

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PACT PROGRAM	\$600,407,000	\$454,331,800	\$146,075,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$138,724,000	\$78,876,850	\$59,847,150
3	CHDP GATEWAY - PREENROLLMENT	\$10,615,000	\$5,685,050	\$4,929,950
4	BRIDGE TO HFP	\$4,828,000	\$3,138,200	\$1,689,800
6	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$3,686,000
7	REFUGEES	\$5,674,000	\$0	\$5,674,000
8	MEDI-CAL INPATIENT HOSP. COSTS FOR INMATES	\$6,628,000	\$6,628,000	\$0
9	LOMELI V. SHEWRY	\$426,430	\$213,220	\$213,220
10	250% WORKING DISABLED PROGRAM CHANGES	\$464,000	\$146,000	\$318,000
11	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$8,858,100	-\$8,858,100
12	NEW QUALIFIED ALIENS	\$0	-\$99,663,000	\$99,663,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$60,354,450	-\$60,354,450
14	PARIS - VETERANS MATCH	-\$742,000	-\$371,000	-\$371,000
15	PARIS-INTERSTATE AND PARIS-FEDERAL	-\$3,596,000	-\$1,798,000	-\$1,798,000
168	SHIFT OF HEALTHY FAMILIES CHILDREN TO MEDI-C/	\$524,475,000	\$340,908,750	\$183,566,250
	ELIGIBILITY SUBTOTAL	\$1,295,275,430	\$860,994,420	\$434,281,020
BENEFITS				
16	ADULT DAY HEALTH CARE - CDA	\$327,635,000	\$163,817,500	\$163,817,500
17	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$651,423,000	\$651,423,000	\$0
18	ADHC TRANSITION-BENEFITS	\$309,744,000	\$154,872,000	\$154,872,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$115,122,000	\$115,122,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,614,000	\$19,382,000	\$20,232,000
21	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$2,100,000	\$2,100,000	\$0
22	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$9,528,000	\$7,146,000	\$2,382,000
23	QUALITY OF LIFE SURVEYS FOR MFP	\$123,000	\$123,000	\$0
24	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$752,000	\$752,000	\$0
25	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$9,535,200	-\$9,535,200
26	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$92,041,950	-\$92,041,950
27	HEARING AID CAP	-\$764,000	-\$382,000	-\$382,000
28	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$105,190	\$0	-\$105,190
29	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$4,421,000	-\$2,210,500	-\$2,210,500
30	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$37,519,440	-\$18,759,720	-\$18,759,720
31	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$9,938,250	-\$4,969,130	-\$4,969,130
32	ELIMINATION OF OTC ACETAMINOPHEN DRUGS	-\$1,326,160	-\$663,080	-\$663,080
33	LIMIT ENTERAL NUTRITION TO TUBE FEEDING	-\$12,518,850	-\$6,259,420	-\$6,259,420
36	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$14,291,000	-\$7,145,500	-\$7,145,500
37	PHARMACY COPAYMENTS	-\$26,116,000	-\$13,058,000	-\$13,058,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
40	ELIMINATE ADHC SERVICES	-\$361,802,000	-\$180,901,000	-\$180,901,000
167	VALUE BASED PURCHASING	-\$150,000,000	-\$75,000,000	-\$75,000,000
	BENEFITS SUBTOTAL	\$837,239,110	\$906,966,300	-\$69,727,190
<u>PHARMACY</u>				
41	FEDERAL DRUG REBATE CHANGE	\$108,000,000	\$0	\$108,000,000
42	NON FFP DRUGS	\$0	-\$1,488,000	\$1,488,000
43	BCCTP DRUG REBATES	-\$14,000,000	-\$9,100,000	-\$4,900,000
44	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,715,000	-\$28,357,500	-\$28,357,500
45	MEDICAL SUPPLY REBATES	-\$24,900,000	-\$12,450,000	-\$12,450,000
46	AGED AND DISPUTED DRUG REBATES	-\$55,000,000	-\$27,570,000	-\$27,430,000
47	FAMILY PACT DRUG REBATES	-\$70,417,000	-\$61,203,700	-\$9,213,300
49	MANAGED CARE DRUG REBATES	-\$316,347,000	-\$158,173,500	-\$158,173,500
50	STATE SUPPLEMENTAL DRUG REBATES	-\$95,942,000	-\$48,093,400	-\$47,848,600
51	FEDERAL DRUG REBATE PROGRAM	-\$1,100,415,000	-\$551,611,500	-\$548,803,500
189	EPC FOR AVERAGE WHOLESALE PRICE FROZEN RA	\$22,214,000	\$11,107,000	\$11,107,000
191	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$4,444,050	\$2,222,030	\$2,222,030
	PHARMACY SUBTOTAL	-\$1,599,077,950	-\$884,718,570	-\$714,359,370
<u>MANAGED CARE</u>				
55	MANAGED CARE RATE RANGE IGTS	\$525,946,000	\$291,601,000	\$234,345,000
56	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$20,704,000	\$10,280,000	\$10,424,000
60	MANAGED CARE COST BASED REIMBURSEMENT CL	\$90,073,000	\$45,036,500	\$45,036,500
64	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
65	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$450,000,000
67	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$743,000	-\$371,500	-\$371,500
68	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
69	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
70	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
71	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
72	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$2,682,000	\$1,341,000	\$1,341,000
98	MANDATORY SPD ENROLLMENT INTO MANAGED CA	\$0	\$0	\$0
166	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,198,255,000	-\$599,127,500	-\$599,127,500
169	ANNUAL OPEN ENROLLMENT PERIOD	-\$7,135,000	-\$3,567,500	-\$3,567,500
170	FQHC PAYMENT REFORM	-\$55,660,000	-\$27,830,000	-\$27,830,000
172	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,818,000	-\$2,409,000	-\$2,409,000
173	ALIGN MANAGED CARE BENEFIT POLICIES	-\$96,406,000	-\$48,203,000	-\$48,203,000
174	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
176	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,360,000	-\$2,680,000	-\$2,680,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>MANAGED CARE</u>				
177	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$435,505,000	\$217,752,500	\$217,752,500
178	TRANSFER OF IHSS COSTS TO CDSS	\$495,430,000	\$0	\$495,430,000
180	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$1,103,963,000	\$331,822,500	\$772,140,500
<u>PROVIDER RATES</u>				
73	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$189,934,970	\$94,967,490	\$94,967,490
74	SB 90 NON-CONTRACT HOSPITAL RATE & PAYMENT	\$7,618,150	\$3,809,080	\$3,809,080
75	NF-B RATE CHANGES	\$101,472,000	\$50,736,000	\$50,736,000
76	LTC RATE ADJUSTMENT	\$49,325,240	\$24,662,620	\$24,662,620
77	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$74,049,000	\$37,024,500	\$37,024,500
78	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$9,665,190	\$4,832,590	\$4,832,590
79	AIR AMBULANCE MEDICAL TRANSPORTATION	\$24,044,000	\$12,022,000	\$12,022,000
80	HOSPICE RATE INCREASES	\$7,041,410	\$3,520,700	\$3,520,700
81	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$192,568,000	\$96,284,000	\$96,284,000
82	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$46,643,000	\$23,321,500	\$23,321,500
83	DENTAL RETROACTIVE RATE CHANGES	-\$9,107,000	-\$4,553,500	-\$4,553,500
84	SB 90 PRESERVING CONTRACT HOSPITALS	-\$10,583,130	-\$5,291,570	-\$5,291,570
85	REDUCTION TO RADIOLOGY RATES	-\$42,310,000	-\$21,155,000	-\$21,155,000
86	NON-AB 1629 LTC RATE FREEZE	-\$76,878,000	-\$38,439,000	-\$38,439,000
87	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$145,719,000	-\$72,859,500	-\$72,859,500
88	10% PROVIDER PAYMENT REDUCTION	-\$764,182,000	-\$382,091,000	-\$382,091,000
183	ACA - PAYMENTS TO PRIMARY CARE PHYSICIANS	\$372,992,000	\$334,247,500	\$38,744,500
198	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$112,696,000	-\$56,348,000	-\$56,348,000
	PROVIDER RATES SUBTOTAL	-\$86,122,170	\$104,690,420	-\$190,812,590
<u>WAIVER--MH/UCD & BTR</u>				
89	MH/UCD & BTR—DSH PAYMENT	\$1,719,634,000	\$1,122,643,000	\$596,991,000
90	BTR—DELIVERY SYSTEM REFORM INCENTIVE POOL	\$1,375,000,000	\$687,500,000	\$687,500,000
91	BTR—LOW INCOME HEALTH PROGRAM - MCE	\$2,325,678,000	\$1,743,814,000	\$581,864,000
92	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0
93	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$477,937,000	\$238,968,500	\$238,968,500
94	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$302,844,000	\$151,422,000	\$151,422,000
95	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$301,431,000	\$223,061,000	\$78,370,000
96	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
97	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$49,300,000	\$362,123,000	-\$312,823,000
99	MH/UCD & BTR—DPH PHYSICIAN & NON-PHYSICIAN	\$70,703,000	\$70,703,000	\$0
100	MH/UCD—DPH INTERIM & FINAL RECONS	\$159,300,000	\$159,300,000	\$0
102	MH/UCD—STABILIZATION FUNDING	\$105,756,000	\$47,215,000	\$58,541,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2012-13

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>WAIVER--MH/UCD & BTR</u>				
103	MH/UCD—SAFETY NET CARE POOL	\$42,735,000	\$42,735,000	\$0
104	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$75,223,000	\$75,223,000	\$0
105	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$5,000,000	\$5,000,000	\$0
106	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	-\$9,187,000	\$0
107	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,236,000	\$2,618,000	\$2,618,000
109	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$190,000,000	\$95,000,000	\$95,000,000
110	MH/UCD & BTR—MIA-LTC	\$0	\$14,493,000	-\$14,493,000
111	MH/UCD & BTR—BCCTP	\$0	\$988,000	-\$988,000
112	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP	\$0	\$0	\$0
113	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$449,298,500	-\$449,298,500
114	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$0	\$0	\$0
171	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$42,877,000
193	BTR - LIHP - HIV TRANSITION INCENTIVE PROGRAM	\$225,000,000	\$112,500,000	\$112,500,000
201	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$52,844,000	\$23,578,000	-\$76,422,000
202	NDPH SAFETY NET CARE POOL	\$30,000,000	\$30,000,000	\$0
203	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$60,000,000	\$30,000,000	\$30,000,000
204	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
205	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
207	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$200,000,000	-\$172,345,500	-\$27,654,500
210	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$100,000,000	-\$100,000,000
211	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$100,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$7,660,362,000	\$6,088,043,500	\$1,572,318,500
<u>SUPPLEMENTAL PMNTS.</u>				
115	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,827,754,000	\$3,865,927,000	\$3,961,827,000
116	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$195,000,000	\$195,000,000	\$0
117	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$173,507,000	\$173,507,000	\$0
118	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,214,000	\$65,870,500	\$45,343,500
119	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$175,073,000	\$175,073,000	\$0
120	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
121	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
122	FFP FOR LOCAL TRAUMA CENTERS	\$67,130,000	\$33,565,000	\$33,565,000
123	CERTIFICATION PAYMENTS FOR DP-NFS	\$32,000,000	\$32,000,000	\$0
124	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
125	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
126	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$4,000,000	\$4,000,000	\$0
185	GROUND EMT PAYMENT	\$218,645,000	\$218,645,000	\$0
208	HOSPITAL QAF PROGRAM CHANGES	-\$300,000,000	-\$150,000,000	-\$150,000,000

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

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2012-13**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
SUPPLEMENTAL PMNTS.				
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,692,323,000	\$4,707,587,500	\$3,984,735,500
OTHER				
133	ARRA HITECH - PROVIDER PAYMENTS	\$468,775,000	\$468,775,000	\$0
136	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$212,509,000	\$212,509,000	\$0
142	HEALTHY FAMILIES - CDMH	\$21,099,000	\$21,099,000	\$0
145	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$11,418,000	\$5,709,000	\$5,709,000
147	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$5,203,000	\$2,601,500	\$2,601,500
148	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
151	INDIAN HEALTH SERVICES	\$1,463,000	\$11,301,500	-\$9,838,500
152	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
153	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
155	CLPP FUNDS	\$0	\$0	\$0
156	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
157	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	\$0	-\$1,556,000
158	FI COST CONTAINMENT PROJECTS	-\$1,032,800	-\$516,400	-\$516,400
159	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$10,775,660	-\$5,387,830	-\$5,387,830
161	ANTI-FRAUD INITIATIVE	-\$1,118,000	-\$559,000	-\$559,000
162	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$20,000,000	-\$1,000,000	-\$19,000,000
165	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	-\$12,332,000	\$0	-\$12,332,000
179	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
181	AB 97 INJUNCTIONS	\$174,555,000	\$87,277,500	\$87,277,500
184	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA\	\$0	-\$6,227,000	\$6,227,000
190	COMMUNITY FIRST CHOICE OPTION	\$411,121,000	\$411,121,000	\$0
196	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0
209	TRIGGER CUTS TO CDSS FOR IHSS	-\$325,420,000	-\$325,420,000	\$0
	OTHER SUBTOTAL	\$945,338,540	\$875,283,270	\$70,055,270
	GRAND TOTAL	\$18,849,300,960	\$12,990,669,330	\$5,858,631,640

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