

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2010-11**

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$614,919,000	\$466,172,600	\$148,746,400
2	BREAST AND CERVICAL CANCER TREATMENT	\$127,814,000	\$71,037,850	\$56,776,150
3	CHDP GATEWAY - PREENROLLMENT	\$15,711,000	\$10,112,700	\$5,598,300
4	BRIDGE TO HFP	\$13,540,000	\$8,801,000	\$4,739,000
5	LOW-INCOME SUBSIDY APPS. TREATED AS M/C APPS.	\$2,432,680	\$895,470	\$1,537,200
6	REFUGEES	\$6,531,000	\$0	\$6,531,000
7	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$1,150,000	\$575,000	\$575,000
10	NEW QUALIFIED ALIENS	\$0	-\$102,359,500	\$102,359,500
11	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$47,360,850	-\$47,360,850
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$19,874,650	-\$19,874,650
13	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATION	-\$792,330	-\$396,160	-\$396,160
	ELIGIBILITY SUBTOTAL	\$781,305,350	\$522,074,460	\$259,230,890
BENEFITS				
14	ADULT DAY HEALTH CARE - CDA	\$388,872,000	\$194,436,000	\$194,436,000
15	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,070,000	\$118,070,000	\$0
17	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$27,145,000	\$18,319,000
18	REINSTATEMENT OF OPTOMETRY SERVICES	\$209,020	\$104,510	\$104,510
19	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$1,376,790	\$1,099,260	\$277,530
23	QUALITY OF LIFE SURVEYS FOR MFP	\$35,690	\$35,690	\$0
24	INCREASED FEDERAL MATCHING FUNDS FOR FPACT	\$0	\$3,980,950	-\$3,980,950
25	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$104,650,000	-\$104,650,000
27	ADHC ONSITE TAR REVIEWS	-\$118,700	-\$59,350	-\$59,350
28	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$1,903,370	-\$951,690	-\$951,690
36	ELIMINATION OF ACETAMINOPHEN DRUGS	-\$1,828,000	-\$914,000	-\$914,000
143	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE!	-\$335,000	\$0	-\$335,000
223	COPAYMENT FOR DENTAL SERVICES	-\$4,653,000	-\$2,326,500	-\$2,326,500
	BENEFITS SUBTOTAL	\$545,189,430	\$445,269,870	\$99,919,560
PHARMACY				
30	FEDERAL DRUG REBATE CHANGE	\$39,702,000	\$0	\$39,702,000
31	UBL AND MAIC INJUNCTION	\$2,470,080	\$1,235,040	\$1,235,040
33	NON FFP DRUGS	\$0	-\$9,960,000	\$9,960,000
38	MEDI-CAL PHARMACY REFORMS	-\$5,350,560	-\$2,675,280	-\$2,675,280
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	-\$50,460,000	-\$43,446,000	-\$7,014,000
42	AGED AND DISPUTED DRUG REBATE RESOLUTIONS	-\$56,600,000	-\$31,955,200	-\$24,644,800
43	STATE SUPPLEMENTAL DRUG REBATES	-\$190,312,000	-\$95,452,000	-\$94,860,000
44	FEDERAL DRUG REBATE PROGRAM	-\$1,333,020,000	-\$668,584,000	-\$664,436,000

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<u>PHARMACY</u>				
150	LITIGATION SETTLEMENTS	-\$67,619,000	\$0	-\$67,619,000
	PHARMACY SUBTOTAL	-\$1,703,989,480	-\$874,037,440	-\$829,952,040
<u>MANAGED CARE</u>				
48	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$272,649,000	\$163,568,000	\$109,081,000
53	MATERNITY SUPPLEMENTAL PAYMENT	\$25,040,000	\$12,520,000	\$12,520,000
54	MANAGED CARE EXPANSION REGIONAL TWO-PLAN MOC	\$11,773,000	\$5,886,500	\$5,886,500
56	COURT-ORDERED MANAGED CARE RATE ADJUSTMENTS	\$2,990,000	\$1,495,000	\$1,495,000
60	INCREASE IN CAPITATION RATES FOR MCO TAX	\$6,926,000	\$4,135,000	\$2,791,000
64	FAMILY PLANNING INCREASED FED MATCHING FUNDS	\$0	\$14,347,000	-\$14,347,000
65	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
67	COVERAGE FOR FORMER AGNEWS RESIDENTS	-\$9,630,000	-\$4,815,000	-\$4,815,000
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
	MANAGED CARE SUBTOTAL	\$311,748,000	\$197,136,500	\$114,611,500
<u>PROVIDER RATES</u>				
29	HOSPITAL INPATIENT RATE FREEZE	-\$25,548,000	-\$15,254,000	-\$10,294,000
69	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCREASE	\$0	\$0	\$0
70	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$141,906,970	\$70,953,490	\$70,953,490
71	LTC RATE ADJUSTMENT	\$0	\$0	\$0
72	QUALITY AND ACCOUNTABILITY PAYMENTS PROGRAM	-\$4,250,000	\$0	-\$4,250,000
74	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$0	\$0	\$0
77	HOSPICE RATE INCREASES	\$292,750	\$146,380	\$146,370
79	REDUCTION TO RADIOLOGY RATES	-\$2,645,070	-\$1,322,540	-\$1,322,540
	PROVIDER RATES SUBTOTAL	\$109,756,650	\$54,523,320	\$55,233,320
<u>WAIVER--MH/UCD & BTR</u>				
68	BTR--MANDATORY SPD ENROLLMENT INTO MANAGED C	\$11,501,000	\$5,693,500	\$5,807,500
80	MH/UCD & BTR--DSH PAYMENT	\$1,740,752,000	\$1,138,913,000	\$601,839,000
81	MH/UCD & BTR--PRIVATE HOSPITAL DSH REPLACEMENT	\$450,887,000	\$225,443,500	\$225,443,500
82	MH/UCD & BTR--PRIVATE HOSPITAL SUPPLEMENTAL PA	\$322,692,000	\$161,346,000	\$161,346,000
83	MH/UCD--SAFETY NET CARE POOL	\$24,449,000	\$24,449,000	\$0
84	MH/UCD--HEALTH CARE COVERAGE INITIATIVE	\$70,553,000	\$70,553,000	\$0
85	MH/UCD--FEDERAL FLEX. & STABILIZATION-SNCP	\$228,850,000	\$228,850,000	\$0
86	MH/UCD & BTR--DPH PHYSICIAN & NON-PHYSICIAN COS	\$74,616,000	\$74,616,000	\$0
87	MH/UCD--STABILIZATION FUNDING	\$21,067,000	\$10,533,500	\$10,533,500
88	MH/UCD & BTR--CCS AND GHPP	\$166,185,000	\$166,185,000	\$0
89	MH/UCD--SOUTH LA PRESERVATION FUND	\$39,167,000	\$39,167,000	\$0
90	MH/UCD--DPH INTERIM & FINAL RECONS	\$4,165,000	\$4,165,000	\$0
91	MH/UCD & BTR--DPH INTERIM RATE GROWTH	\$0	\$0	\$0

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<u>WAIVER--MH/UCD & BTR</u>				
92	MH/UCD—DISTRESSED HOSPITAL FUND	\$8,272,000	\$4,136,000	\$4,136,000
93	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,616,000	\$2,808,000	\$2,808,000
94	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ARR/	\$0	\$0	\$0
95	MH/UCD—REDUCTION TO DPH SNCP BY 10%	\$0	\$1,820,000	-\$1,820,000
96	MH/UCD & BTR—BCCTP	\$0	\$2,136,000	-\$2,136,000
97	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$514,666,500	-\$514,666,500
98	MH/UCD & BTR—MIA-LTC	\$0	\$26,102,000	-\$26,102,000
218	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,006,880,000	\$591,607,000	\$415,273,000
219	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$306,550,000	\$306,550,000	\$0
220	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$139,898,000	\$139,898,000	\$0
222	BTR—SAFETY NET CARE POOL	\$503,137,000	\$503,137,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,125,237,000	\$4,242,775,000	\$882,462,000
<u>SUPPLEMENTAL PMNTS.</u>				
99	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,141,120,000	\$4,245,060,000	\$2,896,060,000
100	AB 1653 SUPPLEMENTAL PAYMENTS TO DPHS	\$420,000,000	\$420,000,000	\$0
101	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$21,705,000	\$21,705,000	\$0
102	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$295,087,000	\$295,087,000	\$0
103	IGT FOR NON-SB 1100 HOSPITALS	\$124,068,000	\$74,206,000	\$49,862,000
105	CAPITAL PROJECT DEBT REIMBURSEMENT	\$106,565,000	\$57,170,000	\$49,395,000
106	FFP FOR LOCAL TRAUMA CENTERS	\$93,158,000	\$55,713,000	\$37,445,000
107	CERTIFICATION PAYMENTS FOR DP-NFS	\$45,300,000	\$45,300,000	\$0
108	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$6,250,000
109	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
260	NDPH IGT SUPPLEMENTAL PAYMENTS	\$64,000,000	\$36,403,000	\$27,597,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,333,503,000	\$5,261,894,000	\$3,071,609,000
<u>OTHER</u>				
20	LANTERMAN REGIONAL CENTER DISALLOWANCE	\$1,390,000	\$0	\$1,390,000
117	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$111,555,000	\$111,555,000	\$0
118	ARRA-ADDITIONAL FFP FOR LOCAL MATCH	\$140,892,000	\$140,892,000	\$0
123	ARRA HITECH - PROVIDER PAYMENTS	\$43,625,000	\$43,625,000	\$0
125	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$30,082,720	\$17,962,760	\$12,119,960
126	HEALTHY FAMILIES - CDMH	\$40,559,000	\$40,559,000	\$0
127	MINOR CONSENT SETTLEMENT	\$7,989,000	\$0	\$7,989,000
128	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$5,222,000	\$2,611,000	\$2,611,000
136	ARRA-ADDITIONAL FFP FOR DHCS	\$0	\$2,706,419,000	-\$2,706,419,000
137	FY 2010-11 HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
138	MEDI-CAL COST CONTAINMENT STRATEGIES	\$0	\$0	\$0
139	NUVARING COST SHIFT	\$0	\$12,656,000	-\$12,656,000

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	OTHER			
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
146	ANTI-FRAUD INITIATIVE	-\$770,720	-\$385,360	-\$385,360
152	DELAY CHECKWRITE JUNE 2011 TO JULY 2011	\$0	\$0	\$0
154	MEDICARE PAYMENTS - PART D PHASED-DOWN ARRA	-\$311,669,000	\$0	-\$311,669,000
241	ACCELERATED PAYMENTS	\$1,071,028,000	\$662,502,000	\$408,526,000
255	RECOUPMENT OF MEDICARE PROVIDER OVERPAYMENT	-\$41,000,000	-\$20,500,000	-\$20,500,000
	OTHER SUBTOTAL	\$1,098,903,000	\$3,720,596,400	-\$2,621,693,400
	GRAND TOTAL	\$14,601,652,940	\$13,570,232,110	\$1,031,420,830

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