

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2007-08**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
1	FAMILY PLANNING INITIATIVE	\$444,672,000	\$313,826,900	\$130,845,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$112,752,000	\$60,658,000	\$52,094,000
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$12,363,000	\$6,657,000
4	BRIDGE TO HFP	\$13,656,000	\$8,876,400	\$4,779,600
5	REFUGEES	\$6,082,000	\$0	\$6,082,000
6	PE FOR HFP DISENROLLEES	\$747,480	\$373,740	\$373,740
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$111,488,000	\$111,488,000
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$26,284,350	-\$26,284,350
	ELIGIBILITY SUBTOTAL	\$598,429,480	\$311,644,390	\$286,785,090
<u>BENEFITS</u>				
18	ADULT DAY HEALTH CARE - CDA	\$416,309,000	\$208,154,500	\$208,154,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$60,112,000	\$60,112,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
23	HOME TOCOLYTIC THERAPY	\$420,420	\$210,210	\$210,210
24	CONLAN V. BONTA	\$1,700,000	\$850,000	\$850,000
25	NEWBORN HEARING SCREENS EXPANSION	\$622,850	\$311,430	\$311,430
27	NF A/B LEVEL OF CARE GROWTH	\$124,530	\$62,270	\$62,260
29	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$12,000	\$9,000	\$3,000
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,323,500	\$4,323,500
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$3,400,000	\$3,400,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$128,371,100	-\$128,371,100
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$38,000	-\$19,000	-\$19,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$455,470	-\$227,730	-\$227,730
36	ADULT DAY HEALTH CARE REFORMS	-\$2,325,310	-\$1,162,650	-\$1,162,650
	BENEFITS SUBTOTAL	\$526,998,030	\$414,205,620	\$112,792,410
<u>PHARMACY</u>				
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$2,658,000	\$55,500	\$2,602,500
38	NON FFP DRUGS	\$0	-\$679,000	\$679,000
39	ENTERAL NUTRITION PRODUCTS	\$0	\$0	\$0
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	\$0	\$0	\$0
41	MEDICAL SUPPLY CONTRACTING	-\$327,380	-\$163,690	-\$163,690
42	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	AGED DRUG REBATE RESOLUTION	-\$12,000,000	-\$6,018,800	-\$5,981,200
45	FAMILY PACT DRUG REBATES	-\$37,073,000	-\$22,081,800	-\$14,991,200
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$22,256,400	-\$21,743,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$287,210,000	-\$144,051,800	-\$143,158,200
48	FEDERAL DRUG REBATE PROGRAM	-\$700,629,000	-\$351,404,500	-\$349,224,500

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	PHARMACY			
	PHARMACY SUBTOTAL	-\$1,084,581,380	-\$549,600,490	-\$534,980,890
	MANAGED CARE			
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$0	\$0	\$0
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$11,270,000	\$5,635,000	\$5,635,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$886,000	\$443,000	\$443,000
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMENT	\$0	\$29,869,600	-\$29,869,600
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	-\$823,000	\$823,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$20,156,000	\$39,124,600	-\$18,968,600
	PROVIDER RATES			
68	NF-B RATE CHANGES AND QA FEE	\$0	\$0	\$0
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$31,312,000	\$15,656,000	\$15,656,000
70	LTC RATE ADJUSTMENT	\$0	\$0	\$0
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,172,050	\$2,586,030	\$2,586,030
72	HOSPICE RATE INCREASES	\$1,352,600	\$676,300	\$676,300
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$639,130	\$319,570	\$319,570
74	DME REIMBURSEMENT CHANGES	\$135,590	\$67,790	\$67,790
137	FAMILY PLANNING RATE INCREASE	\$24,004,010	\$19,005,400	\$4,998,610
	PROVIDER RATES SUBTOTAL	\$62,615,380	\$38,311,090	\$24,304,290
	HOSPITAL FINANCING			
75	HOSP FINANCING - DSH PMT	\$1,524,722,000	\$1,032,936,000	\$491,786,000
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$472,128,000	\$236,064,000	\$236,064,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$415,263,000	\$415,263,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$298,984,000	\$149,492,000	\$149,492,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$75,000,000	\$75,000,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$135,000,000	\$135,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$15,500,000	\$3,750,000	\$11,750,000
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$64,998,000	\$32,499,000	\$32,499,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$42,891,000	\$42,891,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$6,262,000	\$3,131,000	\$3,131,000
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$7,950,000	\$3,975,000	\$3,975,000
88	HOSP FINANCING - MIA LTC	\$0	\$14,743,000	-\$14,743,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$451,124,000	-\$451,124,000
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	\$0	-\$30,528,000
	HOSPITAL FINANCING SUBTOTAL	\$3,054,170,000	\$2,621,868,000	\$432,302,000
	SUPPLEMENTAL PMNTS.			

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SUPPLEMENTAL PMNTS.				
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$137,370,000	\$68,685,000	\$68,685,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,800,000	\$37,800,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$6,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$465,200,000	\$314,000,000	\$151,200,000
OTHER				
111	HEALTHY FAMILIES - CDMH	\$20,008,000	\$20,008,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$7,242,000	\$3,621,000	\$3,621,000
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$0	\$9,098,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
123	INDIAN HEALTH SERVICES	\$0	\$8,500,000	-\$8,500,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$32,515,000	\$32,515,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$67,900,000	\$67,900,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
130	MEDICAL SUPPORT ENHANCEMENTS	-\$253,480	-\$126,740	-\$126,740
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$516,190	-\$258,100	-\$258,100
132	DENTAL RETROACTIVE RATE CHANGES	-\$2,286,000	-\$1,143,000	-\$1,143,000
133	EDS COST CONTAINMENT PROJECTS	-\$117,010	-\$58,500	-\$58,500
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$10,854,320	-\$5,427,160	-\$5,427,160
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$330,000,000	-\$165,000,000	-\$165,000,000
	OTHER SUBTOTAL	-\$306,679,000	-\$240,299,500	-\$66,379,500
	GRAND TOTAL	\$3,336,308,500	\$2,949,253,700	\$387,054,800