

**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Funding Summary**

<b>FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate</b>
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	<b>Appropriation FY 2015-16</b>	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
<b>State-Only Caseload:</b>	901	887	(14)
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$112,271,700	\$120,026,100	\$7,754,400
4260-601-7503 (Federal Title XIX HCSF)	-\$4,241,000	\$5,289,000	\$9,530,000
4260-601-0995 (Enrollment Fees)	\$436,300	\$440,900	\$4,600
4260-601-3079 (Rebate Special Fund)	\$20,000,000	\$23,500,000	\$3,500,000
<b>Total</b>	<b>\$128,467,000</b>	<b>\$149,256,000</b>	<b>\$20,789,000</b>

<b>November 2015 Estimate, FY 2015-16 Compared to FY 2016-17</b>
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	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./(Decr.)</b>
<b>State-Only Caseload:</b>	887	891	4
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$120,026,100	\$169,602,200	\$49,576,100
4260-601-7503 (Federal Title XIX HCSF)	\$5,289,000	\$0	(\$5,289,000)
4260-601-0995 (Enrollment Fees)	\$440,900	\$442,900	\$2,000
4260-601-3079 (Rebates Special Fund)	\$23,500,000	\$13,500,000	(\$10,000,000)
<b>Total</b>	<b>\$149,256,000</b>	<b>\$183,545,100</b>	<b>\$34,289,100</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Funding Sources By Component**  
**Fiscal Year 2015-16**

**November 2015 Estimate Compared to May 2015 Estimate, Total Funds**

	<u>Appropriation FY 2015-16</u>	<u>Nov. 2015 Est. FY 2015-16</u>	<u>Difference Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 130,607,000	\$ 136,327,000	\$ 5,720,000
2. Policy Changes	\$ (2,212,000)	\$ 12,857,000	\$ 15,069,000
<b>Total for Services</b>	<b>\$ 128,395,000</b>	<b>\$ 149,184,000</b>	<b>\$ 20,789,000</b>
Fiscal Intermediary	\$ 72,000	\$ 72,000	\$ 0
<b>Total GHPP Program</b>	<b>\$ 128,467,000</b>	<b>\$ 149,256,000</b>	<b>\$ 20,789,000</b>

**November 2015 Estimate Compared to May 2015 Estimate, General Fund**

	<u>Appropriation FY 2015-16</u>	<u>Nov. 2015 Est. FY 2015-16</u>	<u>Difference Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 130,607,000	\$ 136,327,000	\$ 5,720,000
2. Policy Changes	\$ (18,407,300)	\$ (16,372,900)	\$ 2,034,400
<b>Total for Services</b>	<b>\$ 112,199,700</b>	<b>\$ 119,954,100</b>	<b>\$ 7,754,400</b>
Fiscal Intermediary	\$ 72,000	\$ 72,000	\$ 0
<b>Total GHPP Program</b>	<b>\$ 112,271,700</b>	<b>\$ 120,026,100</b>	<b>\$ 7,754,400</b>

**November 2015 Estimate Compared to May 2015 Estimate, Federal Funds**

	<u>Appropriation FY 2015-16</u>	<u>Nov. 2015 Est. FY 2015-16</u>	<u>Difference Incr./(Decr.)</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ (4,241,000)	\$ 5,289,000	\$ 9,530,000
<b>Total for Services</b>	<b>\$ (4,241,000)</b>	<b>\$ 5,289,000</b>	<b>\$ 9,530,000</b>
Fiscal Intermediary	-	-	-
<b>Total GHPP Program</b>	<b>\$ (4,241,000)</b>	<b>\$ 5,289,000</b>	<b>\$ 9,530,000</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Funding Sources By Component**  
**Current Year vs Budget Year**

**November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Total Funds**

	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	\$ 136,327,000	\$ 141,703,000	\$ 5,376,000
2. Policy Changes	\$ 12,857,000	\$ 41,786,100	\$ 28,929,100
<b>Total for Services</b>	<b>\$ 149,184,000</b>	<b>\$ 183,489,100</b>	<b>\$ 34,305,100</b>
Fiscal Intermediary	\$ 72,000	\$ 56,000	\$ (16,000)
<b>Total GHPP Program</b>	<b>\$ 149,256,000</b>	<b>\$ 183,545,100</b>	<b>\$ 34,289,100</b>

**November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, General Fund**

	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	\$ 136,327,000	\$ 141,703,000	\$ 5,376,000
2. Policy Changes	\$ (16,372,900)	\$ 27,843,200	\$ 44,216,100
<b>Total for Services</b>	<b>\$ 119,954,100</b>	<b>\$ 169,546,200</b>	<b>\$ 49,592,100</b>
Fiscal Intermediary	\$ 72,000	\$ 56,000	\$ (16,000)
<b>Total GHPP Program</b>	<b>\$ 120,026,100</b>	<b>\$ 169,602,200</b>	<b>\$ 49,576,100</b>

**November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Federal Funds**

	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 5,289,000	\$ 0	\$ (5,289,000)
<b>Total for Services</b>	<b>\$ 5,289,000</b>	<b>\$ 0</b>	<b>\$ (5,289,000)</b>
Fiscal Intermediary	-	-	-
<b>Total GHPP Program</b>	<b>\$ 5,289,000</b>	<b>\$ 0</b>	<b>\$ (5,289,000)</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Base Expenditures for Specified Diseases**

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
<b>2014-15</b> <b>Actuals</b>	<b>Hemophilia</b>	353	\$ 309,200	\$ 109,132,000
	<b>Cystic Fibrosis</b>	323	12,700	4,095,000
	<b>Sickle Cell</b>	105	10,500	1,100,000
	<b>Huntington's</b>	64	700	42,000
	<b>Metabolic 2/</b>	47	6,300	298,000
		-----		
		892	\$ 128,600	\$ 114,667,000
<b>2015-16</b> <b>Estimate</b>	<b>Hemophilia</b>	350	\$ 371,600	\$ 130,071,000
	<b>Cystic Fibrosis</b>	326	14,400	4,708,000
	<b>Sickle Cell</b>	101	11,200	1,136,000
	<b>Huntington's</b>	66	400	26,000
	<b>Metabolic 2/</b>	44	8,800	386,000
		-----		
		887	\$ 153,700	\$ 136,327,000
<b>2016-17</b> <b>Estimate</b>	<b>Hemophilia</b>	350	\$ 389,700	\$ 136,388,000
	<b>Cystic Fibrosis</b>	330	11,900	3,939,000
	<b>Sickle Cell</b>	101	9,900	998,000
	<b>Huntington's</b>	66	400	28,000
	<b>Metabolic 2/</b>	44	8,000	350,000
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		891	\$ 159,000	\$ 141,703,000

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1/ Actual expenditure data is complete through July 2015.

Actual caseload data is complete through June 2015.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

**GENETICALLY HANDICAPPED PERSONS PROGRAM****Base Estimate Comparisons for Fiscal Years 2015-16 and 2016-17****FY 2015-16, November 2015 Estimate Compared to Appropriation**

	<b>Appropriation FY 2015-16</b>	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Difference Incr./ (Decr.)</b>
<b>Hemophilia</b>	\$ 123,363,000	\$ 130,071,000	\$ 6,708,000
<b>Cystic Fibrosis</b>	5,263,000	4,708,000	(555,000)
<b>Sickle Cell</b>	1,450,000	1,136,000	(314,000)
<b>Huntington's</b>	79,000	26,000	(53,000)
<b>Metabolic</b>	452,000	386,000	(66,000)
<b>TOTAL</b>	<b>\$ 130,607,000</b>	<b>\$ 136,327,000</b>	<b>\$ 5,720,000</b>

**November 2015 Estimate, FY 2015-16 Compared to FY 2016-17**

	<b>Nov. 15 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./ (Decr.)</b>
<b>Hemophilia</b>	\$ 130,071,000	\$ 136,388,000	\$ 6,317,000
<b>Cystic Fibrosis</b>	4,708,000	3,939,000	(769,000)
<b>Sickle Cell</b>	1,136,000	998,000	(138,000)
<b>Huntington's</b>	26,000	28,000	2,000
<b>Metabolic</b>	386,000	350,000	(36,000)
<b>TOTAL</b>	<b>\$ 136,327,000</b>	<b>\$ 141,703,000</b>	<b>\$ 5,376,000</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly Caseload Estimate

<b>Fiscal Year 2015-16</b>
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	<b><u>Total Caseload</u></b>	<b><u>Medi-Cal Caseload</u></b>	<b><u>GHPP Only Caseload</u></b>
<b>Hemophilia</b>	640	290	350
<b>Cystic Fibrosis</b>	536	210	326
<b>Sickle Cell</b>	325	224	101
<b>Huntington's</b>	161	95	66
<b>Metabolic</b>	<u>134</u>	<u>90</u>	<u>44</u>
<b>Total</b>	<b>1,796</b>	<b>909</b>	<b>887</b>

<b>Fiscal Year 2016-17</b>
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	<b><u>Total Caseload</u></b>	<b><u>Medi-Cal Caseload</u></b>	<b><u>GHPP Only Caseload</u></b>
<b>Hemophilia</b>	648	298	350
<b>Cystic Fibrosis</b>	542	212	330
<b>Sickle Cell</b>	330	229	101
<b>Huntington's</b>	161	95	66
<b>Metabolic</b>	<u>141</u>	<u>97</u>	<u>44</u>
<b>Total</b>	<b>1,822</b>	<b>931</b>	<b>891</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly State-Only Caseload Comparison

**FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate**

	<b>Appropriation FY 2015-16</b>	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	361	350	(11)
Cystic Fibrosis	324	326	2
Sickle Cell	109	101	(8)
Huntington's	65	66	1
Metabolic	53	44	(9)
<b>Total</b>	<b>912</b>	<b>887</b>	<b>(25)</b>

**Fiscal Year 2015-16 Compared to Fiscal Year 2016-17**

	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	350	350	0
Cystic Fibrosis	326	330	4
Sickle Cell	101	101	0
Huntington's	66	66	0
Metabolic	44	44	0
<b>Total</b>	<b>887</b>	<b>891</b>	<b>4</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly Medi-Cal Caseload Comparison

**FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate**

	<b>Appropriation FY 2015-16</b>	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	269	290	21
Cystic Fibrosis	222	210	(12)
Sickle Cell	228	224	(4)
Huntington's	98	95	(3)
Metabolic	85	90	5
<b>Total</b>	<b>902</b>	<b>909</b>	<b>7</b>

**Fiscal Year 2015-16 Compared to Fiscal Year 2016-17**

	<b>Nov. 2015 Est. FY 2015-16</b>	<b>Nov. 2015 Est. FY 2016-17</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	290	298	8
Cystic Fibrosis	210	212	2
Sickle Cell	224	229	5
Huntington's	95	95	0
Metabolic	90	97	7
<b>Total</b>	<b>909</b>	<b>931</b>	<b>22</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Comparison of Assumed Fiscal Impacts of Policy Changes**

Fiscal Year 2015-16, November 2015 Estimate Compared to Appropriation								
<b>POLICY CHG.</b>		FY 2015-16 APPROPRIATION		NOVEMBER 2015 ESTIMATE		DIFFERENCE, Incr./Decr.)		
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$72,000	\$72,000	\$72,000	\$72,000	\$0	\$0
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$108,000	\$108,000	\$55,000	\$55,000	-\$53,000	-\$53,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$279,400	-\$279,400	-\$469,300	-\$469,300	-\$189,900	-\$189,900
Benefits	7	ORKAMBI BENEFIT - GHPP	\$0	\$0	\$13,271,300	\$13,271,300	\$13,271,300	\$13,271,300
Benefits	8	ACA IMPACT TO GHPP	-\$1,568,000	-\$1,568,000	\$0	\$0	\$1,568,000	\$1,568,000
<b>GHPP TOTAL</b>			<b>-\$1,667,400</b>	<b>-\$1,667,400</b>	<b>\$12,929,000</b>	<b>\$12,929,000</b>	<b>\$14,596,400</b>	<b>\$14,596,400</b>

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17								
<b>POLICY CHG.</b>		Nov. 2015 Est. for FY 2015-16		Nov. 2015 Est. for FY 2016-17		DIFFERENCE, Incr./Decr.)		
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$72,000	\$72,000	\$56,000	\$56,000	-\$16,000	-\$16,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$55,000	\$55,000	\$84,000	\$84,000	\$29,000	\$29,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$469,300	-\$469,300	-\$514,900	-\$514,900	-\$45,600	-\$45,600
Benefits	7	ORKAMBI BENEFIT - GHPP	\$13,271,300	\$13,271,300	\$42,217,000	\$42,217,000	\$28,945,700	\$28,945,700
<b>GHPP TOTAL</b>			<b>\$12,929,000</b>	<b>\$12,929,000</b>	<b>\$41,842,100</b>	<b>\$41,842,100</b>	<b>\$28,913,100</b>	<b>\$28,913,100</b>

<sup>1</sup> Funds are referenced separately in the GHPP Funding Summary pages.

**ENROLLMENT FEES**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 7/1993  
**ANALYST:** Melissa Weathers

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$440,900	-\$442,900
	- ENROLLMENT FEES FUND	\$440,900	\$442,900
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$440,900	-\$442,900
	- ENROLLMENT FEES FUND	\$440,900	\$442,900

**Purpose:**

The policy change estimates the Genetically Handicapped Persons Program (GHPP) enrollment fees.

**Authority:**

Health & Safety Code 125166

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Families that receive GHPP services may be assessed enrollment fees. As part of automating GHPP case management with the Children's Medical Services Net, collection of enrollment fees occurs on each client's enrollment anniversary date.

GHPP enrollment fees are currently assessed based on a sliding scale. Effective December 1, 2009, the Department increased GHPP enrollment fees to 1.5% of Adjusted Gross Income (AGI) for families with incomes between 200% and 299% of the Federal Poverty Level (FPL), and 3% of AGI for families with incomes 300% or greater than the FPL.

**Reason for Change from Prior Estimate:**

Enrollment fees have been adjusted to reflect the changes in caseload.

**Methodology:**

1. Base fee collections are estimated by applying the GHPP State-Only Caseload change between fiscal years to the prior year actual enrollment fees collected, FY 2014-15: \$443,413. The fee collections are estimated to be \$440,928 in FY 2015-16 and \$442,918 in FY 2016-17.

<u>Fiscal Year</u>	<u>GHPP State-Only Caseload</u>	<u>Percent Change</u>	<u>Enrollment Fees</u>
FY 2014-15	892		\$443,413
FY 2015-16*	887	-0.56%	\$440,928
FY 2016-17*	891	0.45%	\$442,916

*\*Estimated*

**Funding:**

100% GF (4260-111-0001)

**FISCAL INTERMEDIARY EXPENDITURES - GHPP**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Jason Moody

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$72,000</b>	<b>\$56,000</b>
<b>- GENERAL FUND</b>	<b>\$72,000</b>	<b>\$56,000</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$72,000</b>	<b>\$56,000</b>
<b>- GENERAL FUND</b>	<b>\$72,000</b>	<b>\$56,000</b>

**Purpose:**

This policy change estimates the expenditures paid to the fiscal intermediary (FI) for the administrative cost of adjudicating Genetically Handicapped Persons Program (GHPP) medical and dental claims.

**Authority:**

Health & Safety Code 125130

**Interdependent Policy Changes:**

Not Applicable

**Background:**

GHPP medical and dental claims are paid by the FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Service Authorization Requests (SARs).

**Reason for Change from Prior Estimate:**

There is no change.

**Methodology:**

1. The estimated medical FI administrative costs are:

<b>FY 2015-16</b>	<b>Estimated ACLs</b>	<b>Ave Cost per ACLs</b>	<b>Estimated ACL Expenditure</b>
General ACLs	40,145	\$ 0.97	\$ 39,000
Online ACLs	46,113	\$ 0.70	\$ 32,000
<b>Total FY 2015-16</b>			<b>\$ 71,000</b>

<b>FY 2016-17</b>	<b>Estimated ACLs</b>	<b>Ave Cost per ACLs</b>	<b>Estimated ACL Expenditure</b>
General ACLs	40,326	\$ 0.73	\$ 29,000
Online ACLs	46,321	\$ 0.56	\$ 26,000
<b>Total FY 2016-17</b>			<b>\$ 55,000</b>

2. The estimated dental FI administrative costs are:

<b>FY 2015-16</b>	<b>Estimated Claims</b>	<b>Rates</b>	<b>Estimated Expenditure</b>
ACLs	-	\$ 2.56	\$ -
SARs	61	\$ 9.62	\$ 1,000
<b>Total FY 2015-16</b>			<b>\$ 1,000</b>

<b>FY 2016-17</b>	<b>Estimated Claims</b>	<b>Rates</b>	<b>Estimated Expenditure</b>
ACLs	-	\$ 2.58	\$ -
SARs	61	\$ 9.70	\$ 1,000
<b>Total FY 2016-17</b>			<b>\$ 1,000</b>

	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Medical	\$ 71,000	\$ 55,000
Dental	\$ 1,000	\$ 1,000
<b>Total</b>	<b>\$ 72,000</b>	<b>\$ 56,000</b>

**Funding:**

100% GF (4260-111-0001)

**BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS**

**POLICY CHANGE NUMBER:** 3  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$23,500,000	-\$13,500,000
	- REBATE SPECIAL FUND	\$23,500,000	\$13,500,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$23,500,000	-\$13,500,000
	- REBATE SPECIAL FUND	\$23,500,000	\$13,500,000

**Purpose:**

This policy change estimates the savings for Genetically Handicapped Persons Program (GHPP) drug rebates.

**Authority:**

SB 1100 (Chapter 560, Statutes of 2005)  
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)  
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled GHPP to participate in the Medi-Cal factor rebates.

**Reason for Change from Prior Estimate:**

The Department has collected more rebates.

**Methodology:**

1. The estimate is based on ongoing rebate collections.
2. Collections are based on 75% of the average of the last four quarters of invoices.
3. The Department anticipates to collect \$23,500,000 in FY 2015-16 and \$13,500,000 in FY 2016-17 for GHPP rebates.

**Funding:**

Rebates Special Fund (4260-601-3079)

**MH/UCD & BTR - SAFETY NET CARE POOL**

**POLICY CHANGE NUMBER:** 4  
**IMPLEMENTATION DATE:** 9/2005  
**ANALYST:** Joy Oda

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>

**Purpose:**

This policy change reflects the federal reimbursement received by the Department for a portion of the Genetically Handicapped Persons Program (GHPP) claims based on the certification of public expenditures (CPEs).

**Authority:**

SB 1100 (Chapter 560, Statutes of 2005), Welfare & Institutions Code 14166.22  
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)  
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective September 1, 2005, based on the Special Terms and Conditions of MH/UCD, the Department may claim federal reimbursement for the GHPP from the Safety Net Care Pool (SNCP) funding established by the MH/UCD. The GHPP program provides comprehensive health care coverage for persons over 21 with specified genetic diseases including: cystic fibrosis; hemophilia; sickle cell disease and thalassemia; and chronic degenerative neurological diseases, including phenylketonuria.

The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, the Centers for Medicare & Medicaid Services (CMS) approved a five-year demonstration, the BTR. The Special Terms and Conditions of the BTR allow the State to claim federal financial participation (FFP) using the CPEs of approved Designated State Health Programs (DSHP). The GHPP program is included in the list of DSHPs. Funding for the two-month extension of the prior MH/UCD SNCP is included in the BTR. This policy change includes the impact of the BTR.

**Reason for Change from Prior Estimate:**

DY 2012-13 final reconciliations are delayed and no longer in this estimate.

**Methodology:**

1. Total eligible expenditures have been reduced by 17.79% under the MH/UCD and 13.95% under the BTR to adjust for services provided to undocumented persons. The FFP received for GHPP will be deposited in the Health Care Support Fund, Item 4260-601-7503. These funds are transferred to the Family Health Estimate. The GF impact is reflected in the Family Health Estimate.
2. The BTR will end on October 31, 2015. The Department assumes the BTR funding will not continue in the subsequent waiver.

(Dollars in Thousands)

<b>FY 2015-16</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
DSHP-BTR (DY 2014-15)	\$0	(\$5,289)	\$5,289
<b>Total</b>	<b>\$0</b>	<b>(\$5,289)</b>	<b>\$5,289</b>

**Funding:**

100% Health Care Support Fund (4260-601-7503)

100% GF (4260-111-0001)

**GHPP PREMIUM COSTS**

**POLICY CHANGE NUMBER:** 5  
**IMPLEMENTATION DATE:** 12/2009  
**ANALYST:** Melissa Weathers

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$55,000</b>	<b>\$84,000</b>
<b>- GENERAL FUND</b>	<b>\$55,000</b>	<b>\$84,000</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$55,000</b>	<b>\$84,000</b>
<b>- GENERAL FUND</b>	<b>\$55,000</b>	<b>\$84,000</b>

**Purpose:**

This policy change estimates the cost of the premium payments for the Genetically Handicapped Persons Program (GHPP) clients who enroll in a commercial insurance plan.

**Authority:**

Health & Safety Code 125157(c)

**Interdependent Policy Changes:**

GHPP Premium Savings

**Background:**

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance plans. The program funds premium payments for insurance coverage that reimburses a GHPP client's full range of health care services. Program savings for GHPP clients who enroll in a commercial insurance plan is budgeted in the GHPP Premium Savings policy change.

The Department may, when it determines that it is cost effective, pay the premium for, or otherwise subsidize the subscriber cost-sharing obligation for third-party health coverage.

**Reason for Change from Prior Estimate:**

The estimated number of clients enrolled for FY 2015-16 is 12, eight current and four anticipated. The average monthly premium per member decreased for both hemophilia and cystic fibrosis. In FY 2014-15, three clients with cystic fibrosis (two of which had monthly premiums over \$1,000) discontinued and three additional clients (one with hemophilia and two with cystic fibrosis) came on, all three have monthly premiums less than \$265. These changes decreased the average monthly premium for hemophilia by \$400 per month and cystic fibrosis by \$480 per month, resulting in lower estimated premium payments for FY 2015-16.

**Methodology:**

1. Assume the premium costs are \$600 per hemophilia enrollee, \$220 per sickle cell disease enrollee and \$420 per cystic fibrosis enrollee per month based on prior enrollment records.
2. Eight clients remain in the program starting FY 2015-16.
3. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll in the last three quarters of FY 2015-16.
4. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll starting FY 2016-17.

	<u>TF</u>	<u>GF</u>
<b>FY 2015-16</b>	<b>\$ 55,000</b>	<b>\$ 55,000</b>
<b>FY 2016-17</b>	<b>\$ 84,000</b>	<b>\$ 84,000</b>

**Funding:**

100% GF (4260-111-0001)

**GHPP PREMIUM SAVINGS**

**POLICY CHANGE NUMBER:** 6  
**IMPLEMENTATION DATE:** 12/2009  
**ANALYST:** Melissa Weathers

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		<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$1,342,000</b>	<b>-\$2,394,000</b>
	<b>- GENERAL FUND</b>	<b>-\$1,342,000</b>	<b>-\$2,394,000</b>
<b>PAYMENT LAG</b>		<b>0.9591</b>	<b>0.9777</b>
<b>% REFLECTED IN BASE</b>		<b>63.54%</b>	<b>78.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$469,300</b>	<b>-\$514,900</b>
	<b>- GENERAL FUND</b>	<b>-\$469,300</b>	<b>-\$514,900</b>

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**Purpose:**

This policy change estimates the program savings for the Genetically Handicapped Persons Program (GHPP) clients covered by a commercial insurance plan.

**Authority:**

Health & Safety Code 125157(c)

**Interdependent Policy Changes:**

GHPP Premium Costs

**Background:**

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance plans. The program funds premium payments for insurance coverage that reimburses a GHPP client's full range of health care services.

**Reason for Change from Prior Estimate:**

The estimated number of clients enrolled for FY 2015-16 is 12, eight current and four anticipated. In FY 2014-15, three clients with cystic fibrosis discontinued and three additional clients (one with hemophilia and two with cystic fibrosis) came on. Annual savings for FY 2015-16 increased due to the additional anticipated clients, one with cystic fibrosis and three with hemophilia.

**Methodology:**

1. Eight clients remain in the program starting FY 2015-16.
2. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll in the last three quarters of FY 2015-16.
3. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll starting FY 2016-17.
4. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2015 Family Health Estimate:

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
Hemophilia	\$ 358,900	\$ 343,800
Cystic Fibrosis	\$ 17,500	\$ 15,900
Sickle Cell	\$ 12,800	\$ 11,900

5. Projected Savings (Rounded):

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
Total Funds	\$ 1,342,000	\$ 2,394,000
General Funds	\$ 1,342,000	\$ 2,394,000

**Funding:**

100% GF (4260-111-0001)

**ORKAMBI BENEFIT - GHPP**

**POLICY CHANGE NUMBER:** 7  
**IMPLEMENTATION DATE:** 7/2015  
**ANALYST:** Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$13,986,000	\$42,217,000
	- GENERAL FUND	\$13,986,000	\$42,217,000
<b>PAYMENT LAG</b>		0.9489	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$13,271,300	\$42,217,000
	- GENERAL FUND	\$13,271,300	\$42,217,000

**Purpose**

This policy change estimates the cost of Orkambi for the treatment of certain Genetically Handicapped Persons Program (GHPP) clients with cystic fibrosis (CF).

**Authority**

Social Security Act, section 1927 [42 U.S.C. 1396r-8]

**Background**

Orkambi is a two-drug therapy combining the drugs ivacaftor with lumacaftor in a single pill designed to address chloride channel abnormalities in CF patients. This condition affects approximately 50% of the total CF population. The FDA approved Orkambi for use in people with CF ages 12 and older who have specific defective or missing proteins resulting from mutations in a specific gene.

**Reason for Change from Prior Estimate**

This is a new policy change.

**Methodology**

1. Assume the cost of Orkambi is \$259,000 per client per year.
2. For FY 2015-16 and FY 2016-17, assume there are 326 GHPP clients, age 12 and older with CF.

3. For FY 2015-16, assume 16.67% of the CF population is prescribed Orkambi.

$$\$259,000 \times 54 = \$13,986,000 \text{ per year}$$

4. For FY 2016-17, assume 50% of the CF population is prescribed Orkambi.

$$\$259,000 \times 163 = \$42,217,000 \text{ per year}$$

5. The cost of Orkambi for FY 2015-16 and FY 2016-17 is:

FY 2015-16		FY 2016-17	
TF	GF	TF	GF
<b>\$13,986,000</b>	<b>\$13,986,000</b>	<b>\$42,217,000</b>	<b>\$42,217,000</b>

**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Total</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,673	709	964	\$ 24,986,498
2	1,728	727	1,001	24,872,626
3	1,767	771	996	31,712,495
4	1,801	849	952	27,828,104
<b>2013-14</b>	<b>1,744</b>	<b>765</b>	<b>979</b>	<b>\$ 109,400,000</b>
1	1,770	857	913	\$ 28,798,637
2	1,758	870	888	30,224,327
3	1,759	874	885	29,054,749
4	1,772	893	879	26,590,230
<b>2014-15</b>	<b>1,765</b>	<b>873</b>	<b>892</b>	<b>\$ 114,667,000</b>
1	1,789	903	886	\$ 37,603,937
2	1,794	907	887	32,188,278
3	1,800	913	887	32,907,744
4	1,806	918	888	33,627,208
<b>2015-16</b>	<b>1,796</b>	<b>909</b>	<b>887</b>	<b>\$ 136,327,000</b>
1	1,811	922	889	\$ 34,346,673
2	1,818	928	890	35,066,138
3	1,824	933	891	35,785,604
4	1,830	938	892	36,505,069
<b>2016-17</b>	<b>1,822</b>	<b>931</b>	<b>891</b>	<b>\$ 141,703,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Hemophilia</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	557	173	384	\$ 23,643,740
2	573	178	395	23,554,809
3	587	200	387	30,233,412
4	603	225	378	25,939,651
<b>2013-14</b>	<b>580</b>	<b>194</b>	<b>386</b>	<b>\$ 103,372,000</b>
1	607	243	364	\$ 27,161,356
2	613	262	351	28,663,539
3	616	267	349	27,839,090
4	630	284	346	25,468,234
<b>2014-15</b>	<b>617</b>	<b>264</b>	<b>353</b>	<b>\$ 109,132,000</b>
1	637	287	350	\$ 35,323,001
2	639	289	350	30,864,237
3	641	291	350	31,582,638
4	643	293	350	32,301,038
<b>2015-16</b>	<b>640</b>	<b>290</b>	<b>350</b>	<b>\$ 130,071,000</b>
1	645	295	350	\$ 33,019,439
2	647	297	350	33,737,840
3	649	299	350	34,456,241
4	651	301	350	35,174,641
<b>2016-17</b>	<b>648</b>	<b>298</b>	<b>350</b>	<b>\$ 136,388,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Cystic Fibrosis</b>
------------------------

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	502	168	334	\$ 961,430
2	518	166	352	1,016,564
3	531	179	352	1,201,577
4	541	203	338	1,507,865
<b>2013-14</b>	<b>523</b>	<b>179</b>	<b>344</b>	<b>\$ 4,687,000</b>
1	538	211	327	\$ 1,159,188
2	532	212	320	1,234,298
3	533	211	322	844,460
4	529	205	324	857,436
<b>2014-15</b>	<b>533</b>	<b>210</b>	<b>323</b>	<b>\$ 4,095,000</b>
1	535	210	325	\$ 1,753,347
2	536	210	326	984,807
3	537	211	326	984,807
4	538	211	327	984,807
<b>2015-16</b>	<b>536</b>	<b>210</b>	<b>326</b>	<b>\$ 4,708,000</b>
1	539	211	328	\$ 984,807
2	541	212	329	984,807
3	542	212	330	984,807
4	544	213	331	984,807
<b>2016-17</b>	<b>542</b>	<b>212</b>	<b>330</b>	<b>\$ 3,939,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Sickle Cell</b>
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<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	353	222	131	\$ 230,526
2	362	230	132	271,501
3	363	231	132	215,003
4	367	247	120	310,627
<b>2013-14</b>	<b>362</b>	<b>233</b>	<b>129</b>	<b>\$ 1,028,000</b>
1	339	228	111	\$ 386,186
2	326	220	106	235,265
3	320	217	103	262,782
4	323	224	99	215,839
<b>2014-15</b>	<b>327</b>	<b>222</b>	<b>105</b>	<b>\$ 1,100,000</b>
1	324	223	101	\$ 388,154
2	325	224	101	249,447
3	326	225	101	249,447
4	327	226	101	249,447
<b>2015-16</b>	<b>325</b>	<b>224</b>	<b>101</b>	<b>\$ 1,136,000</b>
1	328	227	101	\$ 249,447
2	329	228	101	249,447
3	330	229	101	249,447
4	331	230	101	249,447
<b>2016-17</b>	<b>330</b>	<b>229</b>	<b>101</b>	<b>\$ 998,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Huntington</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	151	81	70	\$ 63,870
2	155	83	72	13,306
3	163	86	77	29,657
4	162	94	68	29,830
<b>2013-14</b>	<b>158</b>	<b>86</b>	<b>72</b>	<b>\$ 137,000</b>
1	158	97	61	\$ 16,255
2	159	96	63	9,497
3	161	95	66	15,161
4	160	93	67	1,191
<b>2014-15</b>	<b>159</b>	<b>95</b>	<b>64</b>	<b>\$ 42,000</b>
1	161	95	66	\$ 4,974
2	161	95	66	7,098
3	161	95	66	7,098
4	161	95	66	7,098
<b>2015-16</b>	<b>161</b>	<b>95</b>	<b>66</b>	<b>\$ 26,000</b>
1	161	95	66	\$ 7,098
2	161	95	66	7,098
3	161	95	66	7,098
4	161	95	66	7,098
<b>2016-17</b>	<b>161</b>	<b>95</b>	<b>66</b>	<b>\$ 28,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

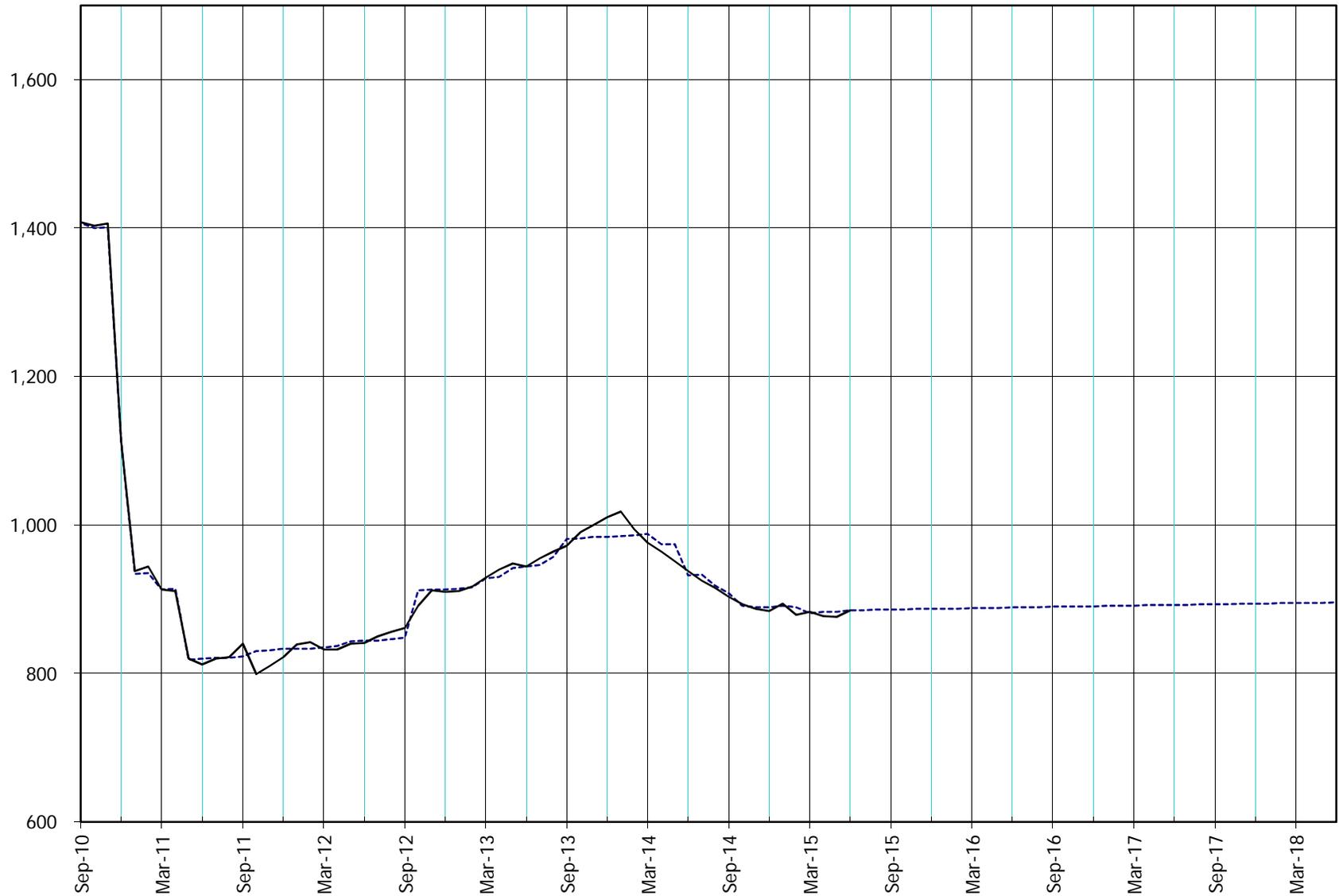
**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Metabolic</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	110	65	45	\$ 86,932
2	120	70	50	16,446
3	123	75	48	32,846
4	128	80	48	40,131
<b>2013-14</b>	<b>121</b>	<b>73</b>	<b>48</b>	<b>\$ 176,000</b>
1	128	78	50	\$ 75,652
2	128	80	48	81,728
3	129	84	45	93,256
4	130	87	43	47,530
<b>2014-15</b>	<b>129</b>	<b>82</b>	<b>47</b>	<b>\$ 298,000</b>
1	132	88	44	\$ 134,461
2	133	89	44	82,689
3	135	91	44	83,754
4	137	93	44	84,818
<b>2015-16</b>	<b>134</b>	<b>90</b>	<b>44</b>	<b>\$ 386,000</b>
1	138	94	44	\$ 85,882
2	140	96	44	86,946
3	142	98	44	88,011
4	143	99	44	89,076
<b>2016-17</b>	<b>141</b>	<b>97</b>	<b>44</b>	<b>\$ 350,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2015-16 reflects actuals and projected base estimate values.  
 3) FY 2016-17 reflects projected base estimate values.

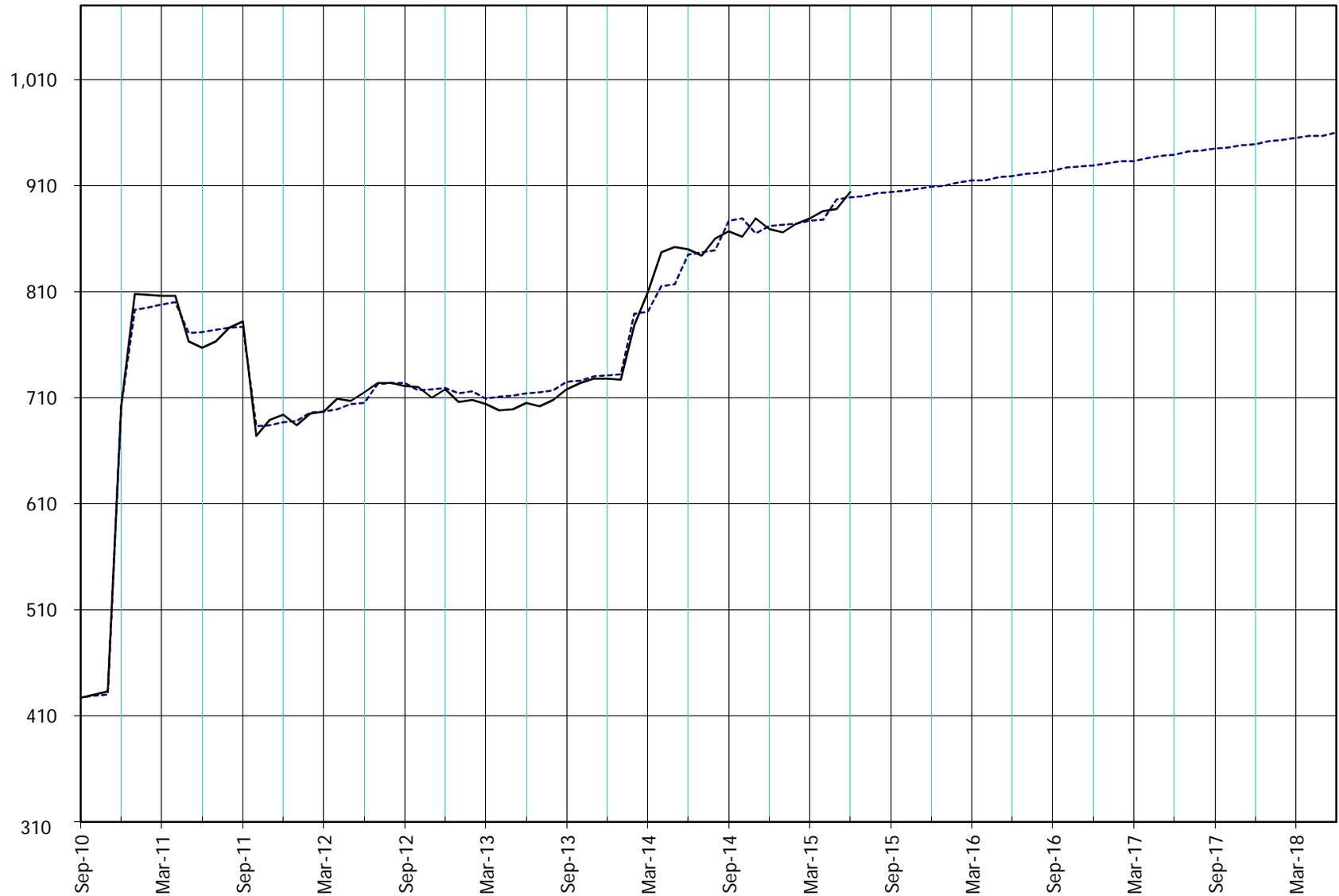


### GHPP State Eligibles

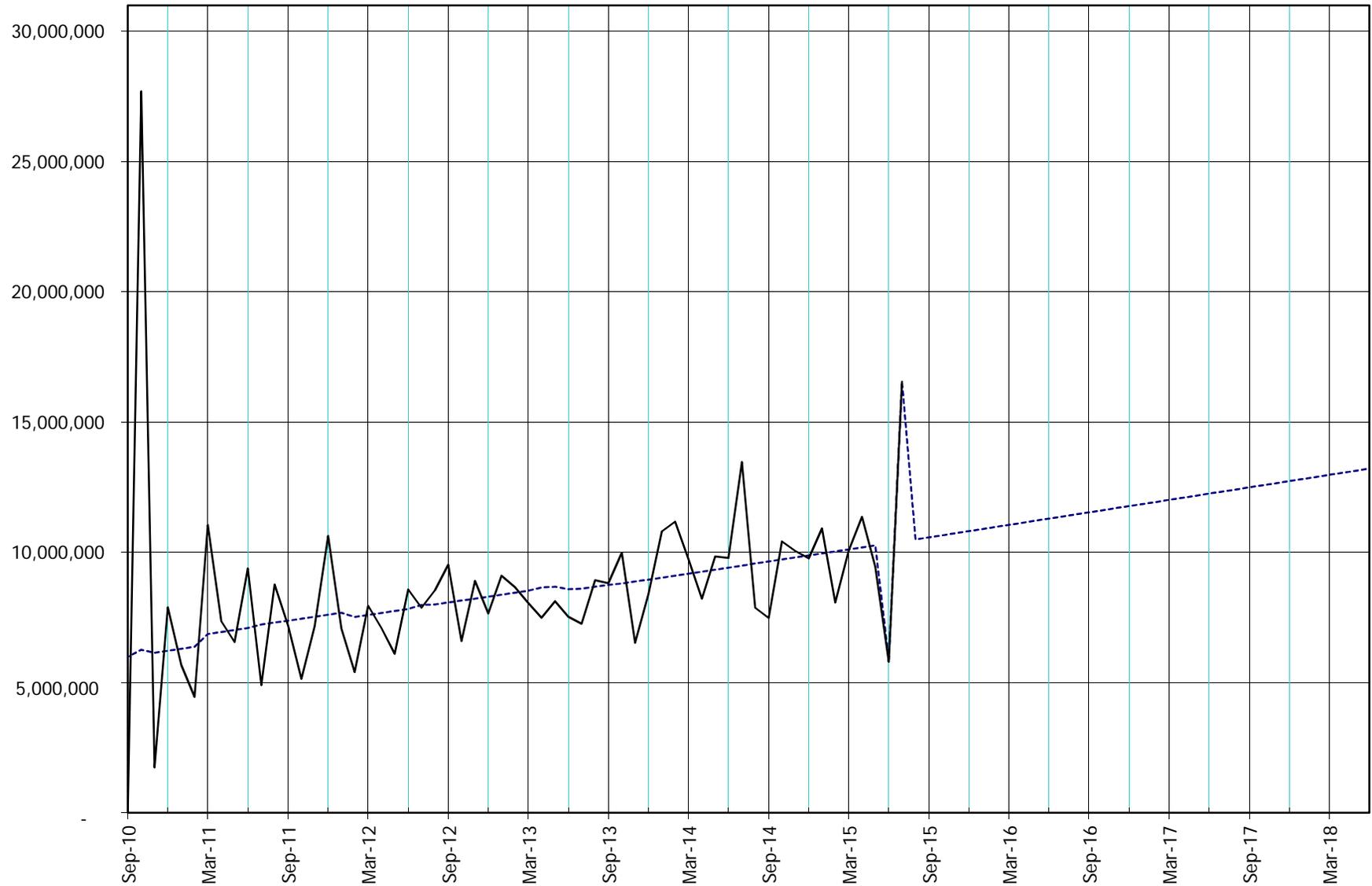


### GHPP Medi-Cal Eligibles

--- Estimated  
— Actuals



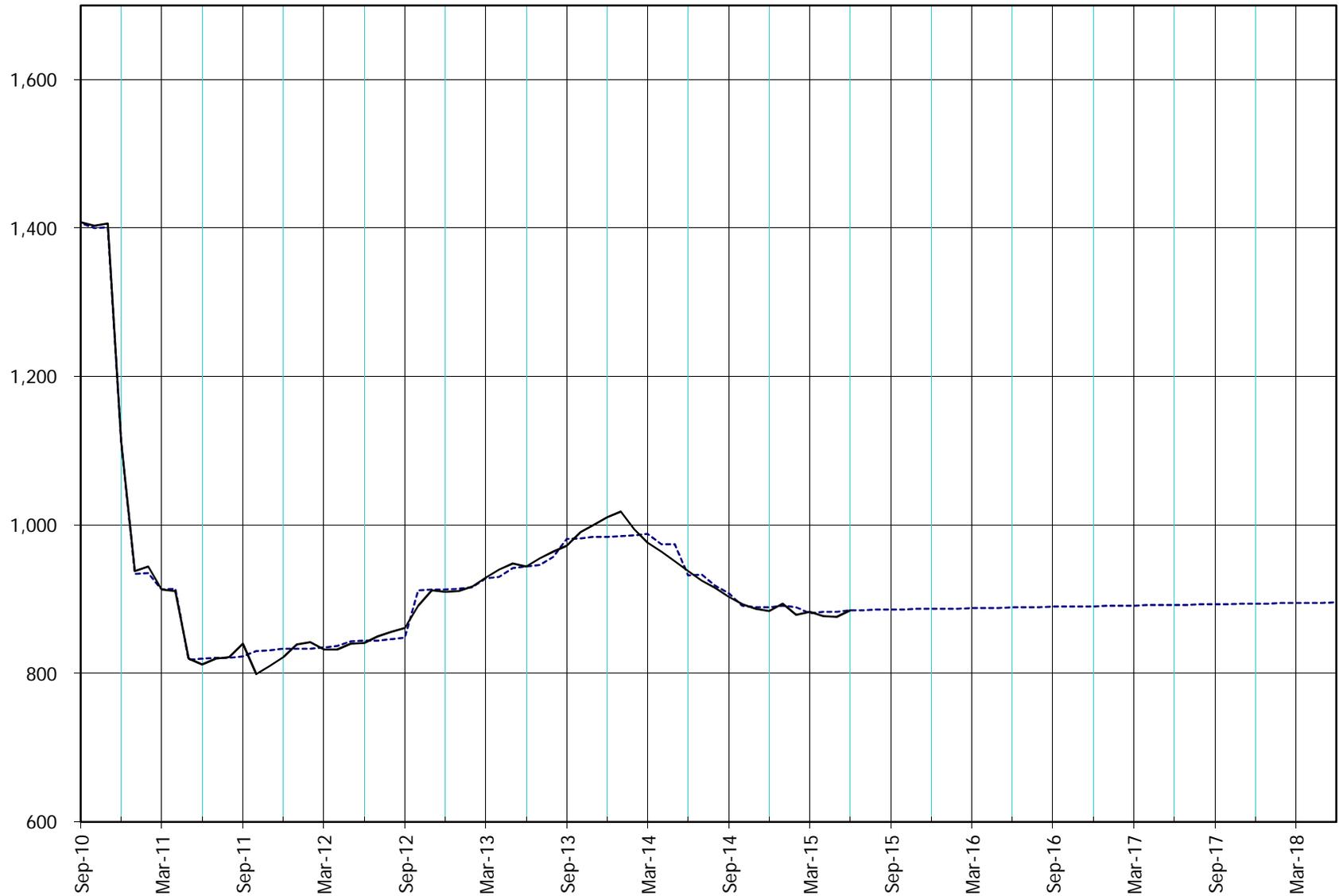
### GHPP State-Only Monthly Expenditures





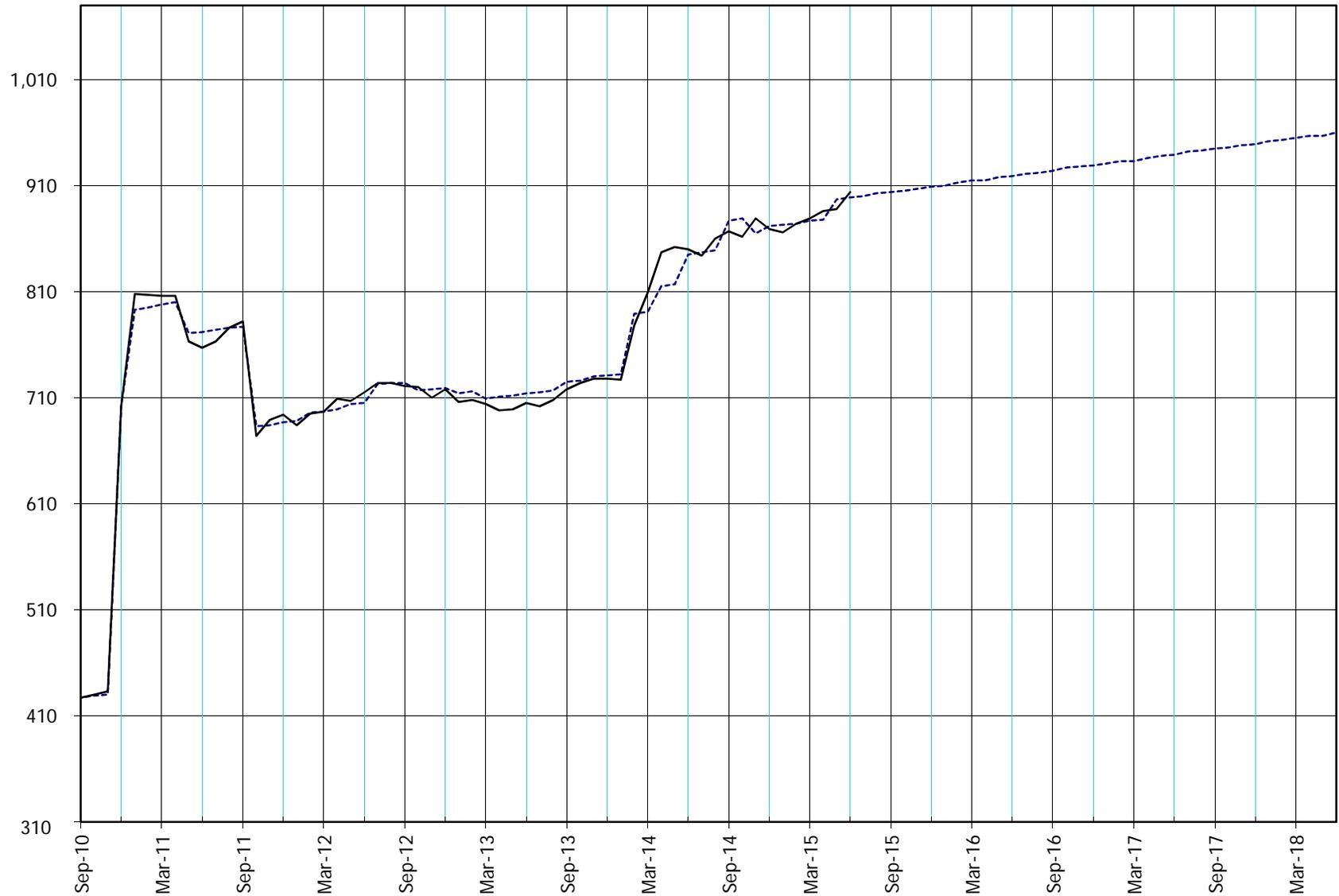
### GHPP State Eligibles

Estimated  
Actuals



### GHPP Medi-Cal Eligibles

--- Estimated  
— Actuals



### GHPP State-Only Monthly Expenditures

