

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2011-12**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>ELIGIBILITY</b>				
1	FAMILY PACT PROGRAM	\$628,775,000	\$476,676,500	\$152,098,500
2	BREAST AND CERVICAL CANCER TREATMENT	\$133,166,000	\$73,830,250	\$59,335,750
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$10,112,700	\$5,598,300
4	BRIDGE TO HFP	\$12,776,000	\$8,304,400	\$4,471,600
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APP	\$3,560,400	\$1,362,670	\$2,197,730
6	REFUGEES	\$6,491,000	\$0	\$6,491,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,793,000	\$3,896,500	\$3,896,500
8	250% WORKING DISABLED PROGRAM CHANGES	\$188,000	\$55,500	\$132,500
9	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$1,678,000	\$1,678,000	\$0
10	NEW QUALIFIED ALIENS	\$0	-\$120,791,000	\$120,791,000
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$50,727,300	-\$50,727,300
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,833,000	-\$8,833,000
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$4,929,150	-\$2,464,580	-\$2,464,580
248	LOMELI V. SHEWRY	\$336,000	\$168,000	\$168,000
253	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-C/	\$258,762,000	\$168,195,300	\$90,566,700
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,064,307,250</b>	<b>\$680,584,540</b>	<b>\$383,722,700</b>
<b>BENEFITS</b>				
14	ADULT DAY HEALTH CARE - CDA	\$390,766,000	\$195,383,000	\$195,383,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,786,000	\$113,786,000	\$0
16	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$331,603,000	\$331,603,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$479,320	\$239,660	\$239,660
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$3,912,800	\$2,934,600	\$978,200
21	MFP FUNDING TO CDDS FOR CCT	\$1,173,000	\$1,173,000	\$0
22	SF COMMUNITY-LIVING SUPPORT WAIVER PILOT PR	\$4,993,000	\$4,993,000	\$0
23	QUALITY OF LIFE SURVEYS FOR MFP	\$69,000	\$69,000	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$4,767,600	-\$4,767,600
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$105,528,150	-\$105,528,150
27	ADHC ONSITE TAR REVIEWS	-\$713,450	-\$356,730	-\$356,730
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$4,585,860	-\$2,292,930	-\$2,292,930
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$8,959,000	-\$4,479,500	-\$4,479,500
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$1,342,000	\$0	-\$1,342,000
223	COPAYMENT FOR DENTAL SERVICES	-\$55,839,000	-\$27,919,500	-\$27,919,500
224	COPAYMENT FOR EMERGENCY ER VISITS	-\$66,610,000	-\$33,305,000	-\$33,305,000
225	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$126,967,000	-\$63,483,500	-\$63,483,500
226	COPAYMENTS FOR HOSPITAL INPATIENT DAYS	-\$271,294,000	-\$142,641,000	-\$128,653,000
229	PHARMACY COPAYMENTS	-\$256,786,000	-\$128,393,000	-\$128,393,000

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<b><u>BENEFITS</u></b>				
230	HEARING AID CAP	-\$458,000	-\$229,000	-\$229,000
231	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$27,543,000	-\$13,771,500	-\$13,771,500
235	ELIMINATE ADHC SERVICES	-\$339,202,670	-\$169,601,340	-\$169,601,340
237	ELIMINATION OF COUGH AND COLD PRODUCTS	-\$4,206,000	-\$2,103,000	-\$2,103,000
238	COPAYMENTS FOR PHYSICIAN/FQHC/RHC OFFICE V	-\$258,704,000	-\$129,352,000	-\$129,352,000
239	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$82,082,000	-\$41,041,000	-\$41,041,000
246	SAVINGS FROM ATTRITION IN MSSP	-\$5,000,000	-\$2,500,000	-\$2,500,000
256	ADHC TRANSITION	\$50,000,000	\$25,000,000	\$25,000,000
	<b>BENEFITS SUBTOTAL</b>	<b>-\$568,045,870</b>	<b>\$46,740,020</b>	<b>-\$614,785,880</b>
<b><u>PHARMACY</u></b>				
30	FEDERAL DRUG REBATE CHANGE	\$203,000,000	\$0	\$203,000,000
31	UBL AND MAIC INJUNCTION	\$0	\$0	\$0
33	NON FFP DRUGS	\$0	-\$2,389,000	\$2,389,000
34	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$15,732,500	-\$7,866,250	-\$7,866,250
38	MEDI-CAL PHARMACY REFORMS	\$0	\$0	\$0
39	BCCTP DRUG REBATES	-\$12,000,000	-\$7,800,000	-\$4,200,000
40	MEDICAL SUPPLY REBATES	-\$30,800,000	-\$15,400,000	-\$15,400,000
41	FAMILY PACT DRUG REBATES	-\$52,617,000	-\$45,303,300	-\$7,313,700
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$45,000,000	-\$22,570,000	-\$22,430,000
43	STATE SUPPLEMENTAL DRUG REBATES	-\$197,374,000	-\$98,994,200	-\$98,379,800
44	FEDERAL DRUG REBATE PROGRAM	-\$1,382,484,000	-\$693,393,200	-\$689,090,800
249	MANAGED CARE DRUG REBATES	-\$128,000,000	-\$64,000,000	-\$64,000,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,661,007,500</b>	<b>-\$957,715,950</b>	<b>-\$703,291,550</b>
<b><u>MANAGED CARE</u></b>				
48	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$341,704,000	\$170,852,000	\$170,852,000
52	MANAGED CARE EXPANSION - VENTURA	\$48,424,000	\$24,212,000	\$24,212,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN	\$2,717,000	\$1,358,500	\$1,358,500
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$206,829,000	\$103,415,000	\$103,414,000
62	MANAGED CARE EXPANSION - MENDOCINO	\$14,687,000	\$7,343,500	\$7,343,500
63	MANAGED CARE EXPANSION - MARIN	\$13,935,000	\$6,967,500	\$6,967,500
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
66	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$598,000	-\$299,000	-\$299,000
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$4,609,000	\$2,304,500	\$2,304,500
133	TWO-PLAN MODEL NOTICES OF DISPUTE	\$2,000,000	\$0	\$2,000,000
250	TRANSFER OF MCO TAX TO GENERAL FUND	\$0	\$0	\$0
252	MANAGED CARE PUBLIC HOSPITAL IGTS	\$346,000,000	\$173,000,000	\$173,000,000
261	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0

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<b><u>MANAGED CARE</u></b>				
265	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
266	ONE YEAR LOCK-IN FOR MANAGED CARE ENROLLEI	-\$5,300,000	-\$2,650,000	-\$2,650,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$975,007,000</b>	<b>\$486,504,000</b>	<b>\$488,503,000</b>
<b><u>PROVIDER RATES</u></b>				
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$115,495,220	\$57,747,610	\$57,747,610
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$213,715,160	\$106,857,580	\$106,857,580
71	LTC RATE ADJUSTMENT	\$44,087,500	\$22,043,750	\$22,043,750
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$44,600,000	\$22,300,000	\$22,300,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$3,461,070	\$1,730,530	\$1,730,530
77	HOSPICE RATE INCREASES	\$1,832,910	\$916,460	\$916,450
78	NF-B RATE CHANGES AND QA FEE	\$35,254,470	\$17,627,240	\$17,627,240
79	REDUCTION TO RADIOLOGY RATES	-\$76,195,610	-\$38,097,810	-\$38,097,810
149	DENTAL RETROACTIVE RATE CHANGES	-\$16,672,000	-\$8,336,000	-\$8,336,000
243	10% PROVIDER PAYMENT REDUCTION	-\$815,123,000	-\$407,561,500	-\$407,561,500
245	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$402,985,000	-\$201,492,500	-\$201,492,500
259	NON-AB 1629 LTC RATE FREEZE	-\$73,110,630	-\$36,555,310	-\$36,555,310
264	SB 90 NON-CONTRACT HOSPITAL RATE CHANGES	\$160,414,000	\$80,207,000	\$80,207,000
267	SB 90 PRESERVING CONTRACT HOSPITALS	-\$81,320,000	-\$40,660,000	-\$40,660,000
	<b>PROVIDER RATES SUBTOTAL</b>	<b>-\$846,545,910</b>	<b>-\$423,272,950</b>	<b>-\$423,272,960</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
68	BTR--MANDATORY SPD ENROLLMENT INTO MANAG	\$111,117,000	\$28,440,500	\$82,676,500
80	MH/UCD & BTR--DSH PAYMENT	\$1,704,697,000	\$1,097,418,000	\$607,279,000
81	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEM	\$355,272,000	\$177,636,000	\$177,636,000
82	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTA	\$280,502,000	\$140,251,000	\$140,251,000
83	MH/UCD--SAFETY NET CARE POOL	\$42,735,000	\$42,735,000	\$0
84	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$34,329,000	\$34,329,000	\$0
86	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYSICIAN	\$164,604,000	\$164,604,000	\$0
87	MH/UCD--STABILIZATION FUNDING	\$44,495,000	\$13,084,500	\$31,410,500
88	MH/UCD & BTR--CCS AND GHPP	\$106,000,000	\$106,000,000	\$0
90	MH/UCD--DPH INTERIM & FINAL RECONS	\$67,235,000	\$67,235,000	\$0
91	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$17,758,880	\$8,879,440	\$8,879,440
93	MH/UCD & BTR--NDPH SUPPLEMENTAL PAYMENT	\$3,808,000	\$1,904,000	\$1,904,000
96	MH/UCD & BTR--BCCTP	\$0	\$800,000	-\$800,000
97	MH/UCD & BTR--DPH INTERIM RATE	\$0	\$463,898,000	-\$463,898,000
98	MH/UCD & BTR--MIA-LTC	\$0	\$17,000,000	-\$17,000,000
218	BTR--DELIVERY SYSTEM REFORM INCENTIVE POOL	\$650,000,000	\$325,000,000	\$325,000,000
219	BTR--DESIGNATED STATE HEALTH PROGRAMS	\$74,064,000	\$276,200,000	-\$202,136,000

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<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$238,693,000	\$208,693,000	\$30,000,000
222	BTR—SAFETY NET CARE POOL	\$461,952,000	\$461,952,000	\$0
240	BTR—LIHP INPATIENT HOSP. COSTS FOR CDCR INM	\$59,571,000	\$59,571,000	\$0
242	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$1,212,051,000	\$932,051,000	\$280,000,000
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,628,883,880</b>	<b>\$4,627,681,440</b>	<b>\$1,001,202,440</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
101	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$321,600,000	\$321,600,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$238,879,000	\$238,879,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
104	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$166,293,000	\$166,293,000	\$0
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$98,792,000	\$52,201,500	\$46,590,500
106	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$32,000,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$7,500,000	\$3,750,000	\$3,750,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$6,000,000	\$3,000,000	\$3,000,000
254	IHSS PROVIDER TAX	\$332,500,000	\$332,500,000	\$0
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$32,000,000	\$32,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$1,434,694,000</b>	<b>\$1,265,788,500</b>	<b>\$168,905,500</b>
<b><u>OTHER</u></b>				
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$153,210,000	\$153,210,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$3,900,000	\$3,900,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$639,025,000	\$639,025,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$8,368,000	\$4,184,000	\$4,184,000
126	HEALTHY FAMILIES - CDMH	\$27,543,000	\$27,543,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,620,000	\$0	\$7,620,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$1,973,000	\$986,500	\$986,500
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
140	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
141	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
142	INDIAN HEALTH SERVICES	\$0	\$8,700,000	-\$8,700,000
145	FI COST CONTAINMENT PROJECTS	-\$326,380	-\$163,190	-\$163,190
146	ANTI-FRAUD INITIATIVE	-\$4,955,600	-\$2,477,800	-\$2,477,800
147	FQHC/RHC AUDIT STAFFING	-\$5,223,920	-\$2,611,960	-\$2,611,960
148	REDUCTION IN IMD ANCILLARY SERVICES COSTS	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARI	-\$31,502,000	\$0	-\$31,502,000
221	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$1,635,760	-\$817,880	-\$817,880
241	ACCELERATED PAYMENTS	-\$1,071,028,000	-\$563,429,000	-\$507,599,000

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	<b>OTHER</b>			
251	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$10,000,000	-\$500,000	-\$9,500,000
263	FY 2011-12 HOSPITAL QAF - CHILDREN'S HEALTH CA	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>-\$283,032,660</b>	<b>\$261,548,670</b>	<b>-\$544,581,330</b>
	<b>GRAND TOTAL</b>	<b>\$5,744,260,200</b>	<b>\$5,987,858,270</b>	<b>-\$243,598,070</b>