

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

<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	\$608,726,000	\$455,482,900	\$153,243,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,569,000	\$74,442,550	\$61,126,450
3	CHDP GATEWAY - PREENROLLMENT	\$16,763,000	\$10,895,950	\$5,867,050
4	BRIDGE TO HFP	\$18,029,000	\$11,718,850	\$6,310,150
5	REFUGEES	\$7,950,000	\$0	\$7,950,000
6	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$2,364,420	\$786,960	\$1,577,460
8	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$1,597,270	-\$1,597,270
9	REFUGEE MEDICAL/ENTRANT MEDI-CAL REIMBURSEMENT	\$0	-\$1,121,000	\$1,121,000
10	NEW QUALIFIED ALIENS	\$0	-\$90,983,000	\$90,983,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$34,670,700	-\$34,670,700
12	FEDERAL FLEX & STABILIZATION-FPACT UNDOC FACTOR	\$0	\$0	\$0
14	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$166,000	-\$83,000	-\$83,000
15	DISCONTINUANCE OF EWCP SCREENING FOR THE BCCT	-\$1,793,000	-\$990,600	-\$802,400
16	ELIMINATE CDSS IHSS SOC BUYOUT ELIGIBLES	-\$5,114,020	-\$1,301,390	-\$3,812,630
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$782,328,400</b>	<b>\$495,116,190</b>	<b>\$287,212,210</b>
<b>BENEFITS</b>				
18	ADULT DAY HEALTH CARE - CDA	\$424,338,000	\$212,169,000	\$212,169,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,655,000	\$113,655,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$28,001,000	\$17,463,000
21	H1N1 VACCINE	\$2,333,050	\$1,166,530	\$1,166,520
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,106,490	\$893,900	\$212,590
24	ELIMINATION OF THE CDSS IHSS SHARE-OF-COST BUYO	\$0	\$3,334,000	-\$3,334,000
26	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
27	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$106,512,900	-\$106,512,900
28	CDSS IHSS SHARE-OF-COST BUYOUT	\$0	-\$5,445,500	\$5,445,500
30	PEDIATRIC PALLIATIVE CARE	-\$222,760	-\$111,380	-\$111,380
31	MEDICAL ACUITY ELIGIBILITY CRITERIA FOR ADHC SVCS	\$0	\$0	\$0
32	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$1,566,770	-\$783,390	-\$783,390
33	ADHC ONSITE TAR REVIEWS	-\$89,000	-\$44,500	-\$44,500
171	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$48,420,000	\$48,420,000	\$0
	<b>BENEFITS SUBTOTAL</b>	<b>\$633,438,010</b>	<b>\$505,767,560</b>	<b>\$127,670,450</b>
<b>PHARMACY</b>				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$879,000	\$879,000
37	NON FFP DRUGS	\$0	-\$1,738,500	\$1,738,500
40	ENTERAL NUTRITION PRODUCTS	-\$69,450	-\$34,730	-\$34,730
43	PHARMACY TAR AUTO-ADJUDICATION	-\$1,295,590	-\$647,800	-\$647,800
44	AGED DRUG REBATE RESOLUTION	-\$4,000,000	-\$2,000,000	-\$2,000,000
45	BCCTP DRUG REBATES	-\$16,000,000	-\$10,400,000	-\$5,600,000

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<b><u>PHARMACY</u></b>				
46	MEDICAL SUPPLY REBATES	-\$8,938,000	-\$4,469,000	-\$4,469,000
47	PHYSICIAN-ADMINISTERED DRUG REBATES	-\$15,000,000	-\$9,000,000	-\$6,000,000
48	DISPUTED DRUG REBATE RESOLUTIONS	-\$34,000,000	-\$17,730,400	-\$16,269,600
49	FAMILY PACT DRUG REBATES	-\$43,447,000	-\$46,544,700	\$3,097,700
50	MEDI-CAL PHARMACY REFORMS	-\$5,351,130	-\$2,675,560	-\$2,675,560
51	ESTIMATED ACQUISITION COST PHARMACY SAVINGS	\$0	\$0	\$0
52	STATE SUPPLEMENTAL DRUG REBATES	-\$256,216,000	-\$128,506,800	-\$127,709,200
53	FEDERAL DRUG REBATE PROGRAM	-\$1,031,463,000	-\$517,336,300	-\$514,126,700
195	UBL AND MAIC INJUNCTION	\$6,371,600	\$3,185,800	\$3,185,800
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,409,408,570</b>	<b>-\$738,776,990</b>	<b>-\$670,631,580</b>
<b><u>MANAGED CARE</u></b>				
57	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$443,667,000	\$270,967,000	\$172,700,000
58	INCREASE IN CAPITATION RATES FOR MCO TAX	\$82,157,000	\$50,600,000	\$31,557,000
64	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS	\$17,427,000	\$8,713,500	\$8,713,500
65	ADDITION OF LTC, LAB, PHARMACY & CHDP TO THE HPS	\$13,572,000	\$6,786,000	\$6,786,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,543,000	\$6,271,500	\$6,271,500
70	RISK PAYMENTS FOR MANAGED CARE PLANS	\$192,000	\$96,000	\$96,000
76	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	\$20,846,000	-\$20,846,000
77	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
79	MATERNITY SUPPLEMENTAL PAYMENT	-\$35,575,000	-\$17,787,500	-\$17,787,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$533,983,000</b>	<b>\$346,492,500</b>	<b>\$187,490,500</b>
<b><u>PROVIDER RATES</u></b>				
34	ELIMINATION OF ADHC FY 2009-10 RATE INCREASE	-\$11,541,000	-\$5,770,500	-\$5,770,500
80	NF-B RATE CHANGES AND QA FEE	\$154,964,750	\$77,482,380	\$77,482,380
81	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$119,742,000	\$59,871,000	\$59,871,000
82	LTC RATE ADJUSTMENT	\$46,392,320	\$23,196,160	\$23,196,160
83	EXPANSION OF REVENUE BASE FOR AB 1629 QA FEE	\$29,004,000	\$14,502,000	\$14,502,000
84	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$4,812,250	\$2,406,120	\$2,406,120
85	HOSPICE RATE INCREASES	\$817,640	\$408,820	\$408,820
88	ELIMINATE HOSPICE ROOM AND BOARD RATE INCREASE	-\$571,860	-\$285,930	-\$285,930
89	REDUCTION TO SMALL & RURAL HOSPITALS	-\$2,137,800	-\$1,068,900	-\$1,068,900
91	ELIMINATE NON-AB 1629 LTC RATE INCREASES	-\$46,054,680	-\$23,027,340	-\$23,027,340
92	ELIMINATE COLA INCREASE TO AB 1629 FACILITIES	-\$151,688,130	-\$75,844,070	-\$75,844,070
175	SANTA ROSA MEMORIAL HOSPITAL INJUNCTION	\$3,767,000	\$1,883,500	\$1,883,500
177	CHA V. MAXWELL-JOLLY INJUNCTION	\$12,192,160	\$6,096,080	\$6,096,080
186	INDEPENDENT LIVING CENTER INJUNCTION	\$35,700,000	\$17,850,000	\$17,850,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$195,398,640</b>	<b>\$97,699,320</b>	<b>\$97,699,320</b>
<b><u>HOSPITAL FINANCING</u></b>				

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<b><u>HOSPITAL FINANCING</u></b>				
93	HOSP FINANCING - DSH PMT	\$1,719,646,000	\$1,127,171,000	\$592,475,000
94	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$528,748,000	\$264,374,000	\$264,374,000
95	HOSP FINANCING - SAFETY NET CARE POOL	\$313,925,000	\$313,925,000	\$0
96	FEDERAL FLEXIBILITY & STABILIZATION - SNCP ARRA	\$298,597,000	\$298,597,000	\$0
97	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$372,080,000	\$186,040,000	\$186,040,000
98	FEDERAL FLEXIBILITY & STABILIZATION-SNCP	\$115,000,000	\$115,000,000	\$0
99	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$318,530,000	\$318,530,000	\$0
100	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$95,000,000	\$95,000,000	\$0
101	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$113,475,000	\$113,475,000	\$0
102	HOSP FINANCING - STABILIZATION FUNDING	\$54,684,000	\$27,342,000	\$27,342,000
103	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$55,031,000	\$27,515,500	\$27,515,500
104	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$6,000,000	\$6,000,000	\$0
105	HOSP FINANCING - CCS AND GHPP	\$92,975,000	\$92,975,000	\$0
106	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$38,374,000	\$19,187,000	\$19,187,000
107	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,156,000	\$2,078,000	\$2,078,000
108	HOSP FINANCING - MIA LTC	\$0	\$21,040,000	-\$21,040,000
109	HOSP FINANCING - BCCTP	\$0	\$1,000,000	-\$1,000,000
110	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$530,461,000	-\$530,461,000
111	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	\$5,100,000	-\$5,100,000
112	REDUCTION TO DISTRESSED HOSPITAL FUNDING	-\$32,572,000	-\$20,504,000	-\$12,068,000
113	REDUCTION TO HOSP FINANCING-DSH REPLACEMENT B	-\$51,597,000	-\$25,798,500	-\$25,798,500
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$4,042,052,000</b>	<b>\$3,518,508,000</b>	<b>\$523,544,000</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
115	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,380,000	\$195,380,000	\$0
116	IGT FOR NON-SB 1100 HOSPITALS	\$130,174,000	\$80,174,000	\$50,000,000
117	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,025,000	\$54,941,500	\$46,083,500
118	FFP FOR LOCAL TRAUMA CENTERS	\$74,460,000	\$37,230,000	\$37,230,000
119	CERTIFICATION PAYMENTS FOR DP-NFS	\$31,375,000	\$31,375,000	\$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
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$550,414,000</b>	<b>\$408,100,500</b>	<b>\$142,313,500</b>
<b><u>OTHER</u></b>				
132	DENTAL RETROACTIVE RATE CHANGES	\$62,077,000	\$31,038,500	\$31,038,500
137	HEALTHY FAMILIES - CDMH	\$24,311,000	\$24,311,000	\$0
138	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$10,478,000	\$5,239,000	\$5,239,000
139	MINOR CONSENT SETTLEMENT	\$8,359,000	\$0	\$8,359,000
142	ESTATE RECOVERY MEDICARE PREMIUMS	\$1,372,000	\$686,000	\$686,000
144	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000

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	<b>OTHER</b>			
146	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
147	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,000,000	\$2,000,000
148	DENTAL MANAGED CARE DISALLOWANCE	\$0	-\$50,000	\$50,000
149	ADDITIONAL CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
150	IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
152	INDIAN HEALTH SERVICES	\$0	\$7,828,000	-\$7,828,000
156	EDS COST CONTAINMENT PROJECTS	-\$223,840	-\$111,920	-\$111,920
157	PHARMACY LITIGATION SETTLEMENTS	-\$76,700,000	\$0	-\$76,700,000
158	IHSS ANTI-FRAUD INITIATIVE	-\$56,699,000	-\$56,699,000	\$0
161	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,909,855,000	-\$2,909,855,000
162	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$148,967,000	\$148,967,000	\$0
179	CEDARS-SINAI MEDICAL CENTER OVERPAYMENT	-\$148,000	-\$74,000	-\$74,000
180	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$447,253,000	\$0	-\$447,253,000
181	SSI/SSP RETROACTIVE MEDICARE PREMIUMS	-\$6,120,000	-\$2,754,000	-\$3,366,000
182	NUVARING COST SHIFT	\$0	\$11,112,600	-\$11,112,600
183	GGNSC HOLDINGS COURT ORDER	\$970,000	\$485,000	\$485,000
213	RECONCILIATION	\$4,313,000	\$0	\$4,313,000
	<b>OTHER SUBTOTAL</b>	<b>-\$325,296,840</b>	<b>\$3,065,833,180</b>	<b>-\$3,391,130,020</b>
	<b>GRAND TOTAL</b>	<b>\$5,002,908,640</b>	<b>\$7,698,740,260</b>	<b>-\$2,695,831,630</b>

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