



**Medi-Cal Access to Care  
Quarterly Monitoring Report #8  
2013 Quarter 3**

**Physician Supply**

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## Key Points

- 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 full-scope Fee-for-Service Medi-Cal only beneficiaries continued to grow modestly in the study period.
- Site-specific physician counts increased 3.0%, from 76,766 to 79,062.
- Site-specific primary care physician counts increased 2.9%, from 40,214 to 41,395.
- Site-specific counts of physicians with a specialty in Obstetrics and Gynecology increased 3.1%, from 4,512 to 4,652.
- Site-specific pediatrician counts increased 2.7%, from 7,830 to 8,038.

## 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. Consequently, physicians have been described as the focal point of health care delivery, providing patients with a gateway into the health system and affecting how 90% of all health care dollars are spent.<sup>1</sup>

Physician supply refers to the number of physicians who are potential care providers, but does not represent the number of providers who are actively rendering care. 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.

The counts presented in this report represent the number of physicians potentially available to provide services to Fee-for-Service (FFS) Medi-Cal beneficiaries. The site-specific physician counts reported in this section represent a system-wide metric designed to alert department management of changes in the number of physicians over time. Much like an internal control, this metric was designed to identify system-wide 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.

Additionally, the presented population-to-provider ratios report the number of beneficiaries enrolled under the FFS delivery of care model, with Medi-Cal coverage only (Medi-Cal Only), for every provider. A low ratio indicates that there is a greater number of providers relative to the population, while a high ratio indicates that there are fewer providers relative to the population. Population-to-provider ratios are useful for identifying differences in physician supply from one

[1]

geographic area to another, from one time period to another, or between the study population and another population or normative benchmark.

The term “physician supply” is not to be confused with the concept of physician participation, which is 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.

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0-20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>i,ii,iii</sup>

### Factors Influencing Physician Supply

Several factors can influence whether physician supply meets the demands of the patient population. Some of these factors are described below.

#### Physician Participation

*Reimbursement Rates* – Medicaid has historically reimbursed primary care physicians at a lower rate than private payers and Medicare. In 2012, Medicaid rates for primary care physician payments nationally averaged only 59% of Medicare rates.<sup>2</sup> Primary care physicians also receive lower reimbursement rates compared to specialists. In the U.S., specialists earn an average of two and often four times as much as primary care physicians — a differential that far surpasses that in all other developed countries.<sup>3</sup>

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<sup>i</sup> California Assembly Bill 97, (2011).

<sup>ii</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>iii</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

*High Rate of Aging Physician Population* – Efforts to train new primary care providers must keep pace with the high percentage of primary care physicians who are nearing retirement. According to a physician workforce report, over 30% of California physicians in 2012 were ages 60 and older.<sup>4</sup>

*Time Spent on Administrative Tasks vs. Patient Care* – In physician surveys conducted in 2004 and 2005, 70% of those not accepting new Medicaid patients into their practice cited billing requirements and paperwork, and 66% cited delayed reimbursement as the primary reason for their decision.<sup>5</sup>

*Income to Work-Hour Trade-Off* – Many physicians report working 50-60 hours per week. They also report that they would like to have more face-to-face time with patients as a higher proportion of their office time, in contrast with time spent on paperwork and administrative-type duties.<sup>6</sup> Factors contributing to growing discontent and physician burnout include the increasing complexities of medical practice, a perceived loss of independence and clinical control in an increasingly cost-conscious environment, and continuous work overload.<sup>7</sup>

*Training and Education for Primary Care Specialties* – Many factors influence the choices medical students make between entering a specialist care field versus primary care. These reasons include: their interests and abilities; desired lifestyle, prestige, and salary levels; available residency slots; and perceived job availability and expected income.<sup>8</sup>

## **Demographics**

*Lack of Minority Providers in the Workforce* – Minority populations are disproportionately under-represented in the physician workforce. For example, according to the Medical Board of California, Latinos, African-Americans, and Asians together comprised 57% of the California population in 2012, while only representing 28% of the California physician workforce.<sup>9</sup> Of further note is that Latinos represented 38% of the population while only representing 4% of the overall physician supply in California.<sup>10</sup>

*Urban vs. Rural* – The accessibility of providers and specialists is meaningful when examining the differences in provider supply between rural and urban areas. While 20% of Americans live in rural areas, only 9% of the nation's physicians practice there.<sup>11</sup> Rural areas have difficulties attracting and retaining qualified health care professionals, and often lack the resources necessary to offer highly specialized services. In comparison to urban residents, patients living in rural areas have access to fewer hospital beds, physicians, nurses, and specialty providers per capita, and increased transportation barriers.<sup>12</sup> The limited supply of providers offering services in rural areas can lead to patients making fewer physician visits and seeking care later in the course of their illnesses.<sup>13</sup>

## Patient Population

*Expansion of Managed Care* – Several subpopulations transitioned from the FFS health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of County Organized Health Systems (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table PS-1).

**Table PS-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013, by County

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care - COHS	5,837
Humboldt	Managed Care - COHS	19,913
Lake	Managed Care - COHS	12,749
Lassen	Managed Care - COHS	3,507
Modoc	Managed Care - COHS	1,376
Shasta	Managed Care - COHS	28,430
Siskiyou	Managed Care - COHS	7,736
Trinity	Managed Care - COHS	1,940
<b>Total:</b>		<b>81,488</b>

**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

*Healthy Families Transition* – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

## Methods

### Physician Enrollment Status

The physician supply metrics reported in this study include only those physicians who have completed the Medi-Cal provider application and enrollment process and who have a current Active (Billing) or Indirect (Rendering) enrollment status for the period reported.<sup>14</sup> Physicians with an Active status directly bill Medi-Cal. Physicians with an Indirect status render services on behalf of a medical group or clinic that bills for the services rendered.

Physicians who want to treat FFS 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>iv,v</sup>

DHCS compiled physician counts and population-to-provider ratios for all physicians with an Active or Indirect status at a given location. As a main portal into the health care delivery system, primary care physicians often serve as beneficiaries' usual source of care. In this analysis, primary care physicians include physicians with specialties in General Medicine, Family Practice, Internal Medicine, Obstetrics and Gynecology (OB/GYN), and Pediatrics. Additionally, this measure presents specific analyses for OB/GYNs and pediatricians.

## Physicians Counts

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

- Number of distinct individual physicians or physician groups.
- Number of physicians at distinct service locations.
- 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 NPIs, 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 the overall count and

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<sup>iv</sup> "Medi-Cal Provider Enrollment, Frequently Asked Questions," URL:

<http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx>

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

county-specific count for Medi-Cal physician supply in this report by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

## **Beneficiary-to-Provider Ratios**

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 health delivery system. 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 health delivery 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.

## **Study Limitations**

This analysis is inherently limited by the availability of data relating to physician participation. Administrative data do not denote the percentage of a given provider's hours or capacity that are devoted to treating FFS Medi-Cal beneficiaries compared with other types of health insurance for which the provider renders services (e.g., Medi-Cal managed care).

For example, when considering physician supply ratios, more than 81,000 beneficiaries shifted enrollment from FFS to the Medi-Cal managed care health delivery system during the study period. This resulted in a reduced number of FFS beneficiaries per provider, and when considering physician supply ratios it seemingly reflects that providers have an increased capacity to see more FFS beneficiaries. However, because it cannot be determined which of these providers also provide services to Medi-Cal beneficiaries enrolled in Medi-Cal managed care; the case may be that access has not changed, but rather the beneficiaries have only changed health delivery systems.

## **Data Source**

The Medi-Cal Provider Master 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 selected from a narrow range of specialty areas: General Medicine, Family Practice, OB/GYN, 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 the following enrollment statuses: Active, Inactive, Pending, Deceased, Rejected, Suspended, Indirect/Rendering, or Temp Suspension. This report presents only counts of physicians that have a current Active or Indirect enrollment status for the period reported.

In this report, DHCS evaluated and refined the criteria used to classify primary care physicians, including OB/GYNs and Pediatricians. While not impacting the count of total overall physicians, this methodology revision affected the number of primary care physicians presented. In particular, this adjustment resulted in an increase in the number of primary care physicians reported. The information on primary care physicians presented in this report differs from previously reported counts. Because the counts presented in this measure are not comparable with prior reports, historical trending on available primary care physicians can only be done using the revised counts.

## Results

The following sections report the number of physicians, primary care physicians, other physician specialists, and outpatient clinics. The counts of primary care physicians include the physician specialties of General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics. Additionally, outpatient clinics, as well as physicians with specialties in OB/GYN and Pediatrics, are presented separately for closer analysis.

**Table PS-2:** Summary and Description of Physician Supply Sections

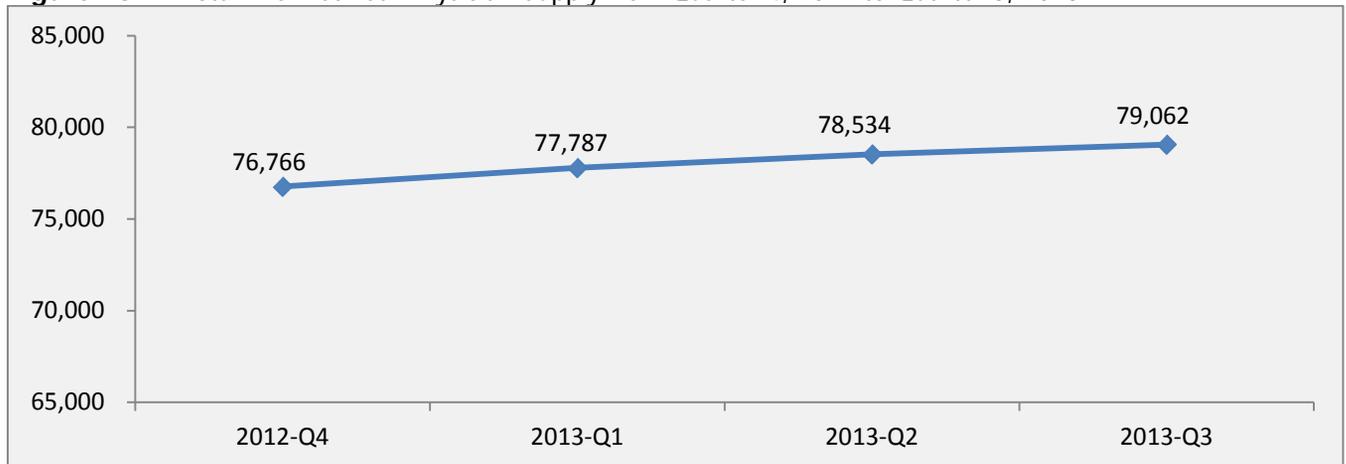
Section	Description
Total Physician Supply	All enrolled physicians with an Active or Indirect status at a given location, and beneficiary-to-provider ratios. Includes both Primary Care and Specialty physicians.
Primary Care Physician Supply	All enrolled <b>Primary Care</b> physicians with an Active or Indirect status at a given location. Primary Care Physicians include those with specialties listed as General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics.
Physicians with an OB/GYN Specialty	All physicians with an <b>OB/GYN</b> specialty and an Active or Indirect status at a given location.
Physicians with a Pediatric Specialty	All physicians with a <b>Pediatric</b> specialty and an Active or Indirect status at a given location.
Outpatient Clinics	All <b>Outpatient Clinics</b> available to FFS Medi-Cal only beneficiaries.

## Total Physician Supply

This section analyzes all enrolled physicians, both primary care and specialty, with an Active or Indirect status at a given location.

- Site-specific physician counts in FFS Medi-Cal statewide increased 3.0% from 76,766 to 79,062 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-1).

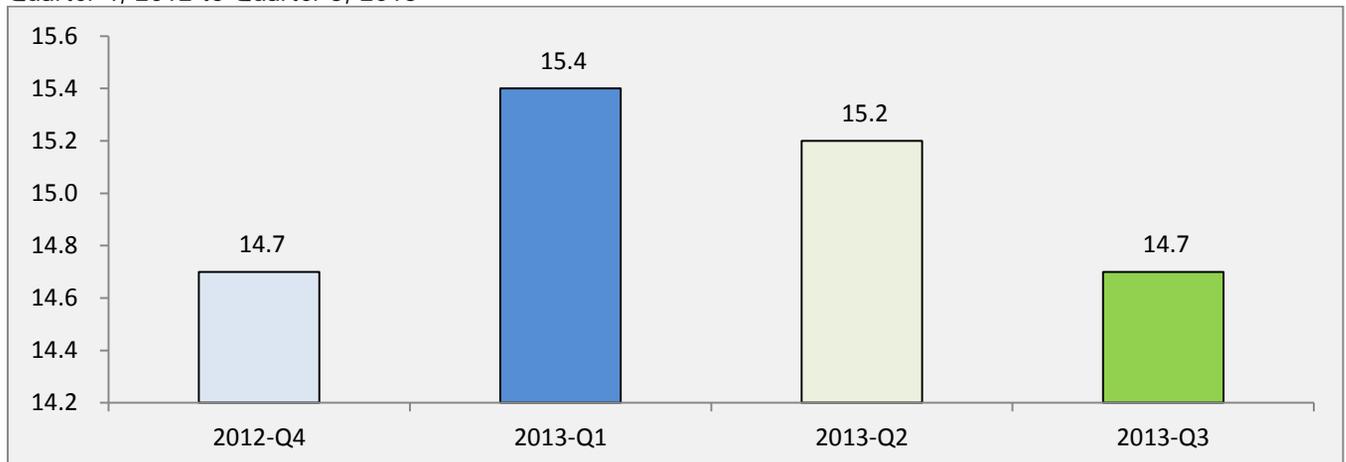
**Figure PS-1:** Total FFS Medi-Cal Physician Supply from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal Provider Master File (PMF) and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- Statewide beneficiary-to-provider ratios for full scope FFS Medi-Cal Only beneficiaries showed no change during the study period (Figure PS-2).

**Figure PS-2:** Ratio of FFS Full-Scope Medi-Cal Only Population to Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The count of total physicians enrolled in FFS Medi-Cal during the third quarter of 2013 ranged from 1 in Sierra County to 21,230 in Los Angeles County. The average population-to-physician ratio ranged from 2.5 in Marin and San Francisco Counties to 365.5 in Sierra County during the study period (Table PS-3).

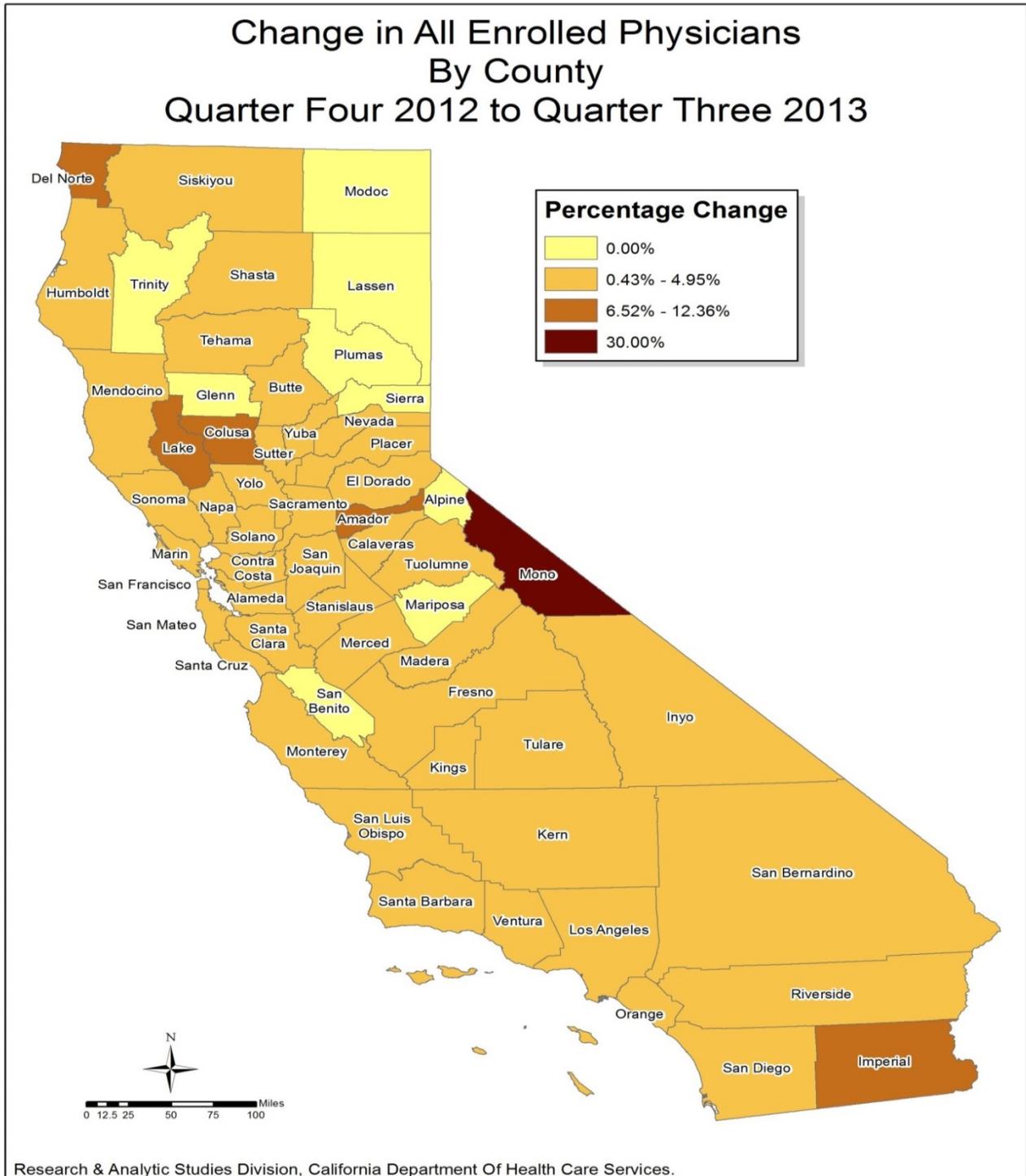
**Table PS-3:** Percent Change in Total FFS Medi-Cal Physicians and in Ratio of FFS Full-Scope Medi-Cal Only Population to Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Number of Providers				Population-to-Provider Ratio			
	2012 - 4th Quarter	2013 - 3rd Quarter	Average Number	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Alameda	3,424	3,531	3,477.5	3.1%	9.0	8.9	9.0	-1.1%
Alpine	2	2	2.0	0.0%	77.5	80.0	78.8	3.2%
Amador	46	49	47.5	6.5%	76.1	75.8	76.0	-0.4%
Butte	410	428	419.0	4.4%	96.8	96.5	96.7	-0.3%
Calaveras	34	35	34.5	2.9%	157.9	159.7	158.8	1.1%
Colusa	24	26	25.0	8.3%	144.6	150.9	147.8	4.4%
Contra Costa	2,054	2,124	2,089.0	3.4%	9.2	9.5	9.4	3.3%
Del Norte	36	39	37.5	8.3%	174.1	113.0	143.6	-35.1%
El Dorado	188	196	192.0	4.3%	77.0	78.6	77.8	2.1%
Fresno	1,488	1,524	1,506.0	2.4%	19.2	19.5	19.4	1.6%
Glenn	19	19	19.0	0.0%	289.9	320.8	305.4	10.7%
Humboldt	310	314	312.0	1.3%	67.6	50.3	59.0	-25.6%
Imperial	171	183	177.0	7.0%	268.1	260.0	264.1	-3.0%
Inyo	31	32	31.5	3.2%	82.6	84.2	83.4	1.9%
Kern	1,437	1,474	1,455.5	2.6%	24.2	24.5	24.4	1.2%
Kings	137	142	139.5	3.6%	33.5	31.2	32.4	-6.9%
Lake	89	100	94.5	12.4%	148.1	98.0	123.1	-33.8%
Lassen	30	30	30.0	0.0%	126.9	94.6	110.8	-25.5%
Los Angeles	20,618	21,230	20,924.0	3.0%	12.1	12.5	12.3	3.3%
Madera	246	256	251.0	4.1%	19.6	18.9	19.3	-3.6%
Marin	514	537	525.5	4.5%	2.2	2.7	2.5	22.7%
Mariposa	8	8	8.0	0.0%	276.5	286.5	281.5	3.6%
Mendocino	146	151	148.5	3.4%	10.1	10.5	10.3	4.0%
Merced	286	294	290.0	2.8%	17.7	19.3	18.5	9.0%
Modoc	9	9	9.0	0.0%	166.0	119.3	142.7	-28.1%
Mono	30	39	34.5	30.0%	35.3	33.0	34.2	-6.5%
Monterey	594	601	597.5	1.2%	10.2	10.1	10.2	-1.0%
Napa	231	232	231.5	0.4%	5.2	6.4	5.8	23.1%
Nevada	137	139	138.0	1.5%	64.6	70.4	67.5	9.0%
Orange	5,500	5,606	5,553.0	1.9%	5.1	5.6	5.4	9.8%
Placer	626	657	641.5	5.0%	37.8	38.9	38.4	2.9%

County	Number of Providers				Population-to-Provider Ratio			
	2012 - 4th Quarter	2013 - 3rd Quarter	Average Number	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Plumas	20	20	20.0	0.0%	121.0	121.3	121.2	0.2%
Riverside	2,284	2,345	2,314.5	2.7%	27.1	28.6	27.9	5.5%
Sacramento	4,482	4,593	4,537.5	2.5%	9.1	9.1	9.1	0.0%
San Benito	51	51	51.0	0.0%	153.5	168.7	161.1	9.9%
San Bernardino	3,422	3,524	3,473.0	3.0%	23.7	23.9	23.8	0.8%
San Diego	7,094	7,293	7,193.5	2.8%	10.4	10.6	10.5	1.9%
San Francisco	4,767	4,942	4,854.5	3.7%	2.5	2.4	2.5	-4.0%
San Joaquin	1,212	1,237	1,224.5	2.1%	17.5	17.2	17.4	-1.7%
San Luis Obispo	336	342	339.0	1.8%	8.0	8.8	8.4	10.0%
San Mateo	1,684	1,738	1,711.0	3.2%	3.7	5.3	4.5	43.2%
Santa Barbara	706	733	719.5	3.8%	7.8	8.3	8.1	6.4%
Santa Clara	5,554	5,756	5,655.0	3.6%	5.5	4.9	5.2	-10.9%
Santa Cruz	451	463	457.0	2.7%	6.8	6.7	6.8	-1.5%
Shasta	380	384	382.0	1.1%	82.9	60.1	71.5	-27.5%
Sierra	1	1	1.0	0.0%	348.0	383.0	365.5	10.1%
Siskiyou	69	71	70.0	2.9%	120.0	87.6	103.8	-27.0%
Solano	951	983	967.0	3.4%	5.4	5.5	5.5	1.9%
Sonoma	975	1,012	993.5	3.8%	5.2	5.5	5.4	5.8%
Stanislaus	1,094	1,136	1,115.0	3.8%	24.4	24.5	24.5	0.4%
Sutter	133	139	136.0	4.5%	135.1	141.4	138.3	4.7%
Tehama	69	70	69.5	1.4%	192.8	202.3	197.6	4.9%
Trinity	9	9	9.0	0.0%	236.3	170.8	203.6	-27.7%
Tulare	506	524	515.0	3.6%	32.7	31.9	32.3	-2.4%
Tuolumne	80	83	81.5	3.8%	78.5	79.8	79.2	1.7%
Ventura	1,138	1,170	1,154.0	2.8%	8.7	9.8	9.3	12.6%
Yolo	333	345	339.0	3.6%	8.5	10.1	9.3	18.8%
Yuba	90	91	90.5	1.1%	177.8	185.5	181.7	4.3%
<b>Statewide Total</b>	<b>76,766</b>	<b>79,062</b>	<b>77,914.0</b>	<b>3.0%</b>	<b>14.7</b>	<b>14.7</b>	<b>14.7</b>	<b>0.0%</b>

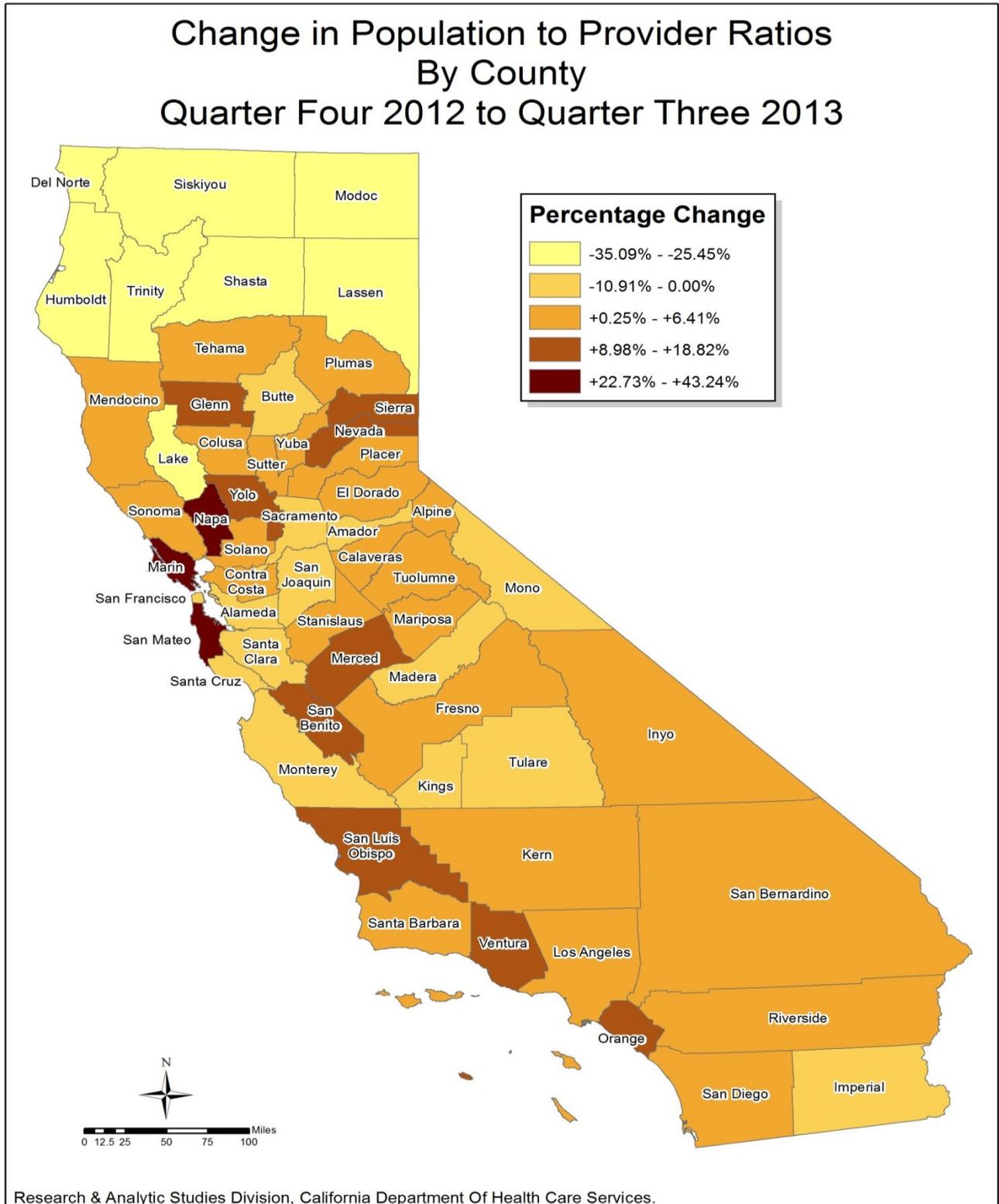
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-3:** Percent Change in Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-4:** Percent Change in Ratio of Full-Scope Medi-Cal Only Population to Total FFS Medi-Cal Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



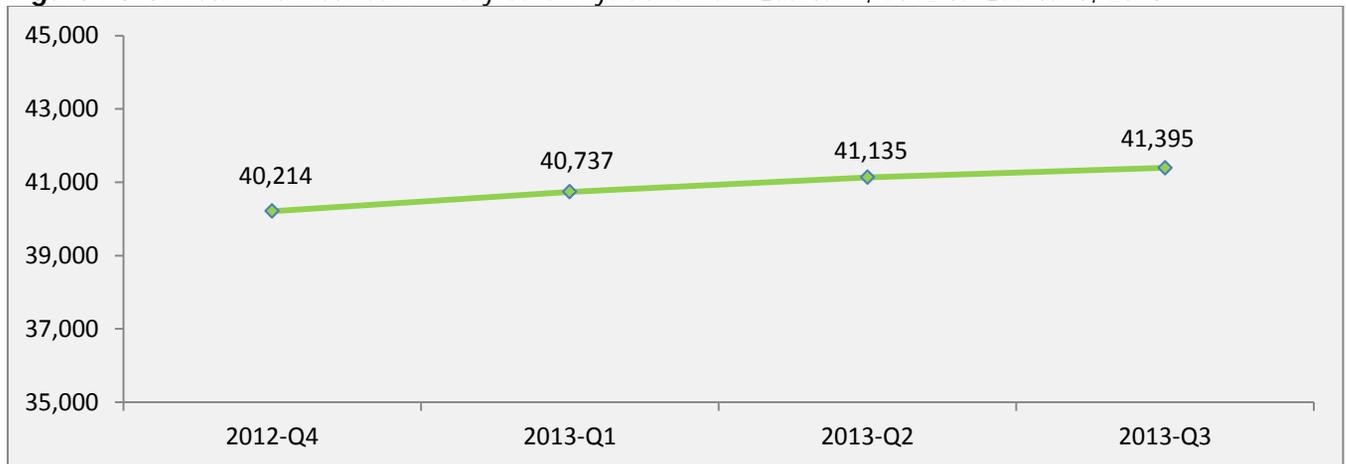
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Primary Care Physician Supply

This section analyzes all enrolled primary care physicians with an Active or Indirect status at a given location with specialties in General Medicine, Family Practice, Internal Medicine, OB/GYN, or Pediatrics. Specific analyses for primary care physicians with OB/GYN and Pediatric specialties are also presented separately for closer analysis.

- Total counts of primary care physicians participating in FFS Medi-Cal increased 2.9% from 40,214 to 41,395 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-5).

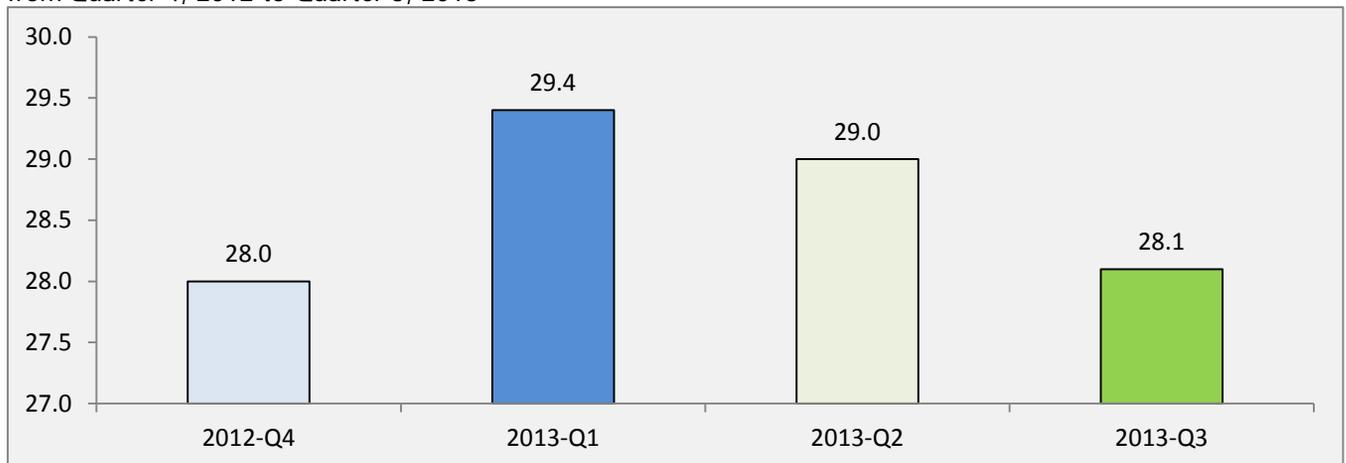
**Figure PS-5:** Total FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The statewide ratio of full-scope FFS Medi-Cal Only beneficiaries to primary care providers showed relatively no change during the study period (Figure PS-6).

**Figure PS-6:** Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The count of primary care physicians ranged from 1 in Alpine and Sierra Counties to 11,190 in Los Angeles County during the third quarter of 2013. The average population-to-physician ratio ranged from 4.6 in Marin County to 530.9 in Imperial County during the study period (Table PS-4).

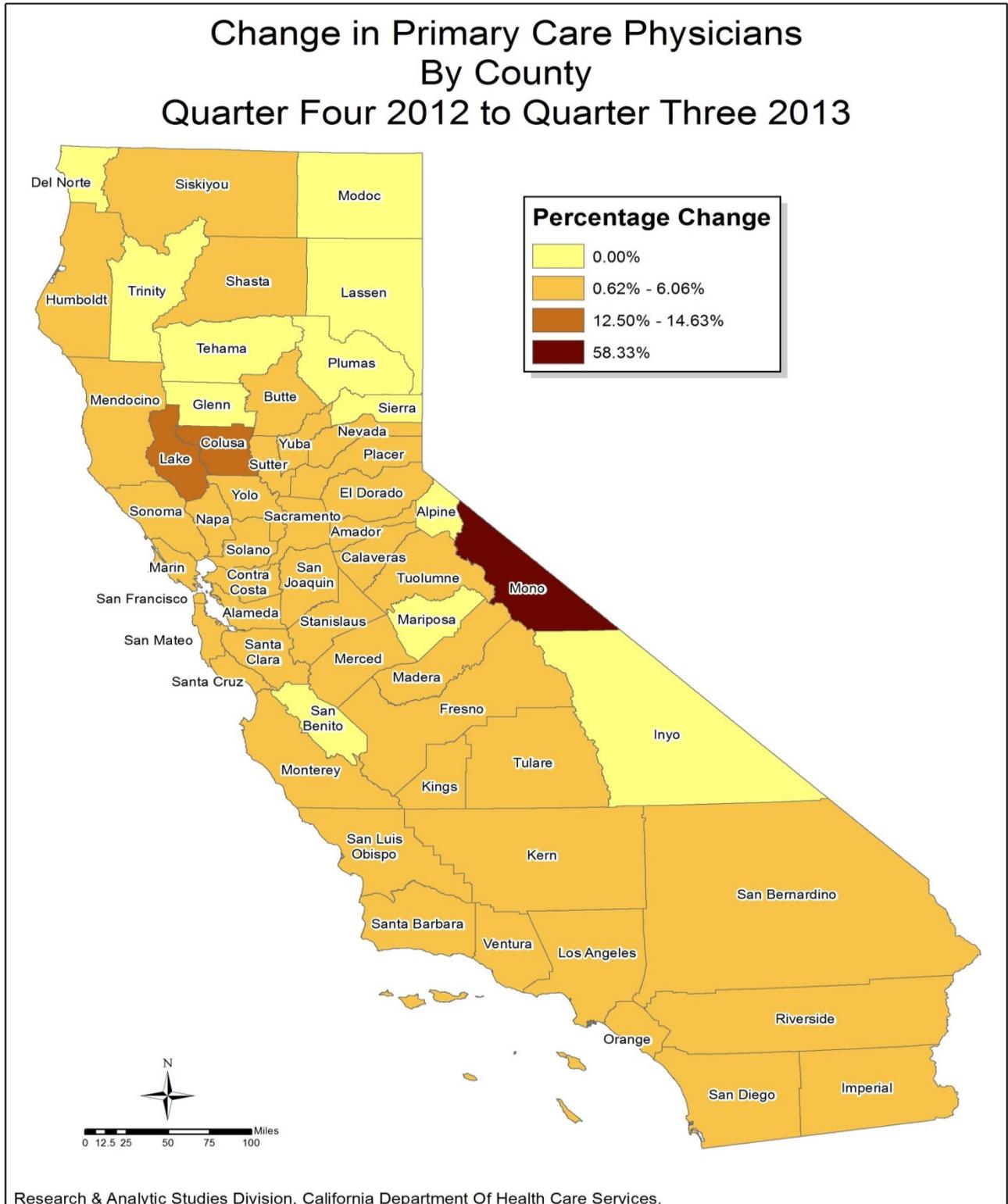
**Table PS-4:** Percent Change in FFS Medi-Cal Primary Care Physicians and in Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Number of Providers				Population-to-Provider Ratio			
	2012-4th Quarter	2013-3rd Quarter	Average	Percent Change	2012-4th Quarter	2013-3rd Quarter	Average	Percent Change
Alameda	1,958	2,017	1,987.5	3.0%	15.8	15.6	15.7	-1.3%
Alpine	1	1	1.0	0.0%	155.0	160.0	157.5	3.2%
Amador	33	35	34.0	6.1%	106.0	106.1	106.1	0.1%
Butte	177	182	179.5	2.8%	224.3	226.9	225.6	1.2%
Calaveras	20	21	20.5	5.0%	268.5	266.1	267.3	-0.9%
Colusa	16	18	17.0	12.5%	216.9	217.9	217.4	0.5%
Contra Costa	1,105	1,139	1,122.0	3.1%	17.1	17.8	17.5	4.1%
Del Norte	20	20	20.0	0.0%	313.5	220.4	267.0	-29.7%
El Dorado	93	97	95.0	4.3%	155.7	158.7	157.2	1.9%
Fresno	783	798	790.5	1.9%	36.5	37.2	36.9	1.9%
Glenn	11	11	11.0	0.0%	500.7	554.2	527.5	10.7%
Humboldt	161	162	161.5	0.6%	130.2	97.5	113.9	-25.1%
Imperial	86	90	88.0	4.7%	533.1	528.6	530.9	-0.8%
Inyo	22	22	22.0	0.0%	116.4	122.5	119.5	5.2%
Kern	783	800	791.5	2.2%	44.5	45.1	44.8	1.3%
Kings	81	82	81.5	1.2%	56.7	54.1	55.4	-4.6%
Lake	41	47	44.0	14.6%	321.5	208.6	265.1	-35.1%
Lassen	20	20	20.0	0.0%	190.3	142.0	166.2	-25.4%
Los Angeles	10,894	11,190	11,042.0	2.7%	22.8	23.7	23.3	3.9%
Madera	176	183	179.5	4.0%	27.3	26.4	26.9	-3.3%
Marin	276	286	281.0	3.6%	4.1	5.1	4.6	24.4%
Mariposa	5	5	5.0	0.0%	442.4	458.4	450.4	3.6%
Mendocino	72	75	73.5	4.2%	20.4	21.2	20.8	3.9%
Merced	167	171	169.0	2.4%	30.3	33.2	31.8	9.6%
Modoc	8	8	8.0	0.0%	186.8	134.3	160.6	-28.1%
Mono	12	19	15.5	58.3%	88.3	67.8	78.1	-23.2%
Monterey	330	336	333.0	1.8%	18.3	18.1	18.2	-1.1%
Napa	105	106	105.5	1.0%	11.5	13.9	12.7	20.9%
Nevada	76	78	77.0	2.6%	116.5	125.5	121.0	7.7%
Orange	2,837	2,902	2,869.5	2.3%	9.9	10.8	10.4	9.1%
Placer	405	429	417.0	5.9%	58.4	59.6	59.0	2.1%
Plumas	16	16	16.0	0.0%	151.3	151.6	151.5	0.2%
Riverside	1,276	1,312	1,294.0	2.8%	48.6	51.1	49.9	5.1%
Sacramento	2,128	2,177	2,152.5	2.3%	19.3	19.1	19.2	-1.0%
San Benito	28	28	28.0	0.0%	279.6	307.3	293.5	9.9%

County	Number of Providers				Population-to-Provider Ratio			
	2012-4th Quarter	2013-3rd Quarter	Average	Percent Change	2012-4th Quarter	2013-3rd Quarter	Average	Percent Change
San Bernardino	2,007	2,063	2,035.0	2.8%	40.5	40.8	40.7	0.7%
San Diego	3,421	3,517	3,469.0	2.8%	21.6	21.9	21.8	1.4%
San Francisco	2,192	2,271	2,231.5	3.6%	5.3	5.2	5.3	-1.9%
San Joaquin	664	679	671.5	2.3%	31.9	31.4	31.7	-1.6%
San Luis Obispo	152	153	152.5	0.7%	17.8	19.7	18.8	10.7%
San Mateo	871	904	887.5	3.8%	7.1	10.3	8.7	45.1%
Santa Barbara	322	328	325.0	1.9%	17.1	18.5	17.8	8.2%
Santa Clara	2,870	2,990	2,930.0	4.2%	10.7	9.4	10.1	-12.1%
Santa Cruz	228	231	229.5	1.3%	13.5	13.4	13.5	-0.7%
Shasta	188	190	189.0	1.1%	167.6	121.5	144.6	-27.5%
Sierra	1	1	1.0	0.0%	348.0	383.0	365.5	10.1%
Siskiyou	39	40	39.5	2.6%	212.4	155.4	183.9	-26.8%
Solano	545	562	553.5	3.1%	9.4	9.6	9.5	2.1%
Sonoma	521	546	533.5	4.8%	9.7	10.2	10.0	5.2%
Stanislaus	576	595	585.5	3.3%	46.3	46.8	46.6	1.1%
Sutter	82	84	83.0	2.4%	219.1	234.0	226.6	6.8%
Tehama	47	47	47.0	0.0%	283.0	301.3	292.2	6.5%
Trinity	4	4	4.0	0.0%	531.8	384.3	458.1	-27.7%
Tulare	302	314	308.0	4.0%	54.7	53.3	54.0	-2.6%
Tuolumne	42	44	43.0	4.8%	149.6	150.6	150.1	0.7%
Ventura	672	694	683.0	3.3%	14.8	16.5	15.7	11.5%
Yolo	209	216	212.5	3.3%	13.6	16.1	14.9	18.4%
Yuba	37	39	38.0	5.4%	432.6	432.8	432.7	0.0%
<b>Statewide</b>	<b>40,214</b>	<b>41,395</b>	<b>40,804.5</b>	<b>2.9%</b>	<b>28.0</b>	<b>28.1</b>	<b>28.1</b>	<b>0.4%</b>

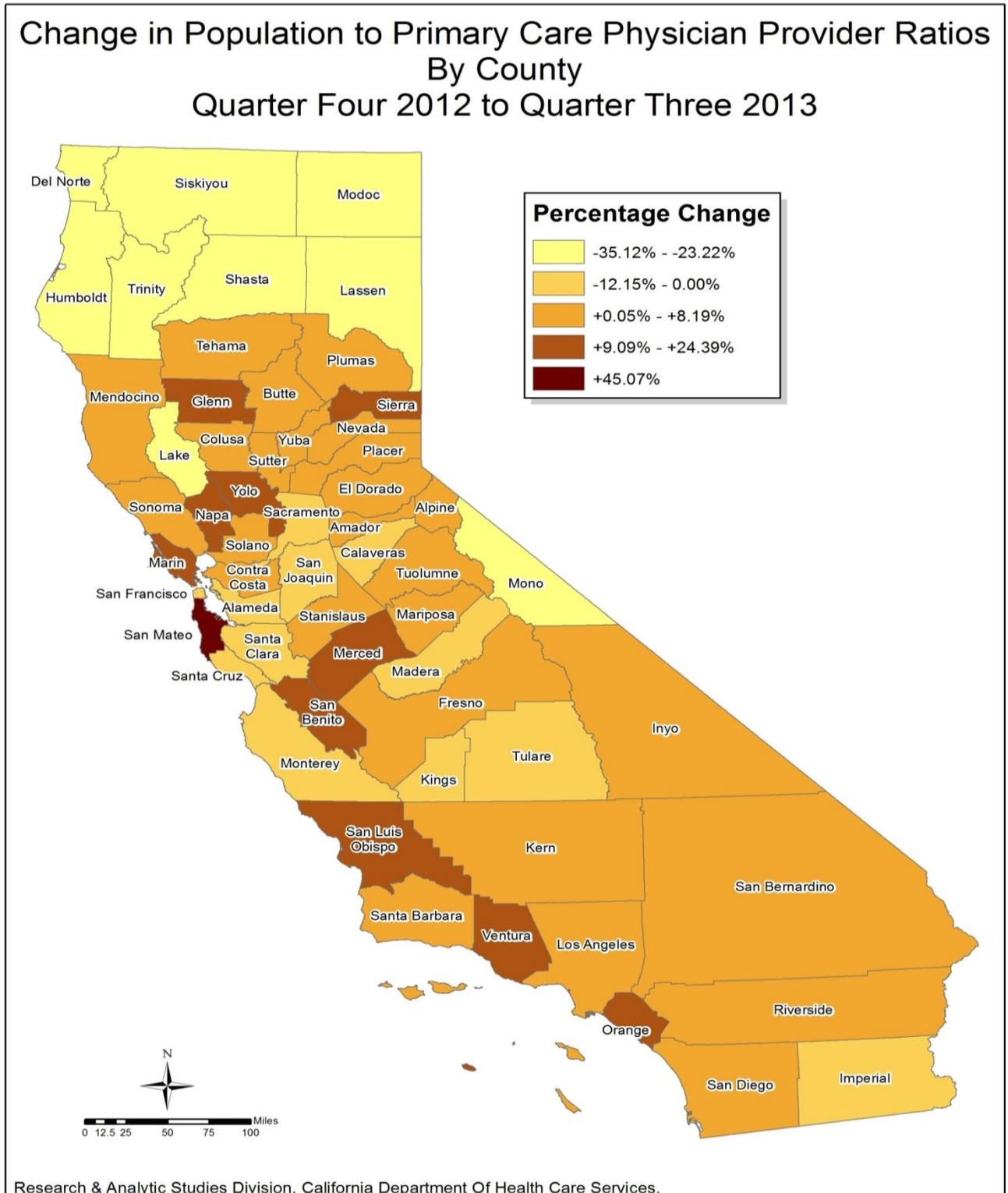
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-7:** Percent Change in FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-8:** Percent Change in Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



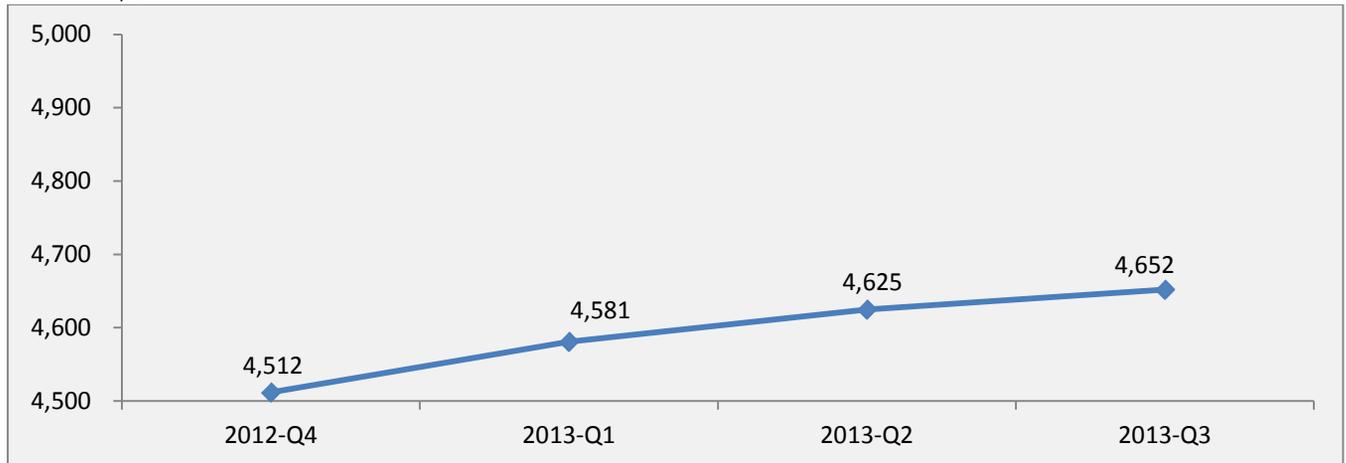
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Physicians with an OB/GYN Specialty

This section analyzes all enrolled physicians with an OB/GYN specialty and an Active or Indirect status at a given location.

- Total counts of physicians with an OB/GYN specialty in FFS Medi-Cal increased 3.1% from 4,512 to 4,652 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-9).

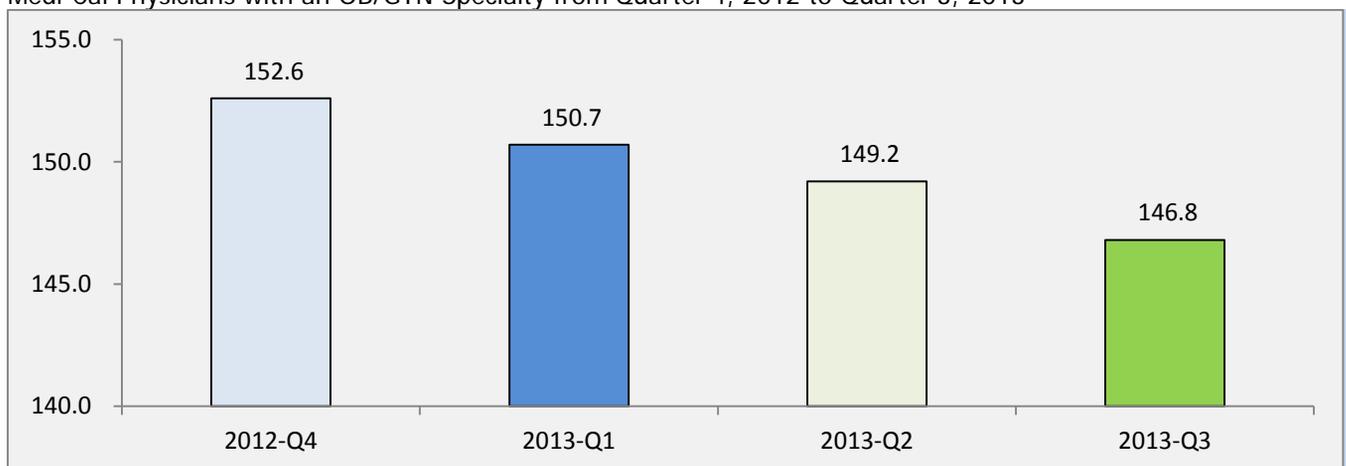
**Figure PS-9:** Total FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The ratio of FFS Medi-Cal Only, non-elderly adult females ages 18-64 per physician with an OB/GYN specialty declined 3.8% from 152.6 to 146.8 during the study period (Figure PS-10).

**Figure PS-10:** Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18-64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- There were no physicians with an OB/GYN specialty located in Alpine, Colusa, Mariposa, Sierra, and Trinity counties in the third quarter of 2013. In contrast, 1,175 physicians with an OB/GYN specialty practiced in Los Angeles County during the third quarter of 2013. Within counties with a limited supply of OB/GYNs, other provider types such as general practitioners and/or clinics may still render care to non-elderly women enrolled in FFS Medi-Cal. In counties with OB/GYNs, the average population-to-OB/GYN-physician ratio ranged from 35.2 in San Francisco County to 1,624.0 in Glenn County during the study period. The ratio of the population to OB/GYN physicians declined across the majority of California counties during the study period (Table PS-5).

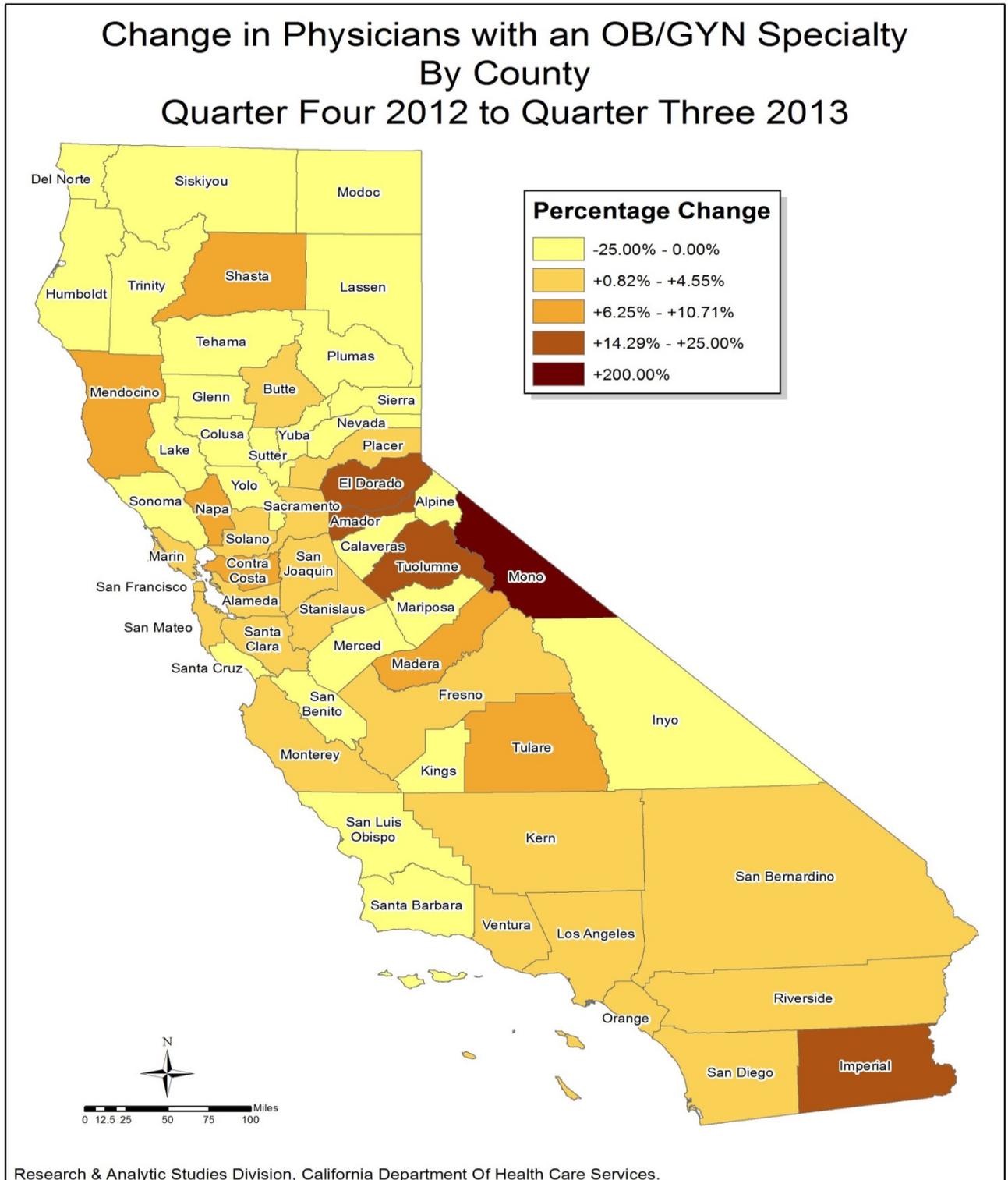
**Table PS-5:** Percent Change in FFS Medi-Cal Primary Care Physicians with an OB/GYN Specialty and in Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18-64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Number of Providers				Population-to-Provider Ratio			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Alameda	221	229	225.0	3.6%	87.5	85.4	86.5	-2.4%
Alpine	0	0	0	0.0%	-	-	-	-
Amador	4	5	4.5	25.0%	268.8	213.8	241.3	-20.5%
Butte	28	29	28.5	3.6%	430.9	416.6	423.8	-3.3%
Calaveras	1	1	1.0	0.0%	1,619.0	1,588.0	1,603.5	-1.9%
Colusa	0	0	0	0.0%	-	-	-	-
Contra Costa	99	107	103.0	8.1%	121.7	113.0	117.4	-7.1%
Del Norte	2	2	2.0	0.0%	935.0	644.5	789.8	-31.1%
El Dorado	11	13	12.0	18.2%	396.6	328.0	362.3	-17.3%
Fresno	95	98	96.5	3.2%	229.4	219.5	224.5	-4.3%
Glenn	1	1	1.0	0.0%	1,616.0	1,632.0	1,624.0	1.0%
Humboldt	13	13	13.0	0.0%	486.2	347.5	416.9	-28.5%
Imperial	14	16	15.0	14.3%	966.1	840.4	903.3	-13.0%
Inyo	4	3	3.5	-25.0%	197.5	260.0	228.8	31.6%
Kern	90	93	91.5	3.3%	216.0	208.1	212.1	-3.7%
Kings	10	10	10.0	0.0%	250.4	245.0	247.7	-2.2%
Lake	3	3	3.0	0.0%	1,355.3	981.0	1,168.2	-27.6%
Lassen	1	1	1.0	0.0%	1,141.0	826.0	983.5	-27.6%
Los Angeles	1,142	1,175	1,158.5	2.9%	195.7	193.2	194.5	-1.3%
Madera	13	14	13.5	7.7%	348.7	312.3	330.5	-10.4%
Marin	24	25	24.5	4.2%	110.8	108.8	109.8	-1.8%
Mariposa	0	0	0	0.0%	-	-	-	-
Mendocino	15	16	15.5	6.7%	80.3	73.8	77.1	-8.1%
Merced	18	18	18.0	0.0%	288.6	290.9	289.8	0.8%
Modoc	1	1	1.0	0.0%	451.0	317.0	384.0	-29.7%
Mono	1	3	2.0	200.0%	317.0	108.7	212.9	-65.7%
Monterey	57	58	57.5	1.8%	183.6	180.3	182.0	-1.8%

County	Number of Providers				Population-to-Provider Ratio			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Napa	16	17	16.5	6.3%	81.8	74.7	78.3	-8.7%
Nevada	10	10	10.0	0.0%	273.6	276.6	275.1	1.1%
Orange	364	370	367.0	1.6%	108.1	106.3	107.2	-1.7%
Placer	44	46	45.0	4.5%	151.9	144.5	148.2	-4.9%
Plumas	1	1	1.0	0.0%	731.0	700.0	715.5	-4.2%
Riverside	147	150	148.5	2.0%	206.1	204.8	205.5	-0.6%
Sacramento	243	245	244.0	0.8%	73.8	73.7	73.8	-0.1%
San Benito	4	4	4.0	0.0%	601.0	612.3	606.7	1.9%
San Bernardino	186	194	190.0	4.3%	207.9	197.8	202.9	-4.9%
San Diego	374	383	378.5	2.4%	88.9	84.6	86.8	-4.8%
San Francisco	232	242	237.0	4.3%	36.1	34.3	35.2	-5.0%
San Joaquin	96	98	97.0	2.1%	125.0	119.9	122.5	-4.1%
San Luis Obispo	22	22	22.0	0.0%	101.1	100.8	101.0	-0.3%
San Mateo	86	89	87.5	3.5%	86.9	95.9	91.4	10.4%
Santa Barbara	51	50	50.5	-2.0%	162.4	168.4	165.4	3.7%
Santa Clara	364	378	371.0	3.8%	70.0	63.8	66.9	-8.9%
Santa Cruz	30	30	30.0	0.0%	120.4	118.6	119.5	-1.5%
Shasta	13	14	13.5	7.7%	722.2	468.6	595.4	-35.1%
Sierra	0	0	0	0.0%	-	-	-	-
Siskiyou	4	4	4.0	0.0%	619.0	448.5	533.8	-27.5%
Solano	61	63	62.0	3.3%	63.7	61.9	62.8	-2.8%
Sonoma	55	55	55.0	0.0%	86.7	84.4	85.6	-2.7%
Stanislaus	64	66	65.0	3.1%	189.0	182.2	185.6	-3.6%
Sutter	11	11	11.0	0.0%	462.3	473.2	467.8	2.4%
Tehama	4	4	4.0	0.0%	971.8	983.3	977.6	1.2%
Trinity	0	0	0	0.0%	-	-	-	-
Tulare	56	62	59.0	10.7%	236.2	216.8	226.5	-8.2%
Tuolumne	6	7	6.5	16.7%	317.5	278.1	297.8	-12.4%
Ventura	78	81	79.5	3.8%	132.0	125.5	128.8	-4.9%
Yolo	19	19	19.0	0.0%	92.8	97.8	95.3	5.4%
Yuba	3	3	3.0	0.0%	1,581.0	1,582.0	1,581.5	0.1%
<b>Statewide</b>	<b>4,512</b>	<b>4,652</b>	<b>4,582.0</b>	<b>3.1%</b>	<b>152.6</b>	<b>146.8</b>	<b>149.7</b>	<b>-3.8%</b>

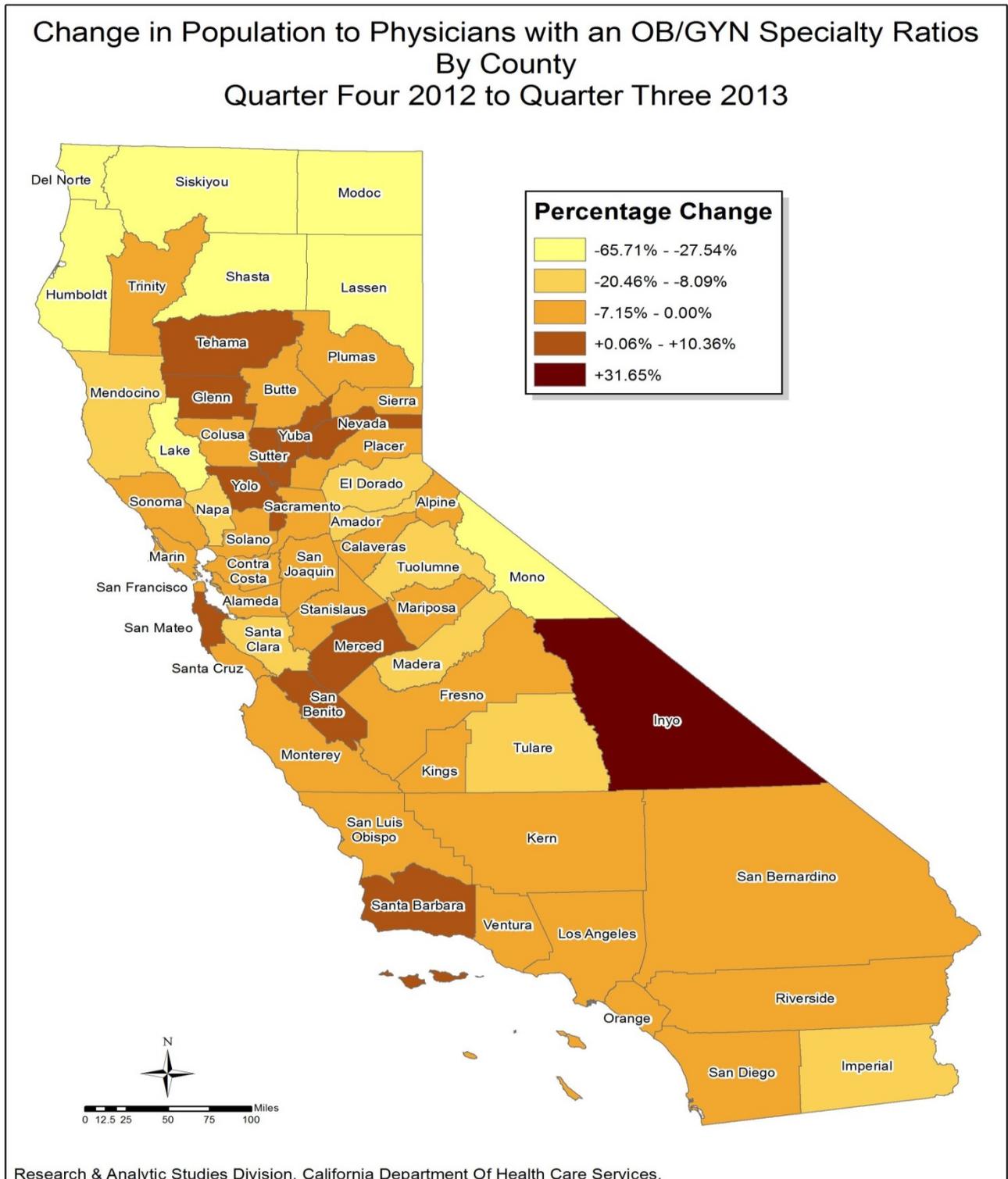
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-11:** Percent Change in FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-12:** Percent Change in Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18-64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



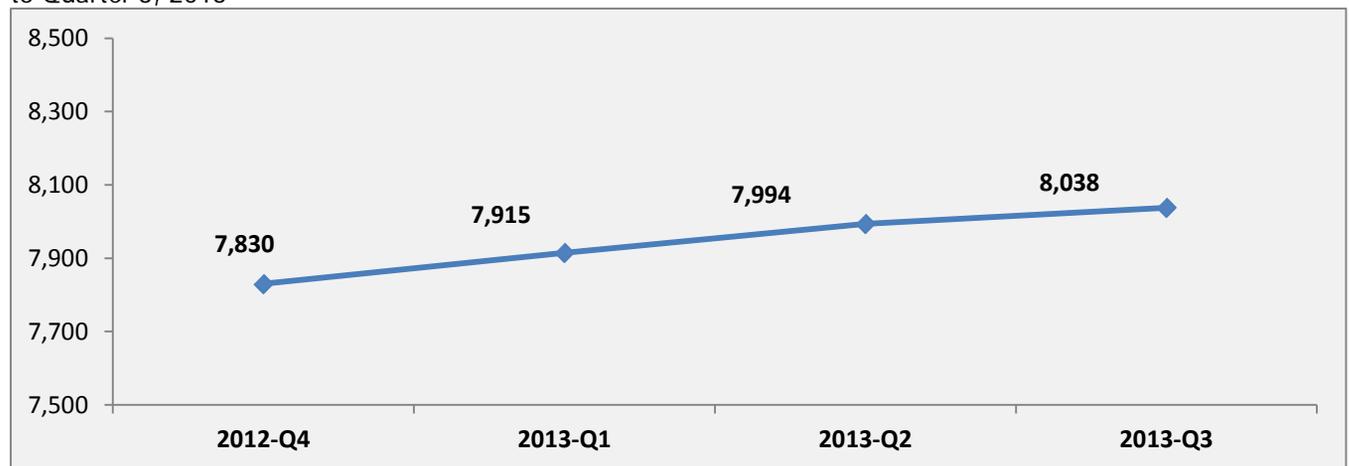
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Physicians with a Pediatric Specialty

This section analyzes all enrolled physicians with a Pediatric specialty and an Active or Indirect status at a given location.

- Total counts of physicians with a Pediatric specialty in FFS Medi-Cal increased 2.7% from 7,830 to 8,038 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-13).

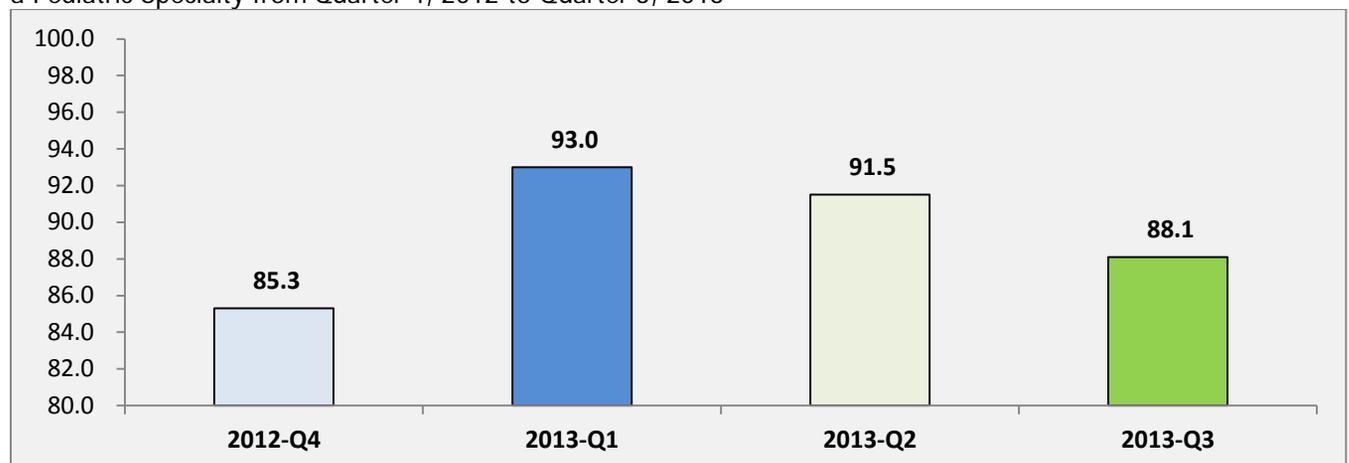
**Figure PS-13:** Total FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The ratio of FFS Medi-Cal Only children ages 0-18 per physician with a Pediatric specialty slightly increased 3.3% from 85.3 to 88.1 during the study period (Figure PS-14).

**Figure PS-14:** Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0-18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- Overall, county trends for physicians with a pediatric specialty closely followed those identified for OB/GYNs. For instance, there were no physicians with a Pediatric specialty located in the rural Alpine, Colusa, Mariposa, Modoc, Plumas, Sierra, and Trinity counties, while the largest concentration (2,085) of Pediatricians practiced in Los Angeles County during the third quarter of 2013. Other provider types, such as general practitioners and/or clinics, in counties with a limited supply of Pediatricians may still render care to children enrolled in FFS Medi-Cal. In counties with Pediatricians, the average population to Pediatric physician ratio ranged from 11.1 in San Francisco County to 3,153.3 in Yuba County during the study period (Table PS-6).

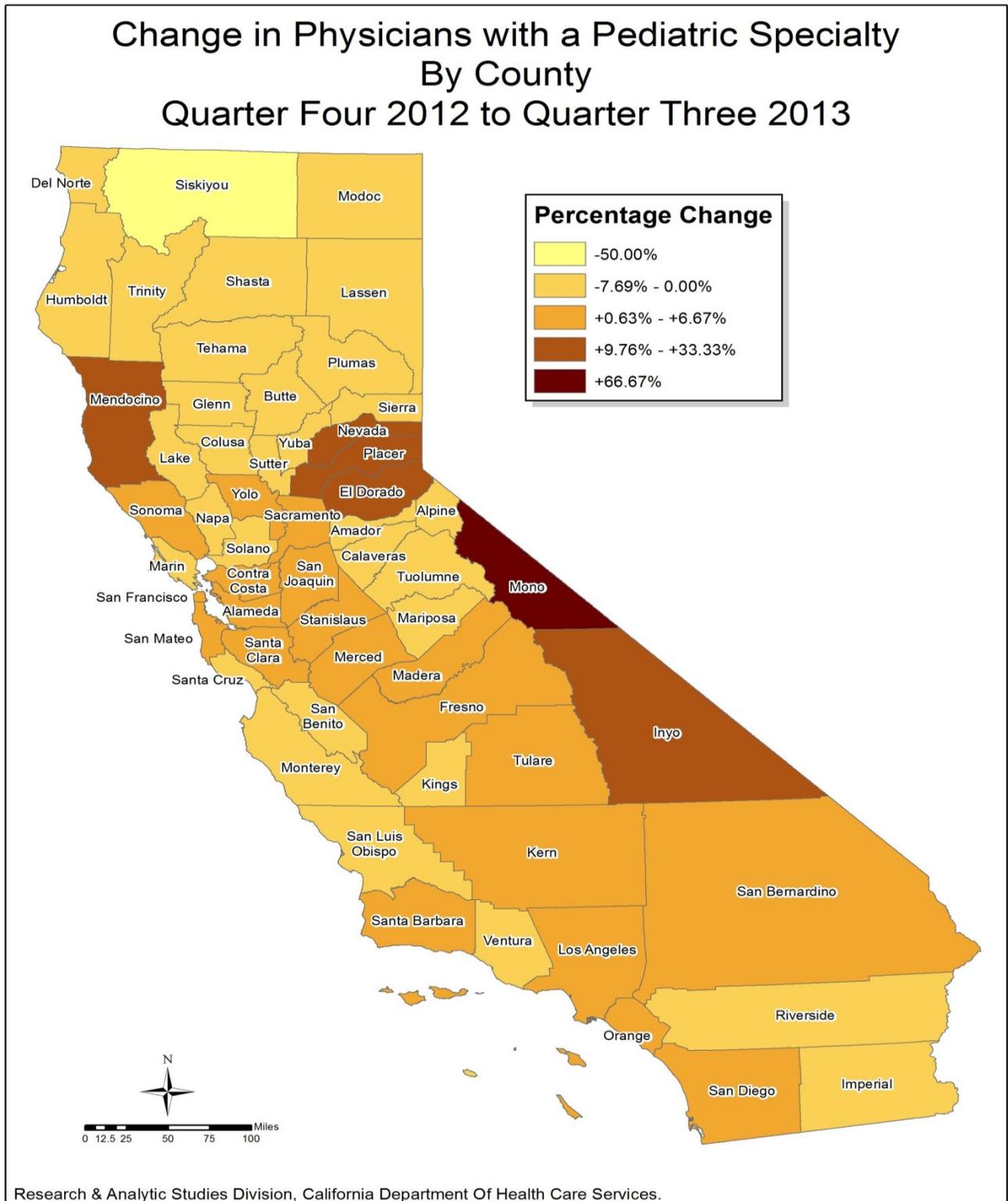
**Table PS-6:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty and in Ratio of FFS Medi-Cal Only Children Ages 0-18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Number of Providers				Population-to-Provider Ratio			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Alameda	533	551	542.0	3.4%	32.5	31.8	32.2	-2.2%
Alpine	0	0	0.0	0.0%	-	-	-	-
Amador	1	1	1.0	0.0%	1,867.0	2,112.0	1,989.5	13.1%
Butte	17	17	17.0	0.0%	1,217.2	1,310.1	1,263.7	7.6%
Calaveras	1	1	1.0	0.0%	2,800.0	3,080.0	2,940.0	10.0%
Colusa	0	0	0.0	0.0%	-	-	-	-
Contra Costa	158	159	158.5	0.6%	69.3	75.3	72.3	8.7%
Del Norte	5	5	5.0	0.0%	644.6	468.8	556.7	-27.3%
El Dorado	9	10	9.5	11.1%	899.9	916.0	908.0	1.8%
Fresno	137	140	138.5	2.2%	124.7	129.9	127.3	4.2%
Glenn	2	2	2.0	0.0%	1,724.0	2,000.5	1,862.3	16.0%
Humboldt	13	12	12.5	-7.7%	846.7	734.3	790.5	-13.3%
Imperial	12	12	12.0	0.0%	2,178.7	2,338.5	2,258.6	7.3%
Inyo	3	4	3.5	33.3%	508.3	417.3	462.8	-17.9%
Kern	123	124	123.5	0.8%	183.2	191.1	187.2	4.3%
Kings	9	9	9.0	0.0%	338.6	323.8	331.2	-4.4%
Lake	4	4	4.0	0.0%	1,719.3	1,345.8	1,532.6	-21.7%
Lassen	2	2	2.0	0.0%	1,019.0	786.0	902.5	-22.9%
Los Angeles	2,036	2,085	2,060.5	2.4%	73.7	77.8	75.8	5.6%
Madera	129	135	132.0	4.7%	24.4	24.0	24.2	-1.6%
Marin	44	44	44.0	0.0%	16.8	22.5	19.7	33.9%
Mariposa	0	0	0.0	0.0%	-	-	-	-
Mendocino	10	11	10.5	10.0%	85.5	90.7	88.1	6.1%
Merced	18	19	18.5	5.6%	174.7	197.1	185.9	12.8%
Modoc	0	0	0.0	0.0%	-	-	-	-
Mono	3	5	4.0	66.7%	242.7	184.8	213.8	-23.9%
Monterey	63	63	63.0	0.0%	62.8	64.2	63.5	2.2%

County	Number of Providers				Population-to-Provider Ratio			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Napa	16	16	16.0	0.0%	46.3	60.0	53.2	29.6%
Nevada	10	11	10.5	10.0%	470.2	510.2	490.2	8.5%
Orange	628	643	635.5	2.4%	28.4	32.1	30.3	13.0%
Placer	82	90	86.0	9.8%	169.5	175.0	172.3	3.2%
Plumas	0	0	0.0	0.0%	-	-	-	-
Riverside	182	180	181.0	-1.1%	220.7	247.7	234.2	12.2%
Sacramento	393	401	397.0	2.0%	61.8	61.2	61.5	-1.0%
San Benito	3	3	3.0	0.0%	1,672.0	1,917.7	1,794.9	14.7%
San Bernardino	379	385	382.0	1.6%	128.1	134.1	131.1	4.7%
San Diego	706	727	716.5	3.0%	65.5	68.8	67.2	5.0%
San Francisco	479	495	487.0	3.3%	11.2	11.0	11.1	-1.8%
San Joaquin	104	106	105.0	1.9%	126.8	126.3	126.6	-0.4%
San Luis Obispo	29	29	29.0	0.0%	53.7	64.0	58.9	19.2%
San Mateo	148	156	152.0	5.4%	27.0	39.7	33.4	47.0%
Santa Barbara	65	67	66.0	3.1%	55.1	59.4	57.3	7.8%
Santa Clara	804	838	821.0	4.2%	21.9	19.6	20.8	-10.5%
Santa Cruz	34	34	34.0	0.0%	53.2	52.6	52.9	-1.1%
Shasta	16	16	16.0	0.0%	1,026.9	793.6	910.3	-22.7%
Sierra	0	0	0.0	0.0%	-	-	-	-
Siskiyou	2	1	1.5	-50.0%	2,152.5	3,382.0	2,767.3	57.1%
Solano	81	81	81.0	0.0%	37.1	39.7	38.4	7.0%
Sonoma	60	64	62.0	6.7%	52.4	55.8	54.1	6.5%
Stanislaus	69	71	70.0	2.9%	221.6	233.9	227.8	5.6%
Sutter	12	12	12.0	0.0%	894.9	1,020.5	957.7	14.0%
Tehama	8	8	8.0	0.0%	972.8	1,070.0	1,021.4	10.0%
Trinity	0	0	0.0	0.0%	-	-	-	-
Tulare	66	67	66.5	1.5%	154.1	152.5	153.3	-1.0%
Tuolumne	5	5	5.0	0.0%	650.0	718.0	684.0	10.5%
Ventura	83	82	82.5	-1.2%	76.1	93.1	84.6	22.3%
Yolo	31	32	31.5	3.2%	58.5	72.5	65.5	23.9%
Yuba	3	3	3.0	0.0%	3,020.3	3,286.3	3,153.3	8.8%
<b>Statewide</b>	<b>7,830</b>	<b>8,038</b>	<b>7,944.0</b>	<b>2.7%</b>	<b>85.3</b>	<b>88.1</b>	<b>86.7</b>	<b>3.3%</b>

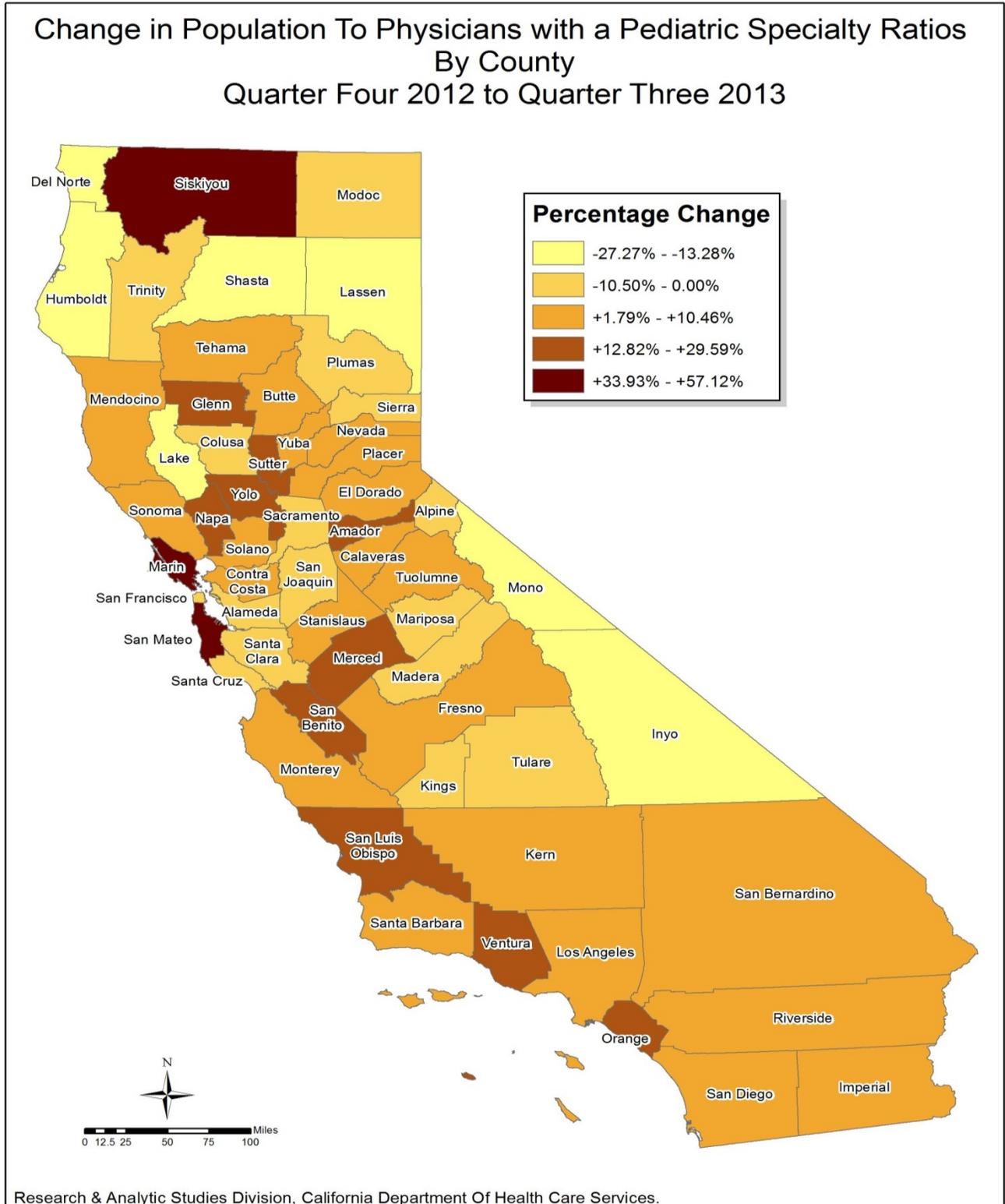
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-15:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-16:** Percent Change in Ratio of FFS Medi-Cal Only Children Ages 0-18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



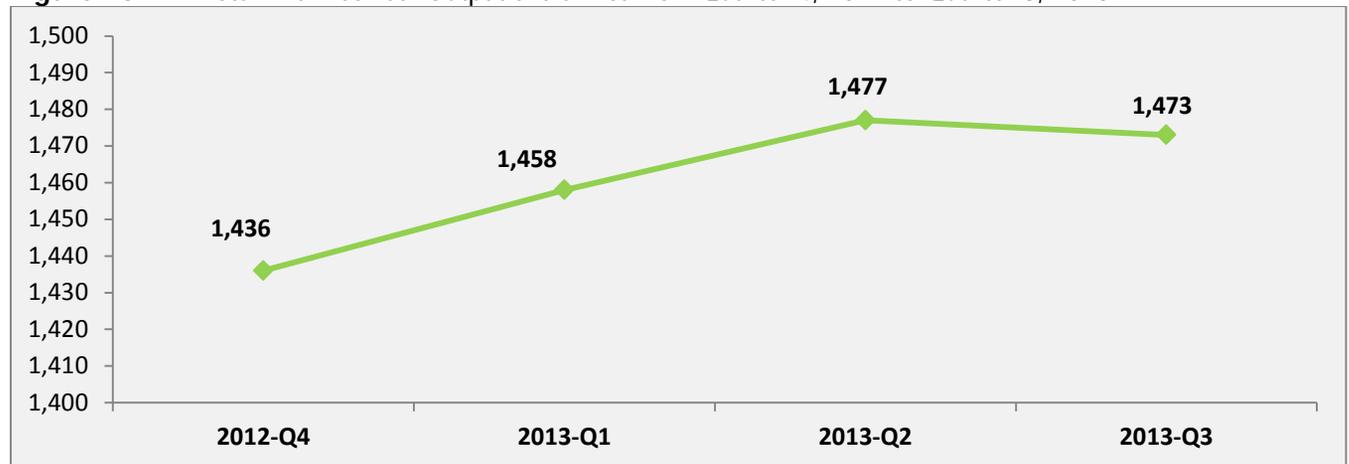
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Outpatient Clinics

This section analyzes all outpatient clinics available to FFS Medi-Cal Only beneficiaries.

- The total count of outpatient clinics participating in FFS Medi-Cal increased 2.6% from 1,436 to 1,473 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-17).

**Figure PS-17:** Total FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The average count of outpatient clinics ranged from 1.0 in Alpine and Mono counties to 300.0 in Los Angeles County from the fourth quarter of 2012 to the third quarter of 2013 (Table PS-7).

**Table PS-7:** Percent Change in FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013, by County

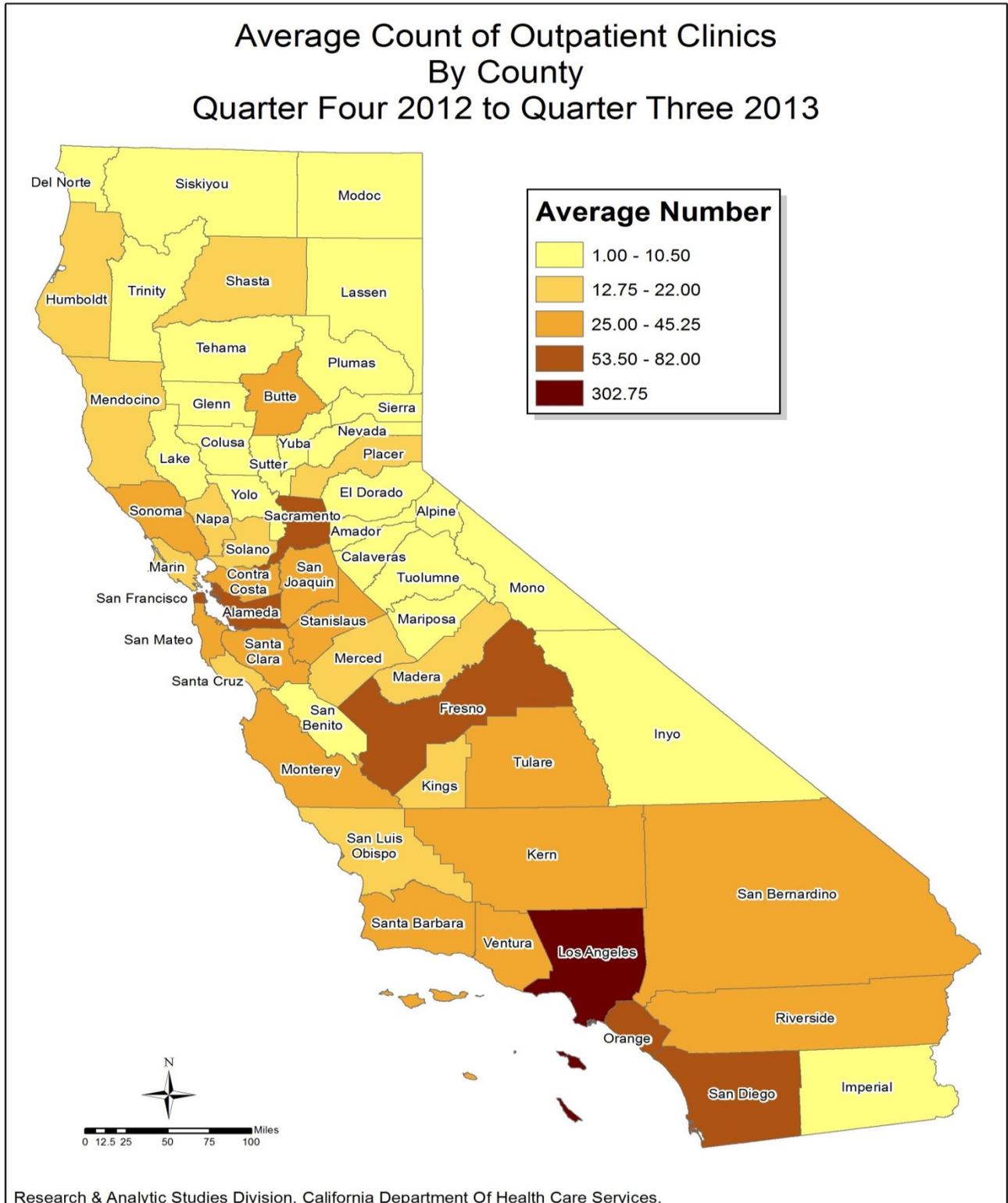
County	Clinics			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Alameda	57	60	58.5	5.3%
Alpine	1	1	1.0	0.0%
Amador	5	5	5.0	0.0%
Butte	23	27	25.0	17.4%
Calaveras	7	7	7.0	0.0%
Colusa	5	5	5.0	0.0%
Contra Costa	31	31	31.0	0.0%
Del Norte	4	4	4.0	0.0%
El Dorado	5	6	5.5	20.0%
Fresno	55	54	54.5	-1.8%
Glenn	9	8	8.5	-11.1%
Humboldt	22	22	22.0	0.0%
Imperial	10	10	10.0	0.0%

County	Clinics			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Inyo	3	2	2.5	-33.3%
Kern	35	38	36.5	8.6%
Kings	16	16	16.0	0.0%
Lake	7	7	7.0	0.0%
Lassen	2	2	2.0	0.0%
Los Angeles	296	304	300.0	2.7%
Madera	15	14	14.5	-6.7%
Marin	16	15	15.5	-6.3%
Mariposa	5	6	5.5	20.0%
Mendocino	13	14	13.5	7.7%
Merced	21	21	21.0	0.0%
Modoc	3	4	3.5	33.3%
Mono	1	1	1.0	0.0%
Monterey	27	26	26.5	-3.7%
Napa	12	13	12.5	8.3%
Nevada	6	6	6.0	0.0%
Orange	79	82	80.5	3.8%
Placer	13	13	13.0	0.0%
Plumas	6	6	6.0	0.0%
Riverside	38	39	38.5	2.6%
Sacramento	63	65	64.0	3.2%
San Benito	3	2	2.5	-33.3%
San Bernardino	39	40	39.5	2.6%
San Diego	78	88	83.0	12.8%
San Francisco	52	53	52.5	1.9%
San Joaquin	26	33	29.5	26.9%
San Luis Obispo	15	16	15.5	6.7%
San Mateo	30	30	30.0	0.0%
Santa Barbara	31	32	31.5	3.2%
Santa Clara	46	45	45.5	-2.2%
Santa Cruz	14	13	13.5	-7.1%
Shasta	18	18	18.0	0.0%
Sierra	3	3	3.0	0.0%
Siskiyou	6	7	6.5	16.7%
Solano	18	17	17.5	-5.6%
Sonoma	29	27	28.0	-6.9%
Stanislaus	25	26	25.5	4.0%
Sutter	10	10	10.0	0.0%

County	Clinics			
	2012- 4th Quarter	2013- 3rd Quarter	Average	Percent Change
Tehama	6	7	6.5	16.7%
Trinity	2	2	2.0	0.0%
Tulare	28	26	27.0	-7.1%
Tuolumne	8	9	8.5	12.5%
Ventura	26	25	25.5	-3.8%
Yolo	7	6	6.5	-14.3%
Yuba	5	4	4.5	-20.0%
<b>Statewide</b>	<b>1,436</b>	<b>1,473</b>	<b>1,454.5</b>	<b>2.6%</b>

**Source:** Prepared by DHCS' RASD. Counts of clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-18:** Average Count of FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Conclusions

- The site-specific counts of FFS Medi-Cal physicians increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, while the statewide beneficiary-to-physician ratios for full-scope FFS Medi-Cal only beneficiaries showed no change during the study period.
- Similar to the trends identified for all physicians, site-specific counts of FFS Medi-Cal primary care physicians increased 2.9% during the study period, while the ratio of full-scope FFS Medi-Cal only beneficiaries to primary care physicians showed relatively no change.
- The site-specific counts of FFS Medi-Cal primary care physicians with an OB/GYN specialty increased by 3.1% from the fourth quarter of 2012 to the third quarter of 2013, while site-specific counts of primary care physicians with a pediatric specialty increased 2.7% during the study period. Of particular note, the ratio of full-scope FFS Medi-Cal only beneficiaries to primary care physicians with an OB/GYN specialty decreased 3.8% during the study period, while the ratio of beneficiaries to primary care physicians with a pediatric specialty increased 3.3%.
- The overall count of outpatient clinics participating in FFS Medi-Cal increased 2.6% from the fourth quarter of 2012 to the third quarter of 2013.
- Across all analyzed provider types, small rural counties exhibited the lowest count of available FFS Medi-Cal providers during the study period, while Los Angeles County had the highest total of available FFS Medi-Cal providers.

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