



Medi-Cal Access to Care Quarterly Monitoring Report #3 2012 Quarter 2



Physician Supply

January 2013
September 2013

California Department of Health Care Services
Research and Analytic Studies Branch
MS 1200, P.O. Box 997413
Sacramento, CA 95899-7413

Table of Contents

Medi-Cal Physician Supply.....3

 Introduction..... 5

 Approaches for Measuring Physician Supply 7

 Relative Benchmarking 7

 Normative Benchmarking..... 7

 Methods 9

 Physician Enrollment Status 9

 Data Source 9

 How Are Physicians Counted?10

 Calculation of the Numerator10

Results–Physician Supply..... 11

 Physician Supply by County and Plan Model Types12

 Ratio of Beneficiaries to All Physicians15

 Ratio of Beneficiaries to Primary Care Physicians.....16

 Ratio of All Non-Elderly, Adult Female Beneficiaries to OB/GYN Physicians.....18

 Ratio of Children to Pediatricians20

 Conclusions—Physician Supply.....22

Appendix: Physician Supply by County.....23

List of Figures

Figure PS-1 Health Plan Models by County, June 2012	13
Figure PS-2 Primary Care Health Provider Shortage Areas, April 2012*	14
Figure PS-3 Ratios of Beneficiaries to All Physicians, by County, 2012 Quarter 2.....	15

List of Tables

Table PS-1	Summary and Description of Physician Supply Tables	11
Table PS-2	Physician Supply, All Enrolled Physician Sites, FFS, Medi-Cal Only	15
Table PS-3	Physician Supply, All Enrolled Physician Sites, All Medi-Cal Only Beneficiaries.....	14
Table PS-4	Primary Care Physicians, All Enrolled Physician Sites, FFS, Full Scope, Medi-Cal Only	16
Table PS-5	Physician Supply, Physicians with an OB/GYN Specialty, FFS, Medi-Cal Only, Non-Elderly Adult Females	18
Table PS-6	Physician Supply, Physicians with a Pediatric Specialty, FFS, Full Scope, Medi-Cal Only Children.....	20
Table PS-7	Physician Supply, All Enrolled Physicians, FFS Medi-Cal Only Beneficiaries	23
Table PS-8	Physician Supply, All Enrolled Physicians, All Medi-Cal Only Beneficiaries	26
Table PS-9	Primary Care Physician Supply, All Enrolled Physicians, FFS, Full Scope, Medi-Cal Only Beneficiaries	29
Table PS-10	Physician Supply, Physicians with an OB/GYN Specialty, FFS, Medi-Cal Only, Non-Elderly, Adult Females	32
Table PS-11	Physician Supply, Physicians with a Pediatric Specialty, FFS, Full Scope, Medi-Cal Only Children.....	35
Table PS-12	Outpatient Clinics	38

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. Physicians have consequently 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 decision makers evaluate policies that may be inhibiting physician supply.

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.

The beneficiary-to-provider ratios report the number of beneficiaries enrolled under the FFS delivery of care model who have Medi-Cal only coverage for every provider. A low ratio indicates that there are a greater number of providers relative to the population, while a high ratio indicates that there are fewer providers relative to the population. Beneficiary-to-provider ratios are useful for identifying differences in physician supply from one geographic area to another, from one measurement period to another, or between the study population and another population or normative benchmark.

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 full scope Med-Cal only and participating in FFS was more than adequate.

Site-specific physician counts increased from 107,332 to 109,854, or 2.3%.

Primary care physician enrollment increased 2.4%, from 38,833 to 39,747.

OB/GYN physician enrollment increased 2.2%, from 6,422 to 6,563.

Pediatrician enrollment increased 2.3%, from 10,921 to 11,168.

$$\text{Ratio} = \frac{\text{Beneficiaries (Numerator)}}{\text{Providers (Denominator)}}$$

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.

Approaches for Measuring Physician Supply

There are three complementary methodologies available for evaluating the adequacy of physician supply. These include relative benchmarking, normative benchmarking, and economic analysis of the physician labor market.¹

Relative Benchmarking

Relative benchmarking compares the ratio of certain types of providers to the population in the geographic area of interest to other geographic areas.

Normative Benchmarking

Another approach towards evaluating adequacy of physician supply is normative benchmarking which compares a pre-determined desired ratio of beneficiaries to physician against the actual ratio measured. The Health Professional Shortage Areas (HPSA)² population-to-primary-care-physician ratio of 3,500:1 as a benchmark for “high need” is an example of a normative ratio. Of course, such ratios vary by provider type and demand for services by each specialty. For example, the number of visits to pediatricians or family practice physicians per thousand members is likely to be greater than the number of visits to dermatologists or ophthalmologists.

A variation of the normative benchmark is physician “panel” size. Panel size is simply defined as the number of individual patients under the care of a specific physician; in other words, panel size is the number of patients for which each physician can realistically be accountable. While the maximum panel size is typically defined as 2,000-2,500 patients per physician, there are limitations to using panel size as a normative benchmark. For example, some physicians may have other physicians or physician extenders (Physician Assistants and Nurse Practitioners) available at their location, giving them the potential to manage a larger panel size. Physicians may also contract with a commercial health plan, Medicare, and Medi-Cal. In these cases, Medi-Cal will only assess the panel size relative to the Medi-Cal patient load and cannot assess the patient load associated with the commercial health plan, Medicare, or any other potential buyer. Physicians who are at the location may not be full-time-equivalent (FTE) clinical providers, but may devote a portion of their time spent on non-appointment or nonclinical duties such as hospital rounds, operating room duties, procedures, management duties, and meeting time. Another consideration in determining panel size is the health status of patients seen by the physician. A panel of 2,000 elderly patients represents a much different workload than 2,000 patients in their 20s and 30s. Patients who suffer from complex health conditions and multiple comorbidities may garner greater resources.

¹ Janet Coffman, Brian Quinn, Timothy T. Brown, Richard Scheffler, “Is There a Doctor in the House? An Examination of the Physician Workforce in California over the Past 25 Years”, Nicholas C. Petris Center on Health Care Markets and Consumer Welfare at the University of California, Berkeley 2004

² *As defined by the Public Health Service Act, Health professional(s) shortage area* means any of the following which the Secretary determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility. For additional information concerning HPSAs please refer to the Health Resources and Services Administration website at <http://bhpr.hrsa.gov/shortage/>

Beneficiary-to-provider ratios evaluated strictly in terms of absolute numbers may also fail to take into account unique cultural characteristics of beneficiaries that may limit the actual number of suitable providers. For example, the communication between physicians and patients, which is essential for the effective delivery of treatment, may require that the physician or a member of his team be fluent in a foreign language, or be familiar with unique social dynamics or environmental issues that may impact health in a particular community.

Economic Analysis

The third approach towards evaluating physician supply adequacy is through analysis of the provider “market,” and the impact of reimbursement rates and compensation, as various health care organizations compete for the limited supply of physician services by offering higher payments. However, as our previous discussion on participation by different types of providers illustrates, not all share the same sensitivity, or elasticity, to price. Some physicians are able to accommodate a greater number of Medi-Cal beneficiaries as a percentage of their overall practice than others. As noted by Peter J. Cunningham and Len M. Nichols in *The Effects of Medicaid Reimbursement on the Access to Care of Medicaid Enrollees: A Community Perspective*: “Although high fee levels increase the probability that individual physicians will accept Medicaid patients, high fee levels do not necessarily lead to high levels of physician Medicaid acceptance in an area. Numerous other physician practice, health system, and community characteristics also affect Medicaid acceptance. The effects of Medicaid fees on Medicaid acceptance are substantially lower in areas with high Medicaid managed care penetration and for physicians who practice in institutional settings. The results suggest that a broad range of factors need to be considered to increase access to physicians for Medicaid enrollees.”³

Many provider market analyses seek to build in estimates based on future events to determine whether physician shortages may occur in the years ahead. These analyses look at such variables as the number of medical school graduates choosing specialty medicine over primary care, the attractiveness of medicine as a profession and number of future physicians overall, the aging of the population that will need to access services, and the growth of the economy.⁴ The impact of the Affordable Care Act and the resulting expansion of the population with health care coverage is a recent addition to this list.

³ Peter J. Cunningham, Len M. Nichols, “The Effects of Medicaid Reimbursement on the Access to Care of Medicaid Enrollees: A Community Perspective,” Center for Studying Health System Change, December 2005.

⁴ David Blumenthal, “New Steam from an Old Cauldron—The Physician-Supply Debate,” *New England Journal of Medicine*, April 22, 2004

Methods

Physician Enrollment Status

The numbers of physicians reported and reflected in the beneficiary-to-provider ratios are those physicians who have gone through the Medi-Cal provider application and enrollment process⁵ 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.^{6,7}

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.

⁵ “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

⁶ “Medi-Cal Provider Enrollment, Frequently Asked Questions,” URL: <http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx>

⁷ Medi-Cal Provider Agreement; URL: http://files.medi-cal.ca.gov/pubsdoco/provappsenroll/02enrollment_DHCS6208.pdf

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 beneficiary-to-provider ratios, 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 pre-dates 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.

Calculation of the Numerator

The numerator for the beneficiary-to-provider ratios is the population of Medi-Cal beneficiaries eligible for Medi-Cal only and participating in Medi-Cal's FFS delivery of care model. Beneficiaries dually eligible for both Medicare and Medicaid benefits are excluded from the numerator for this analysis.

The reader should be aware that the population eligible for Medi-Cal only and participating in the FFS system is not static, and shifts of the population from FFS to managed care delivery systems may be responsible for differences or changes in beneficiary-to-provider ratios between different counties or different periods of measurement. For this reason, both the number of physicians and the ratios are displayed.

Results–Physician Supply

The following tables report the number of physicians, primary care physicians, and other physician specialists, as well as beneficiaries (population)-to-provider ratios. The tables cover four consecutive quarters from the third quarter of 2011 to the second quarter of 2012 and indicate the magnitude of change over this period

You can view county-level details in tables PS-7 to PS-11 in the [Appendix](#).

Table PS-1 Summary and Description of Physician Supply Tables

	Denominator	Numerator
Table 2	All Enrolled Physicians with an Active or Indirect status at a given location. Includes both Primary Care and Specialty physicians.	Beneficiaries entitled to full scope services, covered by Medi-Cal only, and participating in FFS.
Table 3	All Enrolled Physicians with an Active or Indirect status at a given location. Includes both Primary Care and Specialty physicians.	Beneficiaries entitled to full scope services, covered by Medi-Cal only, and participating in either FFS or Managed Care.
Table 4	All Enrolled Primary Care 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.	Beneficiaries entitled to full scope services, covered by Medi-Cal only, and participating in FFS.
Table 5	All Physicians with an OB/GYN Specialty and an Active or Indirect status at a given location.	Non-elderly, adult women , covered by Medi-Cal only, and participating in FFS.
Table 6	All Physicians with a Pediatrics Specialty and an Active or Indirect status at a given location.	Children entitled to full scope services, covered by Medi-Cal only, and participating in FFS.

Physician Supply by County and Plan Model Types

DHCS calculated site-specific physician counts and beneficiary-to-provider ratios, 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.

As summarized above, these tables present beneficiary-to-provider ratios for those eligible for Medi-Cal only and participating in the FFS system. Tables PS-2 and PS-3 include site-specific counts of all enrolled physicians identified in the Provider Master File. Tables PS-4, PS-5, and PS-6 include only those physicians identified in the Provider Master File with a given specialty area.

DHCS also aggregates the count of physicians and ratios for each of the four county plan model types used by Medi-Cal. Differences in the ratios for the four models reflect differences in both beneficiaries and physicians. The COHS counties, where health plan enrollment is mandatory for all beneficiaries but the Undocumented, have the smallest FFS populations and therefore the lowest FFS-beneficiary-to-provider ratios. The Two Plan and GMC counties that include both managed care and FFS populations have higher ratios of FFS-beneficiaries-to-provider than the COHS counties, but significantly lower than the 28 primarily rural counties utilizing the FFS model that had the highest ratios of beneficiaries to provider. These trends remain unchanged from the previous report.

However, the higher beneficiaries-to-provider ratios in the 28 primarily rural FFS counties appeared to not only reflect a greater number of beneficiaries relative to physicians, but also fewer physicians overall. This finding is consistent with other research and survey data that has reported 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.

Figure PS-1 Health Plan Models by County, June 2012

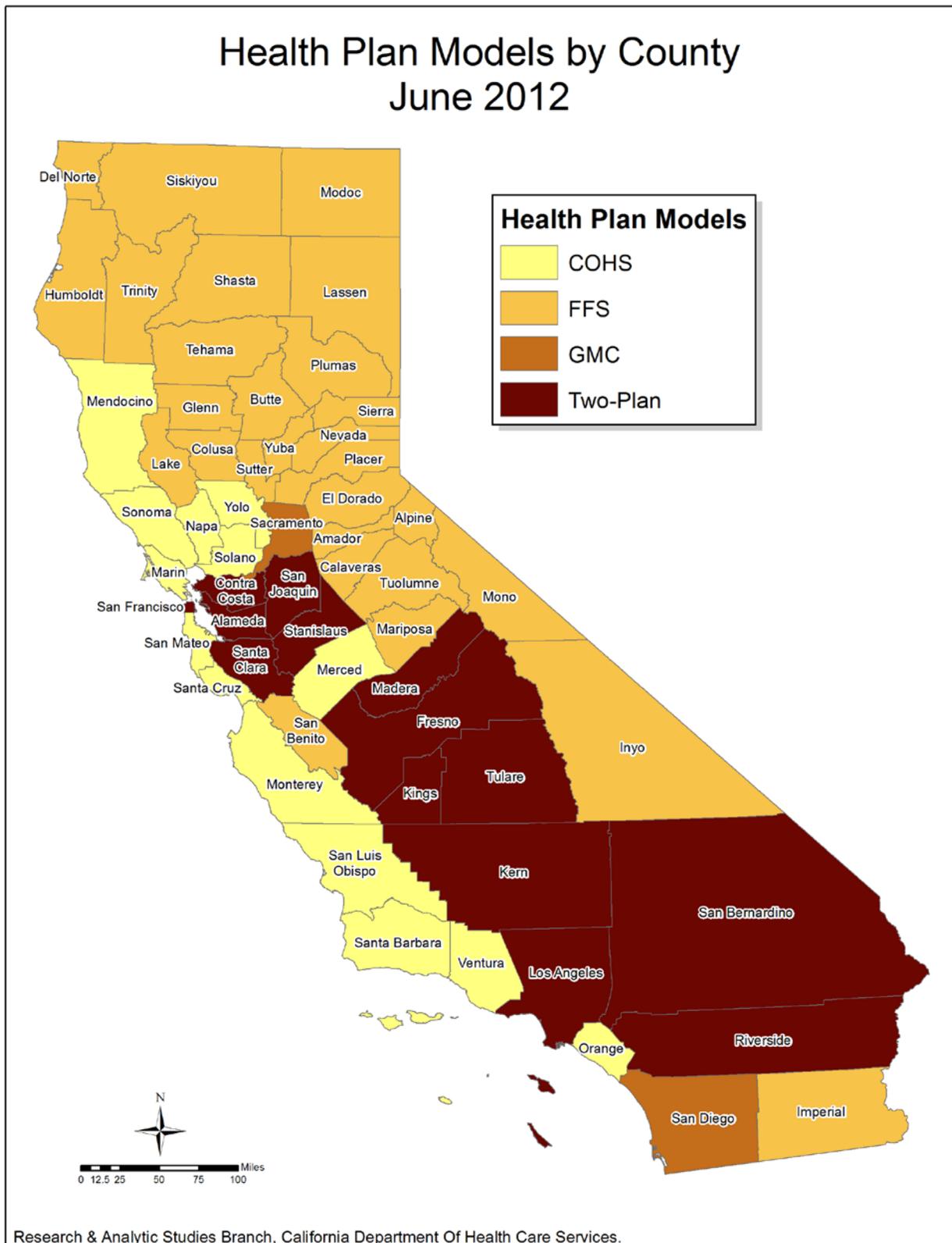
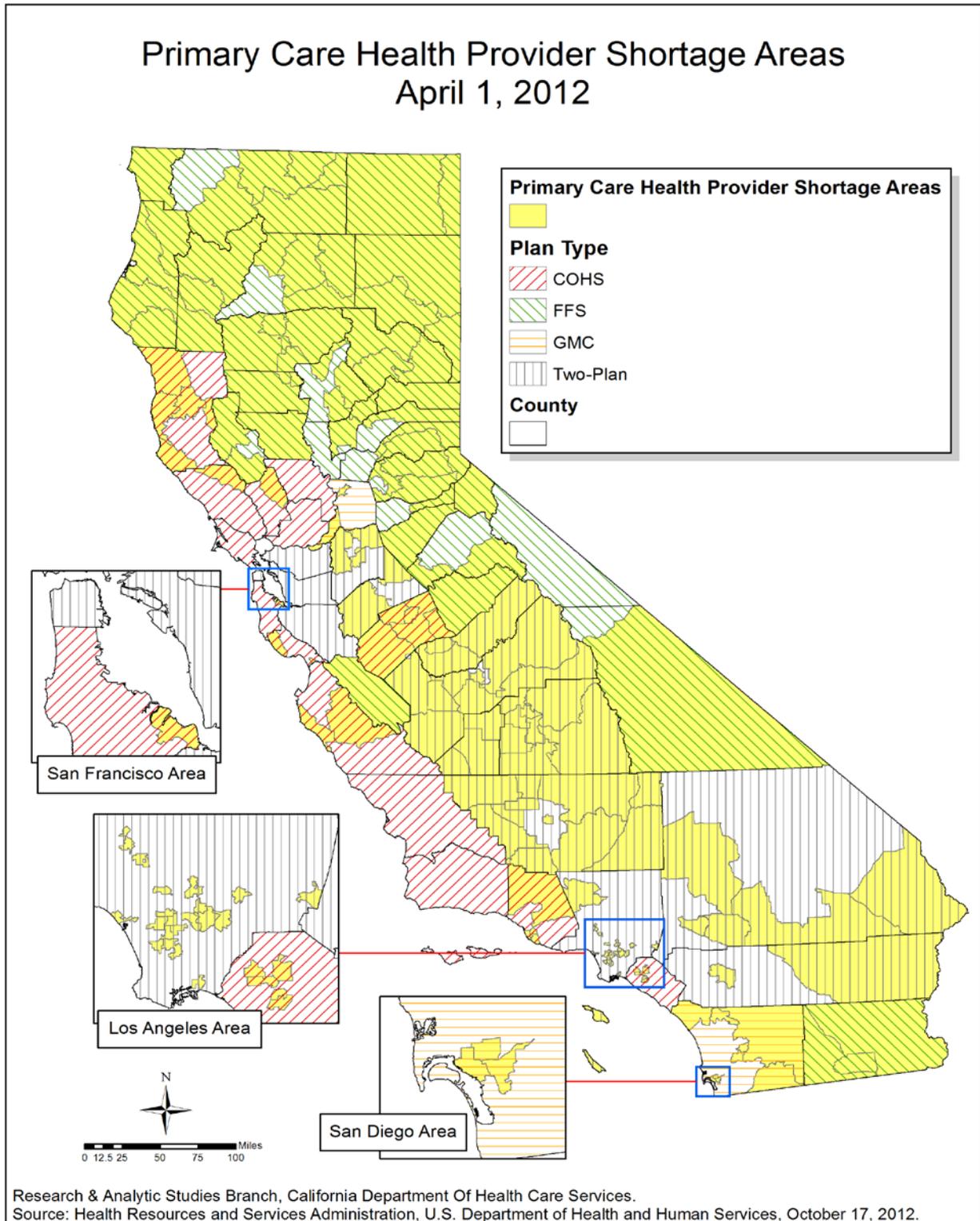


Figure PS-2 Primary Care Health Provider Shortage Areas, April 2012 *



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

Ratio of Beneficiaries to All Physicians

Table PS-2 presents site-specific counts of all enrolled physicians and the ratios of full scope FFS Medi-Cal only beneficiaries to all enrolled physicians by county plan model type. Site-specific physician counts statewide increased from 107,332 to 109,854, or 2.3%.

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 30,059 in Los Angeles County (see Table PS-7 in the [Appendix](#) for county level detail). Glenn County had the highest average ratio of beneficiaries to provider (247) and San Mateo County had the lowest ratio, averaging only 0.8. Imperial County was the only other county with over 201.2 beneficiaries per provider.

Statewide and plan type beneficiary-to-provider ratios improved for the study period. The statewide ratio improved by 20.5% and three of the plan type ratios improved, from 2.9% for FFS counties up to 28.1% for Two-Plan counties. However, the ratio for COHS counties increased by 4.3% (2.3 to 2.4).

Table PS-2 Physician Supply, All Enrolled Physician Sites, FFS, Medi-Cal Only

	Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio				
	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2
Statewide	107,332	108,057	109,049	109,854	2.3%	12.7	11.6	10.6	10.1	-20.5%
County Plan Model Type										
County Organized Health System (COHS)	20,560	20,670	20,824	20,981	2.0%	2.3	2.0	2.0	2.4	4.3%
Fee-for-Service (FFS)	4,100	4,132	4,143	4,172	1.8%	76.3	74.9	74.6	74.1	-2.9%
Geographic Managed Care (GMC)	15,976	16,108	16,252	16,353	2.4%	9.4	8.6	7.7	7.0	-25.5%
Two-Plan (Commercial Plan and Local Initiative)	66,696	67,147	67,830	68,348	2.5%	12.8	11.4	10.1	9.2	-28.1%

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and counts of physicians with Active and Indirect enrollment status from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Statewide and plan type beneficiary-to-provider ratios showed improvement for the study period. The statewide ratio decreased by 20.5% and three of the plan type ratios decreased, from 2.9% for FFS counties up to 28.1% for Two-Plan counties. The ratio for COHS counties increased by 4.3% (2.3 to 2.4).

Counties were more variable. In 39 counties, the beneficiary-to-provider ratios improved, from 0.1% for Trinity County to 45.7% for San Francisco County. Eighteen counties experienced some increase in their ratios ranging from 0.1% for Calaveras County to 33.3% for Solano County. Nine of these counties had a 10% or greater increase in their ratios. All but one were COHS counties. In absolute numbers, with the exception of Alpine County, whose ratio

increased from 76.0 to 84.5, the actual changes in the ratios from the beginning to the end of the study period range from 0.1 to 1.1. These eight counties have some of the lowest average beneficiary-to-provider ratios in the state, ranging from 0.8 for Marin County to 6.7 for Merced County. Santa Barbara County is the only county that did not change during the four quarters. Figure PS-3 illustrates the overall beneficiary-to-physician ratios by county.

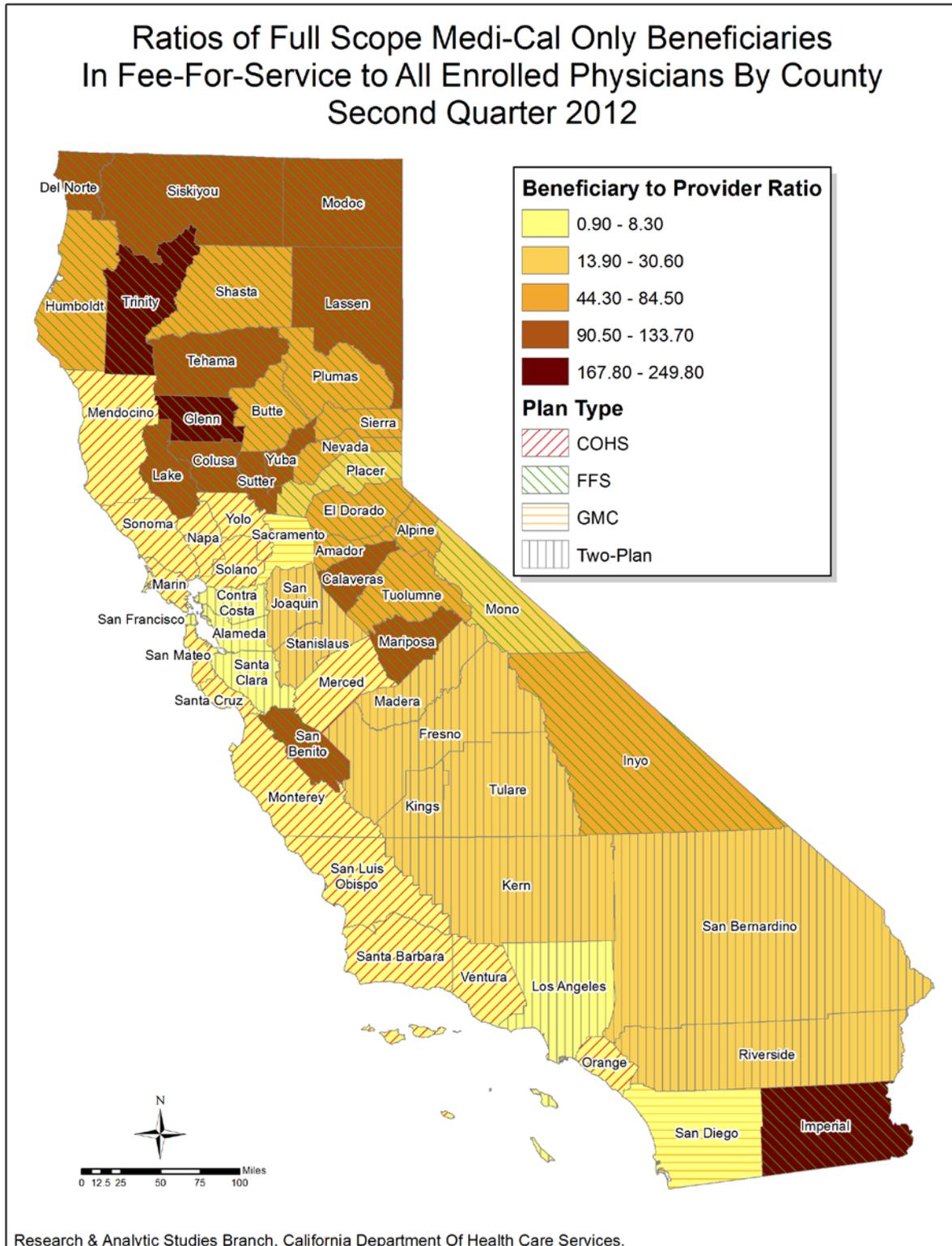
A version of Table PS-2 that includes full scope Managed Care beneficiaries is presented in Table PS-3 (See Table PS-8 in the [Appendix](#) for county level detail). This table is included for comparison purposes only, since network adequacy for beneficiaries enrolled in Managed Care health plans is governed by separate statutory and contractual requirements, and enforced and monitored by Medi-Cal's Managed Care Division.

Table PS-3 Physician Supply, All Enrolled Physician Sites, All Medi-Cal Only Beneficiaries

	Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio				
	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2
Statewide	107,332	108,057	109,049	109,854	2.3%	52.6	52.1	51.6	51.4	-2.3%
County Plan Model Type										
County Organized Health System (COHS)	20,560	20,670	20,824	20,981	2.0%	42.5	42.1	42.0	41.9	-1.4%
Fee-for-Service (FFS)	4,100	4,132	4,143	4,172	1.8%	76.7	75.4	75.1	74.6	-2.7%
Geographic Managed Care (GMC)	15,976	16,108	16,252	16,353	2.4%	37.3	37.1	36.7	36.6	-1.9%
Two-Plan (Commercial Plan and Local Initiative)	66,696	67,147	67,830	68,348	2.5%	57.9	57.3	56.7	56.4	-2.6%

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and counts of physicians with Active and Indirect enrollment status from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Figure PS-3 Ratios of Beneficiaries to All Physicians, by County, 2012 Quarter 2



Ratio of Beneficiaries to Primary Care Physicians

Table PS-4 includes the counts of all enrolled primary care physicians, and the ratios of full scope Medi-Cal only beneficiaries to all enrolled primary care physicians by county and county plan model type.

Statewide, primary care physician enrollment showed some improvement from the third quarter of 2011 to the second quarter of 2012, increasing 2.4% from 38,833 to 39,747.

Average counts ranged from one in Alpine County to fewer than ten in Sierra, Trinity, and Glenn Counties (All such counties are primarily rural with small populations and offer only the FFS plan model), to Los Angeles County with 11,433.3 primary care providers (see Table PS-9 in [Appendix](#) for county level detail). It is important to note that although there are counties with few or 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-12 in the [Appendix](#) displays the total number of clinics by county available to serve Medi-Cal beneficiaries

The beneficiary-to-primary-care-physician ratio improved statewide by 21.0% during the study period, while the ratios for COHS counties increased by 4.7% (6.4 to 6.7).

Table PS-4 Primary Care Physicians, All Enrolled Physician Sites, FFS, Full Scope, Medi-Cal Only

	Number of Providers					Population-to-Provider Ratio				
	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change In # of Providers	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change in Ratio
Statewide	38,833	39,068	39,426	39,747	2.4%	35.2	32.1	29.4	27.8	-21.0%
County Plan Model Type										
County Organized Health System (COHS)	7,315	7,369	7,425	7,503	2.6%	6.4	5.7	5.5	6.7	4.7%
Fee-for-Service (FFS)	1,744	1,758	1,759	1,772	1.6%	179.3	176.1	175.8	174.5	-2.7%
Geographic Managed Care (GMC)	5,418	5,458	5,494	5,531	2.1%	27.8	25.3	22.7	20.8	-25.2%
Two-Plan (Commercial Plan and Local Initiative)	24,356	24,483	24,748	24,941	2.4%	35.1	31.1	27.6	25.2	-28.2%

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and counts of primary care physicians with Active and Indirect enrollment status from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Note: This table was updated using new methodology as outlined in the 2012 Quarter 4 report.

The beneficiary-to-primary-care-physician ratio experienced an overall improvement statewide by 21.0% during the study period. The ratios for COHS counties increased by 4.7% (6.4 to 6.7) and declined from 2.7% for FFS counties to 28.2% for Two-Plan counties.

The change in county level beneficiary-to-primary-care-physician ratios across the four quarters showed improvement for 38 counties, ranging from 0.3% for El Dorado County to 46.9% for

San Francisco County. Sixteen counties showed some increase in their ratios, ranging from 0.1% for Calaveras County to 32.4% for Solano County. Eight of these counties, seven COHS and one FFS, had increases greater than 10%. With the exception of Alpine County the actual changes in the ratios for these eight counties are relatively small, ranging from 0.3 for Marin County to 2.2 for Merced County. Alpine showed an increase of 17 patients per provider over the four quarters. As was seen with the beneficiary-to-physician ratios, the actual changes in the ratios for these eight counties are relatively small, ranging from 0.5 for Marin County to 6.1 for Merced County. These counties, with the exception of Alpine County, also have among the lowest ratios in the state. Alpine County has only one registered primary care provider.

Ratio of All Non-Elderly, Adult Female Beneficiaries to OB/GYN Physicians

Table PS-5 presents site-specific counts of all enrolled OB/GYN physicians and the ratios of all female full scope and limited scope beneficiaries between ages 18–64 to OB/GYN physicians.

Statewide, OB/GYN physicians increased 2.2%, from 6,422 to 6,563 during the study period.

Los Angeles County had an average of 1,802.5 OB/GYNs enrolled in Medi-Cal (see Table PS-10 in the [Appendix](#) for county level detail). However, 21 counties had ten or fewer and four counties had no physicians with an OB\GYN designation. All such counties are primarily rural with small populations and offer only the FFS plan model. Such low physician counts result in widely varying (and sometimes nonexistent) beneficiary-to-provider ratios by county. These counties have little or no OB/GYN physician presence according to California's Medical Board physician counts.

Beneficiary-to-OB/GYN-physician ratios improved statewide by 13.3%. Ratios for three of the plan types improved from 2.8% for FFS counties to 22.7% for GMC counties. COHS counties showed no change across the four quarters.

Table PS-5 Physician Supply, Physicians with an OB/GYN Specialty, FFS, Medi-Cal Only, Non-Elderly Adult Females

	Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio				
	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2
Statewide	6,422	6,456	6,524	6,563	2.3%	122.3	115.3	109.5	106.0	-13.3%
County Plan Model Type										
County Organized Health System (COHS)	1,341	1,341	1,357	1,366	1.9%	70.2	68.8	68.6	70.2	-0.0%
Fee-for-Service (FFS)	230	232	232	233	1.3%	409.9	401.6	401.3	398.6	-2.8%
Geographic Managed Care (GMC)	810	817	822	825	1.9%	81.5	73.9	67.2	63.0	-22.7%
Two-Plan (Commercial Plan and Local Initiative)	4,041	4,066	4,113	4,139	2.4%	131.4	122.6	115.0	109.9	-16.4%

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and counts of OB/GYN physicians with Active and Indirect enrollment status from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

The average beneficiary-to-OB/GYN-physician ratios for the study period ranged from 29.4 for San Francisco County to 1,656.0 for Calaveras County. Six counties had ratios over 1,000. The ratios of Alpine, Mariposa, Sierra, and Trinity Counties could not be calculated because there were no registered OB/GYN physicians. This does not necessarily mean that beneficiaries do not have 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 OB/GYN services to beneficiaries residing in these communities. Table PS-12 in the [Appendix](#) displays the total number of clinics by county available to serve Medi-Cal beneficiaries.

Beneficiary-to-OB/GYN-physician ratios improved statewide by 13.3%. Ratios for three of the plan types improved from 2.8% for FFS counties to 22.7% for GMC counties. COHS counties showed no change across the four quarters.

At the county level, 39 counties showed declines in their ratios, spanning from a low of 0.1% for Sutter County to a high of 26.8% for San Francisco County. Fifteen counties showed increases in their ratios, from 0.3% for Colusa County to 10.4% for Mono County. Alpine, Mariposa, Sierra, and Trinity Counties had no physicians registered in the OB/GYN specialty area.

Ratio of Children to Pediatricians

Table PS-6 includes site-specific counts of all enrolled pediatric physicians and the ratios of full scope children under age 18 and eligible for Medi-Cal only to all enrolled pediatric physicians by county plan model type.

Enrollment increased statewide from 10,921 pediatricians in the third quarter of 2011 to 11,168 in the second quarter of 2012, a 2.3% increase.

Los Angeles County had the highest average number of pediatricians with 2,986.8 (see Table PS-11 in the [Appendix](#) for county level detail). In 13 counties, there were fewer than 10 pediatricians and zero in seven other counties. The 20 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, other clinics, and general care physicians with a specialty other than pediatrics may render pediatric services in these communities. Table PS-12 in the [Appendix](#) displays the total number of clinics by county available to serve Medi-Cal beneficiaries.

The child-to-pediatrician ratio improved statewide during the study period by 10.0% from 64.3 to 57.9. Ratios by plan type improved from 3.5% for FFS and COHS counties to 13.4% for Two-Plan counties.

Table PS-6 Physician Supply, Physicians with a Pediatric Specialty, FFS, Full Scope, Medi-Cal Only Children

	Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio				
	2011 Qtr 3	2011 Qtr 4	2012 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2	2011 Qtr 3	2011 Qtr 4	2011 Qtr 1	2012 Qtr 2	% Change 2011 Qtr 3–2012 Qtr 2
Statewide	10,921	11,007	11,089	11,168	2.3%	64.3	61.2	58.7	57.9	-10.0%
County Plan Model Type										
County Organized Health System (COHS)	1,944	1,948	1,959	1,977	1.7%	17.0	14.8	13.9	16.4	-3.5%
Fee-for-Service (FFS)	274	275	277	281	2.6%	627.5	619.2	613.7	605.7	-3.5%
Geographic Managed Care (GMC)	1,462	1,484	1,493	1,498	2.5%	51.6	50.1	48.3	46.7	-9.5%
Two-Plan (Commercial Plan and Local Initiative)	7,241	7,300	7,360	7,412	2.4%	58.3	54.8	51.9	50.5	-13.4%

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and counts of pediatricians with Active and Indirect enrollment status from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

The average child-to-pediatrician ratio from the third quarter of 2011 to the second quarter of 2012 ranged from 5.2 for San Mateo County to 1,700.3 for Glenn County. Eight counties had ratios over 1,000. The ratios of seven counties could not be calculated because there were no pediatricians registered. As with the OB/GYNs, low pediatrician counts resulted in widely varying (and sometimes nonexistent) beneficiary-to-physician ratios by county.

The child-to-pediatrician ratio improved statewide during the study period by 10.0% from 64.3 to 57.9. Ratios by plan type improved from 3.5% for FFS and COHS counties to 13.4% for Two-Plan counties.

The ratios for 36 counties improved, from 0.2% for Del Norte County to 20.9% for Madera County (see Table PS-11 in the [Appendix](#)). Fifteen counties showed increases in their ratios, ranging from 0.2% for Siskiyou County to 30.2% for Santa Clara County. Five counties, all COHS counties, had increases of 10% or higher. As was seen with the beneficiary-to-physician ratios, the actual changes in the ratios for these five counties are relatively small, ranging from 0.7 for Marin County to 3.2 for San Luis Obispo and Solano Counties. These five counties also have some of the lowest ratios in the state. Seven counties had no physicians registered in the pediatric specialty area.

The distribution of child-to-pediatrician ratios by plan model type follows the same pattern as with the OB/GYNs. The lowest physician counts are all in rural, FFS plan counties and the highest child-to-pediatrician ratios are in FFS plan counties as a whole.

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 third quarter of 2011 to the second quarter of 2012. The findings indicate that the statewide supply of physicians potentially available to beneficiaries eligible for full scope Medi-Cal only and participating in FFS was more than adequate.
2. The statewide beneficiary-to-provider ratios disclosed small increases in overall physician supply potentially available to Medi-Cal's FFS population (107,332 to 109,854, or 2.3%). However, there were significant differences in these ratios between regions of the state. In general, the primarily rural counties utilizing the FFS model reported lower site-specific physician numbers and significantly higher beneficiary-to-provider ratios than counties utilizing other health plan models. In general, counties utilizing the Two-Plan managed care model and having a more urbanized population reported lower beneficiary-to-provider ratios compared to Two-Plan counties in more rural areas.
3. The statewide number of primary care physicians increased 2.4%, from 38,833 to 39,747. The beneficiary-to-primary-care-physician ratio improved by 21.0%, from 35.2 in the third quarter of 2011 to 27.8 in the second quarter of 2012. This ratio indicates that statewide the supply of primary care physicians was more than adequate to meet demand. In no case did the beneficiary-to-provider ratio exceed commonly referred to health provider shortage benchmarks.
4. Based on the beneficiary population eligible for FFS Medi-Cal only and a panel size of 2,100 patients, the Medi-Cal program would need a primary care physician supply totaling about 523. With a current supply of Medi-Cal primary care physicians at 39,747 and current level of full scope Medi-Cal FFS participation at 1,104,125, an enrolled primary care physician need only dedicate 1.3% of his practice, or see an estimated 28 Medi-Cal patients, to meet the current needs of the program. However, this does not consider specific geographic regions, patient mix, and the concentration of beneficiaries among providers. Nor does it take into consideration that these same providers may also participate in other health networks, including commercial plans. Although, it does provide some context for the size of the Medi-Cal potential physician capacity.
5. During the period under study, physician enrollment for each specialty area investigated (primary care, OB/GYN, pediatrics) increased slightly, leading to favorable beneficiary-to-provider-supply ratios. For example, for non-elderly adult women participating in the Medi-Cal FFS system and entitled to full scope services, the beneficiary-to-OB/GYN-physician ratio declined from 122.3 to 106.0, indicating an increased supply for this physician specialty area. Likewise, the ratio of children to pediatricians improved from 64.3 to 57.9 for children eligible for full scope Medi-Cal benefits and participating in the FFS system.

Appendix: Physician Supply by County

Table PS-7 Physician Supply, All Enrolled Physicians, FFS Medi-Cal Only Beneficiaries

		Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio						
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	% Change 2011 Q3-2012 Q2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Statewide		107,332	108,057	109,049	109,854	108,573.0	2.3%	12.7	11.6	10.6	10.1	11.3	-20.5%
County Plan Model Type													
County Organized Health System (COHS)		20,560	20,670	20,824	20,981	20,758.8	2.0%	2.3	2.0	2.0	2.4	2.2	4.3%
Fee-for-Service (FFS)		4,100	4,132	4,143	4,172	4,136.8	1.8%	76.3	74.9	74.6	74.1	75.0	-2.9%
Geographic Managed Care (GMC)		15,976	16,108	16,252	16,353	16,172.3	2.4%	9.4	8.6	7.7	7.0	8.2	-25.5%
Two-Plan (Commercial Plan and Local Initiative)		66,696	67,147	67,830	68,348	67,505.3	2.5%	12.8	11.4	10.1	9.2	10.9	-28.1%
County	Plan Type												
Alameda	Two-Plan	4,724	4,755	4,786	4,820	4,771.3	2.0%	9.5	8.3	7.1	6.5	7.9	-31.6%
Alpine	FFS	2	2	2	2	2.0	0.0%	76.0	81.0	86.5	84.5	82.0	11.2%
Amador	FFS	56	57	57	57	56.8	1.8%	62.8	62.1	62.6	63.3	62.7	0.8%
Butte	FFS	516	519	522	523	520.0	1.4%	78.5	77.3	76.6	76.1	77.1	-3.1%
Calaveras	FFS	49	49	49	49	49.0	0.0%	110.5	109.6	109.8	110.6	110.1	0.1%
Colusa	FFS	40	40	39	39	39.5	-2.5%	88.9	88.1	90.4	90.5	89.5	1.8%
Contra Costa	Two-Plan	2,863	2,872	2,905	2,933	2,893.3	2.4%	9.1	8.2	7.3	6.6	7.8	-27.5%
Del Norte	FFS	53	54	54	54	53.8	1.9%	123.9	121.1	121.4	120.7	121.8	-2.6%
El Dorado	FFS	280	283	283	284	282.5	1.4%	52.1	51.3	51.3	51.3	51.5	-1.5%
Fresno	Two-Plan	2,002	2,014	2,031	2,046	2,023.3	2.2%	19.1	17.0	15.5	13.9	16.4	-27.2%
Glenn	FFS	22	22	22	22	22.0	0.0%	246.8	244.0	247.3	249.8	247.0	1.2%
Humboldt	FFS	409	411	413	416	412.3	1.7%	52.0	51.4	51.0	50.7	51.3	-2.5%
Imperial	FFS	216	225	225	231	224.3	6.9%	209.7	200.1	199.8	195.1	201.2	-7.0%

		Site-Specific Physician Counts						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	% Change 2011 Q3-2012 Q2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Inyo	FFS	39	39	38	38	38.5	-2.6%	66.9	66.1	68.1	67.7	67.2	1.2%
Kern	Two-Plan	1,789	1,793	1,802	1,810	1,798.5	1.2%	24.5	22.1	20.8	19.4	21.7	-20.8%
Kings	Two-Plan	189	194	195	194	193.0	2.6%	32.4	28.8	26.4	23.8	27.9	-26.5%
Lake	FFS	120	121	121	120	120.5	0.0%	111.6	109.3	109.7	109.8	110.1	-1.6%
Lassen	FFS	31	31	32	32	31.5	3.2%	132.6	131.4	124.5	120.8	127.3	-8.9%
Los Angeles	Two-Plan	29,737	29,910	30,182	30,410	30,059.8	2.3%	12.4	10.7	9.2	8.3	10.2	-33.1%
Madera	Two-Plan	288	294	295	300	294.3	4.2%	21.9	19.2	17.6	15.5	18.6	-29.2%
Marin *	COHS	770	773	777	782	775.5	1.6%	0.8	0.7	0.7	0.9	0.8	12.5%
Mariposa	FFS	19	19	19	19	19.0	0.0%	116.0	112.3	112.6	115.6	114.1	-0.3%
Mendocino *	COHS	206	206	206	206	206.0	0.0%	3.9	3.6	3.5	3.8	3.7	-2.6%
Merced	COHS	366	371	373	376	371.5	2.7%	6.7	5.9	6.2	7.8	6.7	16.4%
Modoc	FFS	14	14	14	14	14.0	0.0%	110.6	108.4	107.6	108.1	108.7	-2.3%
Mono	FFS	45	45	45	45	45.0	0.0%	21.7	21.8	22.5	23.1	22.3	6.5%
Monterey	COHS	911	916	919	923	917.3	1.3%	3.7	3.1	3.0	3.6	3.4	-2.7%
Napa	COHS	379	379	379	382	379.8	0.8%	1.9	1.7	1.6	2.1	1.8	10.5%
Nevada	FFS	194	195	196	197	195.5	1.5%	45.6	45.4	45.0	44.3	45.1	-2.9%
Orange	COHS	8,350	8,400	8,462	8,527	8,434.8	2.1%	2.2	1.8	1.7	2.0	1.9	-9.1%
Placer	FFS	753	760	765	777	763.8	3.2%	31.6	31.2	31.0	30.6	31.1	-3.2%
Plumas	FFS	35	35	35	35	35.0	0.0%	67.3	67.8	67.6	68.3	67.8	1.5%
Riverside	Two-Plan	2,957	2,978	3,023	3,055	3,003.3	3.3%	27.0	24.4	22.0	20.6	23.5	-23.7%
Sacramento	GMC	5,851	5,889	5,933	5,971	5,911.0	2.1%	9.6	8.6	7.8	7.0	8.3	-27.1%
San Benito	FFS	67	67	67	67	67.0	0.0%	116.5	115.1	116.3	115.8	115.9	-0.6%
San Bernardino	Two-Plan	4,578	4,625	4,722	4,751	4,669.0	3.8%	22.0	20.0	18.3	17.6	19.5	-20.0%
San Diego	GMC	10,125	10,219	10,319	10,382	10,261.3	2.5%	9.4	8.5	7.6	7.1	8.2	-24.5%
San Francisco	Two-Plan	6,485	6,525	6,584	6,629	6,555.8	2.2%	3.5	2.9	2.3	1.9	2.7	-45.7%

		Site-Specific Physician Counts						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	% Change 2011 Q3-2012 Q2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
San Joaquin	Two-Plan	1,488	1,496	1,516	1,531	1,507.8	2.9%	19.8	17.5	15.6	14.0	16.7	-29.3%
San Luis Obispo	COHS	483	485	486	488	485.5	1.0%	2.6	2.5	2.6	3.3	2.8	26.9%
San Mateo	COHS	2,876	2,888	2,906	2,928	2,899.5	1.8%	1.1	1.0	1.0	1.4	1.1	27.3%
Santa Barbara	COHS	1,159	1,163	1,168	1,173	1,165.8	1.2%	3.0	2.8	2.7	3.0	2.9	0.0%
Santa Clara	Two-Plan	7,560	7,627	7,702	7,764	7,663.3	2.7%	5.0	4.7	4.3	3.8	4.5	-24.0%
Santa Cruz	COHS	635	636	639	644	638.5	1.4%	2.5	2.4	2.5	3.2	2.7	28.0%
Shasta	FFS	491	493	496	497	494.3	1.2%	67.1	65.5	64.8	64.7	65.5	-3.6%
Sierra	FFS	5	5	5	5	5.0	0.0%	68.0	66.2	66.0	67.6	67.0	-0.6%
Siskiyou	FFS	88	89	89	89	88.8	1.1%	93.2	91.2	91.9	92.5	92.2	-0.8%
Solano	COHS	1,313	1,322	1,351	1,369	1,338.8	4.3%	1.5	1.4	1.3	2.0	1.6	33.3%
Sonoma	COHS	1,157	1,161	1,174	1,183	1,168.8	2.2%	2.6	2.4	2.3	2.8	2.5	7.7%
Stanislaus	Two-Plan	1,300	1,323	1,335	1,346	1,326.0	3.5%	23.4	21.4	20.3	19.6	21.2	-16.2%
Sutter	FFS	168	169	168	172	169.3	2.4%	107.0	106.2	107.0	104.7	106.2	-2.1%
Tehama	FFS	101	101	101	101	101.0	0.0%	138.0	133.1	132.7	133.7	134.4	-3.1%
Trinity	FFS	13	13	13	13	13.0	0.0%	167.9	169.4	168.3	167.8	168.4	-0.1%
Tulare	Two-Plan	736	741	752	759	747.0	3.1%	29.6	27.6	25.5	22.9	26.4	-22.6%
Tuolumne	FFS	107	106	105	105	105.8	-1.9%	60.1	59.6	60.3	59.7	59.9	-0.7%
Ventura *	COHS	1,485	1,497	1,506	1,520	1,502.0	2.4%	3.3	3.1	3.0	3.9	3.3	18.2%
Yolo	COHS	470	473	478	480	475.3	2.1%	3.8	3.6	3.4	4.0	3.7	5.3%
Yuba	FFS	167	168	168	169	168.0	1.2%	100.6	98.1	96.9	95.9	97.9	-4.7%

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

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Table PS-8 Physician Supply, All Enrolled Physicians, All Medi-Cal Only Beneficiaries

		Site-Specific Physician Counts					Beneficiaries-to-Providers Ratio						
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Statewide		107,332	108,057	109,049	109,854	108,573.0	2.3%	52.6	52.1	51.6	51.4	51.9	-2.3%
County Plan Model Type													
County Organized Health System (COHS)		20,560	20,670	20,824	20,981	20,758.8	2.0%	42.5	42.1	42.0	41.9	42.1	-1.4%
Fee-for-Service (FFS)		4,100	4,132	4,143	4,172	4,136.8	1.8%	76.7	75.4	75.1	74.6	75.5	-2.7%
Geographic Managed Care (GMC)		15,976	16,108	16,252	16,353	16,172.3	2.4%	37.3	37.1	36.7	36.6	36.9	-1.9%
Two-Plan (Commercial Plan and Local Initiative)		66,696	67,147	67,830	68,348	67,505.3	2.5%	57.9	57.3	56.7	56.4	57.1	-2.6%
County	Plan Type												
Alameda	Two-Plan	4,724	4,755	4,786	4,820	4,771.3	2.0%	38.3	38.2	38.0	37.9	38.1	-1.0%
Alpine	FFS	2	2	2	2	2.0	0.0%	76.5	81.5	86.5	85.0	82.4	11.1%
Amador	FFS	56	57	57	57	56.8	1.8%	63.1	62.5	63.0	63.6	63.1	0.8%
Butte	FFS	516	519	522	523	520.0	1.4%	78.9	77.7	77.0	76.4	77.5	-3.2%
Calaveras	FFS	49	49	49	49	49.0	0.0%	111.4	110.5	110.7	111.8	111.1	0.4%
Colusa	FFS	40	40	39	39	39.5	-2.5%	89.3	88.4	90.7	90.8	89.8	1.7%
Contra Costa	Two-Plan	2,863	2,872	2,905	2,933	2,893.3	2.4%	36.0	36.2	36.0	35.9	36.0	-0.3%
Del Norte	FFS	53	54	54	54	53.8	1.9%	124.1	121.4	121.7	121.0	122.1	-2.5%
El Dorado	FFS	280	283	283	284	282.5	1.4%	52.5	51.6	51.7	51.6	51.9	-1.7%
Fresno	Two-Plan	2,002	2,014	2,031	2,046	2,023.3	2.2%	125.8	124.9	124.3	124.1	124.8	-1.4%
Glenn	FFS	22	22	22	22	22.0	0.0%	247.5	244.7	248.4	251.0	247.9	1.4%
Humboldt	FFS	409	411	413	416	412.3	1.7%	52.2	51.7	51.3	50.9	51.5	-2.5%
Imperial	FFS	216	225	225	231	224.3	6.9%	211.3	201.6	201.4	196.7	202.8	-6.9%
Inyo	FFS	39	39	38	38	38.5	-2.6%	67.0	66.2	68.2	67.8	67.3	1.2%
Kern	Two-Plan	1,789	1,793	1,802	1,810	1,798.5	1.2%	106.4	105.2	105.3	105.0	105.5	-1.3%

		Site-Specific Physician Counts						Beneficiaries-to-Providers Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Kings	Two-Plan	189	194	195	194	193.0	2.6%	153.4	148.5	147.9	148.8	149.7	-3.0%
Lake	FFS	120	121	121	120	120.5	0.0%	112.8	110.6	111.0	110.8	111.3	-1.8%
Lassen	FFS	31	31	32	32	31.5	3.2%	133.1	132.1	125.1	121.3	127.9	-8.9%
Los Angeles	Two-Plan	29,737	29,910	30,182	30,410	30,059.8	2.3%	57.6	57.0	56.3	55.9	56.7	-3.0%
Madera	Two-Plan	288	294	295	300	294.3	4.2%	118.0	115.3	115.8	115.0	116.0	-2.5%
Marin *	COHS	770	773	777	782	775.5	1.6%	17.7	17.4	17.4	17.2	17.4	-2.8%
Mariposa	FFS	19	19	19	19	19.0	0.0%	118.0	115.0	114.2	117.1	116.1	-0.8%
Mendocino *	COHS	206	206	206	206	206.0	0.0%	84.4	84.7	85.6	86.2	85.2	2.1%
Merced	COHS	366	371	373	376	371.5	2.7%	183.3	180.0	180.2	179.9	180.9	-1.9%
Modoc	FFS	14	14	14	14	14.0	0.0%	110.6	108.6	108.1	108.2	108.9	-2.2%
Mono	FFS	45	45	45	45	45.0	0.0%	21.8	21.8	22.6	23.2	22.4	6.4%
Monterey	COHS	911	916	919	923	917.3	1.3%	73.5	72.5	73.7	74.1	73.5	0.8%
Napa	COHS	379	379	379	382	379.8	0.8%	31.5	31.4	31.5	31.4	31.5	-0.3%
Nevada	FFS	194	195	196	197	195.5	1.5%	45.8	45.6	45.2	44.5	45.3	-2.8%
Orange	COHS	8,350	8,400	8,462	8,527	8,434.8	2.1%	38.7	38.4	38.1	38.1	38.3	-1.6%
Placer	FFS	753	760	765	777	763.8	3.2%	31.9	31.6	31.5	31.0	31.5	-2.8%
Plumas	FFS	35	35	35	35	35.0	0.0%	67.6	68.1	67.8	68.6	68.0	1.5%
Riverside	Two-Plan	2,957	2,978	3,023	3,055	3,003.3	3.3%	111.0	109.9	107.7	107.0	108.9	-3.6%
Sacramento	GMC	5,851	5,889	5,933	5,971	5,911.0	2.1%	44.3	44.1	43.8	43.8	44.0	-1.1%
San Benito	FFS	67	67	67	67	67.0	0.0%	118.9	117.5	118.3	118.0	118.2	-0.8%
San Bernardino	Two-Plan	4,578	4,625	4,722	4,751	4,669.0	3.8%	85.5	84.3	82.7	83.0	83.9	-2.9%
San Diego	GMC	10,125	10,219	10,319	10,382	10,261.3	2.5%	33.3	33.0	32.6	32.5	32.9	-2.4%
San Francisco	Two-Plan	6,485	6,525	6,584	6,629	6,555.8	2.2%	12.3	12.1	12.0	12.0	12.1	-2.4%
San Joaquin	Two-Plan	1,488	1,496	1,516	1,531	1,507.8	2.9%	96.7	95.9	95.0	94.6	95.6	-2.2%
San Luis Obispo	COHS	483	485	486	488	485.5	1.0%	50.7	50.2	50.4	50.2	50.4	-1.0%

		Site-Specific Physician Counts						Beneficiaries-to-Providers Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Physicians	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
San Mateo	COHS	2,876	2,888	2,906	2,928	2,899.5	1.8%	16.7	16.9	16.9	17.0	16.9	1.8%
Santa Barbara	COHS	1,159	1,163	1,168	1,173	1,165.8	1.2%	50.2	49.7	49.6	49.5	49.8	-1.4%
Santa Clara	Two-Plan	7,560	7,627	7,702	7,764	7,663.3	2.7%	23.1	22.9	22.7	22.5	22.8	-2.6%
Santa Cruz	COHS	635	636	639	644	638.5	1.4%	48.4	48.1	48.2	48.2	48.2	-0.4%
Shasta	FFS	491	493	496	497	494.3	1.2%	67.3	65.7	65.0	64.9	65.7	-3.6%
Sierra	FFS	5	5	5	5	5.0	0.0%	70.2	68.4	68.6	69.8	69.3	-0.6%
Siskiyou	FFS	88	89	89	89	88.8	1.1%	93.5	91.4	92.2	92.7	92.5	-0.9%
Solano	COHS	1,313	1,322	1,351	1,369	1,338.8	4.3%	40.1	39.7	38.7	38.3	39.2	-4.5%
Sonoma	COHS	1,157	1,161	1,174	1,183	1,168.8	2.2%	38.9	38.8	38.4	38.5	38.7	-1.0%
Stanislaus	Two-Plan	1,300	1,323	1,335	1,346	1,326.0	3.5%	82.6	81.1	80.2	80.2	81.0	-2.9%
Sutter	FFS	168	169	168	172	169.3	2.4%	107.5	106.7	107.5	105.2	106.7	-2.1%
Tehama	FFS	101	101	101	101	101.0	0.0%	138.5	133.5	133.0	134.1	134.8	-3.2%
Trinity	FFS	13	13	13	13	13.0	0.0%	168.3	170.0	168.8	168.3	168.9	0.0%
Tulare	Two-Plan	736	741	752	759	747.0	3.1%	180.6	179.1	177.4	176.5	178.4	-2.3%
Tuolumne	FFS	107	106	105	105	105.8	-1.9%	60.6	60.3	61.1	60.5	60.6	-0.2%
Ventura *	COHS	1,485	1,497	1,506	1,520	1,502.0	2.4%	61.5	60.3	59.9	59.4	60.3	-3.4%
Yolo	COHS	470	473	478	480	475.3	2.1%	49.8	49.3	48.8	49.0	49.2	-1.6%
Yuba	FFS	167	168	168	169	168.0	1.2%	101.1	98.5	97.3	96.3	98.3	-4.7%

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

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Table PS-9 Primary Care Physician Supply, All Enrolled Physicians, FFS, Full Scope, Medi-Cal Only Beneficiaries

		Site-Specific Physician Counts					Beneficiaries-to-Providers Ratio						
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Number of Physicians	% Change In # of Providers	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change in Ratio
Statewide		38,833	39,068	39,426	39,747	39,268.5	2.4%	35.2	32.1	29.4	27.8	31.1	-21.0%
County Plan Model Type													
County Organized Health System (COHS)		7,315	7,369	7,425	7,503	7,403.0	2.6%	6.4	5.7	5.5	6.7	6.1	4.7%
Fee-for-Service (FFS)		1,744	1,758	1,759	1,772	1,758.3	1.6%	179.3	176.1	175.8	174.5	176.4	-2.7%
Geographic Managed Care (GMC)		5,418	5,458	5,494	5,531	5,475.3	2.1%	27.8	25.3	22.7	20.8	24.2	-25.2%
Two-Plan (Commercial Plan and Local Initiative)		24,356	24,483	24,748	24,941	24,632.0	2.4%	35.1	31.1	27.6	25.2	29.8	-28.2%
County	Plan Type												
Alameda	Two-Plan	1,634	1,639	1,651	1,668	1,648.0	2.1%	27.5	24.0	20.5	18.6	22.7	-32.4%
Alpine	FFS	1	1	1	1	1.0	0.0%	152.0	162.0	173.0	169.0	164.0	11.2%
Amador	FFS	33	33	33	32	32.8	-3.0%	106.6	107.2	108.1	112.8	108.7	5.8%
Butte	FFS	192	190	190	193	191.3	0.5%	211.0	211.1	210.4	206.1	209.7	-2.3%
Calaveras	FFS	24	25	25	24	24.5	0.0%	225.5	214.8	215.2	225.8	220.3	0.1%
Colusa	FFS	30	30	30	30	30.0	0.0%	118.6	117.5	117.5	117.6	117.8	-0.8%
Contra Costa	Two-Plan	1,096	1,100	1,109	1,125	1,107.5	2.6%	23.7	21.4	19.2	17.1	20.4	-27.8%
Del Norte	FFS	25	26	26	26	25.8	4.0%	262.6	251.5	252.2	250.7	254.3	-4.5%
El Dorado	FFS	103	103	103	103	103.0	0.0%	141.7	140.8	140.8	141.3	141.2	-0.3%
Fresno	Two-Plan	733	738	749	757	744.3	3.3%	52.1	46.4	42.1	37.6	44.6	-27.8%
Glenn	FFS	9	9	9	9	9.0	0.0%	603.2	596.3	604.6	610.6	603.7	1.2%
Humboldt	FFS	183	184	184	185	184.0	1.1%	116.2	114.9	114.5	114.0	114.9	-1.9%
Imperial	FFS	57	63	65	70	63.8	22.8%	794.6	714.8	691.6	643.7	711.2	-19.0%
Inyo	FFS	18	18	18	18	18.0	0.0%	145.0	143.1	143.7	142.8	143.7	-1.5%
Kern	Two-Plan	703	701	704	709	704.3	0.9%	62.4	56.4	53.3	49.4	55.4	-20.8%

		Site-Specific Physician Counts						Beneficiaries-to-Providers Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Number of Physicians	% Change In # of Providers	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change in Ratio
Kings	Two-Plan	79	83	82	82	81.5	3.8%	77.6	67.4	62.7	56.2	66.0	-27.6%
Lake	FFS	47	48	48	48	47.8	2.1%	284.8	275.6	276.4	274.4	277.8	-3.7%
Lassen	FFS	14	14	15	15	14.5	7.1%	293.6	291.0	265.6	257.7	277.0	-12.2%
Los Angeles	Two-Plan	11,327	11,363	11,476	11,567	11,433.3	2.1%	32.4	28.1	24.1	21.9	26.6	-32.4%
Madera	Two-Plan	64	65	65	64	64.5	0.0%	98.5	86.9	79.9	72.7	84.5	-26.2%
Marin *	COHS	309	310	309	315	310.8	1.9%	1.9	1.7	1.7	2.2	1.9	15.8%
Mariposa	FFS	12	12	12	11	11.8	-8.3%	183.6	177.8	178.3	199.6	184.8	8.7%
Mendocino *	COHS	71	71	71	71	71.0	0.0%	11.3	10.4	10.0	11.0	10.7	-2.7%
Merced	COHS	162	166	167	169	166.0	4.3%	15.2	13.1	13.8	17.4	14.9	14.5%
Modoc	FFS	11	11	11	11	11.0	0.0%	140.7	138.0	137.0	137.6	138.3	-2.2%
Mono	FFS	19	19	19	19	19.0	0.0%	51.3	51.6	53.3	54.7	52.7	6.6%
Monterey	COHS	336	339	339	343	339.3	2.1%	10.0	8.3	8.2	9.6	9.0	-4.0%
Napa	COHS	112	112	110	111	111.3	-0.9%	6.3	5.7	5.5	7.3	6.2	15.9%
Nevada	FFS	88	88	88	88	88.0	0.0%	100.6	100.7	100.2	99.2	100.2	-1.4%
Orange	COHS	2,699	2,717	2,743	2,766	2,731.3	2.5%	6.7	5.7	5.2	6.0	5.9	-10.4%
Placer	FFS	348	352	353	359	353.0	3.2%	68.4	67.5	67.3	66.3	67.4	-3.1%
Plumas	FFS	25	25	25	25	25.0	0.0%	94.3	94.9	94.6	95.7	94.9	1.5%
Riverside	Two-Plan	1,192	1,198	1,218	1,237	1,211.3	3.8%	67.0	60.7	54.5	50.8	58.3	-24.2%
Sacramento	GMC	1,970	1,975	1,986	1,997	1,982.0	1.4%	28.4	25.8	23.2	20.8	24.6	-26.8%
San Benito	FFS	23	24	23	23	23.3	0.0%	339.3	321.3	338.8	337.2	334.2	-0.6%
San Bernardino	Two-Plan	1,860	1,878	1,913	1,927	1,894.5	3.6%	54.2	49.3	45.2	43.3	48.0	-20.1%
San Diego	GMC	3,448	3,483	3,508	3,534	3,493.3	2.5%	27.4	25.0	22.5	20.8	23.9	-24.1%
San Francisco	Two-Plan	2,005	2,019	2,040	2,050	2,028.5	2.2%	11.3	9.3	7.4	6.0	8.5	-46.9%
San Joaquin	Two-Plan	553	556	562	563	558.5	1.8%	53.4	47.0	42.0	38.0	45.1	-28.8%
San Luis Obispo	COHS	164	165	165	167	165.3	1.8%	7.8	7.5	7.8	9.7	8.2	24.4%
San Mateo	COHS	976	983	992	1,006	989.3	3.1%	3.2	2.9	2.9	4.0	3.3	25.0%
Santa Barbara	COHS	354	356	356	356	355.5	0.6%	9.7	9.1	8.9	10.0	9.4	3.1%

		Site-Specific Physician Counts						Beneficiaries-to-Providers Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Number of Physicians	% Change In # of Providers	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Avg Ratio	Percent Change in Ratio
Santa Clara	Two-Plan	2,330	2,355	2,383	2,394	2,365.5	2.7%	16.2	15.1	13.9	12.3	14.4	-24.1%
Santa Cruz	COHS	242	242	243	246	243.3	1.7%	6.5	6.4	6.4	8.4	6.9	29.2%
Shasta	FFS	205	205	205	206	205.3	0.5%	160.8	157.6	156.8	156.1	157.8	-2.9%
Sierra	FFS	5	5	5	5	5.0	0.0%	68.0	66.2	66.0	67.6	67.0	-0.6%
Siskiyou	FFS	38	39	38	39	38.5	2.6%	215.8	208.0	215.3	211.1	212.6	-2.2%
Solano	COHS	537	542	556	565	550.0	5.2%	3.7	3.4	3.2	4.9	3.8	32.4%
Sonoma	COHS	494	498	499	502	498.3	1.6%	6.0	5.6	5.3	6.6	5.9	10.0%
Stanislaus	Two-Plan	520	530	536	537	530.8	3.3%	58.6	53.5	50.6	49.1	53.0	-16.2%
Sutter	FFS	77	79	79	78	78.3	1.3%	233.5	227.3	227.4	230.9	229.8	-1.1%
Tehama	FFS	48	48	48	48	48.0	0.0%	290.5	280.1	279.2	281.4	282.8	-3.1%
Trinity	FFS	5	5	5	5	5.0	0.0%	436.4	440.4	437.6	436.2	437.7	0.0%
Tulare	Two-Plan	260	258	260	261	259.8	0.4%	83.7	79.1	73.8	66.5	75.8	-20.5%
Tuolumne	FFS	44	42	40	41	41.8	-6.8%	146.0	150.5	158.4	152.8	151.9	4.7%
Ventura *	COHS	642	649	650	660	650.3	2.8%	7.7	7.1	7.0	8.9	7.7	15.6%
Yolo	COHS	217	219	225	226	221.8	4.1%	8.3	7.8	7.1	8.5	7.9	2.4%
Yuba	FFS	60	60	61	60	60.3	0.0%	280.1	274.6	266.8	270.2	272.9	-3.5%

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

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Table PS-10 Physician Supply, Physicians with an OB/GYN Specialty, FFS, Medi-Cal Only, Non-Elderly, Adult Females

		Site-Specific Physician Counts					Beneficiaries-to-Provider Ratio						
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Providers	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Statewide		6,422	6,456	6,524	6,563	6,491.3	2.2%	122.3	115.3	109.5	106.0	113.3	-13.3%
County Plan Model Type													
County Organized Health System (COHS)		1,341	1,341	1,357	1,366	1,351.3	1.9%	70.2	68.8	68.6	70.2	69.5	0.0%
Fee-for-Service (FFS)		230	232	232	233	231.8	1.3%	409.9	401.6	401.3	398.6	402.9	-2.8%
Geographic Managed Care (GMC)		810	817	822	825	818.5	1.9%	81.5	73.9	67.2	63.0	71.4	-22.7%
Two-Plan (Commercial Plan and Local Initiative)		4,041	4,066	4,113	4,139	4,089.8	2.4%	131.4	122.6	115.0	109.9	119.7	-16.4%
County	Plan Type												
Alameda	Two-Plan	294	298	303	305	300.0	3.7%	80.7	73.5	67.1	64.2	71.4	-20.4%
Alpine	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Amador	FFS	5	5	5	5	5.0	0.0%	221.0	222.6	226.0	225.6	223.8	2.1%
Butte	FFS	31	32	32	34	32.3	9.7%	395.7	378.6	378.3	355.2	377.0	-10.2%
Calaveras	FFS	1	1	1	1	1.0	0.0%	1,668.0	1,653.0	1,655.0	1,648.0	1,656.0	-1.2%
Colusa	FFS	1	1	1	1	1.0	0.0%	1,004.0	1,005.0	1,020.0	1,007.0	1,009.0	0.3%
Contra Costa	Two-Plan	146	147	150	151	148.5	3.4%	99.6	92.5	85.3	80.9	89.6	-18.8%
Del Norte	FFS	3	3	3	3	3.0	0.0%	664.0	659.3	656.3	652.0	657.9	-1.8%
El Dorado	FFS	15	15	15	15	15.0	0.0%	299.6	297.5	297.5	296.7	297.8	-1.0%
Fresno	Two-Plan	129	131	132	133	131.3	3.1%	196.3	183.0	174.4	166.4	180.0	-15.2%
Glenn	FFS	1	1	1	1	1.0	0.0%	1,645.0	1,607.0	1,642.0	1,642.0	1,634.0	-0.2%
Humboldt	FFS	19	19	19	19	19.0	0.0%	341.8	338.5	339.0	337.6	339.2	-1.2%
Imperial	FFS	19	19	19	18	18.8	-5.3%	707.6	706.9	703.5	743.3	715.3	5.0%
Inyo	FFS	3	3	3	3	3.0	0.0%	277.0	271.7	275.3	274.3	274.6	-1.0%
Kern	Two-Plan	106	106	106	107	106.3	0.9%	215.9	201.4	195.0	186.9	199.8	-13.4%
Kings	Two-Plan	11	11	11	10	10.8	-9.1%	292.3	272.1	253.6	260.5	269.6	-10.9%
Lake	FFS	4	4	4	4	4.0	0.0%	1,045.0	1,035.3	1,031.8	1,019.3	1,032.9	-2.5%

		Site-Specific Physician Counts						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Providers	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Lassen	FFS	1	1	1	1	1.0	0.0%	1,269.0	1,247.0	1,209.0	1,168.0	1,223.3	-8.0%
Los Angeles	Two-Plan	1,787	1,794	1,812	1,817	1,802.5	1.7%	151.8	141.8	132.9	127.4	138.5	-16.1%
Madera	Two-Plan	15	15	15	15	15.0	0.0%	345.9	326.3	321.2	314.2	326.9	-9.2%
Marin *	COHS	33	33	33	33	33.0	0.0%	81.4	78.5	79.5	79.3	79.7	-2.6%
Mariposa	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Mendocino *	COHS	22	22	22	22	22.0	0.0%	48.9	48.2	48.7	49.9	48.9	2.0%
Merced	COHS	22	22	22	22	22.0	0.0%	208.1	206.5	209.0	217.6	210.3	4.6%
Modoc	FFS	1	1	1	1	1.0	0.0%	470.0	445.0	452.0	451.0	454.5	-4.0%
Mono	FFS	1	1	1	1	1.0	0.0%	309.0	301.0	323.0	341.0	318.5	10.4%
Monterey	COHS	75	75	75	75	75.0	0.0%	131.5	128.0	133.0	135.4	132.0	3.0%
Napa	COHS	16	16	16	16	16.0	0.0%	81.1	79.1	78.5	80.9	79.9	-0.2%
Nevada	FFS	14	14	14	14	14.0	0.0%	199.7	199.9	198.2	194.6	198.1	-2.6%
Orange	COHS	613	613	624	629	619.8	2.6%	60.0	58.9	57.9	58.6	58.9	-2.3%
Placer	FFS	52	53	53	53	52.8	1.9%	131.3	127.6	127.7	128.5	128.8	-2.1%
Plumas	FFS	1	1	1	1	1.0	0.0%	728.0	724.0	735.0	745.0	733.0	2.3%
Riverside	Two-Plan	197	199	204	206	201.5	4.6%	182.7	170.6	156.2	149.2	164.7	-18.3%
Sacramento	GMC	295	295	296	297	295.8	0.7%	83.8	75.1	67.3	61.5	71.9	-26.6%
San Benito	FFS	4	4	4	4	4.0	0.0%	607.5	602.5	615.8	605.5	607.8	-0.3%
San Bernardino	Two-Plan	247	247	252	255	250.3	3.2%	183.3	172.8	160.7	155.5	168.1	-15.2%
San Diego	GMC	515	522	526	528	522.8	2.5%	80.2	73.3	67.2	63.8	71.1	-20.4%
San Francisco	Two-Plan	344	344	345	345	344.5	0.3%	34.3	30.8	27.4	25.1	29.4	-26.8%
San Joaquin	Two-Plan	112	113	115	117	114.3	4.5%	135.5	123.6	114.1	104.6	119.5	-22.8%
San Luis Obispo	COHS	33	33	33	33	33.0	0.0%	55.9	54.5	55.9	59.0	56.3	5.5%
San Mateo	COHS	136	137	137	139	137.3	2.2%	47.5	47.7	48.8	50.3	48.6	5.9%
Santa Barbara	COHS	79	79	79	80	79.3	1.3%	97.4	95.5	96.8	98.7	97.1	1.3%
Santa Clara	Two-Plan	501	505	510	517	508.3	3.2%	55.1	53.1	51.1	48.9	52.1	-11.3%
Santa Cruz	COHS	40	40	41	41	40.5	2.5%	81.8	79.9	80.7	84.3	81.7	3.1%

		Site-Specific Physician Counts						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Providers	Percent Change 2011 Qtr 3- 2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3- 2012 Qtr 2
Shasta	FFS	19	19	19	19	19.0	0.0%	522.4	510.3	508.1	508.2	512.3	-2.7%
Sierra	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Siskiyou	FFS	4	4	4	4	4.0	0.0%	616.8	610.5	621.3	620.0	617.2	0.5%
Solano	COHS	77	77	79	78	77.8	1.3%	39.5	38.2	37.7	41.3	39.2	4.6%
Sonoma	COHS	63	63	64	65	63.8	3.2%	67.5	65.7	64.0	66.7	66.0	-1.2%
Stanislaus	Two-Plan	74	75	76	79	76.0	6.8%	189.4	173.6	164.5	152.9	170.1	-19.3%
Sutter	FFS	14	14	14	14	14.0	0.0%	370.6	370.7	368.9	370.4	370.2	-0.1%
Tehama	FFS	5	5	5	5	5.0	0.0%	834.4	802.6	803.6	809.0	812.4	-3.0%
Trinity	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Tulare	Two-Plan	78	81	82	82	80.8	5.1%	192.5	177.9	171.5	165.7	176.9	-13.9%
Tuolumne	FFS	8	8	8	8	8.0	0.0%	249.9	246.0	243.9	238.9	244.7	-4.4%
Ventura *	COHS	104	103	104	105	104.0	1.0%	93.6	91.4	90.4	92.5	92.0	-1.2%
Yolo	COHS	28	28	28	28	28.0	0.0%	54.5	53.4	52.6	55.7	54.1	2.2%
Yuba	FFS	4	4	4	4	4.0	0.0%	1,268.5	1,235.3	1,222.0	1,213.5	1,234.8	-4.3%

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

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Table PS-11 Physician Supply, Physicians with a Pediatric Specialty, FFS, Full Scope, Medi-Cal Only Children

		Number of Physicians					Beneficiaries-to-Provider Ratio						
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Provider s	Percent Change 2011 Qtr 3–2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3–2012 Qtr 2
Statewide		10,921	11,007	11,089	11,168	11,046.3	2.3%	64.3	61.2	58.7	57.9	60.5	-10.0%
County Plan Model Type													
County Organized Health System (COHS)		1,944	1,948	1,959	1,977	1,957.0	1.7%	17.0	14.8	13.9	16.4	15.5	-3.5%
Fee-for-Service (FFS)		274	275	277	281	276.8	2.6%	627.5	619.2	613.7	605.7	616.5	-3.5%
Geographic Managed Care (GMC)		1,462	1,484	1,493	1,498	1,484.3	2.5%	51.6	50.1	48.3	46.7	49.2	-9.5%
Two-Plan (Commercial Plan and Local Initiative)		7,241	7,300	7,360	7,412	7,328.3	2.4%	58.3	54.8	51.9	50.5	53.9	-13.4%
County	Plan Type												
Alameda	Two-Plan	735	741	747	750	743.3	2.0%	25.9	24.9	23.4	22.9	24.3	-11.6%
Alpine	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Amador	FFS	2	2	2	2	2.0	0.0%	933.0	930.5	932.5	947.0	935.8	1.5%
Butte	FFS	25	25	25	24	24.8	-4.0%	847.5	838.5	834.0	863.4	845.9	1.9%
Calaveras	FFS	2	2	2	2	2.0	0.0%	1,402.0	1,401.0	1,395.0	1,413.0	1,402.8	0.8%
Colusa	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Contra Costa	Two-Plan	241	241	242	246	242.5	2.1%	48.1	48.3	47.1	44.7	47.1	-7.1%
Del Norte	FFS	5	5	5	5	5.0	0.0%	667.2	666.8	672.6	665.8	668.1	-0.2%
El Dorado	FFS	17	17	17	17	17.0	0.0%	477.1	475.5	475.5	480.3	477.1	0.7%
Fresno	Two-Plan	184	186	187	189	186.5	2.7%	102.7	96.5	93.9	88.6	95.4	-13.7%
Glenn	FFS	2	2	2	2	2.0	0.0%	1,698.5	1,690.0	1,699.0	1,713.5	1,700.3	0.9%
Humboldt	FFS	16	17	17	17	16.8	6.3%	689.8	647.2	642.7	646.5	656.6	-6.3%
Imperial	FFS	20	20	20	21	20.3	5.0%	1,284.8	1,277.1	1,279.2	1,219.3	1,265.1	-5.1%
Inyo	FFS	5	5	5	5	5.0	0.0%	305.6	303.6	301.4	299.2	302.5	-2.1%

		Number of Physicians						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Provider s	Percent Change 2011 Qtr 3-2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3-2012 Qtr 2
Kern	Two-Plan	143	144	142	142	142.8	-0.7%	173.5	160.9	161.5	156.1	163.0	-10.0%
Kings	Two-Plan	12	12	12	12	12.0	0.0%	288.5	274.2	263.7	244.8	267.8	-15.1%
Lake	FFS	6	6	6	6	6.0	0.0%	1,158.2	1,138.5	1,143.7	1,142.8	1,145.8	-1.3%
Lassen	FFS	2	2	2	2	2.0	0.0%	1,077.5	1,070.5	1,053.5	1,024.0	1,056.4	-5.0%
Los Angeles	Two-Plan	2,949	2,973	3,004	3,021	2,986.8	2.4%	59.0	54.8	50.6	49.8	53.6	-15.6%
Madera	Two-Plan	140	142	141	145	142.0	3.6%	25.4	23.9	22.5	20.1	23.0	-20.9%
Marin *	COHS	71	71	72	72	71.5	1.4%	5.3	4.7	4.7	6.0	5.2	13.2%
Mariposa	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Mendocino *	COHS	14	14	14	14	14.0	0.0%	33.9	30.0	27.9	30.8	30.7	-9.1%
Merced	COHS	23	24	24	25	24.0	8.7%	74.7	60.5	64.1	75.8	68.8	1.5%
Modoc	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Mono	FFS	5	5	5	5	5.0	0.0%	134.8	134.6	136.2	139.6	136.3	3.6%
Monterey	COHS	88	87	88	88	87.8	0.0%	28.3	22.6	22.2	25.7	24.7	-9.2%
Napa	COHS	23	23	23	23	23.0	0.0%	20.3	17.3	17.1	21.6	19.1	6.4%
Nevada	FFS	11	11	11	11	11.0	0.0%	422.9	423.4	421.1	418.6	421.5	-1.0%
Orange	COHS	902	906	910	916	908.5	1.6%	14.6	12.0	10.6	12.0	12.3	-17.8%
Placer	FFS	88	88	90	93	89.8	5.7%	157.2	156.8	154.1	149.3	154.4	-5.0%
Plumas	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Riverside	Two-Plan	239	240	243	243	241.3	1.7%	194.9	182.0	170.2	166.3	178.4	-14.7%
Sacramento	GMC	525	534	536	536	532.8	2.1%	48.1	47.4	46.7	45.2	46.9	-6.0%
San Benito	FFS	4	4	4	4	4.0	0.0%	1,244.0	1,226.0	1,237.5	1,234.8	1,235.6	-0.7%
San Bernardino	Two-Plan	517	521	528	530	524.0	2.5%	106.7	99.8	94.6	93.4	98.6	-12.5%
San Diego	GMC	937	950	957	962	951.5	2.7%	53.5	51.7	49.1	47.5	50.5	-11.2%
San Francisco	Two-Plan	682	689	693	698	690.5	2.3%	8.8	8.4	8.1	7.6	8.2	-13.6%

		Number of Physicians						Beneficiaries-to-Provider Ratio					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Provider s	Percent Change 2011 Qtr 3-2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Ratio	Percent Change 2011 Qtr 3-2012 Qtr 2
San Joaquin	Two-Plan	123	125	126	130	126.0	5.7%	123.2	113.5	108.3	100.8	111.5	-18.2%
San Luis Obispo	COHS	51	51	51	51	51.0	0.0%	15.5	15.3	15.7	18.7	16.3	20.6%
San Mateo	COHS	275	275	275	277	275.5	0.7%	7.4	6.7	6.7	9.1	7.5	23.0%
Santa Barbara	COHS	97	97	97	98	97.3	1.0%	26.8	25.1	24.5	24.9	25.3	-7.1%
Santa Clara	Two-Plan	1,110	1,118	1,125	1,137	1,122.5	2.4%	14.8	15.6	15.7	14.6	15.2	-1.4%
Santa Cruz	COHS	44	44	45	46	44.8	4.5%	23.3	23.2	22.0	25.6	23.5	9.9%
Shasta	FFS	22	22	22	22	22.0	0.0%	777.1	763.1	756.8	758.4	763.9	-2.4%
Sierra	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Siskiyou	FFS	3	3	3	3	3.0	0.0%	1,411.7	1,402.0	1,403.3	1,414.3	1,407.8	0.2%
Solano	COHS	121	121	121	123	121.5	1.7%	10.6	10.1	9.3	13.8	11.0	30.2%
Sonoma	COHS	67	67	69	73	69.0	9.0%	30.0	27.9	25.4	28.0	27.8	-6.7%
Stanislaus	Two-Plan	83	84	84	83	83.5	0.0%	186.1	178.2	176.5	180.5	180.3	-3.0%
Sutter	FFS	12	12	12	13	12.3	8.3%	891.4	885.8	891.1	826.9	873.8	-7.2%
Tehama	FFS	10	10	10	10	10.0	0.0%	806.1	779.2	775.3	778.5	784.8	-3.4%
Trinity	FFS	-	-	-	-	-	-	-	-	-	-	-	-
Tulare	Two-Plan	83	84	86	86	84.8	3.6%	143.4	138.1	131.8	125.0	134.6	-12.8%
Tuolumne	FFS	10	10	10	10	10.0	0.0%	327.7	321.6	322.5	322.7	323.6	-1.5%
Ventura *	COHS	123	123	124	125	123.8	1.6%	27.1	24.6	24.0	29.9	26.4	10.3%
Yolo	COHS	45	45	46	46	45.5	2.2%	29.0	27.3	24.9	28.0	27.3	-3.4%
Yuba	FFS	7	7	7	7	7.0	0.0%	1,345.4	1,324.0	1,307.0	1,302.9	1,319.8	-3.2%

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

Source: Prepared by DHCS Research and Analytic Studies Branch using data from the MEDS System MMEF files July 2011-June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.

Table PS-12 Outpatient Clinics

		Number of Rural/FQHC Clinics						Number of Other Clinics					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3–2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3–2012 Qtr 2
Statewide		961	959	957	983	965.0	2.3%	1,624	1,638	1,656	1,682	1,650.0	3.6%
County Plan Model Type													
County Organized Health System (COHS)		189	186	187	195	189.3	3.2%	410	419	423	425	419.3	3.7%
Fee-for-Service (FFS)		195	196	197	200	197.0	2.6%	215	216	218	221	217.5	2.8%
Geographic Managed Care (GMC)		80	80	79	84	80.8	5.0%	191	192	195	195	193.3	2.1%
Two-Plan (Commercial Plan and Local Initiative)		497	497	494	504	498.0	1.4%	808	811	820	841	820.0	4.1%
County	Plan Type												
Alameda	Two-Plan	39	38	39	39	38.8	0.0%	54	54	55	57	55.0	5.6%
Alpine	FFS	1	1	1	1	1.0	0.0%	1	1	1	1	1.0	0.0%
Amador	FFS	4	4	4	4	4.0	0.0%	6	6	6	6	6.0	0.0%
Butte	FFS	19	19	19	20	19.3	5.3%	26	26	26	27	26.3	3.8%
Calaveras	FFS	7	7	7	7	7.0	0.0%	3	3	3	3	3.0	0.0%
Colusa	FFS	4	4	4	4	4.0	0.0%	4	3	3	3	3.3	-25.0%
Contra Costa	Two-Plan	16	16	16	16	16.0	0.0%	30	30	30	30	30.0	0.0%
Del Norte	FFS	4	4	4	4	4.0	0.0%	3	3	3	3	3.0	0.0%
El Dorado	FFS	6	6	6	6	6.0	0.0%	8	8	8	10	8.5	25.0%
Fresno	Two-Plan	64	65	58	59	61.5	-7.8%	40	40	40	41	40.3	2.5%
Glenn	FFS	11	12	12	13	12.0	18.2%	2	2	2	2	2.0	0.0%
Humboldt	FFS	30	30	30	30	30.0	0.0%	14	14	14	14	14.0	0.0%
Imperial	FFS	10	10	10	10	10.0	0.0%	6	6	6	7	6.3	16.7%
Inyo	FFS	6	6	6	6	6.0	0.0%	5	5	5	5	5.0	0.0%
Kern	Two-Plan	34	34	35	38	35.3	11.8%	40	41	41	42	41.0	5.0%

		Number of Rural/FQHC Clinics						Number of Other Clinics					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3-2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3-2012 Qtr 2
Kings	Two-Plan	18	18	19	18	18.3	0.0%	13	13	13	13	13.0	0.0%
Lake	FFS	10	10	10	11	10.3	10.0%	10	11	11	11	10.8	10.0%
Lassen	FFS	5	6	5	5	5.3	0.0%	2	2	2	2	2.0	0.0%
Los Angeles	Two-Plan	146	146	147	148	146.8	1.4%	338	339	345	357	344.8	5.6%
Madera	Two-Plan	12	12	12	12	12.0	0.0%	7	7	7	8	7.3	14.3%
Marin *	COHS	5	5	5	8	5.8	60.0%	25	25	25	23	24.5	-8.0%
Mariposa	FFS	4	4	4	4	4.0	0.0%	2	2	2	2	2.0	0.0%
Mendocino *	COHS	23	23	23	24	23.3	4.3%	8	8	9	9	8.5	12.5%
Merced	COHS	29	26	26	27	27.0	-6.9%	11	11	11	11	11.0	0.0%
Modoc	FFS	4	4	4	4	4.0	0.0%	3	3	3	3	3.0	0.0%
Mono	FFS	1	1	1	1	1.0	0.0%	2	2	2	2	2.0	0.0%
Monterey	COHS	21	21	21	21	21.0	0.0%	23	23	23	23	23.0	0.0%
Napa	COHS	2	2	2	2	2.0	0.0%	18	22	22	22	21.0	22.2%
Nevada	FFS	2	2	2	2	2.0	0.0%	19	19	19	19	19.0	0.0%
Orange	COHS	15	15	15	15	15.0	0.0%	133	134	135	136	134.5	2.3%
Placer	FFS	3	3	3	3	3.0	0.0%	14	14	15	15	14.5	7.1%
Plumas	FFS	6	6	6	6	6.0	0.0%	5	5	5	5	5.0	0.0%
Riverside	Two-Plan	23	23	23	23	23.0	0.0%	48	48	49	50	48.8	4.2%
Sacramento	GMC	9	9	8	10	9.0	11.1%	87	88	89	89	88.3	2.3%
San Benito	FFS	3	3	3	3	3.0	0.0%	3	3	3	3	3.0	0.0%
San Bernardino	Two-Plan	13	13	13	14	13.3	7.7%	60	62	62	63	61.8	5.0%
San Diego	GMC	71	71	71	74	71.8	4.2%	104	104	106	106	105.0	1.9%
San Francisco	Two-Plan	30	30	30	32	30.5	6.7%	50	51	51	52	51.0	4.0%
San Joaquin	Two-Plan	7	8	8	8	7.8	14.3%	35	34	34	34	34.3	-2.9%
San Luis Obispo	COHS	12	12	12	12	12.0	0.0%	20	19	19	19	19.3	-5.0%

		Number of Rural/FQHC Clinics						Number of Other Clinics					
		2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3-2012 Qtr 2	2011 Quarter 3	2011 Quarter 4	2012 Quarter 1	2012 Quarter 2	Average Number of Clinics	Percent Change 2011 Qtr 3-2012 Qtr 2
San Mateo	COHS	16	16	16	17	16.3	6.3%	33	33	33	33	33.0	0.0%
Santa Barbara	COHS	17	17	17	17	17.0	0.0%	30	30	30	31	30.3	3.3%
Santa Clara	Two-Plan	22	22	22	24	22.5	9.1%	51	51	51	51	51.0	0.0%
Santa Cruz	COHS	8	8	8	8	8.0	0.0%	17	17	17	18	17.3	5.9%
Shasta	FFS	16	16	16	16	16.0	0.0%	28	28	28	28	28.0	0.0%
Sierra	FFS	2	2	2	2	2.0	0.0%	2	2	2	2	2.0	0.0%
Siskiyou	FFS	12	12	12	12	12.0	0.0%	8	8	8	7	7.8	-12.5%
Solano	COHS	8	8	8	8	8.0	0.0%	20	20	22	23	21.3	15.0%
Sonoma	COHS	15	15	16	16	15.5	6.7%	33	35	35	35	34.5	6.1%
Stanislaus	Two-Plan	26	26	26	26	26.0	0.0%	26	25	25	26	25.5	0.0%
Sutter	FFS	4	4	4	4	4.0	0.0%	13	14	15	14	14.0	7.7%
Tehama	FFS	8	8	8	8	8.0	0.0%	6	6	6	7	6.3	16.7%
Trinity	FFS	2	2	3	3	2.5	50.0%	2	2	2	2	2.0	0.0%
Tulare	Two-Plan	47	46	46	47	46.5	0.0%	16	16	17	17	16.5	6.3%
Tuolumne	FFS	4	4	4	4	4.0	0.0%	15	15	15	15	15.0	0.0%
Ventura *	COHS	12	12	12	14	12.5	16.7%	31	32	32	32	31.8	3.2%
Yolo	COHS	6	6	6	6	6.0	0.0%	8	10	10	10	9.5	25.0%
Yuba	FFS	7	6	7	7	6.8	0.0%	3	3	3	3	3.0	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 MEDS System MMEF files July 2011–June 2012 (reflecting a 4-month reporting lag) and data from the Medi-Cal Provider Master File, for the months of August 2011, October 2011, January 2012, and April 2012.