

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<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	\$573,951,000	\$376,833,100	\$197,117,900
2	BREAST AND CERVICAL CANCER TREATMENT	\$132,111,000	\$72,402,850	\$59,708,150
3	CHDP GATEWAY - PREENROLLMENT	\$18,701,000	\$12,155,650	\$6,545,350
4	BRIDGE TO HFP	\$19,646,000	\$12,769,900	\$6,876,100
5	REFUGEES	\$8,034,000	\$0	\$8,034,000
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$900,000	\$450,000	\$450,000
9	CRAIG V. BONTA LAWSUIT	\$118,000	\$59,000	\$59,000
11	NEW QUALIFIED ALIENS	\$0	-\$128,535,000	\$128,535,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$34,561,800	-\$34,561,800
160	ADDITIONAL CASELOAD INCREASE	\$242,498,000	\$121,249,000	\$121,249,000
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-\$57,727,000	\$67,348,000	-\$125,075,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$204,000	-\$102,000	-\$102,000
177	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$6,614,200	-\$6,614,200
179	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSE	\$0	-\$1,121,000	\$1,121,000
183	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	\$1,452,000	\$726,000	\$726,000
195	LIMITATION OF IHSS TO HIGHEST LEVEL OF NEED	-\$97,714,000	-\$97,714,000	\$0
196	REDUCTION IN CDSS IHSS SOC BUYOUT ELIGIBLES	-\$11,819,000	-\$2,921,500	-\$8,897,500
	ELIGIBILITY SUBTOTAL	\$829,947,000	\$474,776,000	\$355,171,000
<u>BENEFITS</u>				
16	ADULT DAY HEALTH CARE - CDA	\$428,966,000	\$214,483,000	\$214,483,000
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$92,165,000	\$92,165,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
19	FPACT IMPLANON AND ESSURE	\$738,800	\$0	\$738,800
20	MONEY FOLLOWS THE PERSON DEMONSTRATION C	\$19,610,370	\$14,708,020	\$4,902,350
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	\$114,116,600	-\$114,116,600
30	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$6,445,500	\$6,445,500
31	DME CONTRACTING PROJECT SAVINGS	-\$1,620,000	-\$810,000	-\$810,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-\$20,061,500	-\$10,030,750	-\$10,030,750
34	ADULT DAY HEALTH CARE REFORMS	-\$9,845,260	-\$4,922,630	-\$4,922,630
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$244,468,000	-\$122,234,000	-\$122,234,000
180	PEDIATRIC PALLIATIVE CARE	-\$589,000	-\$294,500	-\$294,500
187	REDUCE ADHC PROGRAM	-\$36,624,520	-\$18,312,260	-\$18,312,260
197	REDUCTION IN CDSS IHSS SHARE-OF-COST BUYOU	\$0	\$3,883,000	-\$3,883,000
	BENEFITS SUBTOTAL	\$274,999,880	\$297,669,980	-\$22,670,100
<u>PHARMACY</u>				

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>PHARMACY</u>				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$100,000	\$0	\$100,000
37	NON FFP DRUGS	\$0	-\$581,500	\$581,500
39	COAGULATION FACTOR STATE SUPPLEMENTAL REI	-\$1,044,000	-\$522,000	-\$522,000
40	PHARMACY TAR AUTO-ADJUDICATION	-\$1,336,720	-\$668,360	-\$668,360
41	MEDICAL SUPPLY CONTRACTING	-\$1,843,760	-\$921,880	-\$921,880
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$1,295,580	-\$647,790	-\$647,790
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-\$740,520	-\$370,260	-\$370,260
45	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$3,000,000
46	FAMILY PACT DRUG REBATES	-\$36,776,000	-\$31,220,800	-\$5,555,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$17,730,400	-\$16,269,600
48	STATE SUPPLEMENTAL DRUG REBATES	-\$342,668,000	-\$171,867,200	-\$170,800,800
49	FEDERAL DRUG REBATE PROGRAM	-\$823,812,000	-\$413,188,000	-\$410,624,000
176	PHYSICIAN-ADMINISTERED DRUGS SAVINGS	-\$11,250,000	-\$7,125,000	-\$4,125,000
188	MEDI-CAL PHARMACY REFORMS	-\$58,000,000	-\$29,000,000	-\$29,000,000
202	ESTIMATED ACQUISITION COST PHARMACY SAVING	-\$73,925,000	-\$36,962,500	-\$36,962,500
	PHARMACY SUBTOTAL	-\$1,398,591,580	-\$716,805,690	-\$681,785,890
<u>MANAGED CARE</u>				
53	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$435,404,000	\$217,701,000	\$217,703,000
57	MANAGED CARE EXPANSION - SONOMA	\$27,639,000	\$13,819,500	\$13,819,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$13,959,000	\$6,979,500	\$6,979,500
68	MANAGED CARE EXPANSION - MERCED	\$31,273,000	\$15,636,500	\$15,636,500
69	ADDITION OF LTC TO THE HPSM	\$13,846,000	\$6,923,000	\$6,923,000
71	WORKING DISABLED IN MANAGED CARE	\$598,000	\$299,000	\$299,000
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
159	QIF SUNSET FOR MANAGED CARE	-\$8,847,000	-\$4,423,500	-\$4,423,500
172	COURT-ORDERED MANAGED CARE RATE ADJUSTMI	\$14,600,000	\$7,300,000	\$7,300,000
	MANAGED CARE SUBTOTAL	\$528,472,000	\$264,235,000	\$264,237,000
<u>PROVIDER RATES</u>				
74	NF-B RATE CHANGES AND QA FEE	\$354,642,860	\$177,321,430	\$177,321,430
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$37,091,500
76	LTC RATE ADJUSTMENT	\$112,847,860	\$56,423,930	\$56,423,930
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$28,633,780	\$14,316,890	\$14,316,890
79	HOSPICE RATE INCREASES	\$10,185,680	\$5,092,840	\$5,092,840
80	MIRENA IUC REIMBURSEMENT	\$369,030	\$269,130	\$99,900
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$64,967,860	-\$32,483,930	-\$32,483,930
83	REDUCTION TO NON-CONTRACT HOSPITALS	\$0	\$0	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>PROVIDER RATES</u>				
84	REDUCTION TO LTC PROVIDER PAYMENTS	\$0	\$0	\$0
86	REDUCTION TO PROVIDER PAYMENTS	\$0	\$0	\$0
181	CAL PHARMACY PROVIDER PAYMENT INJUNCTION	\$137,101,000	\$68,451,500	\$68,649,500
184	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-\$57,446,200	-\$43,314,820	-\$14,131,390
190	EXPANSION OF REVENUE BASE FOR AB 1629 QA FE	\$12,800,000	\$6,400,000	\$6,400,000
	PROVIDER RATES SUBTOTAL	\$608,349,140	\$289,568,470	\$318,780,680
<u>HOSPITAL FINANCING</u>				
87	HOSP FINANCING - DSH PMT	\$1,684,534,000	\$1,140,721,000	\$543,813,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$507,162,000	\$253,581,000	\$253,581,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$438,366,000	\$438,366,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$257,054,000	\$257,054,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$265,776,000	\$132,888,000	\$132,888,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	\$144,233,000	\$144,233,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUNE	\$99,674,000	\$99,674,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$93,390,000	\$46,695,000	\$46,695,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$51,193,000	\$25,596,500	\$25,596,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$30,026,000	\$15,013,000	\$15,013,000
97	HOSP FINANCING - CCS AND GHPP	\$40,000,000	\$40,000,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$56,080,000	\$56,080,000	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
100	HOSP FINANCING - MIA LTC	\$0	\$19,464,000	-\$19,464,000
101	HOSP FINANCING - BCCTP	\$0	\$1,000,000	-\$1,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$463,845,500	-\$463,845,500
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	\$0	\$5,100,000	-\$5,100,000
201	REDUCTION TO HOSP FINANCING-DSH REPLACEME	-\$47,872,000	-\$23,936,000	-\$23,936,000
	HOSPITAL FINANCING SUBTOTAL	\$3,623,416,000	\$3,117,275,000	\$506,141,000
<u>SUPPLEMENTAL PMNTS.</u>				
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,000,000	\$195,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$117,051,000	\$62,853,000	\$54,198,000
105	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$198,150,000	\$198,150,000	\$0
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	\$59,730,000	\$29,865,000	\$29,865,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$52,400,000	\$52,400,000	\$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
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$740,331,000	\$597,268,000	\$143,063,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2009-10**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	OTHER			
35	UNSPECIFIED BUDGET REDUCTION	-\$841,700,000	-\$518,403,000	-\$323,297,000
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$74,008,000	\$74,008,000	\$0
124	HEALTHY FAMILIES - CDMH	\$29,712,000	\$29,712,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,359,000	\$0	\$8,359,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$11,101,000	\$5,550,500	\$5,550,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	\$63,000	\$63,000	\$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
136	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,548,000	\$774,000	\$774,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,400,000	\$2,400,000
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
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	-\$39,026,520	-\$19,513,260	-\$19,513,260
146	EDS COST CONTAINMENT PROJECTS	-\$3,504,310	-\$1,752,160	-\$1,752,160
148	MEDICAL SUPPORT ENHANCEMENTS	\$0	\$0	\$0
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$71,213,040	-\$35,606,520	-\$35,606,520
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$61,534,320	\$0	-\$61,534,310
182	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,853,261,000	-\$2,853,261,000
185	FEDERAL MEDI-CAL FLEXIBILITY AND STABILIZATIO	-\$1,952,616,000	-\$1,202,616,000	-\$750,000,000
186	ANTI-FRAUD INITIATIVE	-\$133,664,000	-\$66,832,000	-\$66,832,000
191	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FU	\$0	\$0	\$0
199	IHSS ANTI-FRAUD INITIATIVE	-\$62,136,000	-\$62,136,000	\$0
200	REDUCTION IN IHSS RATE TO MINIMUM WAGE	-\$402,895,000	-\$402,895,000	\$0
203	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$469,499,000	\$469,499,000	\$0
	OTHER SUBTOTAL	-\$2,972,999,190	\$1,116,313,560	-\$4,089,312,750
	GRAND TOTAL	\$2,233,924,260	\$5,440,300,320	-\$3,206,376,060

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