

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	\$598,091,000	\$448,435,700	\$149,655,300
2	TRANSITION OF HFP TO MEDI-CAL	\$244,519,000	\$158,937,350	\$85,581,650
3	BREAST AND CERVICAL CANCER TREATMENT	\$140,364,000	\$79,571,050	\$60,792,950
4	CHDP GATEWAY - PREENROLLMENT	\$13,886,000	\$9,025,900	\$4,860,100
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$9,149,000	\$9,149,000	\$0
6	BRIDGE TO HFP	\$7,212,000	\$4,687,800	\$2,524,200
7	REFUGEES	\$4,615,000	\$0	\$4,615,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$2,451,000	\$2,451,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$661,000	\$330,500	\$330,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$607,000	\$303,500	\$303,500
11	250% WORKING DISABLED PROGRAM CHANGES	\$493,500	\$161,870	\$331,630
12	LOMELI V. SHEWRY	\$85,930	\$42,970	\$42,970
13	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$9,127,400	-\$9,127,400
14	NEW QUALIFIED ALIENS	\$0	-\$64,317,000	\$64,317,000
15	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$44,850,150	-\$44,850,150
16	PARIS-FEDERAL	-\$388,000	-\$194,000	-\$194,000
17	PARIS - VETERANS MATCH	-\$866,510	-\$433,260	-\$433,260
18	PARIS-INTERSTATE	-\$3,569,000	-\$1,784,500	-\$1,784,500
	ELIGIBILITY SUBTOTAL	\$1,017,310,920	\$700,345,430	\$316,965,490
AFFORDABLE CARE ACT				
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$43,510	-\$21,750	-\$21,750
41	FEDERAL DRUG REBATE CHANGE	\$145,000,000	\$0	\$145,000,000
51	MANAGED CARE DRUG REBATES	-\$222,289,000	-\$111,144,500	-\$111,144,500
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$362,637,430	\$328,169,880	\$34,467,550
138	NF-B RATE CHANGES	\$89,838,450	\$44,919,220	\$44,919,220
173	COMMUNITY FIRST CHOICE OPTION	\$360,085,000	\$360,085,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$735,228,370	\$622,007,850	\$113,220,520
BENEFITS				
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$533,309,000	\$533,309,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,634,000	\$138,634,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$35,488,330	\$33,794,250	\$1,694,080
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$8,523,000	\$8,523,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$730,000	\$365,000	\$365,000
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$298,000	\$298,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$225,000	\$225,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$14,302,800	-\$14,302,800
32	ADHC TRANSITION-BENEFITS	-\$21,945,000	-\$10,972,500	-\$10,972,500
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$84,620,900	-\$84,620,900

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BENEFITS				
34	HEARING AID CAP	-\$741,820	-\$370,910	-\$370,910
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,927,560	-\$963,780	-\$963,780
36	CERVICAL CANCER SCREENING	-\$4,098,470	-\$2,049,230	-\$2,049,230
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$8,044,550	-\$4,022,270	-\$4,022,270
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$11,059,080	-\$5,529,540	-\$5,529,540
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$16,854,000	-\$8,427,000	-\$8,427,000
	BENEFITS SUBTOTAL	\$693,003,870	\$801,971,420	-\$108,967,550
PHARMACY				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$1,199,520	\$599,760	\$599,760
43	NON FFP DRUGS	\$0	-\$1,672,000	\$1,672,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$9,750,000	-\$5,250,000
45	MEDICAL SUPPLY REBATES	-\$22,722,000	-\$11,361,000	-\$11,361,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$39,543,750	-\$19,771,880	-\$19,771,880
47	FAMILY PACT DRUG REBATES	-\$70,090,000	-\$60,919,400	-\$9,170,600
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,566,400	-\$37,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$106,853,000	-\$53,520,900	-\$53,332,100
50	LITIGATION SETTLEMENTS	-\$220,307,000	\$0	-\$220,307,000
52	FEDERAL DRUG REBATE PROGRAM	-\$1,097,274,000	-\$605,607,000	-\$491,667,000
	PHARMACY SUBTOTAL	-\$1,645,590,230	-\$799,568,820	-\$846,021,420
DRUG MEDI-CAL				
58	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$7,017,000	-\$4,190,000	-\$2,827,000
	DRUG MEDI-CAL SUBTOTAL	-\$7,017,000	-\$4,190,000	-\$2,827,000
MENTAL HEALTH				
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$64,187,000	\$64,187,000	\$0
62	HEALTHY FAMILIES - SED	\$21,215,000	\$21,215,000	\$0
63	KATIE A. V. DIANA BONTA	\$9,785,000	\$9,785,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$8,297,000	\$8,297,000	\$0
65	SOLANO COUNTY	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$2,000,000	\$0
67	SPECIALTY MENTAL HEALTH LAWSUIT	\$370,000	\$190,000	\$180,000
68	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAID	\$0	-\$6,217,000	\$6,217,000
69	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
71	CHART REVIEW	-\$450,000	-\$450,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$26,634,000	-\$27,785,000	\$1,151,000
204	ELIMINATION OF STATE MAXIMUM RATES	\$90,494,000	\$90,494,000	\$0
	MENTAL HEALTH SUBTOTAL	\$172,033,000	\$158,485,000	\$13,548,000
WAIVER--MH/UCD & BTR				
73	BTR - LIHP - MCE	\$3,089,199,000	\$2,585,224,000	\$503,975,000

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WAIVER--MH/UCD & BTR				
74	MH/UCD & BTR—DSH PAYMENT	\$1,740,006,000	\$1,139,252,000	\$600,754,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,437,063,000	\$718,531,500	\$718,531,500
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$506,702,000	\$253,351,000	\$253,351,000
77	BTR—SAFETY NET CARE POOL	\$390,166,000	\$390,166,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$315,881,000	\$315,881,000	\$0
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$249,080,000	\$124,540,000	\$124,540,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$172,800,000	\$86,400,000	\$86,400,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$100,000,000	\$100,000,000	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PH'	\$98,709,000	\$98,709,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$98,006,000	\$35,325,000	\$62,681,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$81,545,000	\$81,545,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$80,000,000	\$40,000,000	\$40,000,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$72,462,000	\$72,462,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$55,000,000	\$27,500,000	\$27,500,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$48,440,000	\$24,220,000	\$24,220,000
90	MH/UCD—SAFETY NET CARE POOL	\$45,683,000	\$45,683,000	\$0
91	NDPH SAFETY NET CARE POOL	\$45,000,000	\$45,000,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$20,826,000	\$20,826,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	\$510,349,000	-\$493,199,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$5,252,000	\$2,626,000	\$2,626,000
95	MH/UCD—DISTRESSED HOSPITAL FUND	\$1,054,000	\$527,000	\$527,000
96	MH/UCD & BTR—MIA-LTC	\$0	\$14,493,000	-\$14,493,000
97	MH/UCD & BTR—BCCTP	\$0	\$988,000	-\$988,000
98	MH/UCD & BTR—DPH INTERIM RATE	\$0	\$453,592,500	-\$453,592,500
99	MH/UCD—FEDERAL FLEX. & STABILIZATION - SNCP ,	\$0	\$0	\$0
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$100,000,000	-\$100,000,000
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
103	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	-\$9,187,000	-\$9,187,000	\$0
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$77,800,000	\$18,030,000	-\$95,830,000
106	HOSPITAL STABILIZATION	-\$85,754,000	-\$42,877,000	-\$42,877,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$200,000,000	-\$200,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$8,294,487,000	\$7,087,261,000	\$1,207,226,000
MANAGED CARE				
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$900,000,000	\$450,000,000	\$450,000,000
112	MANAGED CARE RATE RANGE IGTS	\$533,935,000	\$299,597,000	\$234,338,000
114	RETRO MC RATE ADJUSTMENTS FOR FY 2011-12	\$388,718,000	\$194,359,000	\$194,359,000
116	MANAGED CARE COST BASED REIMBURSEMENT CL	\$110,417,000	\$55,208,500	\$55,208,500
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$11,896,000	\$6,710,000	\$5,186,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000

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POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
MANAGED CARE				
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FRI	-\$703,000	-\$351,500	-\$351,500
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$1,797,000	-\$898,500	-\$898,500
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$7,181,000	-\$3,590,500	-\$3,590,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$36,332,000	-\$18,166,000	-\$18,166,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$93,535,000	-\$46,767,500	-\$46,767,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$1,080,535,000	-\$540,267,500	-\$540,267,500
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$364,348,000	\$182,174,000	\$182,174,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
MANAGED CARE SUBTOTAL		\$1,091,231,000	\$578,007,000	\$513,224,000
PROVIDER RATES				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$186,465,910	\$93,232,960	\$93,232,960
139	10% PYMT REDUCTION RESTORATION FOR AB 1629	\$75,803,000	\$37,901,500	\$37,901,500
140	LTC RATE ADJUSTMENT	\$36,196,790	\$18,098,400	\$18,098,400
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCRI	\$35,989,220	\$17,994,610	\$17,994,610
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$23,523,000	\$11,762,000	\$11,761,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,557,250	\$2,778,630	\$2,778,630
144	HOSPICE RATE INCREASES	\$4,593,540	\$2,296,770	\$2,296,770
146	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	\$0
147	DENTAL RETROACTIVE RATE CHANGES	-\$4,197,000	-\$2,098,500	-\$2,098,500
148	LABORATORY RATE METHDOLOGY CHANGE	-\$6,396,840	-\$3,198,420	-\$3,198,420
149	REDUCTION TO RADIOLOGY RATES	-\$24,181,300	-\$12,090,650	-\$12,090,650
150	NON-AB 1629 LTC RATE FREEZE	-\$44,324,000	-\$22,162,000	-\$22,162,000
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$73,502,230	-\$36,751,120	-\$36,751,120
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$70,374,970	-\$35,187,490	-\$35,187,480
153	10% PROVIDER PAYMENT REDUCTION	-\$969,858,710	-\$484,929,360	-\$484,929,360
PROVIDER RATES SUBTOTAL		-\$824,706,340	-\$412,352,670	-\$412,353,670
SUPPLEMENTAL PMNTS.				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,990,981,000	\$3,946,666,000	\$4,044,315,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$218,418,000	\$218,418,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$126,800,000	\$63,400,000	\$63,400,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$120,000,000	\$120,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,976,000	\$66,122,000	\$45,854,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$58,782,000	\$58,782,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$30,000,000	\$15,000,000	\$15,000,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000

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**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.				
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,000,000	\$3,000,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$8,747,957,000	\$4,535,388,000	\$4,212,569,000
OTHER				
170	ARRA HITECH - PROVIDER PAYMENTS	\$605,750,000	\$605,750,000	\$0
171	AB 97 INJUNCTIONS	\$826,346,000	\$413,173,000	\$413,173,000
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$163,067,000	\$163,067,000	\$0
180	AUDIT SETTLEMENTS	\$14,471,000	\$0	\$14,471,000
181	CDDS DENTAL SERVICES	\$11,430,000	\$0	\$11,430,000
182	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$11,418,000	\$5,709,000	\$5,709,000
183	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$4,037,000	\$2,018,500	\$2,018,500
186	INDIAN HEALTH SERVICES	\$2,082,000	\$11,355,500	-\$9,273,500
188	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
189	CLPP FUNDS	\$0	\$0	\$0
190	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
191	FIRST 5 CALIFORNIA FUNDING	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$784,550	-\$392,280	-\$392,280
194	FI COST CONTAINMENT PROJECTS	-\$1,520,000	-\$760,000	-\$760,000
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$1,556,000	\$0	-\$1,556,000
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$200,000	-\$3,800,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$4,918,990	-\$2,459,500	-\$2,459,500
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$6,361,500
201	3.6% IHSS REDUCTION	-\$50,212,000	-\$50,212,000	\$0
	OTHER SUBTOTAL	\$1,562,886,460	\$1,140,687,730	\$422,198,730
	GRAND TOTAL	\$19,836,824,050	\$14,408,041,940	\$5,428,782,110

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