



Medi-Cal Provider Payment Reductions

(General Fund In Thousands)

June 12, 2008

Agenda Page	Issues	Governor	Difference From Governor		(S)/(A) Difference	LAO Recommendation	
			Senate ^a	Assembly		House	Amount
219	Fee For Service (FFS) Providers (excluding pharmacy)	-\$172,514	\$86,257	\$158,320 ^b	\$72,063	A	\$158,320
220	FFS Pharmacy	-152,694	76,347	70,070 ^c	-6,277	A	70,070
221	Long Term Care Rates	-49,234	24,617	22,590 ^c	-2,027	A	22,590
222	Pediatric Sub Acute ^d	-1,768	884	1,768 ^f	884	A	1,768
223	Managed Care	-198,496	99,248	92,570 ^e	-6,678	A	92,570
224	Breast and Cervical Cancer Treatment Program Provider Payments	-1,168	584	1,168 ^f	584	A	1,168
Totals		-\$575,874	\$287,937	\$346,486	\$58,549		\$346,486

^a Restored one-half of 10 percent payment reduction.
^b Restored most of 10 percent payment reduction.
^c Restored slightly less than one-half of 10 percent payment reduction.
^d This was not included in ABX3 5.
^e Restored the actuarial equivalent of payment reductions for all providers except noncontract hospitals.
^f Restored full 10 percent payment reduction.