\$409,069,650	\$264,911,840	-\$144,157,810	-35.24
OTHER SERVICES	\$1,352,095,410	\$1,004,004,060	-\$348,091,350	-25.74
MEDICAL TRANSPORTATION	\$164,247,640	\$351,703,700	\$187,456,070	114.13
OTHER SERVICES	\$989,510,000	\$500,735,000	-\$488,775,000	-49.40
HOME HEALTH	\$198,337,780	\$151,565,350	-\$46,772,420	-23.58
TOTAL FEE-FOR-SERVICE	\$21,266,553,350	\$21,776,770,510	\$510,217,160	2.40
MANAGED CARE	\$11,392,316,810	\$18,449,190,010	\$7,056,873,200	61.94
TWO PLAN MODEL	\$6,368,431,830	\$11,189,112,670	\$4,820,680,840	75.70
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,731,129,790	\$5,173,680,690	\$1,442,550,900	38.66
GEOGRAPHIC MANAGED CARE	\$1,043,610,730	\$1,770,712,540	\$727,101,810	69.67
PHP & OTHER MANAG. CARE	\$249,144,460	\$315,684,110	\$66,539,650	26.71
DENTAL	\$487,317,410	\$509,636,490	\$22,319,080	4.58
MENTAL HEALTH	\$1,284,431,000	\$1,920,151,140	\$635,720,130	49.49
AUDITS/ LAWSUITS	-\$61,857,000	\$3,865,000	\$65,722,000	-106.25
EPSDT SCREENS	\$52,118,520	\$48,176,420	-\$3,942,110	-7.56
MEDICARE PAYMENTS	\$3,845,172,020	\$3,951,251,810	\$106,079,780	2.76
STATE HOSP./DEVELOPMENTAL CNTRS.	\$272,325,590	\$211,024,110	-\$61,301,480	-22.51
MISC. SERVICES	\$5,652,009,600	\$9,216,821,000	\$3,564,811,400	63.07
RECOVERIES	-\$272,476,000	-\$286,256,000	-\$13,780,000	5.06
GRAND TOTAL MEDI-CAL	\$43,917,911,300	\$55,800,630,470	\$11,882,719,170	27.06
STATE FUNDS	\$17,370,881,470	\$22,399,813,890	\$5,028,932,410	28.95

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

<u>SERVICE CATEGORY</u>	<u>NOV. 2011 EST. FOR 2012-13</u>	<u>MAY 2012 EST. FOR 2012-13</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$4,989,467,850	\$5,319,039,460	\$329,571,610	6.61
PHYSICIANS	\$1,044,472,790	\$1,014,172,470	-\$30,300,320	-2.90
OTHER MEDICAL	\$2,295,623,360	\$2,600,041,010	\$304,417,650	13.26
COUNTY OUTPATIENT	\$159,481,650	\$156,352,840	-\$3,128,810	-1.96
COMMUNITY OUTPATIENT	\$1,489,890,050	\$1,548,473,150	\$58,583,090	3.93
PHARMACY	\$453,857,670	\$403,763,070	-\$50,094,600	-11.04
HOSPITAL INPATIENT	\$11,018,205,680	\$11,409,526,830	\$391,321,150	3.55
COUNTY INPATIENT	\$2,459,905,670	\$2,628,825,400	\$168,919,730	6.87
COMMUNITY INPATIENT	\$8,558,300,010	\$8,780,701,430	\$222,401,420	2.60
LONG TERM CARE	\$4,813,364,500	\$3,640,437,090	-\$1,172,927,410	-24.37
NURSING FACILITIES	\$4,473,168,490	\$3,375,525,250	-\$1,097,643,240	-24.54
ICF-DD	\$340,196,010	\$264,911,840	-\$75,284,170	-22.13
OTHER SERVICES	\$1,332,481,660	\$1,004,004,060	-\$328,477,600	-24.65
MEDICAL TRANSPORTATION	\$135,660,060	\$351,703,700	\$216,043,640	159.25
OTHER SERVICES	\$1,028,687,350	\$500,735,000	-\$527,952,350	-51.32
HOME HEALTH	\$168,134,250	\$151,565,350	-\$16,568,890	-9.85
TOTAL FEE-FOR-SERVICE	\$22,607,377,350	\$21,776,770,510	-\$830,606,840	-3.67
MANAGED CARE	\$17,975,348,830	\$18,449,190,010	\$473,841,170	2.64
TWO PLAN MODEL	\$11,170,276,270	\$11,189,112,670	\$18,836,400	0.17
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,600,183,360	\$5,173,680,690	\$573,497,330	12.47
GEOGRAPHIC MANAGED CARE	\$1,811,790,970	\$1,770,712,540	-\$41,078,430	-2.27
PHP & OTHER MANAG. CARE	\$393,098,240	\$315,684,110	-\$77,414,130	-19.69
DENTAL	\$533,340,190	\$509,636,490	-\$23,703,700	-4.44
MENTAL HEALTH	\$1,650,714,650	\$1,920,151,140	\$269,436,490	16.32
AUDITS/ LAWSUITS	-\$169,701,000	\$3,865,000	\$173,566,000	-102.28
EPSDT SCREENS	\$46,379,340	\$48,176,420	\$1,797,080	3.87
MEDICARE PAYMENTS	\$3,993,171,000	\$3,951,251,810	-\$41,919,190	-1.05
STATE HOSP./DEVELOPMENTAL CNTRS.	\$218,999,790	\$211,024,110	-\$7,975,690	-3.64
MISC. SERVICES	\$7,884,351,000	\$9,216,821,000	\$1,332,470,000	16.90
RECOVERIES	-\$323,758,000	-\$286,256,000	\$37,502,000	-11.58
GRAND TOTAL MEDI-CAL	\$54,416,223,150	\$55,800,630,470	\$1,384,407,320	2.54
STATE FUNDS	\$22,551,237,530	\$22,399,813,890	-\$151,423,640	-0.67

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$627,829,000	\$152,746,300	\$600,407,000	\$146,075,200	-\$27,422,000	-\$6,671,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$137,354,000	\$58,897,050	\$138,724,000	\$59,847,150	\$1,370,000	\$950,100
3	CHDP GATEWAY - PREENROLLMENT	\$17,853,000	\$6,248,550	\$10,615,000	\$4,929,950	-\$7,238,000	-\$1,318,600
4	BRIDGE TO HFP	\$16,877,000	\$5,906,950	\$4,828,000	\$1,689,800	-\$12,049,000	-\$4,217,150
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$7,372,000	\$3,686,000	-\$421,000	-\$210,500
7	REFUGEES	\$6,210,000	\$6,210,000	\$5,674,000	\$5,674,000	-\$536,000	-\$536,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$2,514,000	\$0	\$6,628,000	\$0	\$4,114,000	\$0
9	LOMELI V. SHEWRY	\$504,000	\$252,000	\$504,000	\$252,000	\$0	\$0
10	250% WORKING DISABLED PROGRAM CHANGES	\$385,000	\$278,000	\$464,000	\$318,000	\$79,000	\$40,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,942,350	\$0	-\$8,858,100	\$0	\$84,250
12	NEW QUALIFIED ALIENS	\$0	\$116,118,000	\$0	\$99,663,000	\$0	-\$16,455,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$53,860,500	\$0	-\$60,354,450	\$0	-\$6,493,950
14	PARIS - VETERANS MATCH	-\$210,000	-\$105,000	-\$742,000	-\$371,000	-\$532,000	-\$266,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$9,557,000	-\$4,778,500	-\$3,596,000	-\$1,798,000	\$5,961,000	\$2,980,500
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL	\$455,047,000	\$159,266,450	\$55,152,000	\$19,303,200	-\$399,895,000	-\$139,963,250
	ELIGIBILITY SUBTOTAL	\$1,262,599,000	\$442,133,450	\$826,030,000	\$270,056,750	-\$436,569,000	-\$172,076,700
BENEFITS							
16	ADULT DAY HEALTH CARE - CDA	\$354,920,000	\$177,460,000	\$327,635,000	\$163,817,500	-\$27,285,000	-\$13,642,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$182,332,000	\$0	\$651,423,000	\$0	\$469,091,000	\$0
18	ADHC TRANSITION-BENEFITS	\$166,251,000	\$83,125,500	\$309,744,000	\$154,872,000	\$143,493,000	\$71,746,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,943,000	\$0	\$115,122,000	\$0	-\$3,821,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,614,000	\$20,232,000	-\$850,000	\$0
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$6,000,000	\$0	\$2,100,000	\$0	-\$3,900,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$7,382,000	\$1,845,000	\$12,704,000	\$3,176,000	\$5,322,000	\$1,331,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$90,000	\$0	\$123,000	\$0	\$33,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$2,303,000	\$0	\$752,000	\$0	-\$1,551,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	-\$4,767,600	\$0	-\$9,535,200	\$0	-\$4,767,600
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$107,921,450	\$0	-\$92,041,950	\$0	\$15,879,500
27	HEARING AID CAP	-\$764,000	-\$382,000	-\$764,000	-\$382,000	\$0	\$0
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$352,000	-\$352,000	-\$246,000	-\$246,000	\$106,000	\$106,000
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,424,000	-\$2,212,000	-\$4,421,000	-\$2,210,500	\$3,000	\$1,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$42,311,650	-\$21,155,820	-\$37,519,440	-\$18,759,720	\$4,792,200	\$2,396,100
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,815,000	-\$4,407,500	-\$13,251,000	-\$6,625,500	-\$4,436,000	-\$2,218,000
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,997,000	-\$4,498,500	-\$8,997,000	-\$4,498,500	\$0	\$0
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$29,277,000	-\$14,638,500	-\$29,277,000	-\$14,638,500	\$0	\$0
34	COPAYMENT FOR DENTAL SERVICES	-\$37,307,000	-\$18,653,500	\$0	\$0	\$37,307,000	\$18,653,500
35	COPAYMENT FOR EMERGENCY ER VISITS	-\$76,830,000	-\$38,415,000	\$0	\$0	\$76,830,000	\$38,415,000
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$146,440,000	-\$73,220,000	-\$14,291,000	-\$7,145,500	\$132,149,000	\$66,074,500
37	PHARMACY COPAYMENTS	-\$291,077,000	-\$145,538,500	-\$26,116,000	-\$13,058,000	\$264,961,000	\$132,480,500
38	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE VIS	-\$296,616,000	-\$148,308,000	\$0	\$0	\$296,616,000	\$148,308,000
39	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$319,287,000	-\$151,351,000	\$0	\$0	\$319,287,000	\$151,351,000
40	ELIMINATE ADHC SERVICES	-\$389,087,000	-\$194,543,500	-\$361,802,000	-\$180,901,000	\$27,285,000	\$13,642,500
167	VALUE BASED PURCHASING	-\$155,144,000	-\$77,572,000	-\$60,000,000	-\$30,000,000	\$95,144,000	\$47,572,000
	BENEFITS SUBTOTAL	-\$928,043,650	-\$725,274,370	\$902,532,560	-\$37,944,870	\$1,830,576,200	\$687,329,500
<u>PHARMACY</u>							
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$108,000,000	\$108,000,000	\$108,000,000	\$0	\$0
42	NON FFP DRUGS	\$0	\$1,697,000	\$0	\$1,488,000	\$0	-\$209,000
43	BCCTP DRUG REBATES	-\$12,000,000	-\$4,200,000	-\$14,000,000	-\$4,900,000	-\$2,000,000	-\$700,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$29,850,000	-\$14,925,000	-\$56,715,000	-\$28,357,500	-\$26,865,000	-\$13,432,500
45	MEDICAL SUPPLY REBATES	-\$32,624,000	-\$16,312,000	-\$24,900,000	-\$12,450,000	\$7,724,000	\$3,862,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
46	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,430,000	-\$55,000,000	-\$27,430,000	\$0	\$0
47	FAMILY PACT DRUG REBATES	-\$69,542,000	-\$9,098,600	-\$70,417,000	-\$9,213,300	-\$875,000	-\$114,700
49	MANAGED CARE DRUG REBATES	-\$160,000,000	-\$80,000,000	-\$316,347,000	-\$158,173,500	-\$156,347,000	-\$78,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$179,662,000	-\$89,602,600	-\$95,942,000	-\$47,848,600	\$83,720,000	\$41,754,000
51	FEDERAL DRUG REBATE PROGRAM	-\$1,354,455,000	-\$675,504,700	-\$1,100,415,000	-\$548,803,500	\$254,040,000	\$126,701,200
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$0	\$0	\$22,214,000	\$11,107,000	\$22,214,000	\$11,107,000
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$0	\$0	\$4,790,400	\$2,395,200	\$4,790,400	\$2,395,200
	PHARMACY SUBTOTAL	-\$1,785,133,000	-\$807,375,900	-\$1,598,731,600	-\$714,186,200	\$186,401,400	\$93,189,700
MANAGED CARE							
55	MANAGED CARE RATE RANGE IGTS	\$557,656,000	\$255,986,000	\$525,946,000	\$234,345,000	-\$31,710,000	-\$21,641,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREMIU	\$11,865,000	\$5,932,500	\$20,704,000	\$10,424,000	\$8,839,000	\$4,491,500
60	MANAGED CARE COST BASED REIMBURSEMENT CLIN	\$36,594,000	\$18,297,000	\$90,073,000	\$45,036,500	\$53,479,000	\$26,739,500
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000	\$0	\$0
66	CAPITATED RATE ADJUSTMENT FOR FY 2012-13	\$406,828,000	\$203,414,000	\$0	\$0	-\$406,828,000	-\$203,414,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$732,000	\$366,000	-\$743,000	-\$371,500	-\$1,475,000	-\$737,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO C	\$0	\$0	\$0	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,931,000	\$1,465,500	\$2,682,000	\$1,341,000	-\$249,000	-\$124,500
98	MANDATORY SPD ENROLLMENT INTO MANAGED CARE	-\$303,007,000	-\$151,503,500	-\$303,007,000	-\$151,503,500	\$0	\$0
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	\$1,051,841,000	\$525,920,500	-\$1,198,255,000	-\$599,127,500	-\$2,250,096,000	-\$1,125,048,000
169	ANNUAL OPEN ENROLLMENT PERIOD	\$8,027,000	\$4,013,500	\$0	\$0	-\$8,027,000	-\$4,013,500
170	FQHC PAYMENT REFORM	\$31,591,000	\$15,795,500	\$0	\$0	-\$31,591,000	-\$15,795,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
172	MANAGED CARE DEFAULT ASSIGNMENT	-\$5,256,000	-\$2,628,000	-\$4,818,000	-\$2,409,000	\$438,000	\$219,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	-\$113,968,000	-\$56,984,000	-\$96,406,000	-\$48,203,000	\$17,562,000	\$8,781,000
174	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$40,152,000	\$20,076,000	-\$5,360,000	-\$2,680,000	-\$45,512,000	-\$22,756,000
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$352,430,000	\$176,215,000	\$435,505,000	\$217,752,500	\$83,075,000	\$41,537,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$793,643,000	\$793,643,000	\$495,430,000	\$495,430,000	-\$298,213,000	-\$298,213,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
182	TRIGGER CUTS TO OTHER MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$3,774,059,000	\$2,262,009,000	\$863,751,000	\$652,034,500	-\$2,910,308,000	-\$1,609,974,500
PROVIDER RATES							
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$205,839,990	\$102,919,990	\$199,721,320	\$99,860,660	-\$6,118,670	-\$3,059,330
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT CI	\$165,943,000	\$82,971,500	\$102,948,000	\$51,474,000	-\$62,995,000	-\$31,497,500
75	NF-B RATE CHANGES	\$39,680,000	\$19,840,000	\$101,472,000	\$50,736,000	\$61,792,000	\$30,896,000
76	LTC RATE ADJUSTMENT	\$50,622,130	\$25,311,070	\$49,325,240	\$24,662,620	-\$1,296,890	-\$648,450
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$68,541,000	\$34,270,500	\$74,049,000	\$37,024,500	\$5,508,000	\$2,754,000
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,341,900	\$4,670,950	\$12,421,520	\$6,210,760	\$3,079,620	\$1,539,810
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$11,167,000	\$5,583,000	\$24,044,000	\$12,022,000	\$12,877,000	\$6,439,000
80	HOSPICE RATE INCREASES	\$2,540,450	\$1,270,220	\$11,088,830	\$5,544,410	\$8,548,380	\$4,274,190
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$491,156,000	\$245,578,000	\$192,568,000	\$96,284,000	-\$298,588,000	-\$149,294,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$46,643,000	\$23,321,500	\$46,643,000	\$23,321,500	\$0	\$0
83	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$9,107,000	-\$4,553,500	-\$9,107,000	-\$4,553,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0
85	REDUCTION TO RADIOLOGY RATES	-\$49,864,000	-\$24,932,000	-\$48,994,000	-\$24,497,000	\$870,000	\$435,000
86	NON-AB 1629 LTC RATE FREEZE	-\$125,628,000	-\$62,814,000	-\$76,878,000	-\$38,439,000	\$48,750,000	\$24,375,000
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$100,843,000	-\$50,421,500	-\$145,719,000	-\$72,859,500	-\$44,876,000	-\$22,438,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>							
88	10% PROVIDER PAYMENT REDUCTION	-\$648,618,000	-\$324,309,000	-\$764,182,000	-\$382,091,000	-\$115,564,000	-\$57,782,000
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$372,992,000	\$38,744,500	\$372,992,000	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMENT	\$0	\$0	-\$146,496,000	-\$73,248,000	-\$146,496,000	-\$73,248,000
214	LABORATORY RATE METHDOLOGY CHANGE	\$0	\$0	-\$15,384,000	-\$7,692,000	-\$15,384,000	-\$7,692,000
	PROVIDER RATES SUBTOTAL	\$131,547,470	\$65,773,230	-\$54,461,090	-\$174,982,040	-\$186,008,560	-\$240,755,280
<u>WAIVER--MH/UCD & BTR</u>							
89	MH/UCD & BTR—DSH PAYMENT	\$1,711,152,000	\$588,500,000	\$1,719,634,000	\$596,991,000	\$8,482,000	\$8,491,000
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,380,000,000	\$690,000,000	\$1,375,000,000	\$687,500,000	-\$5,000,000	-\$2,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$1,644,647,000	\$411,162,000	\$2,325,678,000	\$581,864,000	\$681,031,000	\$170,702,000
92	BTR—SAFETY NET CARE POOL	\$390,166,000	\$0	\$390,166,000	\$0	\$0	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$466,271,000	\$233,135,500	\$477,937,000	\$238,968,500	\$11,666,000	\$5,833,000
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$263,328,000	\$131,664,000	\$302,844,000	\$151,422,000	\$39,516,000	\$19,758,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$196,951,000	\$50,446,000	\$301,431,000	\$78,370,000	\$104,480,000	\$27,924,000
96	MH/UCD & BTR—CCS AND GHPP	\$74,865,000	\$0	\$71,004,000	\$0	-\$3,861,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	-\$243,718,000	\$49,300,000	-\$312,823,000	\$0	-\$69,105,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$84,500,000	\$0	\$70,703,000	\$0	-\$13,797,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$91,900,000	\$0	\$159,300,000	\$0	\$67,400,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$85,243,000	\$47,896,000	\$105,756,000	\$58,541,000	\$20,513,000	\$10,645,000
103	MH/UCD—SAFETY NET CARE POOL	\$70,993,000	\$0	\$42,735,000	\$0	-\$28,258,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$54,635,000	\$0	\$75,223,000	\$0	\$20,588,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$15,000,000	\$0	\$5,000,000	\$0	-\$10,000,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	-\$9,187,000	\$0	-\$9,187,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$4,338,000	\$2,169,000	\$5,236,000	\$2,618,000	\$898,000	\$449,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$190,000,000	\$95,000,000	\$190,000,000	\$95,000,000	\$0	\$0
110	MH/UCD & BTR—MIA-LTC	\$0	-\$12,039,000	\$0	-\$14,493,000	\$0	-\$2,454,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
111	MH/UCD & BTR—BCCTP	\$0	-\$825,000	\$0	-\$988,000	\$0	-\$163,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$500,598,000	\$0	-\$449,298,500	\$0	\$51,299,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$95,975,000	\$47,987,500	\$87,825,000	\$43,912,500	-\$8,150,000	-\$4,075,000
171	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000	\$0	\$0
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$0	\$0	\$225,000,000	\$112,500,000	\$225,000,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	\$0	\$0	-\$71,660,000	-\$95,830,000	-\$71,660,000	-\$95,830,000
202	NDPH SAFETY NET CARE POOL	\$0	\$0	\$40,000,000	\$0	\$40,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$0	\$0	\$90,000,000	\$45,000,000	\$90,000,000	\$45,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	\$0	\$0	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	\$0	\$0	-\$200,000,000	-\$27,654,500	-\$200,000,000	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	\$0	\$0	-\$100,000,000	\$0	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$0	\$0	\$100,000,000	\$0	\$100,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,783,510,000	\$1,497,903,000	\$7,769,371,000	\$1,611,823,000	\$985,861,000	\$113,920,000
<u>SUPPLEMENTAL PMNTS.</u>							
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,086,126,000	\$3,577,063,000	\$7,827,754,000	\$3,961,827,000	\$741,628,000	\$384,764,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$66,000,000	\$0	\$195,000,000	\$0	\$129,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$0	\$173,507,000	\$0	\$0	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,021,000	\$45,343,500	\$111,214,000	\$45,343,500	\$193,000	\$0
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$55,431,000	\$0	\$175,073,000	\$0	\$119,642,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$70,000,000	\$35,000,000	\$0	\$0
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$0	\$32,000,000	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>SUPPLEMENTAL PMNTS.</u>							
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$2,600,000	\$0	\$4,000,000	\$0	\$1,400,000	\$0
127	IHSS PROVIDER TAX	\$495,000,000	\$0	\$0	\$0	-\$495,000,000	\$0
185	GROUND EMT PAYMENT	\$0	\$0	\$218,645,000	\$0	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,276,815,000	\$3,749,971,500	\$8,692,323,000	\$3,984,735,500	\$415,508,000	\$234,764,000
<u>OTHER</u>							
133	ARRA HITECH - PROVIDER PAYMENTS	\$494,125,000	\$0	\$468,775,000	\$0	-\$25,350,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$59,663,000	\$0	\$212,509,000	\$0	\$152,846,000	\$0
142	HEALTHY FAMILIES - CDMH	\$27,543,000	\$0	\$21,099,000	\$0	-\$6,444,000	\$0
143	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$6,776,000	\$0	\$0	\$0	-\$6,776,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$8,368,000	\$4,184,000	\$11,418,000	\$5,709,000	\$3,050,000	\$1,525,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$5,711,000	\$2,855,500	\$5,203,000	\$2,601,500	-\$508,000	-\$254,000
148	CDDS DENTAL SERVICES	\$11,430,000	\$11,430,000	\$11,430,000	\$11,430,000	\$0	\$0
151	INDIAN HEALTH SERVICES	\$340,000	-\$9,838,500	\$1,463,000	-\$9,838,500	\$1,123,000	\$0
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0
155	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000	\$0	\$0
158	FI COST CONTAINMENT PROJECTS	-\$299,400	-\$149,700	-\$1,032,800	-\$516,400	-\$733,400	-\$366,700
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$10,895,510	-\$5,447,760	-\$10,895,510	-\$5,447,760	\$0	\$0
160	FQHC/RHC AUDIT STAFFING	-\$6,043,600	-\$3,021,800	-\$6,044,000	-\$3,022,000	-\$400	-\$200

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2012 ESTIMATE COMPARED TO NOVEMBER 2011 ESTIMATE
FISCAL YEAR 2012-13**

NO.	POLICY CHANGE TITLE	NOV. 2011 EST. FOR 2012-13		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
161	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$6,500,000	-\$3,250,000	\$0	\$0
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$19,000,000	-\$20,000,000	-\$19,000,000	\$0	\$0
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS	-\$42,125,000	-\$42,125,000	-\$12,332,000	-\$12,332,000	\$29,793,000	\$29,793,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	-\$173,566,000	-\$86,783,000	\$174,555,000	\$87,277,500	\$348,121,000	\$174,060,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$0	\$0	\$6,227,000	\$0	\$6,227,000
190	COMMUNITY FIRST CHOICE OPTION	\$0	\$0	\$411,121,000	\$0	\$411,121,000	\$0
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	\$0	\$0	-\$325,420,000	\$0	-\$325,420,000	\$0
212	RECONCILIATION WITH THE BUDGET ACT	\$0	\$0	-\$104,666,000	-\$31,872,350	-\$104,666,000	-\$31,872,350
213	OPERATIONAL FLEXIBILITIES	\$0	\$0	-\$20,000,000	-\$10,000,000	-\$20,000,000	-\$10,000,000
	OTHER SUBTOTAL	\$352,970,490	-\$146,702,250	\$809,126,680	\$22,409,990	\$456,156,190	\$169,112,250
	GRAND TOTAL	\$17,868,324,310	\$6,338,437,660	\$18,209,941,550	\$5,613,946,630	\$341,617,240	-\$724,491,030

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
ELIGIBILITY							
1	FAMILY PACT PROGRAM	\$582,522,000	\$141,723,600	\$600,407,000	\$146,075,200	\$17,885,000	\$4,351,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$125,539,000	\$54,469,300	\$138,724,000	\$59,847,150	\$13,185,000	\$5,377,850
3	CHDP GATEWAY - PREENROLLMENT	\$11,671,000	\$4,084,850	\$10,615,000	\$4,929,950	-\$1,056,000	\$845,100
4	BRIDGE TO HFP	\$19,221,000	\$6,727,350	\$4,828,000	\$1,689,800	-\$14,393,000	-\$5,037,550
5	CRAIG V. BONTA DISALLOWANCE	\$12,337,000	\$12,337,000	\$0	\$0	-\$12,337,000	-\$12,337,000
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$7,372,000	\$3,686,000	\$6,765,000	\$3,382,500
7	REFUGEES	\$3,573,000	\$3,573,000	\$5,674,000	\$5,674,000	\$2,101,000	\$2,101,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$7,663,000	\$0	\$6,628,000	\$0	-\$1,035,000	\$0
9	LOMELI V. SHEWRY	\$294,000	\$147,000	\$504,000	\$252,000	\$210,000	\$105,000
10	250% WORKING DISABLED PROGRAM CHANGES	\$186,000	\$133,000	\$464,000	\$318,000	\$278,000	\$185,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$8,858,100	\$0	-\$8,858,100	\$0	\$0
12	NEW QUALIFIED ALIENS	\$0	\$99,622,000	\$0	\$99,663,000	\$0	\$41,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$52,651,500	\$0	-\$60,354,450	\$0	-\$7,702,950
14	PARIS - VETERANS MATCH	-\$228,000	-\$114,000	-\$742,000	-\$371,000	-\$514,000	-\$257,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$1,030,000	-\$515,000	-\$3,596,000	-\$1,798,000	-\$2,566,000	-\$1,283,000
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-CAL	\$0	\$0	\$55,152,000	\$19,303,200	\$55,152,000	\$19,303,200
	ELIGIBILITY SUBTOTAL	\$762,355,000	\$260,982,000	\$826,030,000	\$270,056,750	\$63,675,000	\$9,074,750
BENEFITS							
16	ADULT DAY HEALTH CARE - CDA	\$321,748,000	\$160,874,000	\$327,635,000	\$163,817,500	\$5,887,000	\$2,943,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$0	\$0	\$651,423,000	\$0	\$651,423,000	\$0
18	ADHC TRANSITION-BENEFITS	\$278,422,000	\$139,211,000	\$309,744,000	\$154,872,000	\$31,322,000	\$15,661,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$117,810,000	\$0	\$115,122,000	\$0	-\$2,688,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,614,000	\$20,232,000	-\$850,000	\$0
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$3,587,000	\$0	\$2,100,000	\$0	-\$1,487,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$6,958,000	\$1,739,000	\$12,704,000	\$3,176,000	\$5,746,000	\$1,437,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>BENEFITS</u>							
23	QUALITY OF LIFE SURVEYS FOR MFP	\$79,000	\$0	\$123,000	\$0	\$44,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$0	\$0	\$752,000	\$0	\$752,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	\$0	\$0	-\$9,535,200	\$0	-\$9,535,200
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$88,970,050	\$0	-\$92,041,950	\$0	-\$3,071,900
27	HEARING AID CAP	-\$92,000	-\$46,000	-\$764,000	-\$382,000	-\$672,000	-\$336,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$218,000	-\$218,000	-\$246,000	-\$246,000	-\$28,000	-\$28,000
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,264,000	-\$632,000	-\$4,421,000	-\$2,210,500	-\$3,157,000	-\$1,578,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	\$0	\$0	-\$37,519,440	-\$18,759,720	-\$37,519,440	-\$18,759,720
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,288,000	-\$4,144,000	-\$13,251,000	-\$6,625,500	-\$4,963,000	-\$2,481,500
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$8,959,000	-\$4,479,500	-\$8,997,000	-\$4,498,500	-\$38,000	-\$19,000
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$20,224,000	-\$10,112,000	-\$29,277,000	-\$14,638,500	-\$9,053,000	-\$4,526,500
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	\$0	\$0	-\$14,291,000	-\$7,145,500	-\$14,291,000	-\$7,145,500
37	PHARMACY COPAYMENTS	\$0	\$0	-\$26,116,000	-\$13,058,000	-\$26,116,000	-\$13,058,000
40	ELIMINATE ADHC SERVICES	-\$285,087,920	-\$142,543,960	-\$361,802,000	-\$180,901,000	-\$76,714,090	-\$38,357,040
167	VALUE BASED PURCHASING	\$0	\$0	-\$60,000,000	-\$30,000,000	-\$60,000,000	-\$30,000,000
	BENEFITS SUBTOTAL	\$444,935,090	\$70,910,490	\$902,532,560	-\$37,944,870	\$457,597,470	-\$108,855,360
<u>PHARMACY</u>							
41	FEDERAL DRUG REBATE CHANGE	\$92,909,000	\$92,909,000	\$108,000,000	\$108,000,000	\$15,091,000	\$15,091,000
42	NON FFP DRUGS	\$0	\$2,118,000	\$0	\$1,488,000	\$0	-\$630,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$4,900,000	-\$14,000,000	-\$4,900,000	\$0	\$0
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$25,901,750	-\$12,950,880	-\$56,715,000	-\$28,357,500	-\$30,813,250	-\$15,406,630
45	MEDICAL SUPPLY REBATES	-\$30,236,000	-\$15,118,000	-\$24,900,000	-\$12,450,000	\$5,336,000	\$2,668,000
46	AGED AND DISPUTED DRUG REBATES	-\$134,740,000	-\$67,198,000	-\$55,000,000	-\$27,430,000	\$79,740,000	\$39,768,000
47	FAMILY PACT DRUG REBATES	-\$70,826,000	-\$9,267,000	-\$70,417,000	-\$9,213,300	\$409,000	\$53,700
48	LITIGATION SETTLEMENTS	-\$115,368,000	-\$115,368,000	\$0	\$0	\$115,368,000	\$115,368,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
PHARMACY							
49	MANAGED CARE DRUG REBATES	\$0	\$0	-\$316,347,000	-\$158,173,500	-\$316,347,000	-\$158,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$113,796,000	-\$52,005,800	-\$95,942,000	-\$47,848,600	\$17,854,000	\$4,157,200
51	FEDERAL DRUG REBATE PROGRAM	-\$1,331,040,000	-\$628,032,600	-\$1,100,415,000	-\$548,803,500	\$230,625,000	\$79,229,100
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RATE	\$48,379,000	\$24,189,500	\$22,214,000	\$11,107,000	-\$26,165,000	-\$13,082,500
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$1,722,000	\$861,000	\$4,790,400	\$2,395,200	\$3,068,400	\$1,534,200
	PHARMACY SUBTOTAL	-\$1,692,897,750	-\$784,762,780	-\$1,598,731,600	-\$714,186,200	\$94,166,150	\$70,576,580
MANAGED CARE							
55	MANAGED CARE RATE RANGE IGTS	\$229,051,000	\$87,626,000	\$525,946,000	\$234,345,000	\$296,895,000	\$146,719,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREMIL	\$265,213,000	\$133,527,000	\$20,704,000	\$10,424,000	-\$244,509,000	-\$123,103,000
60	MANAGED CARE COST BASED REIMBURSEMENT CLIN	-\$29,743,000	-\$14,871,500	\$90,073,000	\$45,036,500	\$119,816,000	\$59,908,000
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMEN	\$32,400,000	\$16,200,000	\$0	\$0	-\$32,400,000	-\$16,200,000
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$0	\$0	\$900,000,000	\$450,000,000	\$900,000,000	\$450,000,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FROM	\$0	\$0	-\$743,000	-\$371,500	-\$743,000	-\$371,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO (\$0	\$0	\$0	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$6,531,000	-\$3,265,500	\$2,682,000	\$1,341,000	\$9,213,000	\$4,606,500
98	MANDATORY SPD ENROLLMENT INTO MANAGED CARE	\$96,141,000	\$48,070,500	-\$303,007,000	-\$151,503,500	-\$399,148,000	-\$199,574,000
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	\$0	\$0	-\$1,198,255,000	-\$599,127,500	-\$1,198,255,000	-\$599,127,500
172	MANAGED CARE DEFAULT ASSIGNMENT	\$0	\$0	-\$4,818,000	-\$2,409,000	-\$4,818,000	-\$2,409,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	\$0	\$0	-\$96,406,000	-\$48,203,000	-\$96,406,000	-\$48,203,000
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	\$0	\$0	-\$5,360,000	-\$2,680,000	-\$5,360,000	-\$2,680,000
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$0	\$0	\$435,505,000	\$217,752,500	\$435,505,000	\$217,752,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
MANAGED CARE							
178	TRANSFER OF IHSS COSTS TO CDSS	\$0	\$0	\$495,430,000	\$495,430,000	\$495,430,000	\$495,430,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN	\$0	\$0	\$0	\$0	\$0	\$0
192	RATE INCREASES DUE TO SB 90 IGTS	\$82,905,000	\$34,948,000	\$0	\$0	-\$82,905,000	-\$34,948,000
	MANAGED CARE SUBTOTAL	\$671,436,000	\$304,234,500	\$863,751,000	\$652,034,500	\$192,315,000	\$347,800,000
PROVIDER RATES							
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$175,744,730	\$87,872,370	\$199,721,320	\$99,860,660	\$23,976,590	\$11,988,290
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT CI	\$94,377,000	\$47,188,500	\$102,948,000	\$51,474,000	\$8,571,000	\$4,285,500
75	NF-B RATE CHANGES	\$53,494,000	\$26,747,000	\$101,472,000	\$50,736,000	\$47,978,000	\$23,989,000
76	LTC RATE ADJUSTMENT	\$18,752,860	\$9,376,430	\$49,325,240	\$24,662,620	\$30,572,380	\$15,286,190
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREA	\$21,963,000	\$10,981,500	\$74,049,000	\$37,024,500	\$52,086,000	\$26,043,000
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$47,341,620	\$23,670,810	\$12,421,520	\$6,210,760	-\$34,920,100	-\$17,460,050
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$0	\$0	\$24,044,000	\$12,022,000	\$24,044,000	\$12,022,000
80	HOSPICE RATE INCREASES	\$4,389,710	\$2,194,850	\$11,088,830	\$5,544,410	\$6,699,120	\$3,349,560
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 F/	\$0	\$0	\$192,568,000	\$96,284,000	\$192,568,000	\$96,284,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	\$0	\$0	\$46,643,000	\$23,321,500	\$46,643,000	\$23,321,500
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,644,000	-\$4,822,000	-\$9,107,000	-\$4,553,500	\$537,000	\$268,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$34,974,000	-\$17,487,000	-\$34,974,000	-\$17,487,000	\$0	\$0
85	REDUCTION TO RADIOLOGY RATES	\$0	\$0	-\$48,994,000	-\$24,497,000	-\$48,994,000	-\$24,497,000
86	NON-AB 1629 LTC RATE FREEZE	-\$67,623,860	-\$33,811,930	-\$76,878,000	-\$38,439,000	-\$9,254,140	-\$4,627,070
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$171,860,000	-\$85,930,000	-\$145,719,000	-\$72,859,500	\$26,141,000	\$13,070,500
88	10% PROVIDER PAYMENT REDUCTION	-\$705,373,000	-\$352,686,500	-\$764,182,000	-\$382,091,000	-\$58,809,000	-\$29,404,500
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$372,992,000	\$38,744,500	\$372,992,000	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYMEN	\$0	\$0	-\$146,496,000	-\$73,248,000	-\$146,496,000	-\$73,248,000
214	LABORATORY RATE METHDOLOGY CHANGE	\$0	\$0	-\$15,384,000	-\$7,692,000	-\$15,384,000	-\$7,692,000
	PROVIDER RATES SUBTOTAL	-\$573,411,940	-\$286,705,970	-\$54,461,090	-\$174,982,040	\$518,950,850	\$111,723,920

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
89	MH/UCD & BTR—DSH PAYMENT	\$1,751,299,000	\$582,851,500	\$1,719,634,000	\$596,991,000	-\$31,665,000	\$14,139,500
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$975,000,000	\$487,500,000	\$1,375,000,000	\$687,500,000	\$400,000,000	\$200,000,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$225,294,000	\$21,500,000	\$2,325,678,000	\$581,864,000	\$2,100,384,000	\$560,364,000
92	BTR—SAFETY NET CARE POOL	\$565,513,000	\$0	\$390,166,000	\$0	-\$175,347,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEME	\$384,035,000	\$192,017,500	\$477,937,000	\$238,968,500	\$93,902,000	\$46,951,000
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL F	\$232,530,000	\$116,265,000	\$302,844,000	\$151,422,000	\$70,314,000	\$35,157,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$75,098,000	\$6,797,000	\$301,431,000	\$78,370,000	\$226,333,000	\$71,573,000
96	MH/UCD & BTR—CCS AND GHPP	\$157,065,000	\$0	\$71,004,000	\$0	-\$86,061,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$150,341,000	-\$375,317,000	\$49,300,000	-\$312,823,000	-\$101,041,000	\$62,494,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN CC	\$77,407,000	\$0	\$70,703,000	\$0	-\$6,704,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$2,725,000	\$0	\$159,300,000	\$0	\$156,575,000	\$0
101	MH/UCD—SOUTH LA PRESERVATION FUND	\$39,167,000	\$0	\$0	\$0	-\$39,167,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$17,549,000	\$17,549,000	\$105,756,000	\$58,541,000	\$88,207,000	\$40,992,000
103	MH/UCD—SAFETY NET CARE POOL	\$1,949,000	\$0	\$42,735,000	\$0	\$40,786,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMA	\$0	\$0	\$75,223,000	\$0	\$75,223,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$43,468,000	\$0	\$5,000,000	\$0	-\$38,468,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$31,111,000	\$0	-\$9,187,000	\$0	-\$40,298,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$6,250,000	\$3,125,000	\$5,236,000	\$2,618,000	-\$1,014,000	-\$507,000
108	MH/UCD—DISTRESSED HOSPITAL FUND	\$2,248,000	\$1,124,000	\$0	\$0	-\$2,248,000	-\$1,124,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$0	\$0	\$190,000,000	\$95,000,000	\$190,000,000	\$95,000,000
110	MH/UCD & BTR—MIA-LTC	\$0	-\$33,737,000	\$0	-\$14,493,000	\$0	\$19,244,000
111	MH/UCD & BTR—BCCTP	\$0	-\$2,439,000	\$0	-\$988,000	\$0	\$1,451,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP AR	\$0	\$0	\$0	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	-\$443,735,000	\$0	-\$449,298,500	\$0	-\$5,563,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$34,087,000	\$17,043,500	\$87,825,000	\$43,912,500	\$53,738,000	\$26,869,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>							
171	HOSPITAL STABILIZATION	\$0	\$0	-\$85,754,000	-\$42,877,000	-\$85,754,000	-\$42,877,000
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$0	\$0	\$225,000,000	\$112,500,000	\$225,000,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	\$0	\$0	-\$71,660,000	-\$95,830,000	-\$71,660,000	-\$95,830,000
202	NDPH SAFETY NET CARE POOL	\$0	\$0	\$40,000,000	\$0	\$40,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$0	\$0	\$90,000,000	\$45,000,000	\$90,000,000	\$45,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	\$0	\$0	-\$70,000,000	-\$35,000,000	-\$70,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	\$0	\$0	-\$3,800,000	-\$1,900,000	-\$3,800,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER	\$0	\$0	-\$200,000,000	-\$27,654,500	-\$200,000,000	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROGR	\$0	\$0	\$0	-\$100,000,000	\$0	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$0	\$0	\$100,000,000	\$0	\$100,000,000	\$0
WAIVER--MH/UCD & BTR SUBTOTAL		\$4,772,136,000	\$590,544,500	\$7,769,371,000	\$1,611,823,000	\$2,997,235,000	\$1,021,278,500
<u>SUPPLEMENTAL PMNTS.</u>							
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$1,958,501,000	\$972,169,000	\$7,827,754,000	\$3,961,827,000	\$5,869,253,000	\$2,989,658,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$120,000,000	\$0	\$195,000,000	\$0	\$75,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$202,834,000	\$0	\$173,507,000	\$0	-\$29,327,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$172,243,000	\$46,981,000	\$111,214,000	\$45,343,500	-\$61,029,000	-\$1,637,500
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$0	\$0	\$175,073,000	\$0	\$175,073,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$93,432,000	\$44,514,000	\$70,000,000	\$35,000,000	-\$23,432,000	-\$9,514,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$12,760,000	\$6,380,000	\$100,000,000	\$50,000,000	\$87,240,000	\$43,620,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$67,130,000	\$33,565,000	\$0	\$0
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$40,678,000	\$0	\$32,000,000	\$0	-\$8,678,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$7,500,000	\$3,750,000	\$10,000,000	\$5,000,000	\$2,500,000	\$1,250,000
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$6,000,000	\$3,000,000	\$8,000,000	\$4,000,000	\$2,000,000	\$1,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,237,000	\$0	\$4,000,000	\$0	\$763,000	\$0
185	GROUND EMT PAYMENT	\$0	\$0	\$218,645,000	\$0	\$218,645,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
SUPPLEMENTAL PMNTS.							
208	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	-\$300,000,000	-\$150,000,000	-\$300,000,000	-\$150,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$2,684,315,000	\$1,110,359,000	\$8,692,323,000	\$3,984,735,500	\$6,008,008,000	\$2,874,376,500
OTHER							
133	ARRA HITECH - PROVIDER PAYMENTS	\$501,500,000	\$0	\$468,775,000	\$0	-\$32,725,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$87,157,000	\$0	\$212,509,000	\$0	\$125,352,000	\$0
142	HEALTHY FAMILIES - CDMH	\$18,513,000	\$0	\$21,099,000	\$0	\$2,586,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$40,368,000	\$16,935,000	\$11,418,000	\$5,709,000	-\$28,950,000	-\$11,226,000
146	MINOR CONSENT SETTLEMENT	\$7,620,000	\$7,620,000	\$0	\$0	-\$7,620,000	-\$7,620,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMENT	\$7,248,000	\$3,624,000	\$5,203,000	\$2,601,500	-\$2,045,000	-\$1,022,500
148	CDDS DENTAL SERVICES	\$4,300,000	\$4,300,000	\$11,430,000	\$11,430,000	\$7,130,000	\$7,130,000
151	INDIAN HEALTH SERVICES	\$510,000	-\$9,839,000	\$1,463,000	-\$9,838,500	\$953,000	\$500
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	\$6,000,000	\$0	\$6,000,000	\$0	\$0
154	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0	\$0	\$0	\$0
155	CLPP FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	\$0	\$0	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000
158	FI COST CONTAINMENT PROJECTS	\$0	\$0	-\$1,032,800	-\$516,400	-\$1,032,800	-\$516,400
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYSIC	-\$1,153,450	-\$576,720	-\$10,895,510	-\$5,447,760	-\$9,742,060	-\$4,871,030
160	FQHC/RHC AUDIT STAFFING	-\$3,058,000	-\$1,529,000	-\$6,044,000	-\$3,022,000	-\$2,986,000	-\$1,493,000
161	ANTI-FRAUD INITIATIVE	-\$5,607,550	-\$2,803,770	-\$6,500,000	-\$3,250,000	-\$892,450	-\$446,230
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$6,667,000	-\$6,333,500	-\$20,000,000	-\$19,000,000	-\$13,333,000	-\$12,666,500
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$32,511,000	-\$32,511,000	\$0	\$0	\$32,511,000	\$32,511,000
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVING	\$0	\$0	-\$12,332,000	-\$12,332,000	-\$12,332,000	-\$12,332,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$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 2011-12 AND 2012-13**

NO.	POLICY CHANGE TITLE	MAY 2012 EST. FOR 2011-12		MAY 2012 EST. FOR 2012-13		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
OTHER							
181	AB 97 INJUNCTIONS	\$693,505,000	\$346,752,500	\$174,555,000	\$87,277,500	-\$518,950,000	-\$259,475,000
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$1,868,000	\$0	\$6,227,000	\$0	\$4,359,000
186	REFUNDS ON ACTS OF FRAUD	\$0	-\$97,030,000	\$0	\$0	\$0	\$97,030,000
190	COMMUNITY FIRST CHOICE OPTION	\$0	\$0	\$411,121,000	\$0	\$411,121,000	\$0
195	AUDIT SETTLEMENTS	\$137,000	\$137,000	\$0	\$0	-\$137,000	-\$137,000
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	\$0	\$0	-\$325,420,000	\$0	-\$325,420,000	\$0
212	RECONCILIATION WITH THE BUDGET ACT	\$0	\$0	-\$104,666,000	-\$31,872,350	-\$104,666,000	-\$31,872,350
213	OPERATIONAL FLEXIBILITIES	\$0	\$0	-\$20,000,000	-\$10,000,000	-\$20,000,000	-\$10,000,000
	OTHER SUBTOTAL	\$1,311,861,000	\$236,613,500	\$809,126,680	\$22,409,990	-\$502,734,320	-\$214,203,510
	GRAND TOTAL	\$8,380,728,400	\$1,502,175,250	\$18,209,941,550	\$5,613,946,630	\$9,829,213,150	\$4,111,771,380

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

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

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$24,415,880	\$3,550,690	\$143,092,500	\$68,341,280	\$3,328,180	\$73,120
OTHER MEDICAL	\$50,862,310	\$8,527,780	\$314,941,680	\$373,739,540	\$7,387,780	\$270,710
COUNTY OUTPATIENT	\$425,070	\$195,840	\$9,246,320	\$2,948,600	\$72,440	\$130
COMMUNITY OUTPATIENT	\$9,035,780	\$1,751,240	\$93,327,530	\$37,142,350	\$619,520	\$13,790
PHARMACY	\$3,180,610	\$1,352,550	\$72,160,500	\$73,741,630	\$869,520	\$16,830
COUNTY INPATIENT	\$7,523,290	\$1,417,030	\$126,593,440	\$27,082,900	\$976,010	\$390
COMMUNITY INPATIENT	\$142,583,490	\$17,150,960	\$606,652,310	\$313,151,600	\$18,074,890	\$540,530
NURSING FACILITIES	\$352,777,660	\$18,472,480	\$563,825,420	\$2,595,490	\$1,415,297,570	\$6,264,730
ICF-DD	\$282,330	\$6,764,630	\$133,407,980	\$262,530	\$14,179,310	\$1,841,850
MEDICAL TRANSPORTATION	\$15,195,520	\$3,225,950	\$42,870,480	\$5,417,530	\$4,243,650	\$99,640
OTHER SERVICES	\$14,193,140	\$7,149,820	\$190,335,380	\$33,536,270	\$51,307,940	\$145,580
HOME HEALTH	\$499,270	\$7,173,990	\$73,590,010	\$4,222,940	\$5,650	\$0
FFS SUBTOTAL	\$620,974,360	\$76,732,970	\$2,370,043,530	\$942,182,650	\$1,516,362,480	\$9,267,290
DENTAL	\$25,699,370	\$1,356,910	\$61,986,520	\$92,126,980	\$2,936,110	\$15,010
TWO PLAN MODEL	\$138,236,440	\$56,536,550	\$3,618,694,620	\$1,508,934,660	-\$72,320	-\$72,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$229,586,920	\$25,225,210	\$1,185,888,890	\$333,260,550	\$630,706,620	\$1,499,260
GEOGRAPHIC MANAGED CARE	\$25,394,320	\$8,650,570	\$621,018,790	\$253,769,290	-\$5,410	-\$5,410
PHP & OTHER MANAG. CARE	\$87,220,170	\$2,623,770	\$58,914,540	\$11,572,560	\$6,537,950	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$12,773,970	\$0	\$0
MEDICARE PAYMENTS	\$1,209,604,130	\$63,774,130	\$1,844,696,400	\$0	\$165,836,390	\$1,912,080
STATE HOSP./DEVELOPMENTAL CNTRS.	\$111,510	\$1,204,280	\$45,967,220	\$669,440	\$10,436,150	\$969,470
MISC. SERVICES	\$597,540,820	\$31,880,540	\$3,312,572,680	\$1,200,530	\$0	\$0
NON-FFS SUBTOTAL	\$2,313,393,680	\$191,251,950	\$10,749,739,650	\$2,214,307,960	\$816,375,480	\$4,318,090
TOTAL DOLLARS (1)	\$2,934,368,040	\$267,984,920	\$13,119,783,180	\$3,156,490,610	\$2,332,737,960	\$13,585,380
ELIGIBLES ***	409,900	21,600	988,700	1,473,300	47,000	200
ANNUAL \$/ELIGIBLE	\$7,159	\$12,407	\$13,270	\$2,142	\$49,633	\$67,927
AVG. MO. \$/ELIGIBLE	\$597	\$1,034	\$1,106	\$179	\$4,136	\$5,661

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

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

Excluded policy changes: 68. Refer to page following report for listing.

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

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,173,100	\$27,326,720	\$262,030	\$46,971,870	\$313,646,160	\$35,574,460
OTHER MEDICAL	\$6,503,400	\$68,161,550	\$1,289,660	\$100,098,910	\$911,365,690	\$123,283,870
COUNTY OUTPATIENT	\$319,500	\$2,076,480	\$27,730	\$6,824,260	\$23,206,480	\$2,036,790
COMMUNITY OUTPATIENT	\$919,210	\$9,656,540	\$130,300	\$24,314,010	\$121,130,660	\$14,496,330
PHARMACY	\$1,470,320	\$3,003,260	\$45,580	\$6,558,220	\$163,937,070	\$47,307,630
COUNTY INPATIENT	\$13,780,150	\$22,390,600	\$1,014,290	\$165,053,010	\$215,287,380	\$13,389,570
COMMUNITY INPATIENT	\$37,322,440	\$80,043,050	\$924,210	\$274,506,990	\$1,189,085,550	\$103,309,050
NURSING FACILITIES	\$396,389,990	\$177,463,710	\$475,850	\$59,901,430	\$14,343,920	\$5,921,840
ICF-DD	\$90,923,850	\$334,680	\$650	\$4,019,180	\$957,650	\$2,269,590
MEDICAL TRANSPORTATION	\$2,600,380	\$11,884,890	\$281,720	\$18,356,430	\$17,097,870	\$1,991,090
OTHER SERVICES	\$10,067,780	\$23,402,870	\$139,110	\$46,853,760	\$85,579,330	\$16,255,430
HOME HEALTH	\$24,380	\$502,060	\$76,440	\$38,094,980	\$8,366,280	\$11,922,230
FFS SUBTOTAL	\$566,494,490	\$426,246,410	\$4,667,560	\$791,553,060	\$3,064,004,050	\$377,757,880
DENTAL	\$938,730	\$18,427,780	\$36,710	\$10,975,190	\$220,754,970	\$16,650,930
TWO PLAN MODEL	-\$72,320	\$413,020,260	\$1,836,360	\$338,300,270	\$2,753,444,500	\$57,060,010
COUNTY ORGANIZED HEALTH SYSTEMS	\$239,256,400	\$187,506,310	\$590,360	\$278,281,480	\$893,403,300	\$37,593,100
GEOGRAPHIC MANAGED CARE	-\$5,410	\$39,978,570	\$0	\$40,615,840	\$376,514,620	\$8,919,310
PHP & OTHER MANAG. CARE	\$377,240	\$58,272,620	\$56,820	\$7,245,830	\$27,119,630	\$1,854,960
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$30,609,020	\$1,968,560
MEDICARE PAYMENTS	\$39,510,390	\$364,527,640	\$1,911,940	\$236,472,940	\$23,005,780	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$144,745,470	\$95,840	\$32,370	\$302,480	\$146,360	\$206,510
MISC. SERVICES	\$0	\$430,387,330	\$877,450	\$590,996,740	\$2,815,520	\$404,790
NON-FFS SUBTOTAL	\$424,750,480	\$1,512,216,360	\$5,342,000	\$1,503,190,760	\$4,327,813,700	\$124,658,180
TOTAL DOLLARS (1)	\$991,244,980	\$1,938,462,760	\$10,009,560	\$2,294,743,820	\$7,391,817,740	\$502,416,060
ELIGIBLES ***	15,000	300,400	600	179,100	3,530,300	386,200
ANNUAL \$/ELIGIBLE	\$66,083	\$6,453	\$16,683	\$12,813	\$2,094	\$1,301
AVG. MO. \$/ELIGIBLE	\$5,507	\$538	\$1,390	\$1,068	\$174	\$108

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

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

Excluded policy changes: 68. Refer to page following report for listing.

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

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$1,961,410	\$482,500	\$20,794,600	\$204,031,920	\$4,485,610	\$5,858,720
OTHER MEDICAL	\$1,813,000	\$1,742,180	\$43,366,520	\$258,969,450	\$34,433,630	\$22,272,710
COUNTY OUTPATIENT	\$142,670	\$426,120	\$4,697,130	\$5,108,160	\$272,180	\$294,810
COMMUNITY OUTPATIENT	\$456,000	\$194,790	\$5,297,850	\$28,130,130	\$3,300,970	\$3,392,460
PHARMACY	\$2,585,340	\$591,630	\$13,683,840	\$11,625,120	\$1,697,530	\$4,383,950
COUNTY INPATIENT	\$730,770	\$39,700	\$57,348,880	\$54,158,360	\$840,380	\$1,413,180
COMMUNITY INPATIENT	\$3,828,730	\$362,820	\$100,265,290	\$443,697,760	\$15,859,770	\$17,278,620
NURSING FACILITIES	\$31,854,190	\$3,800	\$21,503,250	\$47,000	\$599,390	\$516,750
ICF-DD	\$577,270	\$0	\$378,860	\$60	\$390	\$24,850
MEDICAL TRANSPORTATION	\$252,490	\$9,890	\$3,827,510	\$1,477,790	\$159,810	\$223,610
OTHER SERVICES	\$695,400	\$16,670	\$1,970,840	\$13,685,070	\$6,478,000	\$4,125,290
HOME HEALTH	\$3,670	\$790	\$20,190	\$796,130	\$757,420	\$1,126,800
FFS SUBTOTAL	\$44,900,940	\$3,870,890	\$273,154,760	\$1,021,726,940	\$68,885,080	\$60,911,770
DENTAL	\$113,310	\$105,000	\$220,750	\$597,720	\$22,991,810	\$22,272,690
TWO PLAN MODEL	\$320,690	\$1,131,030	\$0	\$48,802,430	\$142,360,300	\$129,850,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$656,100	\$0	-\$1,675,820	\$29,109,780	\$65,068,180	\$47,474,610
GEOGRAPHIC MANAGED CARE	\$30,700	\$362,200	\$0	\$10,738,010	\$34,013,190	\$30,386,490
PHP & OTHER MANAG. CARE	\$13,060	\$0	\$0	\$1,078,870	\$1,134,010	\$1,210,210
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,364,020	\$1,455,670
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$78,860	\$0	\$84,350	\$169,660	\$103,780	\$25,260
MISC. SERVICES	\$1,100	\$0	\$0	\$109,640	\$203,890	\$95,980
NON-FFS SUBTOTAL	\$1,213,830	\$1,598,230	-\$1,370,720	\$90,606,100	\$267,239,160	\$232,771,230
TOTAL DOLLARS (1)	\$46,114,770	\$5,469,110	\$271,784,040	\$1,112,333,040	\$336,124,240	\$293,683,000
ELIGIBLES ***	1,800	2,600	61,900	179,600	267,600	167,900
ANNUAL \$/ELIGIBLE	\$25,619	\$2,104	\$4,391	\$6,193	\$1,256	\$1,749
AVG. MO. \$/ELIGIBLE	\$2,135	\$175	\$366	\$516	\$105	\$146

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

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

Excluded policy changes: 68. Refer to page following report for listing.

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

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$910,370,740
OTHER MEDICAL	\$2,329,030,360
COUNTY OUTPATIENT	\$58,320,720
COMMUNITY OUTPATIENT	\$353,309,440
PHARMACY	\$408,211,160
COUNTY INPATIENT	\$709,039,330
COMMUNITY INPATIENT	\$3,364,638,060
NURSING FACILITIES	\$3,068,254,460
ICF-DD	\$256,225,660
MEDICAL TRANSPORTATION	\$129,216,250
OTHER SERVICES	\$505,937,690
HOME HEALTH	\$147,183,230
FFS SUBTOTAL	\$12,239,737,090
DENTAL	\$498,206,490
TWO PLAN MODEL	\$9,208,311,470
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,183,431,250
GEOGRAPHIC MANAGED CARE	\$1,450,375,650
PHP & OTHER MANAG. CARE	\$265,232,220
EPSDT SCREENS	\$48,171,240
MEDICARE PAYMENTS	\$3,951,251,810
STATE HOSP./DEVELOPMENTAL CNTRS.	\$205,349,000
MISC. SERVICES	\$4,969,087,000
NON-FFS SUBTOTAL	\$24,779,416,120
TOTAL DOLLARS (1)	\$37,019,153,210
ELIGIBLES ***	8,033,700
ANNUAL \$/ELIGIBLE	\$4,608
AVG. MO. \$/ELIGIBLE	\$384

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

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

Excluded policy changes: 68. Refer to page following report for listing.

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

EXCLUDED POLICY CHANGES: 68

2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
5	CRAIG V. BONTA DISALLOWANCE
26	SCHIP FUNDING FOR PRENATAL CARE
47	FAMILY PACT DRUG REBATES
61	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX TO GF
81	10% PYMT REDUCTION RESTORATION FOR AB 1629 FAC.
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM
83	DENTAL RETROACTIVE RATE CHANGES
89	MH/UCD & BTR—DSH PAYMENT
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL
91	BTR—LOW INCOME HEALTH PROGRAM - MCE
92	BTR—SAFETY NET CARE POOL
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEMENT
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI
96	MH/UCD & BTR—CCS AND GHPP
97	BTR—DESIGNATED STATE HEALTH PROGRAMS
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN COSTS
101	MH/UCD—SOUTH LA PRESERVATION FUND
102	MH/UCD—STABILIZATION FUNDING
103	MH/UCD—SAFETY NET CARE POOL
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INMATES
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT
108	MH/UCD—DISTRESSED HOSPITAL FUND
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARRA

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

113	MH/UCD & BTR—DPH INTERIM RATE
115	HOSPITAL QAF - HOSPITAL PAYMENTS
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
118	CAPITAL PROJECT DEBT REIMBURSEMENT
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
120	NDPH IGT SUPPLEMENTAL PAYMENTS
121	IGT FOR NON-SB 1100 HOSPITALS
122	FFP FOR LOCAL TRAUMA CENTERS
123	CERTIFICATION PAYMENTS FOR DP-NFS
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
133	ARRA HITECH - PROVIDER PAYMENTS
139	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
142	HEALTHY FAMILIES - CDMH
146	MINOR CONSENT SETTLEMENT
148	CDDS DENTAL SERVICES
155	CLPP FUNDS
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE
163	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVINGS
171	HOSPITAL STABILIZATION
178	TRANSFER OF IHSS COSTS TO CDSS
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
185	GROUND EMT PAYMENT
186	REFUNDS ON ACTS OF FRAUD
195	AUDIT SETTLEMENTS
196	FIRST 5 CALIFORNIA FUNDING
202	NDPH SAFETY NET CARE POOL
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOVER FUNDS

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

- 208 HOSPITAL QAF PROGRAM CHANGES
- 210 BTR—INCREASE DESIGNATED STATE HEALTH PROGRAMS
- 211 BTR—INCREASE SAFETY NET CARE POOL
- 212 RECONCILIATION WITH THE BUDGET ACT