

**SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2013-14**

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<u>ELIGIBILITY</u>				
1	FAMILY PACT PROGRAM	\$617,121,000	\$462,704,100	\$154,416,900
2	TRANSITION OF HFP TO MEDI-CAL	\$1,088,132,000	\$707,285,800	\$380,846,200
3	BREAST AND CERVICAL CANCER TREATMENT	\$143,082,000	\$81,034,200	\$62,047,800
4	CHDP GATEWAY - PREENROLLMENT	\$14,178,000	\$9,215,700	\$4,962,300
5	MEDI-CAL INPATIENT HOSP. COSTS - ADULT INMATE	\$14,024,000	\$14,024,000	\$0
7	REFUGEES	\$5,540,000	\$0	\$5,540,000
8	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$4,901,000	\$4,901,000	\$0
9	MCHA VS. DHCS AND MRMIB	\$511,000	\$255,500	\$255,500
10	LANTERMAN DEVELOPMENTAL CENTER CLOSURE	\$7,372,000	\$3,686,000	\$3,686,000
11	250% WORKING DISABLED PROGRAM CHANGES	\$249,660	\$81,760	\$167,910
12	LOMELI V. SHEWRY	\$0	\$0	\$0
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	\$46,071,000	-\$46,071,000
16	PARIS-FEDERAL	-\$665,000	-\$332,500	-\$332,500
17	PARIS - VETERANS MATCH	-\$1,038,700	-\$519,350	-\$519,350
18	PARIS-INTERSTATE	-\$2,948,000	-\$1,474,000	-\$1,474,000
	ELIGIBILITY SUBTOTAL	\$1,890,458,970	\$1,271,743,610	\$618,715,360
<u>AFFORDABLE CARE ACT</u>				
19	PRIVATE DSH REPLACEMENT PAYMENT REDUCTION	-\$31,982,000	-\$15,991,000	-\$15,991,000
20	DISPROPORTIONATE SHARE HOSPITAL REDUCTION	-\$69,381,000	-\$45,368,000	-\$24,013,000
21	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$397,380	-\$198,690	-\$198,690
51	MANAGED CARE DRUG REBATES	-\$547,807,000	-\$273,903,500	-\$273,903,500
136	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$855,730,600	\$779,031,990	\$76,698,610
138	NF-B RATE CHANGES	\$188,846,780	\$94,423,390	\$94,423,390
173	COMMUNITY FIRST CHOICE OPTION	\$114,806,000	\$114,806,000	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$509,816,000	\$652,800,190	-\$142,984,190
<u>BENEFITS</u>				
22	ADDITIONAL SERVICES FOR HCBS CLIENTS	\$305,446,000	\$305,446,000	\$0
23	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$140,530,000	\$140,530,000	\$0
24	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$20,232,000
25	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$45,308,380	\$37,161,620	\$8,146,760
26	MFP FUNDING TO CDDS AND CDSS FOR CCT	\$4,227,000	\$4,227,000	\$0
27	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCF	\$7,277,000	\$3,638,500	\$3,638,500
28	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$3,038,000	\$3,038,000	\$0
29	QUALITY OF LIFE SURVEYS FOR MFP	\$251,000	\$251,000	\$0
30	FAMILY PACT RETROACTIVE ELIGIBILITY	\$3,000	\$2,700	\$300

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<u>BENEFITS</u>				
31	INCREASED FEDERAL MATCHING FUNDS FOR FPAC	\$0	\$4,767,600	-\$4,767,600
32	ADHC TRANSITION-BENEFITS	-\$60,286,000	-\$30,143,000	-\$30,143,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$87,932,650	-\$87,932,650
34	HEARING AID CAP	-\$795,000	-\$397,500	-\$397,500
35	ELIMINATION OF OTC COUGH AND COLD PRODUCTS	-\$1,357,970	-\$678,980	-\$678,980
36	CERVICAL CANCER SCREENING	-\$12,056,210	-\$6,028,100	-\$6,028,100
37	PHYSICIAN AND CLINIC SEVEN VISIT SOFT CAP	-\$22,575,250	-\$11,287,620	-\$11,287,620
38	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$42,622,540	-\$21,311,270	-\$21,311,270
39	COPAYMENT FOR NON-EMERGENCY ER VISITS	-\$33,707,000	-\$16,853,500	-\$16,853,500
	BENEFITS SUBTOTAL	\$373,144,420	\$520,527,090	-\$147,382,670
<u>PHARMACY</u>				
42	KALYDECO FOR TREATMENT OF CYSTIC FIBROSIS	\$219,360	\$109,680	\$109,680
43	NON FFP DRUGS	\$0	-\$1,683,000	\$1,683,000
44	BCCTP DRUG REBATES	-\$15,000,000	-\$9,750,000	-\$5,250,000
45	MEDICAL SUPPLY REBATES	-\$19,476,000	-\$9,738,000	-\$9,738,000
46	PHYSICIAN-ADMINISTERED DRUG REIMBURSEMENT	-\$56,943,000	-\$28,471,500	-\$28,471,500
47	FAMILY PACT DRUG REBATES	-\$76,370,000	-\$66,377,800	-\$9,992,200
48	AGED AND DISPUTED DRUG REBATES	-\$75,000,000	-\$37,566,400	-\$37,433,600
49	STATE SUPPLEMENTAL DRUG REBATES	-\$112,709,000	-\$56,454,100	-\$56,254,900
52	FEDERAL DRUG REBATE PROGRAM	-\$1,157,416,000	-\$635,731,200	-\$521,684,800
	PHARMACY SUBTOTAL	-\$1,512,694,640	-\$845,662,320	-\$667,032,320
<u>DRUG MEDI-CAL</u>				
58	ANNUAL RATE ADJUSTMENT	-\$1,723,000	-\$1,723,000	\$0
59	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	-\$3,508,000	-\$3,508,000	\$0
	DRUG MEDI-CAL SUBTOTAL	-\$5,231,000	-\$5,231,000	\$0
<u>MENTAL HEALTH</u>				
61	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$232,861,000	\$232,861,000	\$0
62	HEALTHY FAMILIES - SED	\$20,417,000	\$20,417,000	\$0
63	KATIE A. V. DIANA BONTA	\$23,161,000	\$23,161,000	\$0
64	TRANSITION OF HFP - SMH SERVICES	\$33,500,000	\$33,500,000	\$0
65	SOLANO COUNTY	\$2,769,000	\$2,769,000	\$0
66	OVER ONE-YEAR CLAIMS	\$2,000,000	\$2,000,000	\$0
69	IMD ANCILLARY SERVICES	\$0	-\$6,000,000	\$6,000,000
70	REIMBURSEMENT IN IMD ANCILLARY SERVICES CO:	-\$12,000,000	\$0	-\$12,000,000
71	CHART REVIEW	-\$450,000	-\$450,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$65,939,000	-\$105,200,000	\$39,261,000

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	<u>MENTAL HEALTH</u>			
204	ELIMINATION OF STATE MAXIMUM RATES	\$124,484,000	\$124,484,000	\$0
	MENTAL HEALTH SUBTOTAL	\$360,803,000	\$327,542,000	\$33,261,000
	<u>WAIVER--MH/UCD & BTR</u>			
73	BTR - LIHP - MCE	\$1,365,003,000	\$1,131,692,000	\$233,311,000
74	MH/UCD & BTR—DSH PAYMENT	\$1,731,652,000	\$1,132,152,000	\$599,500,000
75	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE	\$1,400,000,000	\$700,000,000	\$700,000,000
76	MH/UCD & BTR—PRIVATE HOSPITAL DSH REPLACEM	\$541,279,000	\$270,639,500	\$270,639,500
77	BTR—SAFETY NET CARE POOL	\$317,250,000	\$317,250,000	\$0
78	BTR—LOW INCOME HEALTH PROGRAM - HCCI	\$67,429,000	\$67,429,000	\$0
79	MH/UCD & BTR—PRIVATE HOSPITAL SUPPLEMENTA	\$213,000,000	\$106,500,000	\$106,500,000
80	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$259,200,000	\$129,600,000	\$129,600,000
81	BTR—INCREASE SAFETY NET CARE POOL	\$5,000,000	\$5,000,000	\$0
82	MH/UCD & BTR—DPH & NDPH PHYSICIAN & NON-PH'	\$97,450,000	\$97,450,000	\$0
83	MH/UCD—STABILIZATION FUNDING	\$9,473,000	\$0	\$9,473,000
84	MH/UCD—DPH INTERIM & FINAL RECONS	\$227,400,000	\$227,400,000	\$0
85	NDPH DELIVERY SYSTEM REFORM INCENTIVE POOL	\$125,000,000	\$62,500,000	\$62,500,000
86	BTR — LIHP INPATIENT HOSP. COSTS FOR CDCR INI	\$31,056,000	\$31,056,000	\$0
87	MH/UCD & BTR—CCS AND GHPP	\$71,004,000	\$71,004,000	\$0
88	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$110,000,000	\$55,000,000	\$55,000,000
89	MH/UCD & BTR—DPH INTERIM RATE GROWTH	\$95,132,000	\$47,566,000	\$47,566,000
90	MH/UCD—SAFETY NET CARE POOL	\$147,683,000	\$147,683,000	\$0
91	NDPH SAFETY NET CARE POOL	\$50,000,000	\$50,000,000	\$0
92	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$31,467,000	\$31,467,000	\$0
93	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$17,150,000	\$294,262,000	-\$277,112,000
94	MH/UCD & BTR—NDPH SUPPLEMENTAL PAYMENT	\$3,803,000	\$1,901,500	\$1,901,500
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	\$495,210,000	-\$495,210,000
100	BTR—INCREASE DESIGNATED STATE HEALTH PROC	\$0	\$5,000,000	-\$5,000,000
101	DRG - INPATIENT HOSPITAL PAYMENT METHODOLO	-\$118,025,880	-\$59,012,940	-\$59,012,940
102	ELIMINATE NDPH SUPPLEMENTAL PAYMENT	-\$3,800,000	-\$1,900,000	-\$1,900,000
104	ELIMINATE NDPH IGT SUPPLEMENTAL PAYMENTS	-\$70,000,000	-\$35,000,000	-\$35,000,000
105	NDPH IP FFS PAYMENT METHODOLOGY CHANGE	-\$70,740,000	\$25,090,000	-\$95,830,000
107	BTR—HEALTH CARE COVERAGE INITIATIVE ROLLOV	-\$10,000,000	-\$10,000,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$6,643,865,120	\$5,412,420,060	\$1,231,445,060
	<u>MANAGED CARE</u>			
111	MANAGED CARE PUBLIC HOSPITAL IGTS	\$554,000,000	\$277,000,000	\$277,000,000

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<u>MANAGED CARE</u>				
112	MANAGED CARE RATE RANGE IGTS	\$458,062,000	\$237,055,000	\$221,007,000
113	TRANSFER OF IHSS COSTS TO CDSS	\$1,021,648,000	\$0	\$1,021,648,000
116	MANAGED CARE COST BASED REIMBURSEMENT CL	\$75,000,000	\$37,500,000	\$37,500,000
120	INCREASE IN CAPITATION RATES FOR GROSS PREM	\$5,193,000	\$2,639,000	\$2,554,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
123	CAPITATED RATE ADJUSTMENT FOR FY 2013-14	\$344,811,000	\$172,405,500	\$172,405,500
125	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
126	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0
127	FUNDING ADJUSTMENT OF GROSS PREMIUM TAX T	\$0	\$0	\$0
128	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
129	SCAN TRANSITION TO MANAGED CARE	\$0	\$0	\$0
130	DISCONTINUE UNDOCUMENTED BENEFICIARIES FR	-\$185,000	-\$92,500	-\$92,500
131	MANAGED CARE DEFAULT ASSIGNMENT	-\$4,531,000	-\$2,265,500	-\$2,265,500
132	MANAGED CARE EXPANSION TO RURAL COUNTIES	-\$5,463,000	-\$2,731,500	-\$2,731,500
133	POTENTIALLY PREVENTABLE ADMISSIONS	-\$39,634,000	-\$19,817,000	-\$19,817,000
134	ALIGN MANAGED CARE BENEFIT POLICIES	-\$2,815,000	-\$1,407,500	-\$1,407,500
135	TRANSITION OF DUAL ELIGIBLES-LONG TERM CARE	-\$2,675,216,000	-\$1,337,608,000	-\$1,337,608,000
207	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION	\$484,718,000	\$242,359,000	\$242,359,000
208	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTME	\$0	\$0	\$0
209	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0
212	STABLE ENROLLMENT PROGRAM	-\$2,000,000	-\$1,000,000	-\$1,000,000
213	MANAGED CARE EFFICIENCIES	-\$269,282,000	-\$134,641,000	-\$134,641,000
214	TRANSITION OF DUAL ELIGIBLES-MANAGED CARE P	\$3,392,180,000	\$1,725,690,000	\$1,666,490,000
215	CCI-IHSS FUNDING ADJUSTMENT	\$0	\$1,049,000	-\$1,049,000
	MANAGED CARE SUBTOTAL	\$3,338,486,000	\$1,196,134,500	\$2,142,351,500
<u>PROVIDER RATES</u>				
137	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$196,199,530	\$98,099,760	\$98,099,760
140	LTC RATE ADJUSTMENT	\$64,231,780	\$32,115,890	\$32,115,890
141	AB 1629 RATE ADJUSTMENTS DUE TO QA FEE INCR	\$42,624,000	\$21,312,000	\$21,312,000
142	AIR AMBULANCE MEDICAL TRANSPORTATION	\$14,803,000	\$7,401,000	\$7,402,000
143	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$15,777,410	\$7,888,710	\$7,888,710
144	HOSPICE RATE INCREASES	\$11,296,800	\$5,648,400	\$5,648,400
145	QUALITY AND ACCOUNTABILITY PAYMENTS PROGR	\$41,402,000	\$20,701,000	\$20,701,000
146	SB 90 PRESERVING CONTRACT HOSPITALS	\$0	\$0	\$0
148	LABORATORY RATE METHDOLOGY CHANGE	-\$24,922,380	-\$12,461,190	-\$12,461,190
149	REDUCTION TO RADIOLOGY RATES	-\$49,696,020	-\$24,848,010	-\$24,848,010
150	NON-AB 1629 LTC RATE FREEZE	-\$101,111,000	-\$50,555,500	-\$50,555,500

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<u>PROVIDER RATES</u>				
151	ELIMINATE 2012-13 RATE INCREASE & SUPP. PAYME	-\$81,088,000	-\$40,544,000	-\$40,544,000
152	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$77,083,280	-\$38,541,640	-\$38,541,640
153	10% PROVIDER PAYMENT REDUCTION	-\$976,868,350	-\$488,434,180	-\$488,434,180
	PROVIDER RATES SUBTOTAL	-\$924,434,520	-\$462,217,760	-\$462,216,760
<u>SUPPLEMENTAL PMNTS.</u>				
154	HOSPITAL QAF - HOSPITAL PAYMENTS	\$3,420,421,000	\$1,689,285,000	\$1,731,136,000
155	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$205,995,000	\$205,995,000	\$0
156	FFP FOR LOCAL TRAUMA CENTERS	\$77,200,000	\$38,600,000	\$38,600,000
157	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$261,000,000	\$261,000,000	\$0
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$112,557,000	\$66,514,000	\$46,043,000
159	NDPH IGT SUPPLEMENTAL PAYMENTS	\$70,000,000	\$35,000,000	\$35,000,000
160	CERTIFICATION PAYMENTS FOR DP-NFS	\$38,444,000	\$38,444,000	\$0
161	IGT FOR NON-SB 1100 HOSPITALS	\$20,000,000	\$10,000,000	\$10,000,000
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
164	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,000,000	\$3,000,000	\$0
165	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$298,645,000	\$298,645,000	\$0
203	HOSPITAL QAF PROGRAM CHANGES	\$0	\$0	\$0
206	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$2,577,306,000	\$1,273,253,000	\$1,304,053,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$7,102,568,000	\$3,928,736,000	\$3,173,832,000
<u>OTHER</u>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$395,625,000	\$395,625,000	\$0
171	AB 97 INJUNCTIONS	-\$21,475,000	-\$10,737,500	-\$10,737,500
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$66,483,000	\$66,483,000	\$0
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	\$2,348,000	\$1,174,000	\$1,174,000
186	INDIAN HEALTH SERVICES	\$1,766,000	\$11,040,000	-\$9,274,000
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
192	TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
193	OPERATIONAL FLEXIBILITIES	-\$2,198,950	-\$1,099,480	-\$1,099,480
195	OVERPAYMENTS - INTEREST RATE CHANGE	-\$3,112,000	\$0	-\$3,112,000
196	MEDICARE BUY-IN QUALITY REVIEW PROJECT	-\$4,000,000	-\$200,000	-\$3,800,000
197	ANTI-FRAUD ACTIVITIES FOR PHARMACY AND PHYS	-\$8,698,150	-\$4,349,080	-\$4,349,080
198	TRANSITION OF DUAL ELIGIBLES - MEDICARE SAVIN	-\$62,931,000	\$0	-\$62,931,000

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	<u>OTHER</u>			
199	FQHC/RHC AUDIT STAFFING	-\$12,723,000	-\$6,361,500	-\$6,361,500
200	REDUCTION IN IHSS AUTHORIZED HOURS	-\$122,499,000	-\$122,499,000	\$0
201	3.6% IHSS REDUCTION	-\$16,631,000	-\$16,631,000	\$0
205	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
	OTHER SUBTOTAL	\$234,801,900	\$318,153,450	-\$83,351,550
	GRAND TOTAL	\$18,011,583,240	\$12,314,945,810	\$5,696,637,430