

DHCS Programmatic Changes – Kings/Madera SFY 10-11 Rates (For effective dates of 3/1/2011-6/30/2011, FFS Base Period CY2008 & CY2009)							
No.	Program Change	Description	Effective Date	COA impacted	COS impacted	Geographic Area	Impact
1	Long Term Care AB1629 – Retro & Prospective Combined (Regular Policy Change #s 80, 82, 91, 92)	Adjustment to take into account the annual LTC rate changes implemented each August. Assume 0% increases for 09-10 and 10-11.	8/1/08	All	Long Term Care Facility	Statewide	3.3%
2	Hospice Rate Increase (Regular Policy Change #85) & Eliminate Hospice Room & Board Rate Increase (Regular Policy Change #88)	Adjustment to account for the increase to the hospice services and room and board rates & adjustment to account for the 09-10 rate freeze to the hospice room and board rates	Multiple	Aged/Disabled/Medi-Cal Only, Disabled/Dual Eligible, Aged/Dual Eligible, AIDS/Dual Eligible, AIDS/Medi-Cal Only	All Other	Statewide	0.2%
3	Provider Payment Reduction	Provider Payment Reduction effective 7/1/2008 with reflection of subsequent injunctions related to inpatient, physicians, pharmacy and transportation. Program changes include retrospective adjustments to CY 2008 and CY2009 base data that included prior reductions. And include sunset of IP PPR on 4/13/2011.	7/1/08	Adult & Family, Aged/Disabled/Medi-Cal Only, Disabled/Dual Eligible, Aged/Dual Eligible, AIDS/Dual Eligible, AIDS/Medi-Cal Only	All	Statewide	See Attachment A
4	Post Stabilization	Adjustment to reflect the impact of reduced costs associated with payments for post stabilization to non-contract hospitals. Applied to CY2008 base period.	10/1/08	All	Inpatient Hospital	Statewide	-0.5%
5	Mirena IUC Reimbursement	Reimbursement rate for Mirena Intrauterine Contraceptive (IUC) was increased to address the increased manufacturer's price for the Mirena Intrauterine System	7/1/08	Adult & Family	Physician Primary Care	Statewide	0.1%
6	Increase in Capitation Rates for MCO Tax (Regular Policy Change #58)	AB1422 imposes an additional tax on total operating revenue of Medi-Cal managed care plans.	1/1/09	All	All	Statewide	2.35% Included as a below the line adjustment

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7	SB 90 (AB 1383)	AB 1383 (Chapter 627, Statutes of 2009) authorized the implementation of a quality assurance fee (QAF) on applicable general acute care hospitals during April 2009 through December 2010. SB 90 extended the fee to June 30, 2011. The fee will be deposited into the Hospital Quality Assurance Revenue Fund; this fund will be used to provide supplemental payments to various hospitals. Rates for managed care plans are being increased as plans will be expected to pass the rate increases to hospitals.	1/1/11	All except Duals	Inpatient Hospital, Outpatient Hospital, ER	Statewide	IP: 16.30% OP: 62.45% ER: 62.45%
8	Discontinue Adult Optional Benefits (Regular Policy Change #35)	Discontinuation of adult optional benefits	7/1/09	All	Other Medical Professional, All Other	Statewide	CY2008 : -1.2% CY2009 : -0.6%
9	Reinstatement of Optometry Services (Regular Policy Change #190)	The Department reinstated optometry services effective July 1, 2010 to comply with federal law which prohibits the elimination of optometry services if physicians could still provide them and the State previously funded these services.	7/1/10	All	All Other	Statewide	0.2%

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PPR Impacts			
Category of Service	CY2008 Retro	CY2009 Retro	Prospective
Inpatient Hospital	1.49%	2.91%	-0.21%
Outpatient Facility	4.68%	1.48%	0.00%
Emergency Room	5.29%	1.74%	0.00%
Long Term Care	0.76%	0.32%	0.00%
Lab and Rad	2.80%	1.47%	-1.00%
PCP	1.33%	0.85%	-1.00%
Specialists	1.33%	0.85%	-1.00%
Pharmacy	1.33%	0.00%	0.00%
FQHC Services	1.33%	0.85%	-1.00%
Other Professional	2.56%	1.37%	-1.00%
Transportation	4.98%	2.13%	-1.00%
All Other	3.90%	1.93%	-1.00%