

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2008-09**

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b>ELIGIBILITY</b>				
1	FAMILY PLANNING INITIATIVE	\$566,681,000	\$381,713,400	\$184,967,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$124,238,000	\$68,294,200	\$55,943,800
3	CHDP GATEWAY - PREENROLLMENT	\$18,701,000	\$12,155,650	\$6,545,350
4	BRIDGE TO HFP	\$16,998,000	\$11,048,700	\$5,949,300
5	REFUGEES	\$7,574,000	\$0	\$7,574,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
11	NEW QUALIFIED ALIENS	\$0	-\$121,300,000	\$121,300,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$30,861,000	-\$30,861,000
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
160	ADDITIONAL CASELOAD INCREASE	\$49,521,000	\$24,760,500	\$24,760,500
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,653,550	-\$1,653,550
<b>ELIGIBILITY SUBTOTAL</b>		<b>\$785,213,000</b>	<b>\$409,937,000</b>	<b>\$375,276,000</b>
<b>BENEFITS</b>				
16	ADULT DAY HEALTH CARE - CDA	\$409,529,000	\$204,764,500	\$204,764,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$80,144,000	\$80,144,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
19	FPACT IMPLANON AND ESSURE	\$592,000	\$0	\$592,000
20	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$1,080,600	\$810,000	\$270,600
21	CONLAN V. BONTA	\$1,264,000	\$632,000	\$632,000
28	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$121,421,300	-\$121,421,300
30	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$6,445,500	\$6,445,500
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$920,040	-\$460,020	-\$460,020
34	ADULT DAY HEALTH CARE REFORMS	-\$4,889,060	-\$2,444,530	-\$2,444,530
<b>BENEFITS SUBTOTAL</b>		<b>\$532,264,500</b>	<b>\$419,153,750</b>	<b>\$113,110,750</b>
<b>PHARMACY</b>				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,022,000	\$36,000	\$986,000
37	NON FFP DRUGS	\$0	-\$399,000	\$399,000
41	MEDICAL SUPPLY CONTRACTING	-\$847,320	-\$423,660	-\$423,660
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$777,700	-\$388,850	-\$388,850
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-\$964,300	-\$482,150	-\$482,150
45	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$2,000,000
46	FAMILY PACT DRUG REBATES	-\$36,423,000	-\$29,569,800	-\$6,853,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,796,200	-\$19,203,800
48	STATE SUPPLEMENTAL DRUG REBATES	-\$306,924,000	-\$153,939,600	-\$152,984,400
49	FEDERAL DRUG REBATE PROGRAM	-\$737,878,000	-\$370,087,000	-\$367,791,000
<b>PHARMACY SUBTOTAL</b>		<b>-\$1,132,792,320</b>	<b>-\$581,050,260</b>	<b>-\$551,742,060</b>

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<b><u>MANAGED CARE</u></b>				
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$177,010,000	\$88,505,000	\$88,505,000
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$10,301,000	\$5,150,500	\$5,150,500
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$195,311,000</b>	<b>\$97,655,500</b>	<b>\$97,655,500</b>
<b><u>PROVIDER RATES</u></b>				
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$0	\$0	\$0
74	NF-B RATE CHANGES AND QA FEE	\$94,895,390	\$47,447,700	\$47,447,690
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$37,091,500
76	LTC RATE ADJUSTMENT	\$33,743,660	\$16,871,830	\$16,871,830
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,529,020	\$2,764,510	\$2,764,510
79	HOSPICE RATE INCREASES	\$1,511,710	\$755,850	\$755,850
80	MIRENA IUC REIMBURSEMENT	\$236,560	\$176,780	\$59,780
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$24,091,140	-\$12,045,570	-\$12,045,570
83	REDUCTION TO NON-CONTRACT HOSPITALS	\$0	\$0	\$0
84	REDUCTION TO LTC PROVIDER PAYMENTS	\$0	\$0	\$0
86	REDUCTION TO PROVIDER PAYMENTS	\$0	\$0	\$0
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$29,417,000	\$14,697,500	\$14,719,500
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$215,425,200</b>	<b>\$107,760,100</b>	<b>\$107,665,100</b>
<b><u>HOSPITAL FINANCING</u></b>				
87	HOSP FINANCING - DSH PMT	\$1,639,467,000	\$1,105,734,000	\$533,733,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT	\$496,470,000	\$248,235,000	\$248,235,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$414,990,000	\$414,990,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$237,946,000	\$237,946,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$265,776,000	\$132,888,000	\$132,888,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$124,600,000	\$124,600,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$137,705,000	\$137,705,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$130,514,000	\$65,257,000	\$65,257,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$0	\$0	\$0
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$46,690,000	\$23,345,000	\$23,345,000
97	HOSP FINANCING - CCS AND GHPP	\$41,096,000	\$41,096,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$0	\$0	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
100	HOSP FINANCING - MIA LTC	\$0	\$21,355,000	-\$21,355,000
101	HOSP FINANCING - BCCTP	\$0	\$1,211,000	-\$1,211,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$440,473,500	-\$440,473,500
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,539,054,000</b>	<b>\$2,996,735,500</b>	<b>\$542,318,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				

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<b><u>SUPPLEMENTAL PMNTS.</u></b>				
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,000,000	\$179,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$108,396,000	\$54,198,000	\$54,198,000
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	\$52,330,000	\$26,165,000	\$26,165,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,400,000	\$49,400,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$507,126,000</b>	<b>\$367,763,000</b>	<b>\$139,363,000</b>
<b><u>OTHER</u></b>				
124	HEALTHY FAMILIES - CDMH	\$26,402,000	\$26,402,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
128	DENTAL RETROACTIVE RATE CHANGES	\$7,195,000	\$3,597,500	\$3,597,500
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$27,880,000	\$13,940,000	\$13,940,000
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	-\$250,000	\$250,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$33,279,000	\$33,279,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
142	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
143	INDIAN HEALTH SERVICES	\$0	\$7,600,000	-\$7,600,000
146	EDS COST CONTAINMENT PROJECTS	-\$1,341,130	-\$670,570	-\$670,570
148	MEDICAL SUPPORT ENHANCEMENTS	-\$125,100	-\$62,550	-\$62,550
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$17,702,870	-\$8,851,440	-\$8,851,440
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$29,479,910	\$0	-\$29,479,910
182	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,089,737,000	-\$2,089,737,000
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$269,676,000	\$269,676,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$292,231,980</b>	<b>\$2,355,838,950</b>	<b>-\$2,063,606,960</b>
	<b>GRAND TOTAL</b>	<b>\$4,933,833,360</b>	<b>\$6,173,793,540</b>	<b>-\$1,239,960,170</b>

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