

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2010-11

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$676,495,000	\$506,191,200	\$170,303,800
2	BREAST AND CERVICAL CANCER TREATMENT	\$142,622,000	\$78,388,700	\$64,233,300
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$10,895,950	\$5,867,050
4	BRIDGE TO HFP	\$17,290,000	\$11,238,500	\$6,051,500
5	REFUGEES	\$7,713,000	\$0	\$7,713,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	\$21,423,110	\$7,966,210	\$13,456,900
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,148,660	-\$1,148,660
10	NEW QUALIFIED ALIENS	\$0	-\$97,806,000	\$97,806,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$36,335,550	-\$36,335,550
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FAC	\$0	\$0	\$0
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$1,663,550	-\$831,780	-\$831,780
15	DISCONTINUANCE OF EWCP SCREENING FOR THE E	-\$6,371,000	-\$3,519,750	-\$2,851,250
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$11,702,470	-\$3,034,940	-\$8,667,530
163	ELIMINATION OF PRUCOL	-\$23,903,000	\$14,607,000	-\$38,510,000
164	ELIMINATION OF NON-EMERGENCY SERVICES FOR	-\$20,048,000	\$12,252,000	-\$32,300,000
	ELIGIBILITY SUBTOTAL	\$818,618,090	\$573,831,310	\$244,786,780
BENEFITS				
18	ADULT DAY HEALTH CARE - CDA	\$433,248,000	\$216,624,000	\$216,624,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$100,000,000	\$100,000,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$25,367,000	\$20,097,000
21	H1N1 VACCINE	\$1,207,140	\$603,570	\$603,570
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$5,841,690	\$4,550,540	\$1,291,150
23	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PR	\$4,430,000	\$4,430,000	\$0
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST B	\$0	\$4,445,500	-\$4,445,500
26	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$107,953,950	-\$107,953,950
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$5,445,500	\$5,445,500
30	PEDIATRIC PALLIATIVE CARE	-\$725,630	-\$362,820	-\$362,820
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC S	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$8,720,660	-\$4,360,330	-\$4,360,330
33	ADHC ONSITE TAR REVIEWS	-\$1,847,000	-\$923,500	-\$923,500
167	ELIMINATE ADHC SERVICES	-\$267,938,870	-\$133,969,440	-\$133,969,440
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$105,533,000	\$105,533,000	\$0
190	REINSTATEMENT OF OPTOMETRY SERVICES	\$2,620,560	\$1,310,280	\$1,310,280
201	HEARING AID CAP	-\$529,000	-\$264,500	-\$264,500
202	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE V	-\$157,686,000	-\$78,843,000	-\$78,843,000
205	CAP ON PHYSICIAN AND FQHC/RHC OFFICE VISITS	-\$224,526,000	-\$112,263,000	-\$112,263,000

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<u>BENEFITS</u>				
207	DURABLE MEDICAL EQUIPMENT CAP	-\$7,145,000	-\$3,572,500	-\$3,572,500
209	HOSPITAL INPATIENT RATE FREEZE	-\$168,962,000	-\$84,481,000	-\$84,481,000
210	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$70,848,000	-\$35,424,000	-\$35,424,000
211	COPAYMENT FOR EMERGENCY ER VISITS	-\$37,242,000	-\$18,621,000	-\$18,621,000
	BENEFITS SUBTOTAL	-\$247,825,770	\$90,287,260	-\$338,113,030
<u>PHARMACY</u>				
37	NON FFP DRUGS	\$0	-\$1,317,000	\$1,317,000
39	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$12,840,000	-\$6,420,000	-\$6,420,000
40	ENTERAL NUTRITION PRODUCTS	-\$834,940	-\$417,470	-\$417,470
43	PHARMACY TAR AUTO-ADJUDICATION	-\$2,065,040	-\$1,032,520	-\$1,032,520
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,000,000	-\$3,000,000
45	BCCTP DRUG REBATES	-\$6,000,000	-\$3,900,000	-\$2,100,000
46	MEDICAL SUPPLY REBATES	-\$10,000,000	-\$5,000,000	-\$5,000,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$25,000,000	-\$14,500,000	-\$10,500,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,859,200	-\$19,140,800
49	FAMILY PACT DRUG REBATES	-\$44,721,000	-\$38,130,900	-\$6,590,100
50	MEDI-CAL PHARMACY REFORMS	-\$21,396,740	-\$10,698,370	-\$10,698,370
51	ESTIMATED ACQUISITION COST PHARMACY SAVING	-\$22,464,910	-\$11,232,450	-\$11,232,450
52	STATE SUPPLEMENTAL DRUG REBATES	-\$248,288,000	-\$124,530,400	-\$123,757,600
53	FEDERAL DRUG REBATE PROGRAM	-\$999,547,000	-\$501,328,700	-\$498,218,300
195	UBL AND MAIC INJUNCTION	\$83,336,400	\$41,668,200	\$41,668,200
198	ELIMINATION OF SELECTED OVER-THE-COUNTER D	-\$13,291,000	-\$6,645,500	-\$6,645,500
199	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$20,574,000	-\$10,287,000	-\$10,287,000
200	SIX-PRESCRIPTION CAP ON OUTPATIENT DRUGS	-\$10,898,000	-\$5,449,000	-\$5,449,000
206	PHARMACY COPAYMENTS	-\$149,227,000	-\$74,613,500	-\$74,613,500
208	MEDICAL SUPPLIES CAP	-\$1,566,000	-\$783,000	-\$783,000
	PHARMACY SUBTOTAL	-\$1,551,377,230	-\$798,476,820	-\$752,900,410
<u>MANAGED CARE</u>				
57	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$365,969,000	\$207,372,000	\$158,597,000
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE	\$1,347,000	\$673,500	\$673,500
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$8,995,000	-\$4,497,500	-\$4,497,500
72	MANAGED CARE EXPANSION - VENTURA	\$42,920,000	\$21,460,000	\$21,460,000
73	MANAGED CARE EXPANSION REGIONAL TWO-PLAN	\$14,551,000	\$7,275,500	\$7,275,500
76	FAMILY PLANNING INCREASED FED MATCHING FUN	\$0	\$50,500,000	-\$50,500,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
176	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$546,000	-\$273,000	-\$273,000
185	MANDATORY ENROLLMENT INTO MANAGED CARE F	-\$357,496,000	-\$175,444,000	-\$182,052,000

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MANAGED CARE				
MANAGED CARE SUBTOTAL		\$57,750,000	\$107,066,500	-\$49,316,500
PROVIDER RATES				
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$12,590,000	-\$6,295,000	-\$6,295,000
80	NF-B RATE CHANGES AND QA FEE	\$192,012,000	\$96,006,000	\$96,006,000
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$158,283,000	\$79,141,500	\$79,141,500
82	LTC RATE ADJUSTMENT	\$57,991,000	\$28,995,500	\$28,995,500
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FE	\$29,308,000	\$14,654,000	\$14,654,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$26,911,730	\$13,455,870	\$13,455,870
85	HOSPICE RATE INCREASES	\$2,823,910	\$1,411,950	\$1,411,950
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCR	-\$1,118,110	-\$559,050	-\$559,050
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$4,175,880	-\$2,087,940	-\$2,087,940
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$57,616,000	-\$28,808,000	-\$28,808,000
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$191,304,000	-\$95,652,000	-\$95,652,000
166	ROLLBACK OF FAMILY PLANNING RATE INCREASE	-\$35,159,710	-\$27,530,970	-\$7,628,740
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$10,033,520	\$5,016,760	\$5,016,760
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$56,300,200	\$28,150,100	\$28,150,100
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,500,000	\$17,750,000	\$17,750,000
191	REDUCTION TO RADIOLOGY RATES	-\$27,240,370	-\$13,620,190	-\$13,620,190
193	QA FEE FOR MLRCs	\$40,824,000	\$22,780,000	\$18,044,000
194	AB 1629 QA FEE TRENDING METHODOLOGY	\$88,777,000	\$49,538,000	\$39,239,000
196	QAF INCREASE DUE TO L&C FEE REDUCTION	\$9,325,000	\$5,203,000	\$4,122,000
PROVIDER RATES SUBTOTAL		\$378,885,280	\$187,549,530	\$191,335,750
HOSPITAL FINANCING				
93	HOSP FINANCING - DSH PMT	\$1,725,858,000	\$1,129,239,000	\$596,619,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$515,974,000	\$257,987,000	\$257,987,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$516,001,000	\$516,001,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARR	\$125,172,000	\$125,172,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$276,994,000	\$138,497,000	\$138,497,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$245,000,000	\$245,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$180,000,000	\$180,000,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUNCI	\$90,000,000	\$90,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	\$67,114,000	\$67,114,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$80,910,000	\$40,455,000	\$40,455,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$64,998,000	\$32,499,000	\$32,499,000
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$63,316,000	\$63,316,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$67,000,000	\$67,000,000	\$0
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,822,000	\$1,911,000	\$1,911,000

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<u>HOSPITAL FINANCING</u>				
108	HOSP FINANCING - MIA LTC	\$0	\$8,725,000	-\$8,725,000
109	HOSP FINANCING - BCCTP	\$0	\$500,000	-\$500,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$559,528,500	-\$559,528,500
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	\$0	\$2,500,000	-\$2,500,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEME	-\$51,597,000	-\$25,798,500	-\$25,798,500
203	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$156,205,000	-\$83,644,000	-\$72,561,000
	HOSPITAL FINANCING SUBTOTAL	\$3,814,357,000	\$3,416,002,000	\$398,355,000
<u>SUPPLEMENTAL PMNTS.</u>				
114	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$270,750,000	\$270,750,000	\$0
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$221,500,000	\$221,500,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$115,087,000	\$65,087,000	\$50,000,000
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$105,382,000	\$57,246,000	\$48,136,000
118	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$33,625,000	\$33,625,000	\$0
120	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
121	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
122	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$110,861,000	\$110,861,000	\$0
170	HOSPITAL QAF - HOSPITAL PAYMENTS	\$8,613,101,000	\$4,710,100,000	\$3,903,001,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$9,555,436,000	\$5,511,734,000	\$4,043,702,000
<u>OTHER</u>				
133	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$234,242,000	\$234,242,000	\$0
137	HEALTHY FAMILIES - CDMH	\$27,939,000	\$27,939,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$7,746,000	\$3,873,000	\$3,873,000
139	MINOR CONSENT SETTLEMENT	\$7,989,000	\$0	\$7,989,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$0	\$0	\$0
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
145	SELF-DIRECTED SERVICES WAIVER - CDDS	\$71,000	\$71,000	\$0
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,000,000	\$2,000,000
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FU	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
152	INDIAN HEALTH SERVICES	\$0	\$8,056,000	-\$8,056,000
153	FQHC/RHC AUDIT STAFFING	-\$2,737,270	-\$1,368,630	-\$1,368,630
154	ANTI-FRAUD INITIATIVE	-\$6,500,000	-\$3,250,000	-\$3,250,000
155	REDUCTION IN IMD ANCILLARY SERVICES COSTS	-\$12,000,000	\$0	-\$12,000,000
156	EDS COST CONTAINMENT PROJECTS	-\$551,490	-\$275,750	-\$275,740
158	IHSS ANTI-FRAUD INITIATIVE	-\$252,996,000	-\$252,996,000	\$0

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	<u>OTHER</u>			
160	UNSPECIFIED BUDGET REDUCTION	-\$744,147,000	-\$420,850,000	-\$323,297,000
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$1,462,339,000	-\$1,462,339,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$103,519,000	\$103,519,000	\$0
168	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	-\$254,188,000	-\$134,211,000	-\$119,977,000
169	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$56,517,000	-\$28,258,500	-\$28,258,500
172	HOSPITAL QAF - CHILDREN'S HEALTH CARE COVER.	\$0	\$0	\$0
173	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
178	ARRA HITECH - PROVIDER PAYMENTS	\$3,000,000	\$3,000,000	\$0
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARI	-\$234,978,000	\$0	-\$234,978,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$18,360,000	-\$8,263,500	-\$10,096,500
182	NUVARING COST SHIFT	\$0	\$4,569,600	-\$4,569,600
189	PROVIDER OVERPAYMENT REPAYMENTS	-\$77,794,000	\$0	-\$77,794,000
192	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$1,038,000	\$0	-\$1,038,000
212	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$29,839,160	\$16,648,830	\$13,190,330
213	RECONCILIATION	\$45,202,000	\$0	\$45,202,000
	OTHER SUBTOTAL	-\$1,201,259,600	\$1,000,784,050	-\$2,202,043,650
	GRAND TOTAL	\$11,624,583,780	\$10,088,777,830	\$1,535,805,950

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