



# Medi-Cal Access to Care Quarterly Monitoring Report #5 2012 Quarter 4



## Physician Supply

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## Medi-Cal Physician Supply

### Introduction

Physician availability is an important first step in accessing health care, increasing the likelihood that patients receive preventive services and timely referrals to needed care. Studies have reported that a higher supply of primary care physicians is associated with lower mortality rates, longer life expectancy, and better birth outcomes.

#### Highlights

Physician supply should not be used as the sole metric in assessing the adequacy of health care access; rather it must be combined with other access-related metrics to derive a holistic view of access.

Overall findings indicate that the statewide supply of physicians potentially available to beneficiaries eligible for Medi-Cal only and entitled to full scope health care services and participating in FFS continued to grow modestly.

Site-specific physician counts increased 2.2% from 105,608 to 107,896.

Site-specific primary care physician counts increased 2.0% from 39,426 to 40,220.

Site-specific OB/GYN physician counts remained relatively flat at 6,292.

Site-specific pediatrician counts increased 2.1%, from 10,779 to 11,001.

Consequently, physicians have been described as the epicenter of health care delivery, providing patients with a gateway into the health system and affecting how 90% of all health care dollars are spent.

Physician supply provides a measure of the number of physicians who are “potential” care providers, but does not represent the number of providers who are actively rendering care. Evaluating physician supply is designed to provide decision makers with a sense of whether Medi-Cal’s network of physicians is decreasing, increasing, or remaining stable over time. In addition, a system’s provider supply can also be evaluated by geographic region, allowing those charged with maintaining an adequate network to assess differences throughout the state. Significant changes in the supply of physicians combined with other information may provide insight into various aspects of health care access. Long-term trends may help decisionmakers evaluate policies that may be inhibiting physician supply.

The counts of physicians in this report represent physician supply, or the number of physicians potentially available to provide services to Medi-Cal beneficiaries. The term physician supply is not to be confused with the concept of physician participation.

The concept of physician supply is prospective. It is a measure that reports the number of physicians who enrolled and were potentially available to provide services. The concept of physician participation is retrospective. It reports the number of physicians who actually provided or rendered services to Medi-Cal beneficiaries as measured from paid claims data.

Readers should be aware that “physician supply” does not represent, in and of itself, a metric that can be used to assess the adequacy of health care access. Rather, it must be combined with an assessment of other access-related metrics to derive a holistic view of access.

In previous versions of the Access Quarterly Report, a beneficiary-to-provider ratio was calculated to reflect the number of beneficiaries enrolled under the FFS delivery of care model who have Medi-Cal only coverage for every provider. This metric has since been replaced with a simple calculation of the site-specific number of providers enrolled in the program. Site-specific physician counts are a systemwide metric designed to alert DHCS management of changes in the number of providers and provider sites over time. Much like an internal control, this metric was designed to identify systemwide trends that may adversely impact access to health care services in the future. Continuously monitoring these trends provides useful early warning signs that adverse changes may be materializing or that the supply of physicians has been stable over time.

## Methods

### Physician Enrollment Status

Physician supply metrics are based on those physicians who have gone through the Medi-Cal provider application and enrollment process<sup>1</sup> and who have a current “Active” (Billing) or “Indirect” (Rendering) enrollment status for the period reported. Physicians with an “Active” status directly bill Medi-Cal. Physicians with an “Indirect/Rendering” status render services on behalf of a medical group or clinic that bills for the services rendered.

Physicians who want to treat Medi-Cal beneficiaries must apply for a Medi-Cal provider number. Applications are reviewed and processed in accordance with Medi-Cal provider enrollment statutes. The review of a physician's application package is a complex process that requires assessment of many elements of the application, including a review of the required supporting documentation, to determine eligibility for enrollment into the Medi-Cal program. DHCS may conduct a background check of an applicant for the purpose of verifying information. This background check may include an unannounced onsite inspection, a review of business records, and data searches to ensure that the applicant or provider meets enrollment criteria.<sup>2,3</sup>

### Data Source

The Medi-Cal Provider Master Enrollment File (PMF) was used as the primary data source for measuring physician supply. Physicians were identified in the PMF as providers with a provider type of “026” (physician). Primary care physicians were identified using the primary care indicator on the PMF and selecting from a narrow range of specialty areas: General Medicine, Family Practice, Gynecology, Obstetrics, Geriatrics, Internal Medicine, Pediatrics, and Clinics with mixed specialties.

Quarterly counts are presented in this report, based on the first month of each quarter. Only physicians enrolled and coded with a valid California county were included. The PMF presents providers in one of these enrollment statuses: 1-Active, 2-Inactive, 3-Pending, 4-Deceased, 5-Rejected, 6-Suspended, 7-Indirect/Rendering, or 9-Temp Suspension. This report presents only counts of physicians that have a current “Active” (Billing) or “Indirect” (Rendering) enrollment status for the period reported.

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<sup>1</sup> “Provider Enrollment Regulations, California Code of Regulations, Title 22, Division 3; URL: [https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/05enrollment\\_regulations.pdf](https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/05enrollment_regulations.pdf)

<sup>2</sup> “Medi-Cal Provider Enrollment, Frequently Asked Questions,” URL: <http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx>

<sup>3</sup> Medi-Cal Provider Agreement DHCS 6208 form; URL: <https://files.medi-cal.ca.gov/pubsdoco/forms.asp>

### **How Are Physicians Counted?**

There are various ways to count physicians, each of which produces different totals. Physicians can be counted as the:

- Number of distinct individual physicians or physician groups;
- Number of physicians at distinct service locations; and
- Number of physicians at distinct service locations providing specific categories of service.

Some physicians may practice at multiple sites or locations. For the purpose of evaluating beneficiary access to care using physician counts, the last method is most appropriate, since geographic accessibility and appropriateness of care are two major elements of access. The reporting unit for physicians in this report is the unique combination of the physician provider ID, physician location identifier, and physician type. For individual physicians, the provider ID number is their license number as reported to the Medical Board of California. All other providers, including physician groups, are traced back to their original provider number, usually to one that predates the onset of the National Provider ID (NPI).

This method is necessary in order to avoid double-counting physicians who have successfully applied for multiple NPI's, a common occurrence that has a cumulative effect over time.

However, counting distinct physicians in combination with their location may overstate physician supply in some cases. For example, if a physician practices in one office location two days per week, and another office location the remainder of the week, but both offices are located within Sacramento County, the physician will be represented as two full-time equivalent physicians in the tables presented in this report. This scenario only modestly inflates overall as well as county-specific Medi-Cal physician supply in this report by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

## Results–Physician Supply

The following tables report the number of physicians, primary care physicians, and other physician specialists. The tables cover four consecutive quarters from the first quarter of 2012 to the fourth quarter of 2012 and indicate the magnitude of change over this period

You can view county-level details in tables PS-6 to PS-10 in the [Appendix](#).

**Table PS-1. Summary and Description of Physician Supply Tables**

Table	Description
Table PS-2	All Enrolled Physicians with an Active or Indirect status at a given location. Includes both Primary Care and Specialty physicians.
Table PS-3	All Enrolled <b>Primary Care</b> Physicians with an Active or Indirect status at a given location. Primary Care Physicians include those with specialties listed as General Medicine, Family Practice, Gynecology, Obstetrics, Geriatrics, Internal Medicine, Pediatrics, and Clinics with mixed specialties.
Table PS-4	All Physicians with an <b>OB/GYN</b> Specialty and an Active or Indirect status at a given location.
Table PS-5	All Physicians with a <b>Pediatrics</b> Specialty and an Active or Indirect status at a given location.

DHCS calculated site-specific physician counts both by county and by plan model type in order to detect changes over the four quarters and to discern differences between counties and between plan model types. Plan model type is determined by county of enrollment. [Figure PS-1](#) shows the distribution of plan model types by county.

[Table PS-2](#) includes site-specific counts of all enrolled physicians identified in the Provider Master File. [Table PS-3](#), [Table PS-4](#), and [Table PS-5](#) include only those physicians identified in the Provider Master File within a given specialty area.

Overall, the 28 primarily rural FFS counties have fewer physicians. This finding is consistent with other research and survey data that has reported that rural areas are also frequently health provider shortage areas. [Figure PS-2](#) displays the location of areas designated as primary care Health Provider Shortage Areas in California.

Figure PS-1. Health Plan Models by County, September 2012

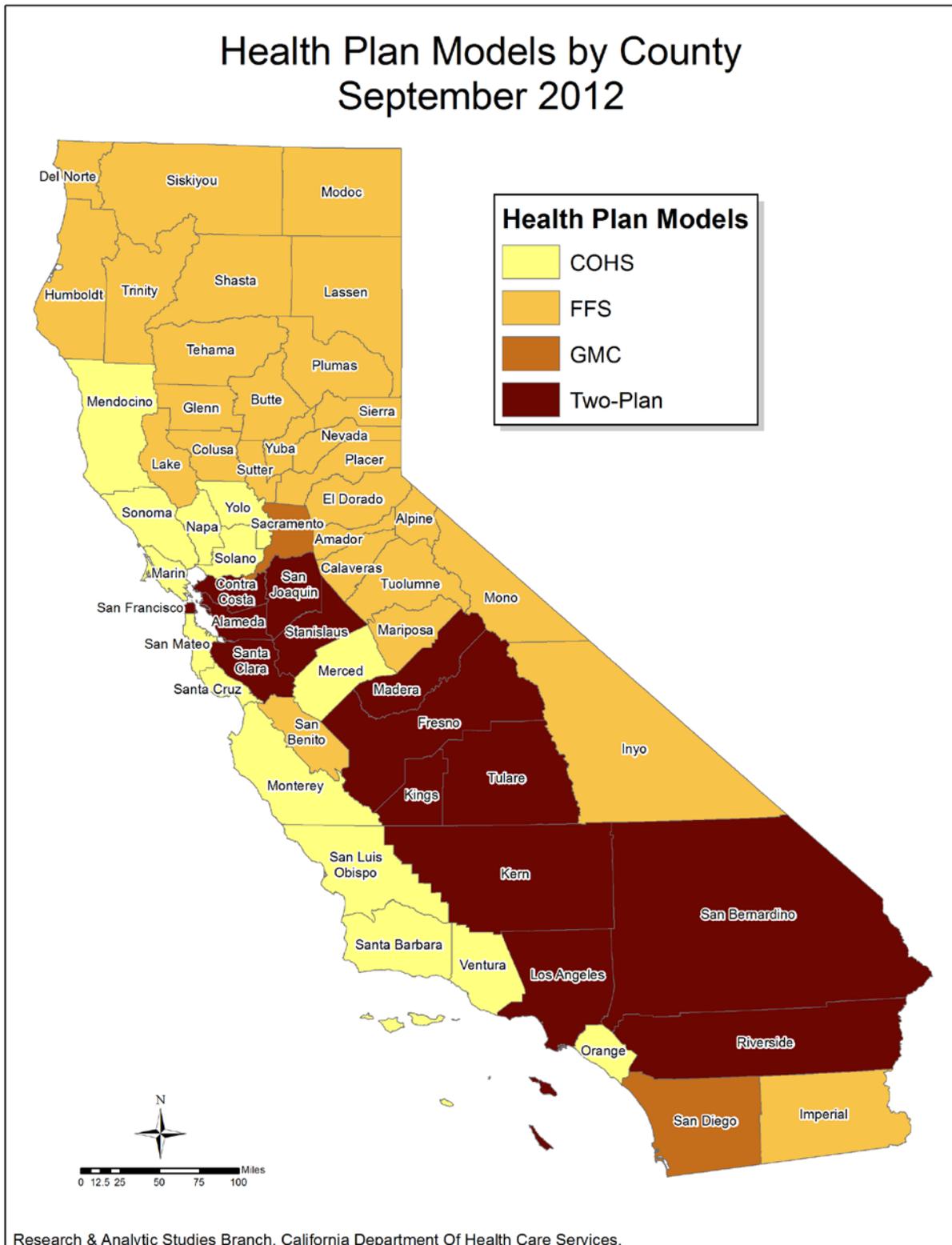
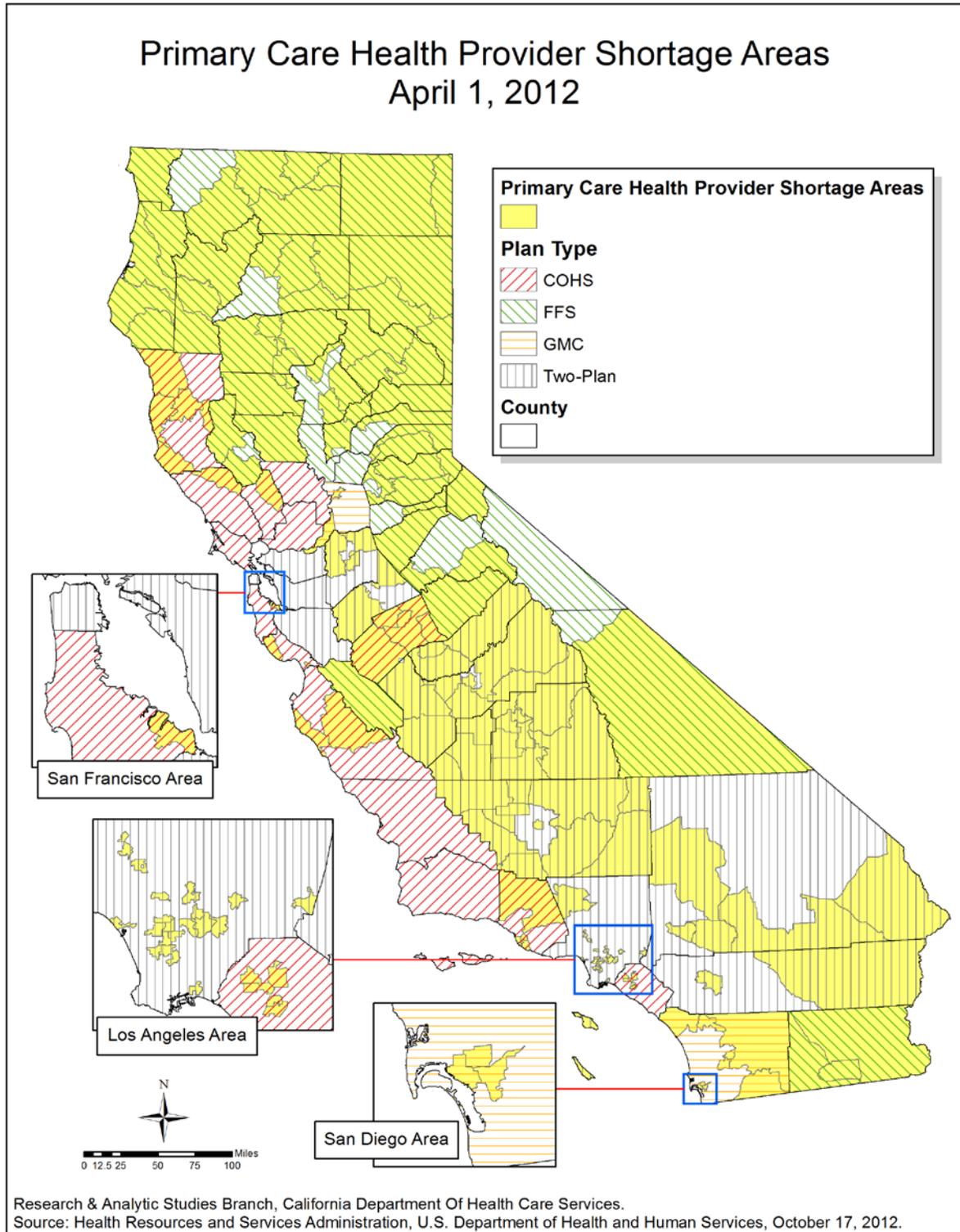


Figure PS-2. Primary Care Health Provider Shortage Areas, April 2012\*



\*Data identifying health provider shortage areas are from the Health Resources and Services Administration as of April 2012.

## Number of Physicians

Table PS-2 presents site-specific counts of all enrolled physicians by county plan model type. Site-specific physician counts statewide increased from 105,608 to 107,896, or 2.2%.

Physician counts by Plan Type showed increases ranging from 1.6% for County Organized Health System (COHS) counties to 2.4% for Geographic Managed Care (GMC) counties. Average counts for counties over the four quarters ranged from as few as two in Alpine County and fewer than 20 in four other counties, to as high as 29,390 in Los Angeles County (see Table PS-6 in the [Appendix](#) for county level detail). Figure PS-3 and Figure PS-4 show all enrolled physicians and the change in all enrolled physicians during the study period.

Site-specific physician counts statewide increased 2.2% from 105,608 to 107,896.

**Table PS-2. Physician Supply, All Enrolled Physician Sites**

	Site-Specific Physician Counts				
	2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Percent Change In Number of Providers
<b>Statewide</b>	105,608	106,373	106,335	107,896	2.2%
<b>County Plan Model Type</b>					
County Organized Health System (COHS)	19,742	19,885	19,854	20,053	1.6%
Fee-for-Service (FFS)	3,968	3,999	3,982	4,050	2.1%
Geographic Managed Care (GMC)	15,945	16,040	16,007	16,320	2.4%
Two-Plan (Commercial Plan and Local Initiative)	65,953	66,449	66,492	67,473	2.3%

Source: Prepared by DHCS Research and Analytic Studies Branch. Counts of physicians with Active and Indirect enrollment status we obtained from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

Figure PS-3. All Enrolled Physicians by County for Fourth Quarter 2012

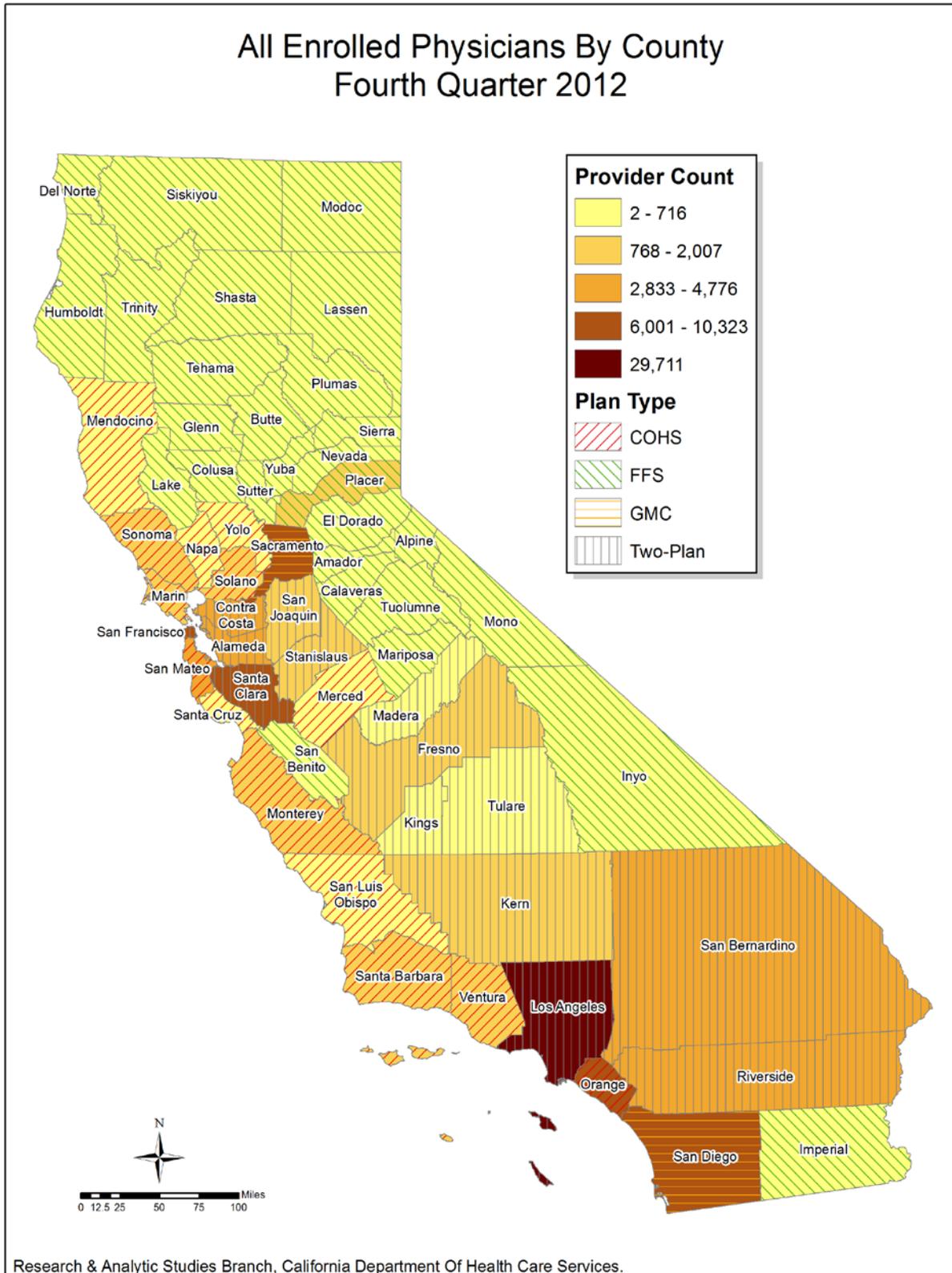
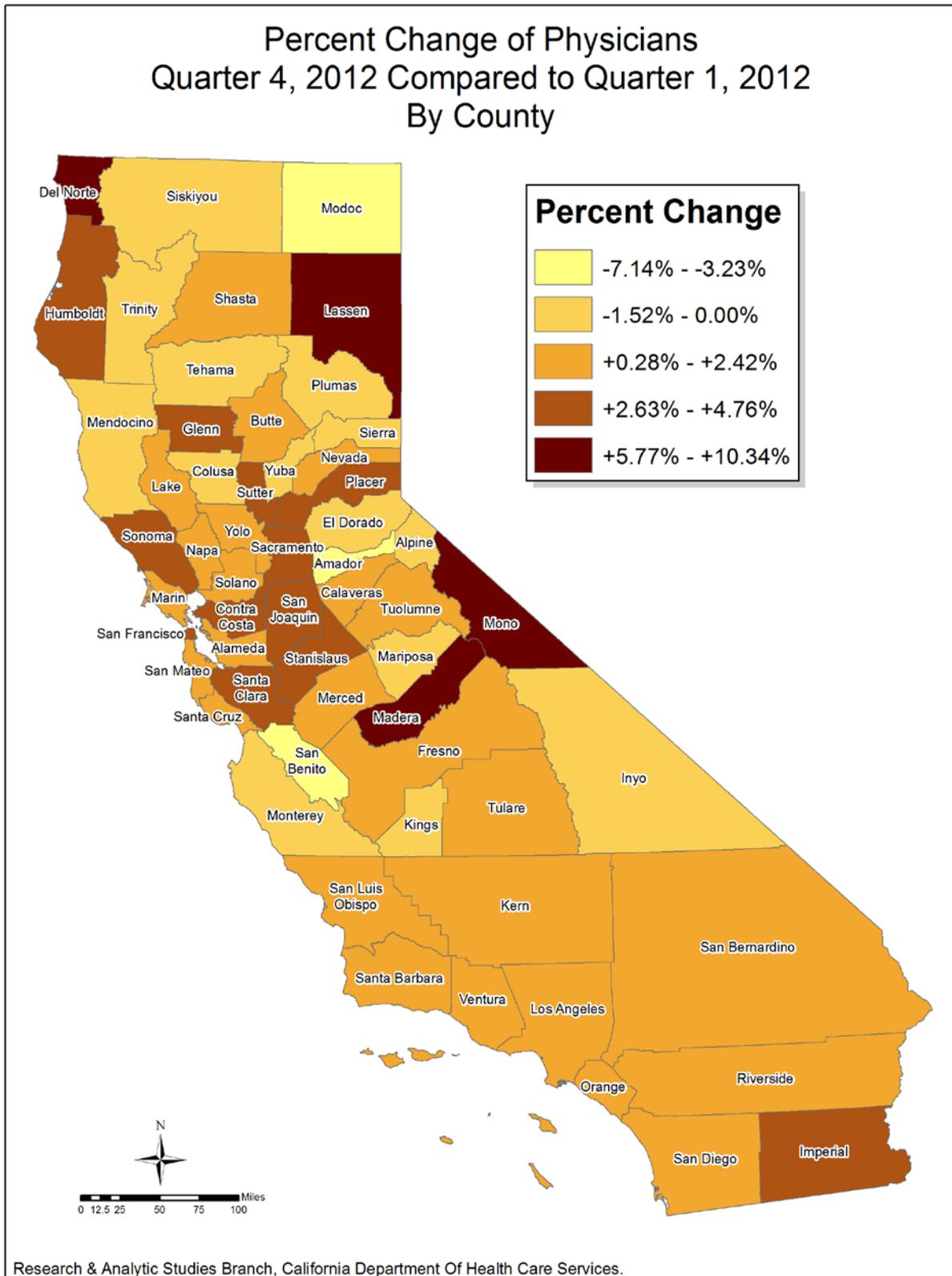


Figure PS-4. Change in All Enrolled Physicians by County for January 2012-December 2012



## Primary Care Physicians

Table PS-3 includes site-specific counts of all enrolled primary care physicians by county and county plan model type. Statewide, primary care physician enrollment showed minor improvement from the first quarter of 2012 to the fourth quarter of 2012, increasing from 39,426 to 40,220, or 2.0%.

Physicians by Plan Type showed increases ranging from 1.7% for COHS counties to 2.2% for Fee-for-Service (FFS) counties. Average counts ranged from one to fewer than 10 in four counties, to 11,555 in Los Angeles County (see Table PS-7 in the [Appendix](#) for county level detail). The counties with low primary care physician counts are primarily rural with small populations and offer only the FFS plan model. It is important to note that, although there are counties with few to no registered primary care physicians, Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC), and other clinics are able to provide primary care services in these communities. Table PS-10 displays the total number of clinics by county available to serve Medi-Cal beneficiaries.

Statewide, site-specific primary care physician counts showed minor improvement from the first quarter of 2012 to the fourth quarter of 2012, increasing 2.0% from 39,426 to 40,220.

**Table PS-3. Primary Care Physicians, All Enrolled Physician Sites**

	Number of Providers				Percent Change In Number of Providers
	2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	
<b>Statewide</b>	39,426	39,747	39,722	40,220	2.0%
<b>County Plan Model Type</b>					
County Organized Health System (COHS)	7,425	7,503	7,488	7,551	1.7%
Fee-for-Service (FFS)	1,759	1,772	1,772	1,798	2.2%
Geographic Managed Care (GMC)	5,494	5,531	5,518	5,606	2.0%
Two-Plan (Commercial Plan and Local Initiative)	24,748	24,941	24,944	25,265	2.1%

Source: Prepared by DHCS Research and Analytic Studies Branch. Counts of primary care physicians with Active and Indirect enrollment status were obtained from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

## OB/GYN Physicians

Table PS-4 presents site-specific counts of all enrolled OB/GYN physicians. Statewide, OB/GYN physicians remained relatively unchanged at 6,292.

Physicians by Plan Types showed little change for Two-Plan counties, and modest increases of 1.4% for FFS and GMC counties. Los Angeles County had an average of 1,719 OB/GYNs enrolled in Medi-Cal (see Table PS-8 in the [Appendix](#) for county level detail). Twenty-one counties had ten or fewer physicians, and four of those counties, Alpine, Mariposa, Sierra and Trinity, had no physicians with an OB\GYN designation. All such counties are primarily rural with small populations and offer only the FFS plan model. These counties have little or no OB/GYN physician presence according to California’s Medical Board physician counts.

Statewide, OB/GYN physician counts remained stable at 6,292.

**Table PS-4. Physician Supply, Physicians with an OB/GYN Specialty**

	Site-Specific Physician Counts				
	2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Percent Change In Number of Providers
<b>Statewide</b>	6,244	6,281	6,233	6,292	0.8%
<b>County Plan Model Type</b>					
County Organized Health System (COHS)	1,258	1,265	1,259	1,273	1.2%
Fee-for-Service (FFS)	221	225	225	224	1.4%
Geographic Managed Care (GMC)	806	807	801	817	1.4%
Two-Plan (Commercial Plan and Local Initiative)	3,959	3,984	3,948	3,978	0.5%

Source: Prepared by DHCS Research and Analytic Studies Branch. Counts of OB/GYN physicians with Active and Indirect enrollment status were obtained from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

Low OB/GYN provider counts in some counties do not necessarily mean that beneficiaries have limited access to gynecological health care services. Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC), other clinics, and general care physicians with a specialty other than OB/GYN may provide these services to beneficiaries residing in communities where few OB/GYN specialists exist. Table PS-10 in the Appendix displays the total number of clinics by county available to serve Medi-Cal beneficiaries.

## Pediatricians

Table PS-5 includes site-specific counts of all enrolled pediatric physicians by county plan model type. Enrollment increased 2.1% statewide, from 10,779 pediatricians in the first quarter of 2012 to 11,001 in the fourth quarter of 2012.

The number of pediatricians by Plan Type increased from 1.6% for GMC counties to 3.4% for FFS counties. Los Angeles County had the highest average number of pediatricians with 2,918 (see Table PS-9 in the [Appendix](#) for county level detail). In 11 counties, there were fewer than ten pediatricians and zero in seven other counties. The 18 counties with low counts or no count of pediatricians are all FFS plan counties and primarily rural. As with the OB/GYN specialty, FQHCs, RHCs and other clinics, and general care physicians with a specialty other than pediatrics may render pediatric services in these communities. Table PS-10 in the [Appendix](#) displays the total number of clinics by county available to serve Medi-Cal beneficiaries.

Pediatrician counts increased 2.1% statewide from 10,779 to 11,001 pediatricians.

**Table PS-5. Physician Supply, Physicians with a Pediatric Specialty**

	Site-Specific Physician Counts				Percent Change In Number of Providers
	2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	
<b>Statewide</b>	10,779	10,862	10,841	11,001	2.1%
<b>County Plan Model Type</b>					
County Organized Health System (COHS)	1,883	1,897	1,899	1,918	1.9%
Fee-for-Service (FFS)	268	272	271	277	3.4%
Geographic Managed Care (GMC)	1,467	1,471	1,467	1,490	1.6%
Two-Plan (Commercial Plan and Local Initiative)	7,161	7,222	7,204	7,316	2.2%

Source: Prepared by DHCS Research and Analytic Studies Branch. Counts of pediatric physicians with Active and Indirect enrollment status were obtained from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

## **Conclusions—Physician Supply**

1. DHCS evaluated all 58 counties and plan model types (i.e., Two-Plan, GMC, and FFS) with respect to physician supply from the first quarter of 2012 to the fourth quarter of 2012. The findings indicate that the statewide supply of physicians potentially available to beneficiaries eligible for full scope Med-Cal only and participating in FFS continued to grow modestly.
2. Site-specific physician counts increased from 105,608 to 107,896, or 2.2%.
3. During the period under study, site-specific counts of physicians with a specialty (primary care, OB/GYN, pediatrics) grew modestly. Site-specific primary care physician counts increased 2.0%, from 39,426 to 40,220. Site-specific OB/GYN physician counts remained relatively unchanged at 6,292. Site-specific pediatrician counts increased 2.1%, from 10,779 to 11,001.

## Appendix: Physician Supply by County

**Table PS-6. Physician Supply, All Enrolled Physicians by Plan Model Type and County**

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
<b>Statewide</b>		105,608	106,373	106,335	107,896	106,553	2.2%
<b>County Plan Model Type</b>							
County Organized Health System (COHS)		19,742	19,885	19,854	20,053	19,884	1.6%
Fee-for-Service (FFS)		3,968	3,999	3,982	4,050	4,000	2.1%
Geographic Managed Care (GMC)		15,945	16,040	16,007	16,320	16,078	2.4%
Two-Plan (Commercial Plan and Local Initiative)		65,953	66,449	66,492	67,473	66,592	2.3%
<b>County</b>							
Alameda	Two-Plan	4,695	4,730	4,735	4,777	4,734	1.7%
Alpine	FFS	2	2	2	2	2	0.0%
Amador	FFS	54	54	53	53	54	-1.9%
Butte	FFS	503	505	502	510	505	1.4%
Calaveras	FFS	48	47	48	47	48	-2.1%
Colusa	FFS	39	39	39	39	39	0.0%
Contra Costa	Two-Plan	2,864	2,892	2,901	2,940	2,899	2.7%
Del Norte	FFS	52	52	54	55	53	5.8%
El Dorado	FFS	273	274	265	274	272	0.4%
Fresno	Two-Plan	1,982	1,999	1,988	2,006	1,994	1.2%
Glenn	FFS	21	21	21	22	21	4.8%
Humboldt	FFS	400	404	405	413	406	3.3%
Imperial	FFS	201	211	202	212	207	5.5%
Inyo	FFS	35	34	36	35	35	0.0%
Kern	Two-Plan	1,736	1,746	1,749	1,772	1,751	2.1%
Kings	Two-Plan	181	181	180	181	181	0.0%
Lake	FFS	113	112	111	113	112	0.0%
Lassen	FFS	30	29	29	32	30	6.7%
Los Angeles	Two-Plan	29,158	29,377	29,327	29,696	29,390	1.8%
Madera	Two-Plan	287	292	290	308	294	7.3%
Marin *	COHS	760	762	764	765	763	0.7%
Mariposa	FFS	19	18	19	19	19	0.0%
Mendocino *	COHS	197	197	194	195	196	-1.0%
Merced	COHS	364	367	368	371	368	1.9%
Modoc	FFS	14	14	14	13	14	-7.1%
Mono	FFS	41	41	42	44	42	7.3%

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
Monterey	COHS	875	877	866	879	874	0.5%
Napa	COHS	359	360	361	360	360	0.3%
Nevada	FFS	187	189	187	190	188	1.6%
Orange	COHS	7,851	7,909	7,889	7,987	7,909	1.7%
Placer	FFS	752	765	768	778	766	3.5%
Plumas	FFS	33	33	33	33	33	0.0%
Riverside	Two-Plan	2,884	2,916	2,899	2,948	2,912	2.2%
Sacramento	GMC	5,839	5,875	5,859	6,003	5,894	2.8%
San Benito	FFS	61	61	61	60	61	-1.6%
San Bernardino	Two-Plan	4,596	4,619	4,631	4,705	4,638	2.4%
San Diego	GMC	10,106	10,165	10,148	10,317	10,184	2.1%
San Francisco	Two-Plan	6,503	6,547	6,622	6,766	6,610	4.0%
San Joaquin	Two-Plan	1,485	1,497	1,505	1,524	1,503	2.6%
San Luis Obispo	COHS	465	469	465	471	468	1.3%
San Mateo	COHS	2,788	2,813	2,815	2,831	2,812	1.5%
Santa Barbara	COHS	1,108	1,106	1,111	1,125	1,113	1.5%
Santa Clara	Two-Plan	7,597	7,651	7,668	7,813	7,682	2.8%
Santa Cruz	COHS	613	617	613	621	616	1.3%
Shasta	FFS	477	477	477	486	479	1.9%
Sierra	FFS	5	5	5	5	5	0.0%
Siskiyou	FFS	82	82	82	82	82	0.0%
Solano	COHS	1,321	1,338	1,333	1,338	1,333	1.3%
Sonoma	COHS	1,145	1,157	1,166	1,182	1,163	3.2%
Stanislaus	Two-Plan	1,282	1,291	1,288	1,322	1,296	3.1%
Sutter	FFS	159	163	161	166	162	4.4%
Tehama	FFS	98	98	95	97	97	-1.0%
Trinity	FFS	12	12	12	12	12	0.0%
Tulare	Two-Plan	703	711	709	715	710	1.7%
Tuolumne	FFS	97	98	99	99	98	2.1%
Ventura *	COHS	1,426	1,441	1,438	1,456	1,440	2.1%
Yolo	COHS	470	472	471	472	471	0.4%
Yuba	FFS	160	159	160	159	160	-0.6%

\*Shifted from FFS to COHS Model on July 1, 2011

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

**Table PS-7. Primary Care Physician Supply, All Enrolled Physicians, by Plan Model Type and County**

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
<b>Statewide</b>		39,426	39,747	39,722	40,220	39,779	2.0%
<b>County Plan Model Type</b>							
County Organized Health System (COHS)		7,425	7,503	7,488	7,551	7,492	1.7%
Fee-for-Service (FFS)		1,759	1,772	1,772	1,798	1,775	2.2%
Geographic Managed Care (GMC)		5,494	5,531	5,518	5,606	5,537	2.0%
Two-Plan (Commercial Plan and Local Initiative)		24,748	24,941	24,944	25,265	24,975	2.1%
<b>County</b>	<b>Plan Type</b>						
Alameda	Two-Plan	1,651	1,668	1,667	1,677	1,666	1.6%
Alpine	FFS	1	1	1	1	1	0.0%
Amador	FFS	33	32	31	31	32	-6.1%
Butte	FFS	190	193	191	190	191	0.0%
Calaveras	FFS	25	24	25	24	25	-4.0%
Colusa	FFS	30	30	30	30	30	0.0%
Contra Costa	Two-Plan	1,109	1,125	1,132	1,148	1,129	3.5%
Del Norte	FFS	26	26	27	28	27	7.7%
El Dorado	FFS	103	103	104	108	105	4.9%
Fresno	Two-Plan	749	757	757	764	757	2.0%
Glenn	FFS	9	9	9	9	9	0.0%
Humboldt	FFS	184	185	185	189	186	2.7%
Imperial	FFS	65	70	68	74	69	13.8%
Inyo	FFS	18	18	18	18	18	0.0%
Kern	Two-Plan	704	709	709	710	708	0.9%
Kings	Two-Plan	82	82	81	83	82	1.2%
Lake	FFS	48	48	48	48	48	0.0%
Lassen	FFS	15	15	15	18	16	20.0%
Los Angeles	Two-Plan	11,476	11,567	11,523	11,655	11,555	1.6%
Madera	Two-Plan	65	64	65	67	65	3.1%
Marin *	COHS	309	315	315	315	314	1.9%
Mariposa	FFS	12	11	12	12	12	0.0%
Mendocino *	COHS	71	71	71	71	71	0.0%
Merced	COHS	167	169	169	170	169	1.8%
Modoc	FFS	11	11	11	10	11	-9.1%
Mono	FFS	19	19	19	21	20	10.5%
Monterey	COHS	339	343	343	350	344	3.2%
Napa	COHS	110	111	112	111	111	0.9%

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
Nevada	FFS	88	88	87	88	88	0.0%
Orange	COHS	2,743	2,766	2,745	2,778	2,758	1.3%
Placer	FFS	353	359	359	363	359	2.8%
Plumas	FFS	25	25	25	25	25	0.0%
Riverside	Two-Plan	1,218	1,237	1,232	1,249	1,234	2.5%
Sacramento	GMC	1,986	1,997	1,991	2,025	2,000	2.0%
San Benito	FFS	23	23	24	23	23	0.0%
San Bernardino	Two-Plan	1,913	1,927	1,936	1,965	1,935	2.7%
San Diego	GMC	3,508	3,534	3,527	3,581	3,538	2.1%
San Francisco	Two-Plan	2,040	2,050	2,078	2,125	2,073	4.2%
San Joaquin	Two-Plan	562	563	567	580	568	3.2%
San Luis Obispo	COHS	165	167	165	166	166	0.6%
San Mateo	COHS	992	1,006	1,011	1,019	1,007	2.7%
Santa Barbara	COHS	356	356	357	362	358	1.7%
Santa Clara	Two-Plan	2,383	2,394	2,398	2,427	2,401	1.8%
Santa Cruz	COHS	243	246	247	249	246	2.5%
Shasta	FFS	205	206	205	209	206	2.0%
Sierra	FFS	5	5	5	5	5	0.0%
Siskiyou	FFS	38	39	39	39	39	2.6%
Solano	COHS	556	565	563	561	561	0.9%
Sonoma	COHS	499	502	505	508	504	1.8%
Stanislaus	Two-Plan	536	537	538	551	541	2.8%
Sutter	FFS	79	78	78	80	79	1.3%
Tehama	FFS	48	48	48	49	48	2.1%
Trinity	FFS	5	5	5	5	5	0.0%
Tulare	Two-Plan	260	261	261	264	262	1.5%
Tuolumne	FFS	40	41	42	42	41	5.0%
Ventura *	COHS	650	660	658	665	658	2.3%
Yolo	COHS	225	226	227	226	226	0.4%
Yuba	FFS	61	60	61	59	60	-3.3%

\*Shifted from FFS to COHS Model on July 1, 2011

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012

**Table PS-8. Physician Supply, Physicians with an OB/GYN Specialty, by Plan Model Type and County**

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
<b>Statewide</b>		6,244	6,281	6,233	6,292	6,263	0.8%
<b>County Plan Model Type</b>							
County Organized Health System (COHS)		1,258	1,265	1,259	1,273	1,264	1.2%
Fee-for-Service (FFS)		221	225	225	224	224	1.4%
Geographic Managed Care (GMC)		806	807	801	817	808	1.4%
Two-Plan (Commercial Plan and Local Initiative)		3,959	3,984	3,948	3,978	3,967	0.5%
<b>County</b>	<b>Plan Type</b>						
Alameda	Two-Plan	294	296	298	301	297	2.4%
Alpine	FFS	-	-	-	-	-	-
Amador	FFS	5	5	5	5	5	0.0%
Butte	FFS	32	34	35	35	34	9.4%
Calaveras	FFS	1	1	1	1	1	0.0%
Colusa	FFS	1	1	1	1	1	0.0%
Contra Costa	Two-Plan	150	151	151	151	151	0.7%
Del Norte	FFS	3	3	2	2	3	-33.3%
El Dorado	FFS	15	15	15	15	15	0.0%
Fresno	Two-Plan	125	127	122	123	124	-1.6%
Glenn	FFS	1	1	1	1	1	0.0%
Humboldt	FFS	18	18	18	18	18	0.0%
Imperial	FFS	17	17	16	16	17	-5.9%
Inyo	FFS	2	2	3	3	3	50.0%
Kern	Two-Plan	100	99	101	102	101	2.0%
Kings	Two-Plan	9	9	9	10	9	11.1%
Lake	FFS	4	4	4	4	4	0.0%
Lassen	FFS	1	1	1	1	1	0.0%
Los Angeles	Two-Plan	1,727	1,733	1,703	1,714	1,719	-0.8%
Madera	Two-Plan	15	15	15	15	15	0.0%
Marin *	COHS	32	32	32	32	32	0.0%
Mariposa	FFS	-	-	-	-	-	-
Mendocino *	COHS	21	21	20	20	21	-4.8%
Merced	COHS	22	22	22	22	22	0.0%
Modoc	FFS	1	1	1	1	1	0.0%

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
Mono	FFS	1	1	1	1	1	0.0%
Monterey	COHS	71	71	71	72	71	1.4%
Napa	COHS	17	17	17	16	17	-5.9%
Nevada	FFS	13	13	13	13	13	0.0%
Orange	COHS	564	570	564	574	568	1.8%
Placer	FFS	52	52	52	52	52	0.0%
Plumas	FFS	1	1	1	1	1	0.0%
Riverside	Two-Plan	194	195	191	192	193	-1.0%
Sacramento	GMC	290	291	291	299	293	3.1%
San Benito	FFS	4	4	4	4	4	0.0%
San Bernardino	Two-Plan	247	250	248	248	248	0.4%
San Diego	GMC	516	516	510	518	515	0.4%
San Francisco	Two-Plan	341	340	343	348	343	2.1%
San Joaquin	Two-Plan	116	117	117	117	117	0.9%
San Luis Obispo	COHS	30	30	29	30	30	0.0%
San Mateo	COHS	123	123	123	123	123	0.0%
Santa Barbara	COHS	72	73	73	73	73	1.4%
Santa Clara	Two-Plan	496	504	505	511	504	3.0%
Santa Cruz	COHS	41	40	41	41	41	0.0%
Shasta	FFS	17	17	17	17	17	0.0%
Sierra	FFS	-	-	-	-	-	-
Siskiyou	FFS	3	4	4	3	4	0.0%
Solano	COHS	80	79	78	80	79	0.0%
Sonoma	COHS	62	63	65	65	64	4.8%
Stanislaus	Two-Plan	70	73	70	71	71	1.4%
Sutter	FFS	13	14	14	14	14	7.7%
Tehama	FFS	5	5	5	5	5	0.0%
Trinity	FFS	-	-	-	-	-	-
Tulare	Two-Plan	75	75	75	75	75	0.0%
Tuolumne	FFS	7	7	7	7	7	0.0%
Ventura *	COHS	95	96	96	97	96	2.1%
Yolo	COHS	28	28	28	28	28	0.0%
Yuba	FFS	4	4	4	4	4	0.0%

\*Shifted from FFS to COHS Model on July 1, 2011

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.

**Table PS-9. Physician Supply, Physicians with a Pediatric Specialty, by Plan Model Type and County**

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
<b>Statewide</b>		10,779	10,862	10,841	11,001	10,871	2.1%
<b>County Plan Model Type</b>							
County Organized Health System (COHS)		1,883	1,897	1,899	1,918	1,899	1.9%
Fee-for-Service (FFS)		268	272	271	277	272	3.4%
Geographic Managed Care (GMC)		1,467	1,471	1,467	1,490	1,474	1.6%
Two-Plan (Commercial Plan and Local Initiative)		7,161	7,222	7,204	7,316	7,226	2.2%
<b>County</b>	<b>Plan Type</b>						
Alameda	Two-Plan	730	733	736	743	736	1.8%
Alpine	FFS	-	-	-	-	-	-
Amador	FFS	2	2	2	2	2	0.0%
Butte	FFS	24	23	22	22	23	-8.3%
Calaveras	FFS	2	2	2	2	2	0.0%
Colusa	FFS	-	-	-	-	-	-
Contra Costa	Two-Plan	238	242	242	243	241	2.1%
Del Norte	FFS	5	5	5	5	5	0.0%
El Dorado	FFS	17	17	17	17	17	0.0%
Fresno	Two-Plan	178	180	177	179	179	0.6%
Glenn	FFS	2	2	2	2	2	0.0%
Humboldt	FFS	17	17	17	17	17	0.0%
Imperial	FFS	19	20	19	19	19	0.0%
Inyo	FFS	5	5	5	5	5	0.0%
Kern	Two-Plan	141	141	140	141	141	0.0%
Kings	Two-Plan	11	11	11	11	11	0.0%
Lake	FFS	5	5	5	5	5	0.0%
Lassen	FFS	2	2	2	2	2	0.0%
Los Angeles	Two-Plan	2,900	2,920	2,899	2,952	2,918	1.8%
Madera	Two-Plan	145	150	148	161	151	11.0%
Marin *	COHS	70	70	71	71	71	1.4%
Mariposa	FFS	-	-	-	-	-	-
Mendocino *	COHS	15	15	15	16	15	6.7%
Merced	COHS	24	24	24	24	24	0.0%
Modoc	FFS	-	-	-	-	-	-
Mono	FFS	5	5	6	6	6	20.0%

		Number of Providers					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Providers	% Change In Number of Providers
Monterey	COHS	85	86	86	86	86	1.2%
Napa	COHS	22	22	22	22	22	0.0%
Nevada	FFS	11	11	11	11	11	0.0%
Orange	COHS	868	872	874	887	875	2.2%
Placer	FFS	89	92	93	97	93	9.0%
Plumas	FFS	-	-	-	-	-	-
Riverside	Two-Plan	225	226	221	223	224	-0.9%
Sacramento	GMC	527	525	522	534	527	1.3%
San Benito	FFS	3	3	3	3	3	0.0%
San Bernardino	Two-Plan	514	516	516	525	518	2.1%
San Diego	GMC	940	946	945	956	947	1.7%
San Francisco	Two-Plan	687	694	703	709	698	3.2%
San Joaquin	Two-Plan	123	130	131	131	129	6.5%
San Luis Obispo	COHS	49	49	47	48	48	-2.0%
San Mateo	COHS	266	267	267	270	268	1.5%
Santa Barbara	COHS	94	94	94	95	94	1.1%
Santa Clara	Two-Plan	1,108	1,118	1,116	1,134	1,119	2.3%
Santa Cruz	COHS	46	47	46	46	46	0.0%
Shasta	FFS	19	19	19	19	19	0.0%
Sierra	FFS	-	-	-	-	-	-
Siskiyou	FFS	3	3	3	3	3	0.0%
Solano	COHS	119	121	122	123	121	3.4%
Sonoma	COHS	69	73	74	74	73	7.2%
Stanislaus	Two-Plan	83	83	85	83	84	0.0%
Sutter	FFS	11	12	12	12	12	9.1%
Tehama	FFS	10	10	9	11	10	10.0%
Trinity	FFS	-	-	-	-	-	-
Tulare	Two-Plan	78	78	79	81	79	3.8%
Tuolumne	FFS	10	10	10	10	10	0.0%
Ventura *	COHS	116	116	117	116	116	0.0%
Yolo	COHS	40	41	40	40	40	0.0%
Yuba	FFS	7	7	7	7	7	0.0%

\*Shifted from FFS to COHS Model on July 1, 2011

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2011

**Table PS-10. Outpatient Rural and FQHC Clinics**

		Number of Rural/FQHC Clinics					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Clinics	% Change In Number of Clinics
<b>Statewide</b>		957	983	960	968	967	1.1%
<b>County Plan Model Type</b>							
County Organized Health System (COHS)		187	195	184	188	189	0.5%
Fee-for-Service (FFS)		197	201	196	196	198	-0.5%
Geographic Managed Care (GMC)		80	83	79	79	80	-1.3%
Two-Plan (Commercial Plan and Local Initiative)		493	504	501	505	501	2.4%
<b>County</b>	<b>Plan Type</b>						
Alameda	Two-Plan	39	39	38	39	39	0.0%
Alpine	FFS	1	1	1	1	1	0.0%
Amador	FFS	4	4	5	5	5	25.0%
Butte	FFS	18	19	17	17	18	-5.6%
Calaveras	FFS	7	7	7	7	7	0.0%
Colusa	FFS	4	5	5	5	5	25.0%
Contra Costa	Two-Plan	16	16	16	16	16	0.0%
Del Norte	FFS	4	4	4	4	4	0.0%
El Dorado	FFS	6	6	6	6	6	0.0%
Fresno	Two-Plan	58	59	57	57	58	-1.7%
Glenn	FFS	12	13	12	12	12	0.0%
Humboldt	FFS	30	30	30	30	30	0.0%
Imperial	FFS	10	10	10	10	10	0.0%
Inyo	FFS	6	6	6	6	6	0.0%
Kern	Two-Plan	35	38	37	37	37	5.7%
Kings	Two-Plan	19	18	18	18	18	-5.3%
Lake	FFS	10	11	10	10	10	0.0%
Lassen	FFS	5	5	5	5	5	0.0%
Los Angeles	Two-Plan	147	148	153	154	151	4.8%
Madera	Two-Plan	12	12	12	12	12	0.0%
Marin *	COHS	5	8	8	7	7	40.0%
Mariposa	FFS	4	4	4	4	4	0.0%
Mendocino *	COHS	23	24	24	24	24	4.3%
Merced	COHS	26	27	22	21	24	-19.2%
Modoc	FFS	4	4	4	4	4	0.0%
Mono	FFS	1	1	1	1	1	0.0%

		Number of Rural/FQHC Clinics					
		2012 Quarter 1	2012 Quarter 2	2012 Quarter 3	2012 Quarter 4	Average Number of Clinics	% Change In Number of Clinics
Monterey	COHS	21	21	21	21	21	0.0%
Napa	COHS	2	2	1	1	2	-50.0%
Nevada	FFS	2	2	2	2	2	0.0%
Orange	COHS	15	15	12	14	14	-6.7%
Placer	FFS	3	3	3	3	3	0.0%
Plumas	FFS	6	6	6	6	6	0.0%
Riverside	Two-Plan	23	23	23	23	23	0.0%
Sacramento	GMC	9	9	8	8	9	-11.1%
San Benito	FFS	3	3	3	4	3	33.3%
San Bernardino	Two-Plan	12	14	14	13	13	8.3%
San Diego	GMC	71	74	71	71	72	0.0%
San Francisco	Two-Plan	30	32	30	30	31	0.0%
San Joaquin	Two-Plan	8	8	8	8	8	0.0%
San Luis Obispo	COHS	12	12	12	11	12	-8.3%
San Mateo	COHS	16	17	15	15	16	-6.3%
Santa Barbara	COHS	17	17	18	19	18	11.8%
Santa Clara	Two-Plan	22	24	23	25	24	13.6%
Santa Cruz	COHS	8	8	8	8	8	0.0%
Shasta	FFS	16	16	16	16	16	0.0%
Sierra	FFS	2	2	2	2	2	0.0%
Siskiyou	FFS	12	12	12	11	12	-8.3%
Solano	COHS	8	8	8	9	8	12.5%
Sonoma	COHS	16	16	16	16	16	0.0%
Stanislaus	Two-Plan	26	26	25	25	26	-3.8%
Sutter	FFS	4	4	4	4	4	0.0%
Tehama	FFS	8	8	7	7	8	-12.5%
Trinity	FFS	3	3	3	3	3	0.0%
Tulare	Two-Plan	46	47	47	48	47	4.3%
Tuolumne	FFS	4	4	4	4	4	0.0%
Ventura *	COHS	12	14	13	16	14	33.3%
Yolo	COHS	6	6	6	6	6	0.0%
Yuba	FFS	8	8	7	7	8	-12.5%

\*Shifted from FFS to COHS Model on July 1, 2011

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the Medi-Cal Provider Master File for the months of January 2012, April 2012, July 2012, and October 2012.