



**Medi-Cal Access to Care  
Quarterly Monitoring Report #10  
2014 Quarter 1**

**Physician Supply**

**November 2015**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1250, P.O. Box 997413  
Sacramento, CA 95899-7413

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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 Fee-for-Service (FFS) full-scope Medi-Cal Only beneficiaries continued to grow modestly in the
- Site-specific physician counts increased 3.8%, from 78,534 to 81,528.
- Site-specific primary care physician counts increased 3.4%, from 41,135 to 42,540.
- Site-specific counts of physicians with a specialty in Obstetrics and Gynecology increased 3.0%, from 4,625 to 4,762.
- Site-specific Pediatrician counts increased 3.6%, from 7,994 to 8,280.
- The statewide beneficiary-to-physician ratios for FFS full-scope Medi-Cal Only beneficiaries increased 30.3% during the study period.

## 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 greater 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 DHCS management to 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), relative to the number of potential providers. 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 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.

While physician supply is measured on a quarterly basis, overall physician participation in FFS Medi-Cal is only measured in DHCS' Annual Access reports. Subsequently, starting with this report, DHCS will present the total of physicians participating in FFS Medi-Cal and the ratio of the FFS full-scope Medi-Cal Only population to participating FFS Medi-Cal physicians. The inclusion of statewide physician participation counts will provide DHCS with a better representation of the role of physicians in FFS Medi-Cal.

## 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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.<sup>1,2,3</sup>

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<sup>1</sup> California Assembly Bill 97, (2011).

<sup>2</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>3</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

## Medi-Cal Enrollment Transitions

*Implementation of the Affordable Care Act* – The Patient Protection and Affordable Care Act, referred to as simply the Affordable Care Act (ACA), was signed into law by President Obama in March 2010. Under the ACA, states gained the option to expand Medicaid eligibility to previously ineligible low-income adults ages 19-64 (at or below 138% Federal Poverty Level) without dependent children.<sup>4</sup> On June 27, 2013, Governor Brown signed into law [AB](#) and [Senate Bill \(SB\) 1-1, §25](#), authorizing California to expand the Medi-Cal program to include this optional population effective January 1, 2014. State administrative policy requires this new Medi-Cal population to enroll in managed care health plans. However, most certified eligibles that are required to enroll in managed care enter the Medi-Cal system through FFS, and they remain in FFS until their health plan selection is complete. As a result, while this large influx of new eligibles is required to enroll in managed care, many temporarily participate in FFS.

*Expansion of Medi-Cal 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 enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another approximately 165,780 FFS Medi-Cal Only beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties (Table PS-1).

**Table PS-1:** FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			<b>Subtotal = 81,488</b>

<sup>4</sup> On June 28, 2012, the United States Supreme Court issued a majority opinion in *National Federation of Independent Business v. Sebelius* which found that the mandatory expansion of states' Medicaid eligibility rules to include childless adults was unconstitutional. California was one of 30 states to date, including the District of Columbia, to exercise the optional expansion of Medicaid eligibility rules.

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			<b>Subtotal = 165,780</b>
			<b>Statewide Total = 247,268</b>

**Source:** Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four 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 CHIP 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.

## 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>ii</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>iii</sup>

*High Rate of Aging Physician Population* – Efforts to train new primary care providers must keep pace with the large proportion of primary care physicians who are nearing retirement. According to a physician workforce report, more than 30% of California physicians in 2012 were ages 60 and older.<sup>iv</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>v</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 larger proportion of their office time, in contrast with time spent on paperwork and administrative-type duties.<sup>vi</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>vii</sup>

*Training and Education for Primary Care Specialties* – Many factors influence a medical student's decision in choosing to enter a specialist care field versus primary care. These reasons include: their interests and abilities; desired lifestyle, prestige, and salary levels; available residency slots; perceived job availability; and expected income.<sup>viii</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>ix</sup> Of further note is that Latinos represented 38% of the population while only representing 4% of the overall physician supply in California.<sup>x</sup>

*Urban vs. Rural* – The accessibility of primary care 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>xi</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 face increased transportation barriers.<sup>xii</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>xiii</sup>

## 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>xiv</sup> Physicians with an Active status bill Medi-Cal directly. 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 on 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>5,6</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.

### Physician Supply Counts

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

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<sup>5</sup> “Medi-Cal Provider Enrollment, Frequently Asked Questions,” URL:

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

<sup>6</sup> Medi-Cal Provider Agreement DHCS 6208 form; URL: <https://files.medi-cal.ca.gov/pubsdoco/forms.asp>

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

Some physicians may practice at multiple sites or locations. For the purpose of evaluating beneficiary access to care using physician counts, the last method is most appropriate since geographic accessibility and appropriateness of care are two major elements of access.

The reporting unit for physicians in this report is the unique combination of the physician provider ID, physician location identifier, and physician type. For individual physicians, the provider ID number is their license number as reported to the Medical Board of California. All other providers, including physician groups, are traced back to their original provider number, usually to one that predates the onset of the National Provider ID (NPI). This method is necessary in order to avoid double-counting physicians who have successfully applied for multiple NPIs, a common occurrence that has a cumulative effect over time.

However, in some cases, counting distinct physicians in combination with their location may overstate physician supply. For example, if a physician practices in one office location two days per week and in another office location for 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 county-specific counts for Medi-Cal physician supply by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

## **Physician Participation Counts**

Starting with this report, DHCS will present the total of physicians participating in FFS Medi-Cal and the ratio of the FFS full-scope Medi-Cal Only population to participating FFS Medi-Cal physicians. Participation counts for specialized physicians and outpatient clinics will not be included in this measure.

For the purpose of evaluating provider participation, an encounter — also referred to as a distinct visit — is defined as a contact between a physician and a Medi-Cal beneficiary in which a Medi-Cal claim record(s) for reimbursement is generated and submitted for payment. A distinct visit represents a single encounter and is defined by the unique combination of the provider county, beneficiary's Client Identification Number, provider's NPI, and the date of service.

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

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

Readers should be aware that the population eligible for Medi-Cal Only and participating in the FFS health care delivery system is not static, and population shifts 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 165,000 beneficiaries shifted enrollment from FFS to Medi-Cal managed care 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 managed care plans, the case may be that access has not changed, but rather the beneficiaries have only changed health care 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, and Pediatrics.

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 the 2013 Quarter 3 Access to Care Monitoring 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 physicians overall, this revision in methodology resulted in an increase in the number of primary care physicians reported. Historical trending of available primary care physicians can only be conducted starting with the revised counts presented in the 2013 Quarter 3 Access to Care Monitoring Report.

Physician participation counts are derived from FFS Medi-Cal claims paid with dates of service from January to March 2014.

## 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

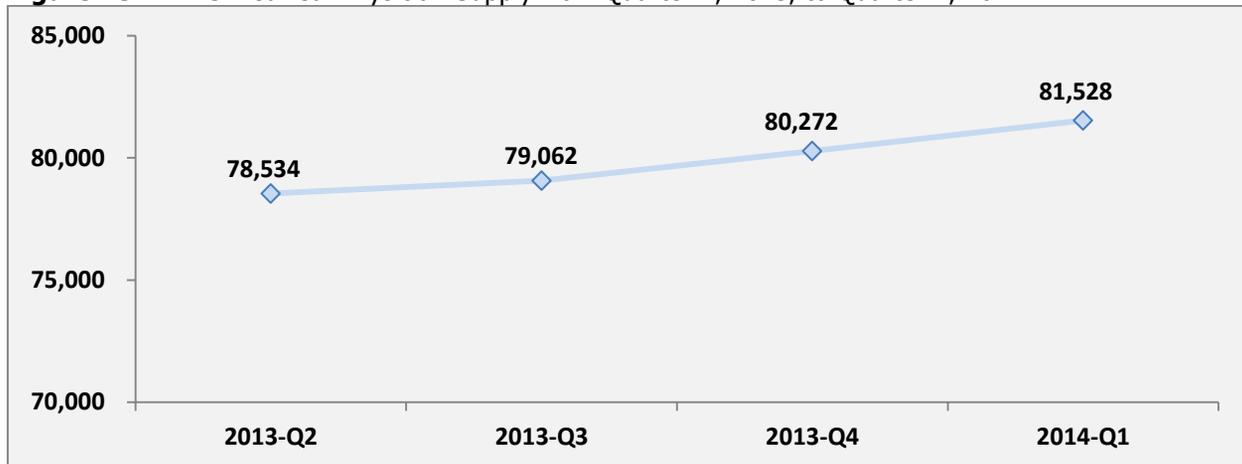
Section	Description
Total Physician Supply	All enrolled physicians with an Active or Indirect status at a given location, and beneficiary-to-provider ratios. Includes both primary care and specialty physicians.
Primary Care Physician Supply	All enrolled <b>primary care</b> physicians with an Active or 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.

- Statewide site-specific physician counts in FFS Medi-Cal increased 3.8%, from 78,534 to 81,528, between the second quarter of 2013 and the first quarter of 2014 (Figure PS-1).

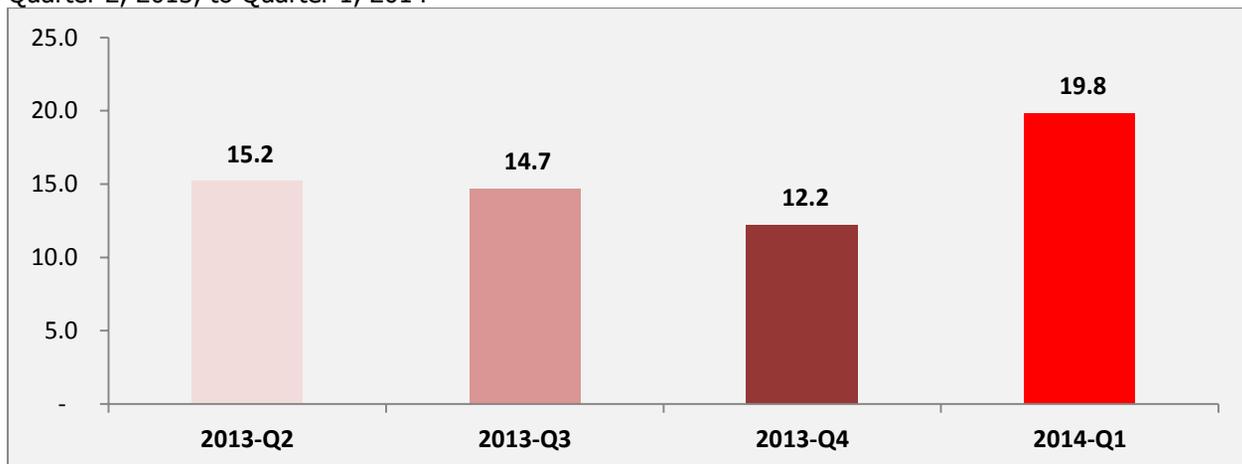
**Figure PS-1:** FFS Medi-Cal Physician Supply from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- Statewide beneficiary-to-provider ratios for FFS full-scope Medi-Cal Only beneficiaries increased 30.3%, from 15.2 to 19.8, during the study period (Figure PS-2).

**Figure PS-2:** Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The total count of physicians enrolled in FFS Medi-Cal during the first quarter of 2014 ranged from 1 in Sierra County to 21,840 in Los Angeles County. The average population-to-physician ratio ranged from 3.2 in San Francisco County to 280.8 in Sierra County during the study period (Table PS-3).

**Table PS-3:** Percent Change in FFS Medi-Cal Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County

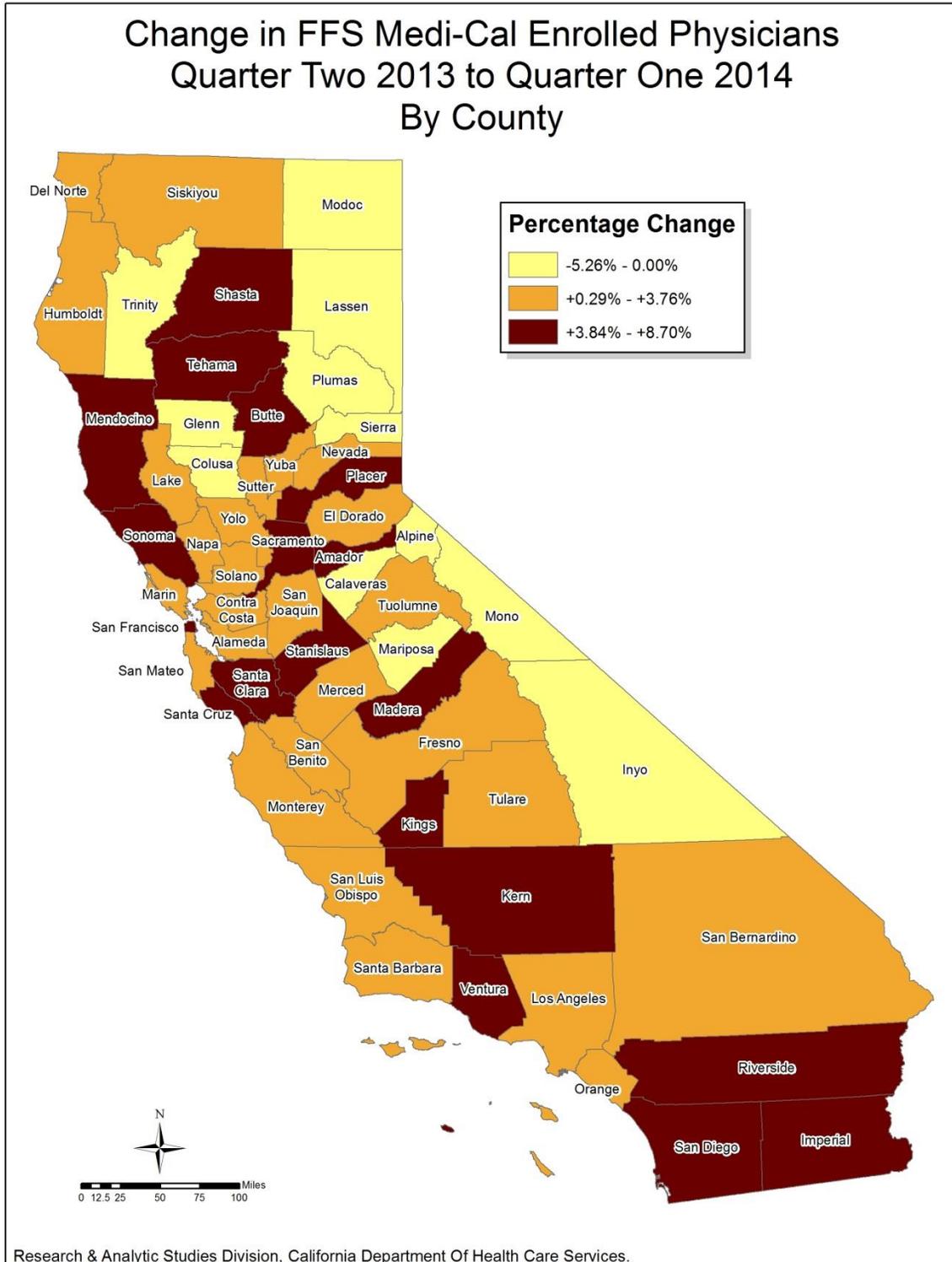
County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population-to- Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Alameda	3,520	3,604	3,550.5	2.4%	9.3	15.7	10.8	68.8%
Alpine*	2	2	2.0	0.0%	75.5	42.5	59.4	-43.7%
Amador*	46	50	48.8	8.7%	78.4	35.8	57.8	-54.3%
Butte*	423	442	431.5	4.5%	96.8	41.2	71.7	-57.4%
Calaveras*	35	35	34.8	0.0%	160.3	75.8	121.2	-52.7%
Colusa*	26	25	25.8	-3.8%	147.7	63.1	110.3	-57.3%
Contra Costa	2,113	2,191	2,144.8	3.7%	9.3	16.5	11.5	77.4%
Del Norte*	39	40	39.3	2.6%	162.1	22.1	77.3	-86.4%
El Dorado*	196	203	198.8	3.6%	77.5	43.7	61.1	-43.6%
Fresno	1,516	1,573	1,538.5	3.8%	19.9	38.1	24.3	91.5%
Glenn*	19	18	18.5	-5.3%	314.6	118.3	232.0	-62.4%
Humboldt*	313	321	316.0	2.6%	70.5	17.6	36.3	-75.0%
Imperial*	178	188	183.0	5.6%	263.0	77.7	182.7	-70.5%
Inyo*	32	32	32.0	0.0%	85.0	34.6	61.5	-59.3%
Kern	1,457	1,527	1,488.5	4.8%	26.1	37.3	27.9	42.9%
Kings	142	148	144.5	4.2%	33.3	47.6	35.4	42.9%
Lake*	97	100	99.0	3.1%	141.6	27.9	70.0	-80.3%
Lassen*	30	30	30.0	0.0%	132.2	29.6	67.9	-77.6%
Los Angeles	21,088	21,840	21,419.8	3.6%	12.4	18.0	13.7	45.2%
Madera	254	267	260.0	5.1%	20.0	32.9	22.7	64.5%
Marin	531	542	536.8	2.1%	2.9	9.8	4.5	237.9%
Mariposa*	8	8	8.0	0.0%	285.3	131.1	215.4	-54.0%
Mendocino	150	157	153.8	4.7%	13.5	24.8	14.5	83.7%
Merced	294	299	296.3	1.7%	20.2	43.9	25.2	117.3%
Modoc*	9	9	9.0	0.0%	170.1	37.2	86.2	-78.1%
Mono*	39	39	39.0	0.0%	31.6	19.8	25.6	-37.3%
Monterey	602	614	606.5	2.0%	9.5	25.5	13.9	168.4%
Napa	235	239	235.3	1.7%	7.1	16.2	8.9	128.2%
Nevada*	137	140	139.0	2.2%	69.2	36.2	53.7	-47.7%
Orange	5,591	5,733	5,652.0	2.5%	5.4	13.9	7.6	157.4%
Placer*	651	677	661.8	4.0%	38.5	21.0	30.3	-45.5%

County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population-to- Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Plumas*	20	20	20.0	0.0%	123.7	75.0	97.8	-39.4%
Riverside	2,335	2,434	2,372.0	4.2%	29.0	45.6	32.7	57.2%
Sacramento	4,571	4,774	4,658.3	4.4%	9.2	15.6	10.6	69.6%
San Benito*	51	52	51.5	2.0%	164.4	101.2	134.4	-38.4%
San Bernardino	3,508	3,636	3,563.5	3.6%	24.4	39.1	27.7	60.2%
San Diego	7,260	7,539	7,380.3	3.8%	10.8	16.8	12.2	55.6%
San Francisco	4,845	5,118	4,992.3	5.6%	2.5	5.7	3.2	128.0%
San Joaquin	1,238	1,279	1,252.5	3.3%	18.3	30.7	20.7	67.8%
San Luis Obispo	342	343	342.0	0.3%	8.9	22.8	12.2	156.2%
San Mateo	1,734	1,780	1,750.5	2.7%	6.2	9.1	6.1	46.8%
Santa Barbara	728	749	737.8	2.9%	8.0	18.6	10.9	132.5%
Santa Clara	5,707	6,033	5,849.8	5.7%	5.2	9.5	6.1	82.7%
Santa Cruz	453	471	464.0	4.0%	7.0	18.6	9.9	165.7%
Shasta*	383	398	388.3	3.9%	85.1	16.6	42.6	-80.5%
Sierra*	1	1	1.0	0.0%	364.0	177.0	280.8	-51.4%
Siskiyou*	70	72	71.0	2.9%	125.2	25.9	62.7	-79.3%
Solano	978	1,002	987.0	2.5%	5.2	11.4	6.9	119.2%
Sonoma	1,000	1,046	1,019.8	4.6%	5.7	13.1	7.4	129.8%
Stanislaus	1,127	1,175	1,146.3	4.3%	25.7	33.0	26.7	28.4%
Sutter*	138	143	140.5	3.6%	140.3	56.1	102.7	-60.0%
Tehama*	69	72	70.5	4.3%	201.8	76.9	147.0	-61.9%
Trinity*	9	9	9.0	0.0%	238.0	67.1	125.8	-71.8%
Tulare	516	531	524.8	2.9%	31.7	53.1	37.2	67.5%
Tuolumne*	83	86	84.0	3.6%	80.3	37.5	60.4	-53.3%
Ventura	1,162	1,228	1,191.5	5.7%	11.0	21.9	13.0	99.1%
Yolo	343	352	347.3	2.6%	10.0	17.3	11.7	73.0%
Yuba*	90	92	91.0	2.2%	186.0	74.4	137.0	-60.0%
<b>Statewide</b>	<b>78,534</b>	<b>81,528</b>	<b>79,849.0</b>	<b>3.8%</b>	<b>15.2</b>	<b>19.8</b>	<b>15.5</b>	<b>30.3%</b>

**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

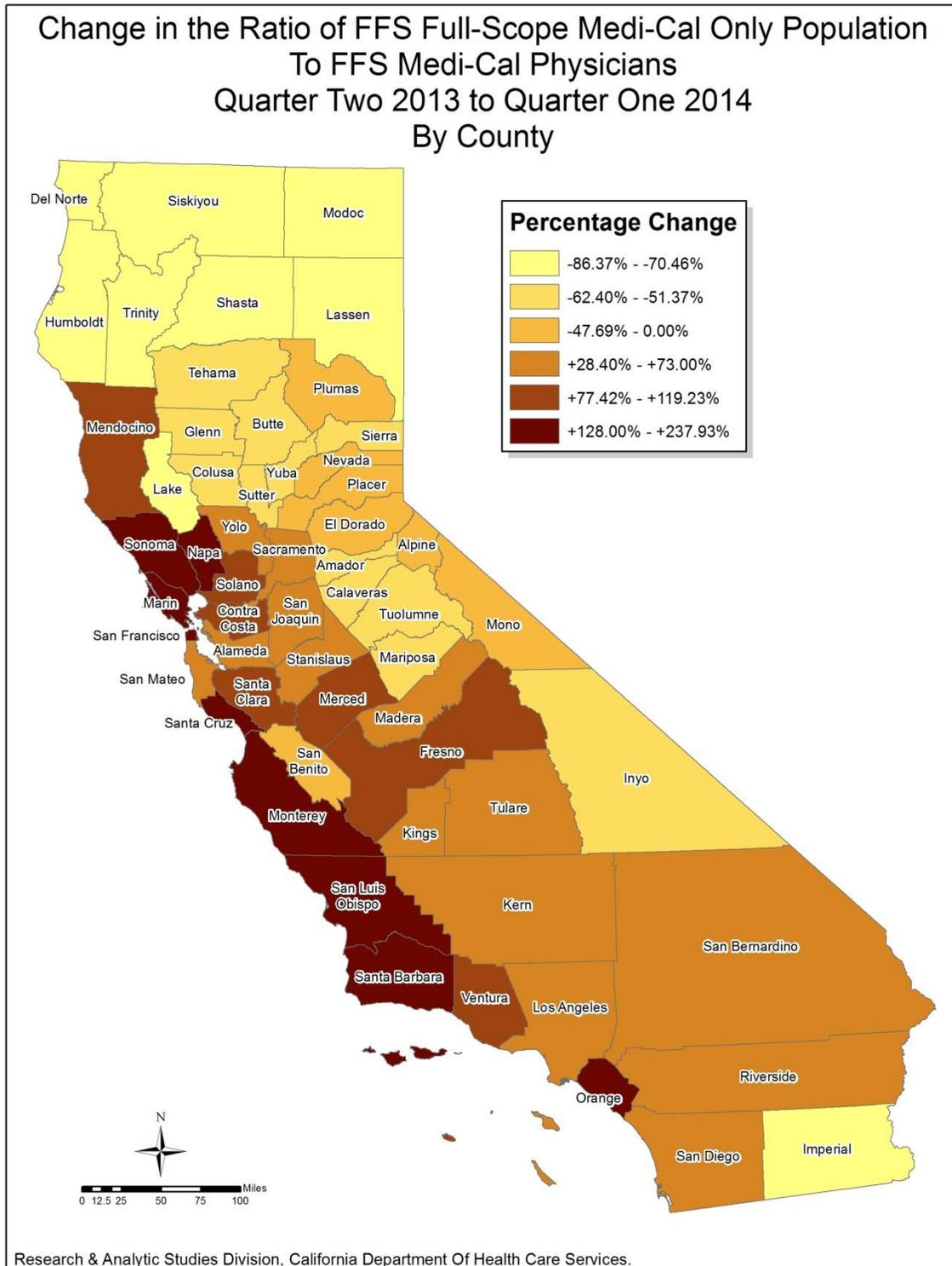
\*Managed care expansion occurred within county during study period.

**Figure PS-3:** Percent Change in FFS Medi-Cal Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

**Figure PS-4:** Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The total count of physicians that administered services in the FFS Medi-Cal delivery system during the first quarter of 2014 ranged from 0 in Alpine and Sierra counties to 11,623 in Los Angeles County. The ratio of FFS full-scope Medi-Cal Only beneficiaries to physicians participating in FFS Medi-Cal ranged from 11.6 in San Francisco County to 349.6 in Mariposa County during the first quarter of 2014 (Table PS-4).

**Table PS-4:** Total Physicians Participating in FFS Medi-Cal and the Ratio of FFS Full-Scope Medi-Cal Only Population to Participating FFS Medi-Cal Physicians in Quarter 1, 2014, by County

County	Provider Participation	Provider Supply	% of Providers Participating	Population to Participating Provider Ratio
Alameda	1,774	3,604	49.2%	31.9
Alpine	0	2	0.0%	-
Amador	31	50	62.0%	57.7
Butte	299	442	67.6%	60.9
Calaveras	20	35	57.1%	132.7
Colusa	15	25	60.0%	105.2
Contra Costa	1,067	2,191	48.7%	33.9
Del Norte	21	40	52.5%	42.1
El Dorado	123	203	60.6%	72.1
Fresno	966	1,573	61.4%	62.0
Glenn	7	18	38.9%	304.2
Humboldt	151	321	47.0%	37.4
Imperial	151	188	80.3%	96.7
Inyo	17	32	53.1%	65.1
Kern	741	1,527	48.5%	76.9
Kings	92	148	62.2%	76.6
Lake	56	100	56.0%	49.8
Lassen	15	30	50.0%	59.2
Los Angeles	11,623	21,840	53.2%	33.8
Madera	203	267	76.0%	43.3
Marin	199	542	36.7%	26.7
Mariposa	3	8	37.5%	349.6
Mendocino	88	157	56.1%	44.2
Merced	203	299	67.9%	64.7
Modoc	3	9	33.3%	111.6
Mono	6	39	15.4%	128.7
Monterey	369	614	60.1%	42.4
Napa	98	239	41.0%	39.5

County	Provider Participation	Provider Supply	% of Providers Participating	Population to Participating Provider Ratio
Nevada	78	140	55.7%	65.0
Orange	2,896	5,733	50.5%	27.5
Placer	393	677	58.1%	36.2
Plumas	6	20	30.0%	250.0
Riverside	1,357	2,434	55.8%	81.8
Sacramento	2,836	4,774	59.4%	26.3
San Benito	32	52	61.5%	164.5
San Bernardino	2,101	3,636	57.8%	67.7
San Diego	3,982	7,539	52.8%	31.8
San Francisco	2,515	5,118	49.1%	11.6
San Joaquin	740	1,279	57.9%	53.1
San Luis Obispo	188	343	54.8%	41.6
San Mateo	671	1,780	37.7%	24.1
Santa Barbara	415	749	55.4%	33.6
Santa Clara	2,913	6,033	48.3%	19.7
Santa Cruz	271	471	57.5%	32.3
Shasta	239	398	60.1%	27.6
Sierra	0	1	0.0%	-
Siskiyou	35	72	48.6%	53.3
Solano	460	1,002	45.9%	24.8
Sonoma	516	1,046	49.3%	26.6
Stanislaus	734	1,175	62.5%	52.8
Sutter	115	143	80.4%	69.8
Tehama	45	72	62.5%	123.0
Trinity	8	9	88.9%	75.5
Tulare	296	531	55.7%	95.3
Tuolumne	48	86	55.8%	67.2
Ventura	578	1,228	47.1%	46.5
Yolo	205	352	58.2%	29.7
Yuba	57	92	62.0%	120.1
<b>Statewide</b>	<b>43,071</b>	<b>81,528</b>	<b>52.8%</b>	<b>37.5</b>

**Source:** Created by DHCS Research and Analytic Studies Division using Fiscal Intermediary's 35-File of Paid Claim records with dates of service from January 2014 to March 2014.

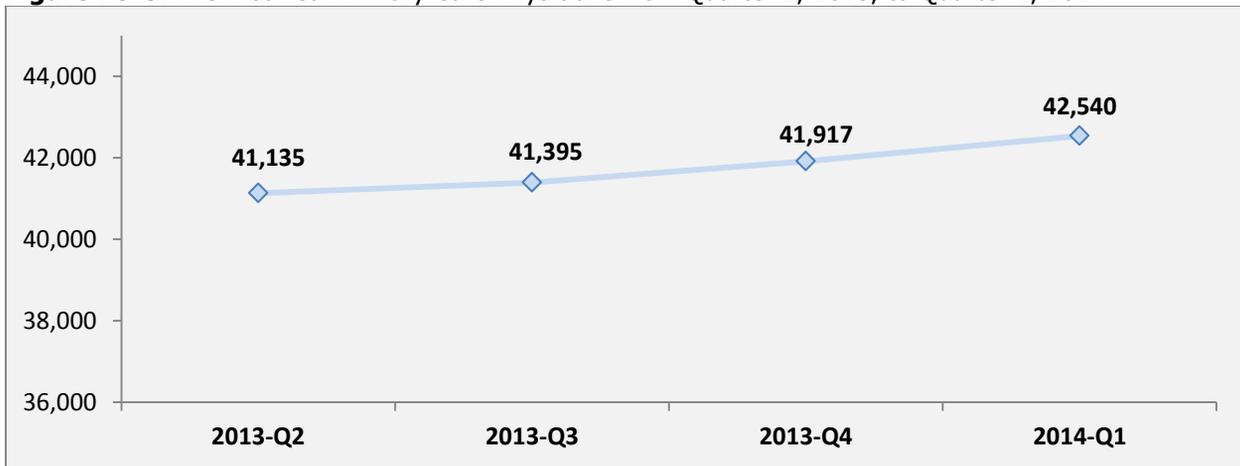
**Note:** In evaluating provider participation on a quarterly basis, total provider participation is undercounted by approximately 10%.

## 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.

- The total count of primary care physicians participating in FFS Medi-Cal increased 3.4%, from 41,135 to 42,540, between the second quarter of 2013 and the first quarter of 2014 (Figure PS-5).

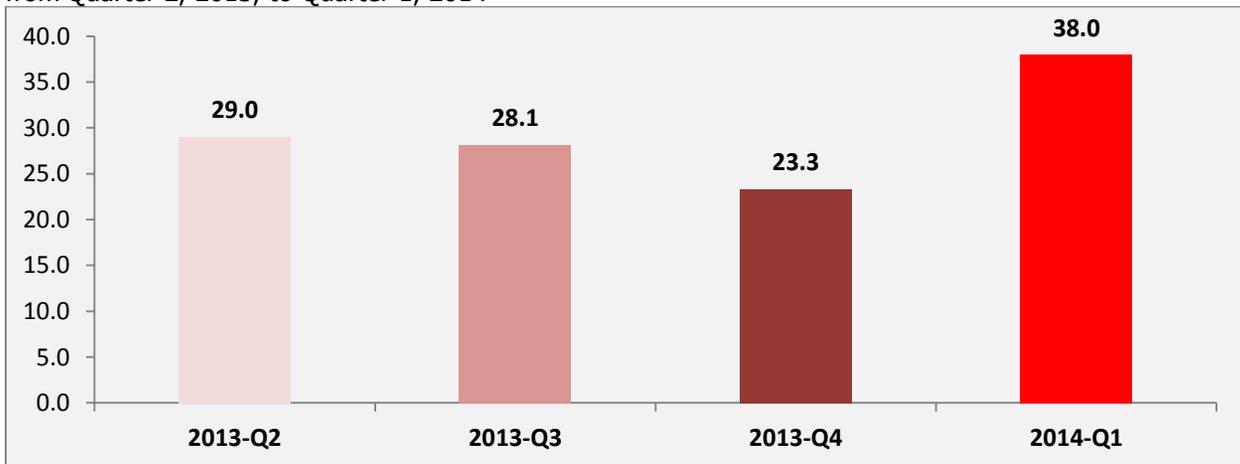
**Figure PS-5:** FFS Medi-Cal Primary Care Physicians from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The statewide ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care providers increased 31.0%, from 29.0 to 38.0, 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 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The counts of primary care physicians ranged from 1 in Alpine County to 11,449 in Los Angeles County during the first quarter of 2014. The average population-to-physician ratio ranged from 7.0 in San Francisco County to 406.2 in Glenn County during the study period (Table PS-5).

**Table PS-5:** Percent Change in FFS Medi-Cal Primary Care Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County

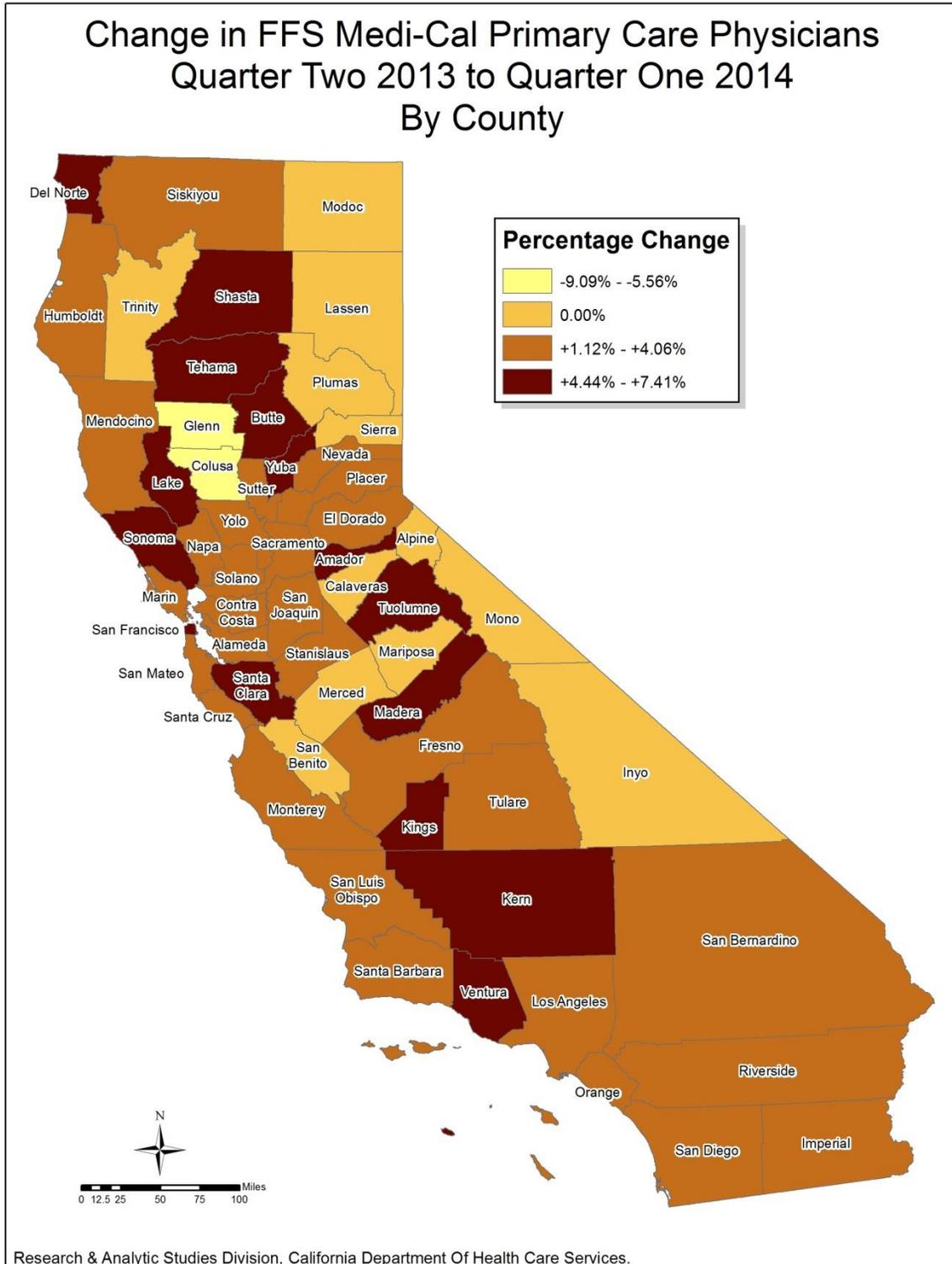
County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Alameda	2,012	2,061	2,029.0	2.4%	16.3	27.4	18.8	68.1%
Alpine*	1	1	1.0	0.0%	151.0	85.0	118.8	-43.7%
Amador*	33	35	34.3	6.1%	109.2	51.1	81.7	-53.2%
Butte*	180	189	184.0	5.0%	227.5	96.4	168.4	-57.6%
Calaveras*	21	21	20.8	0.0%	267.2	126.3	202.7	-52.7%
Colusa*	18	17	17.8	-5.6%	213.4	92.8	159.8	-56.5%
Contra Costa	1,133	1,179	1,151.5	4.1%	17.3	30.6	21.3	76.9%
Del Norte*	20	21	20.3	5.0%	316.0	42.0	150.4	-86.7%
El Dorado*	97	99	98.0	2.1%	156.5	89.6	123.6	-42.7%
Fresno	795	820	805.3	3.1%	38.0	73.1	46.4	92.4%
Glenn*	11	10	10.5	-9.1%	543.5	213.0	406.2	-60.8%
Humboldt*	162	165	162.8	1.9%	136.3	34.3	70.3	-74.8%
Imperial*	89	90	89.3	1.1%	525.9	162.4	371.9	-69.1%
Inyo*	22	22	22.0	0.0%	123.6	50.3	89.4	-59.3%
Kern	791	832	809.0	5.2%	48.0	68.4	51.3	42.5%
Kings	81	87	84.0	7.4%	58.4	81.0	60.9	38.7%
Lake*	45	47	46.5	4.4%	305.3	59.4	149.9	-80.5%
Lassen*	20	20	20.0	0.0%	198.3	44.4	101.9	-77.6%
Los Angeles	11,129	11,449	11,266.3	2.9%	23.5	34.4	26.0	46.4%
Madera	183	192	186.5	4.9%	27.8	45.7	31.6	64.4%
Marin	283	290	286.5	2.5%	5.5	18.2	8.4	230.9%
Mariposa*	5	5	5.0	0.0%	456.4	209.8	344.6	-54.0%
Mendocino	74	77	75.5	4.1%	27.3	50.6	29.5	85.3%
Merced	172	172	171.8	0.0%	34.6	76.4	43.6	120.8%
Modoc*	8	8	8.0	0.0%	191.4	41.9	97.0	-78.1%
Mono*	19	19	19.0	0.0%	64.8	40.6	52.5	-37.3%
Monterey	335	342	338.3	2.1%	17.1	45.8	25.0	167.8%
Napa	108	110	108.0	1.9%	15.4	35.1	19.3	127.9%
Nevada*	76	78	77.5	2.6%	124.8	65.1	96.3	-47.8%
Orange	2,884	2,964	2,920.8	2.8%	10.5	26.9	14.7	156.2%
Placer*	423	439	430.8	3.8%	59.2	32.3	46.5	-45.4%

County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Plumas*	16	16	16.0	0.0%	154.6	93.7	122.2	-39.4%
Riverside	1,308	1,354	1,326.0	3.5%	51.8	82.0	58.6	58.3%
Sacramento	2,167	2,241	2,198.3	3.4%	19.3	33.3	22.4	72.5%
San Benito*	28	28	28.0	0.0%	299.4	187.9	246.6	-37.2%
San Bernardino	2,055	2,114	2,081.0	2.9%	41.6	67.2	47.4	61.5%
San Diego	3,500	3,642	3,563.5	4.1%	22.3	34.7	25.1	55.6%
San Francisco	2,234	2,345	2,292.8	5.0%	5.4	12.4	7.0	129.6%
San Joaquin	677	702	686.0	3.7%	33.4	56.0	37.7	67.7%
San Luis Obispo	153	155	153.5	1.3%	20.0	50.4	27.0	152.0%
San Mateo	899	926	909.0	3.0%	11.9	17.6	11.8	47.9%
Santa Barbara	327	332	329.5	1.5%	17.7	42.0	24.4	137.3%
Santa Clara	2,959	3,108	3,025.3	5.0%	10.0	18.5	11.8	85.0%
Santa Cruz	228	235	232.0	3.1%	13.9	37.3	19.7	168.3%
Shasta*	189	198	192.0	4.8%	172.5	33.4	86.2	-80.6%
Sierra*	1	1	1.0	0.0%	364.0	177.0	280.8	-51.4%
Siskiyou*	39	40	39.8	2.6%	224.8	46.5	112.1	-79.3%
Solano	559	571	563.5	2.1%	9.1	19.9	12.1	118.7%
Sonoma	540	564	550.3	4.4%	10.6	24.3	13.8	129.2%
Stanislaus	594	615	600.5	3.5%	48.8	63.1	51.0	29.3%
Sutter*	85	88	86.0	3.5%	227.8	91.1	168.0	-60.0%
Tehama*	47	50	48.3	6.4%	296.2	110.7	215.9	-62.6%
Trinity*	4	4	4.0	0.0%	535.5	151.0	283.1	-71.8%
Tulare	312	316	314.3	1.3%	52.4	89.2	62.2	70.2%
Tuolumne*	44	46	44.8	4.5%	151.4	70.1	113.6	-53.7%
Ventura	686	728	705.5	6.1%	18.7	36.9	21.9	97.3%
Yolo	216	220	217.8	1.9%	15.9	27.8	18.6	74.8%
Yuba*	38	40	39.0	5.3%	440.6	171.2	320.7	-61.1%
<b>Statewide</b>	<b>41,135</b>	<b>42,540</b>	<b>41,746.8</b>	<b>3.4%</b>	<b>29.0</b>	<b>38.0</b>	<b>29.6</b>	<b>31.0%</b>

**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

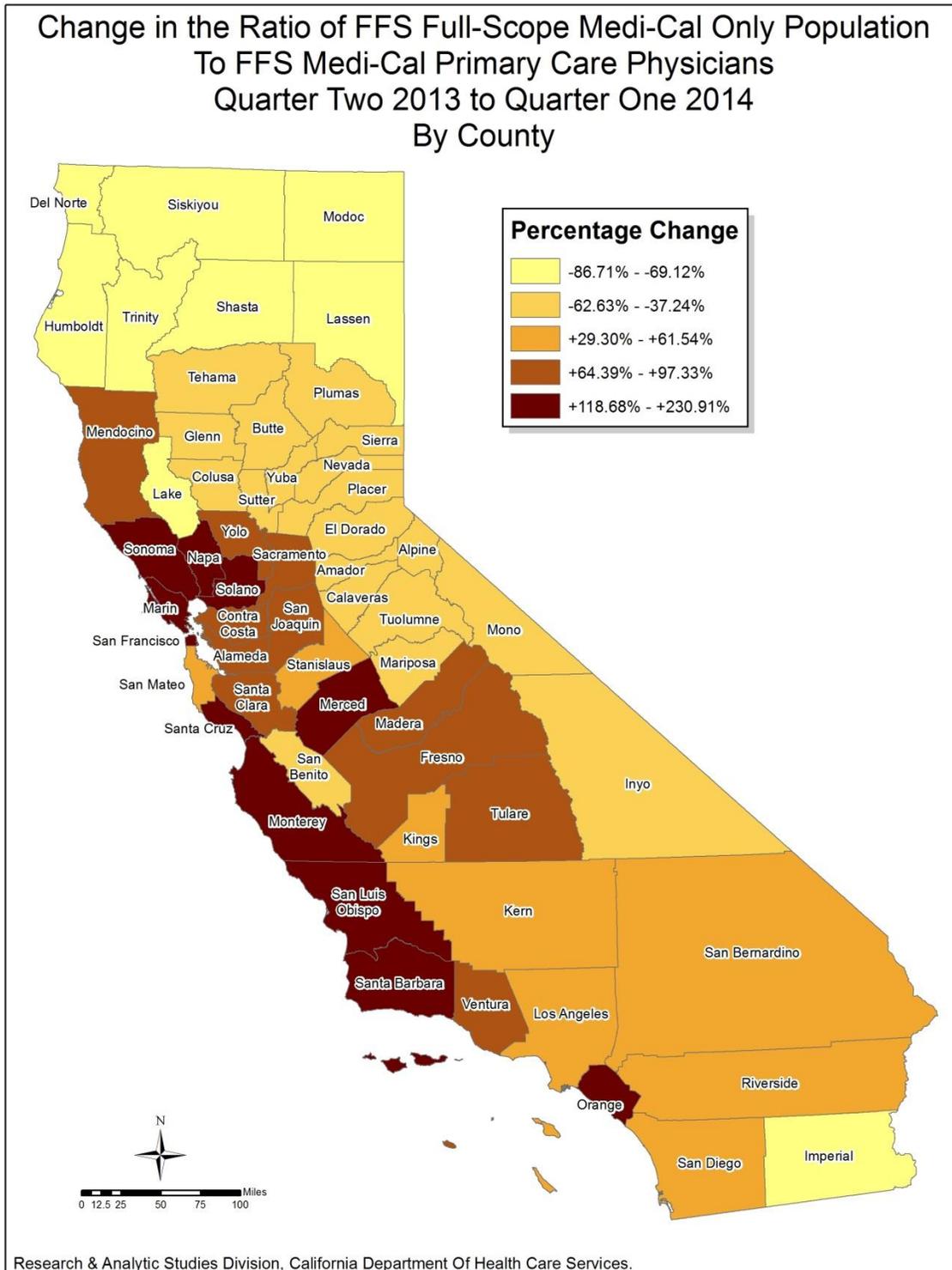
\*Managed care expansion occurred within county during study period.

**Figure PS-7:** Percent Change in FFS Medi-Cal Primary Care Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

**Figure PS-8:** Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 2, 2013, to Quarter 1, 2014, by County



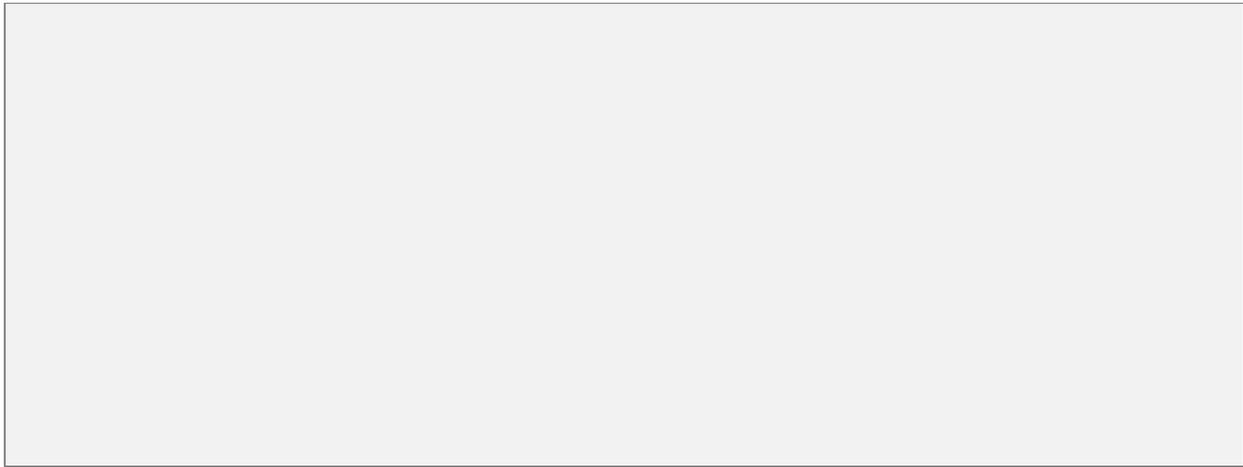
**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

## 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.

- The total count of physicians with an OB/GYN specialty in FFS Medi-Cal increased 3.0%, from 4,625 to 4,762, between the second quarter of 2013 and the first quarter of 2014 (Figure PS-9).

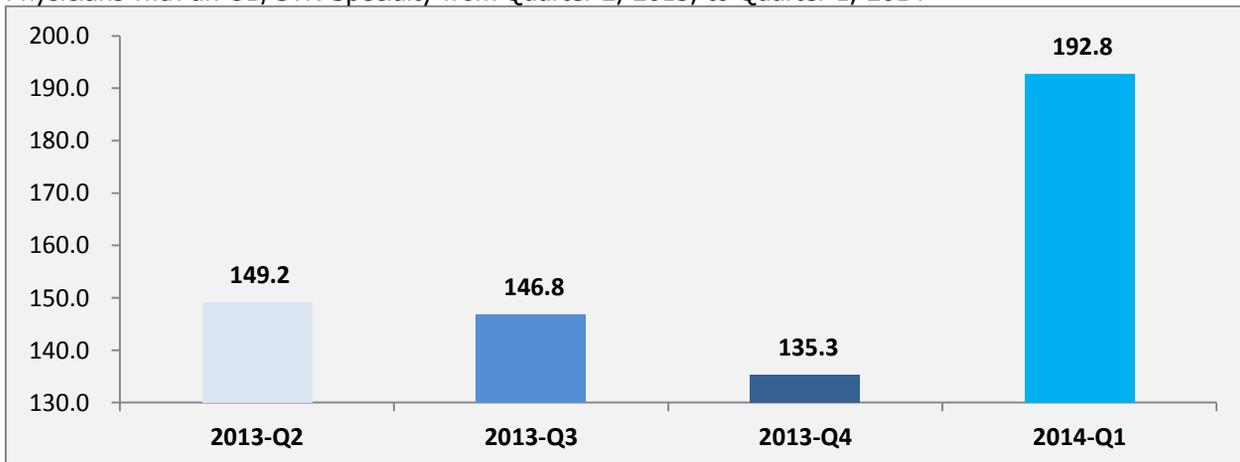
**Figure PS-9:** FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The ratio of FFS Medi-Cal Only, non-elderly adult females ages 18–64 per physician with an OB/GYN specialty increased 29.2%, from 149.2 to 192.8, during the study period (Figure PS-10).

**Figure PS-10:** Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- There were no physicians with an OB/GYN specialty located in Alpine, Colusa, Mariposa, Sierra, or Trinity counties in the first quarter of 2014. In contrast, 1,199 physicians with an OB/GYN specialty practiced in Los Angeles County during the first quarter of 2014. 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 42.0 in San Francisco County to 1,352.8 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-6).

**Table PS-6:** Percent Change in FFS Medi-Cal Primary Care Physicians with an OB/GYN Specialty and in the Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County

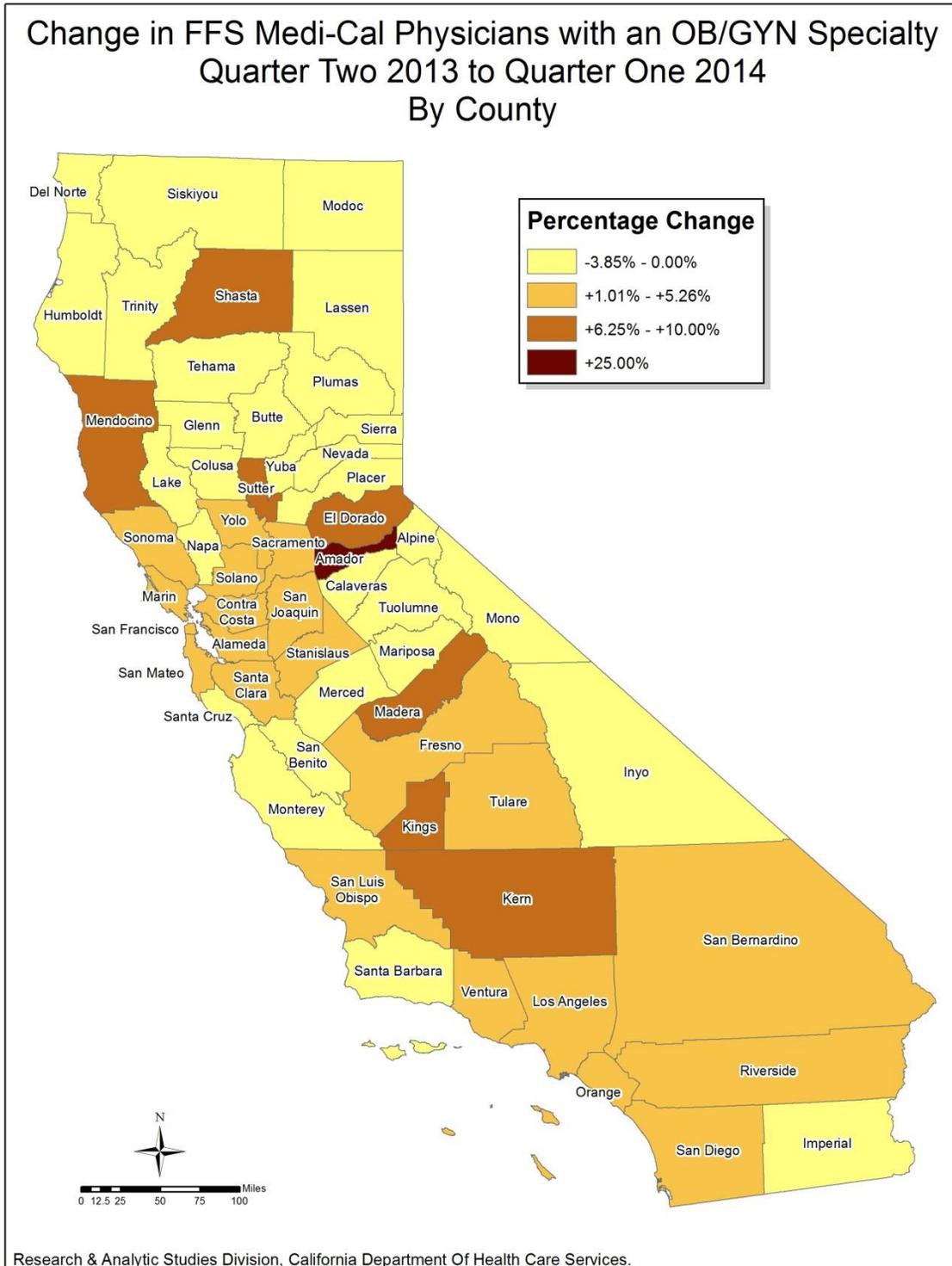
County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Alameda	230	233	230.5	1.3%	84.7	128.3	95.8	51.5%
Alpine*	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Amador*	4	5	4.8	25.0%	263.0	138.2	187.2	-47.5%
Butte*	29	29	28.8	0.0%	415.9	260.7	341.4	-37.3%
Calaveras*	1	1	1.0	0.0%	1,614.0	1,010.0	1,287.3	-37.4%
Colusa*	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Contra Costa	106	108	107.0	1.9%	111.4	176.1	130.1	58.1%
Del Norte*	2	2	2.0	0.0%	920.0	189.5	464.8	-79.4%
El Dorado*	12	13	12.8	8.3%	355.3	264.4	291.5	-25.6%
Fresno	96	98	97.3	2.1%	224.0	358.3	256.3	60.0%
Glenn*	1	1	1.0	0.0%	1,643.0	1,043.0	1,352.8	-36.5%
Humboldt*	13	13	13.0	0.0%	482.2	191.5	274.1	-60.3%
Imperial*	16	16	16.0	0.0%	836.6	340.8	615.2	-59.3%
Inyo*	3	3	3.0	0.0%	266.3	172.3	216.8	-35.3%
Kern	90	99	94.3	10.0%	218.8	283.9	227.9	29.8%
Kings	10	11	10.3	10.0%	250.8	315.9	262.1	26.0%
Lake*	3	3	3.0	0.0%	1,365.0	390.7	732.6	-71.4%
Lassen*	1	1	1.0	0.0%	1,144.0	361.0	627.3	-68.4%
Los Angeles	1,163	1,199	1,178.5	3.1%	193.8	232.6	201.8	20.0%
Madera	14	15	14.5	7.1%	322.8	395.4	330.8	22.5%
Marin	25	26	25.3	4.0%	107.1	164.4	122.1	53.5%
Mariposa*	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mendocino	16	17	16.5	6.3%	77.6	125.8	86.4	62.1%
Merced	18	18	18.0	0.0%	290.2	477.9	337.5	64.7%

County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Modoc*	1	1	1.0	0.0%	443.0	118.0	235.3	-73.4%
Mono*	3	3	3.0	0.0%	111.3	122.0	106.9	9.6%
Monterey	58	58	58.3	0.0%	185.2	245.8	196.8	32.7%
Napa	17	17	17.0	0.0%	75.4	132.0	89.1	75.1%
Nevada*	10	10	10.0	0.0%	275.2	203.1	231.9	-26.2%
Orange	371	379	373.8	2.2%	106.0	156.9	118.3	48.0%
Placer*	46	46	46.0	0.0%	145.2	114.3	124.7	-21.3%
Plumas*	1	1	1.0	0.0%	714.0	612.0	618.5	-14.3%
Riverside	150	154	152.0	2.7%	203.0	321.7	231.9	58.5%
Sacramento	245	251	247.3	2.4%	72.7	129.8	86.4	78.5%
San Benito*	4	4	4.0	0.0%	614.0	502.5	542.7	-18.2%
San Bernardino	193	198	195.3	2.6%	199.0	323.2	229.4	62.4%
San Diego	382	397	387.3	3.9%	84.5	133.0	96.3	57.4%
San Francisco	237	247	243.0	4.2%	34.8	65.5	42.0	88.2%
San Joaquin	99	100	99.0	1.0%	120.1	192.8	137.4	60.5%
San Luis Obispo	22	23	22.3	4.5%	100.1	188.5	122.2	88.3%
San Mateo	88	89	89.0	1.1%	95.5	136.1	104.5	42.5%
Santa Barbara	52	50	50.5	-3.8%	163.3	236.5	184.5	44.8%
Santa Clara	375	389	381.5	3.7%	66.0	94.7	71.5	43.5%
Santa Cruz	30	29	29.5	-3.3%	120.7	211.5	144.0	75.2%
Shasta*	14	15	14.3	7.1%	665.6	166.3	346.2	-75.0%
Sierra*	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Siskiyou*	4	4	4.0	0.0%	636.0	176.3	333.8	-72.3%
Solano	63	65	63.5	3.2%	61.8	96.6	70.4	56.3%
Sonoma	56	58	56.0	3.6%	84.3	141.2	98.7	67.5%
Stanislaus	67	70	67.5	4.5%	183.0	264.0	201.3	44.3%
Sutter*	11	12	11.3	9.1%	473.6	299.0	387.8	-36.9%
Tehama*	4	4	4.0	0.0%	975.3	618.5	805.7	-36.6%
Trinity*	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Tulare	60	63	62.0	5.0%	223.6	296.5	237.7	32.6%
Tuolumne*	7	7	7.0	0.0%	280.3	178.3	227.0	-36.4%
Ventura	80	84	81.8	5.0%	130.8	200.1	145.0	53.0%
Yolo	19	20	19.5	5.3%	94.3	153.1	109.3	62.4%
Yuba*	3	3	3.0	0.0%	1,592.3	968.0	1,293.5	-39.2%
<b>Statewide</b>	<b>4,625</b>	<b>4,762</b>	<b>4,682.5</b>	<b>3.0%</b>	<b>149.2</b>	<b>192.8</b>	<b>156.0</b>	<b>29.2%</b>

Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

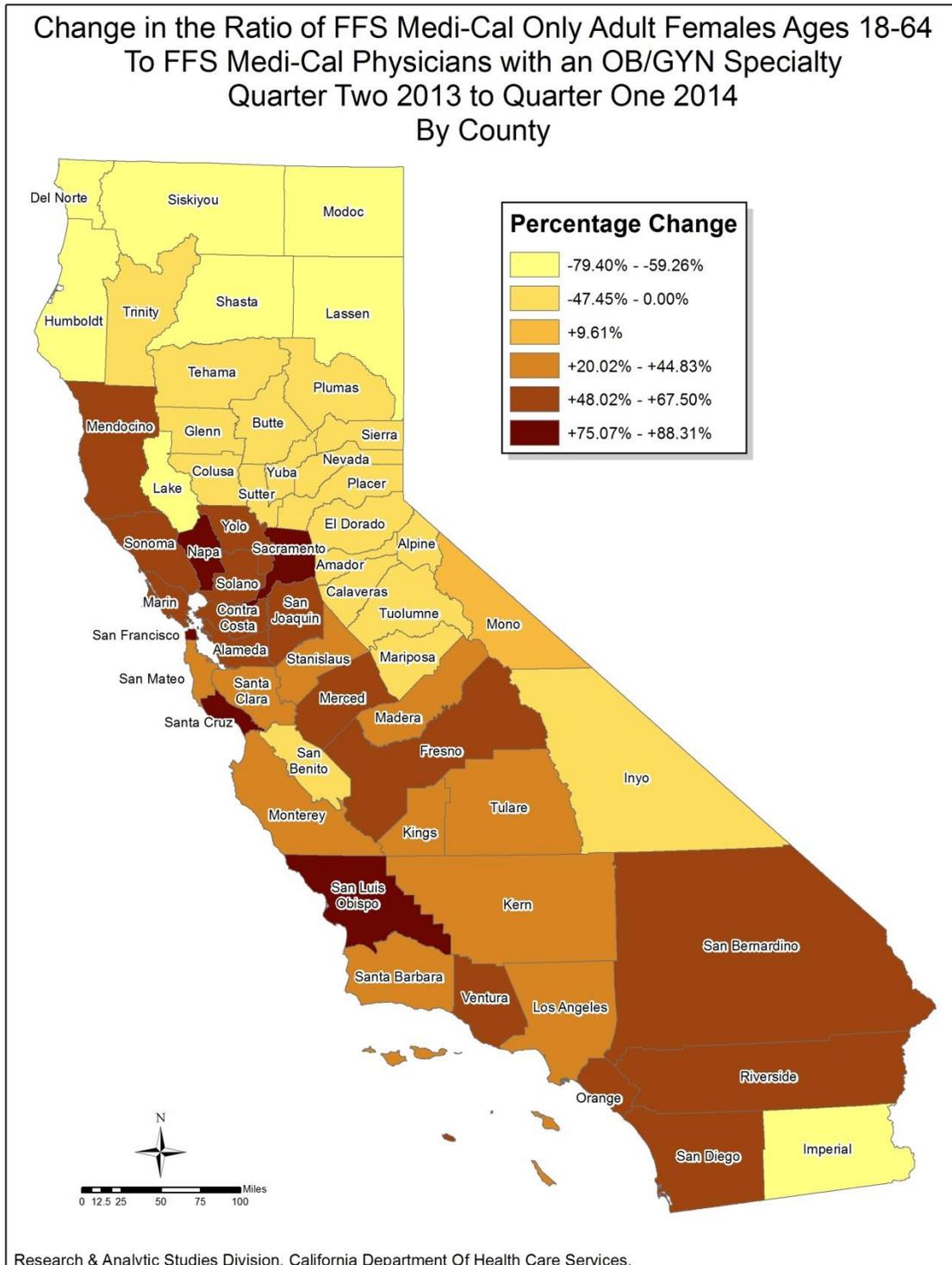
\*Managed care expansion occurred within county during study period.

**Figure PS-11:** Percent Change in FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

**Figure PS-12:** Percent Change in the Ratio of FFS Medi-Cal Only Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County



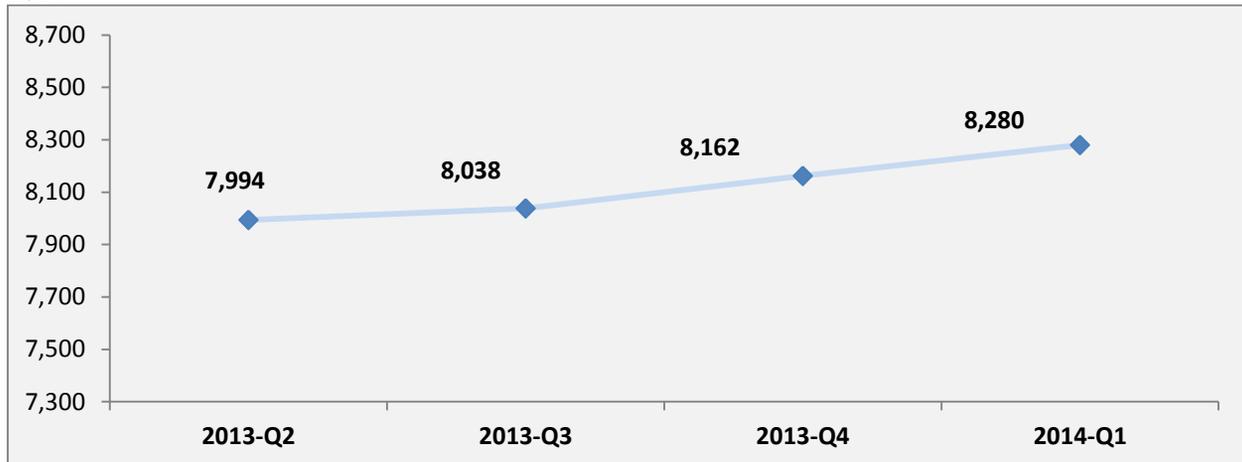
**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

## 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.

- The total count of physicians with a Pediatric specialty in FFS Medi-Cal increased 3.6%, from 7,994 to 8,280, between the second quarter of 2013 and the first quarter of 2014 (Figure PS-13).

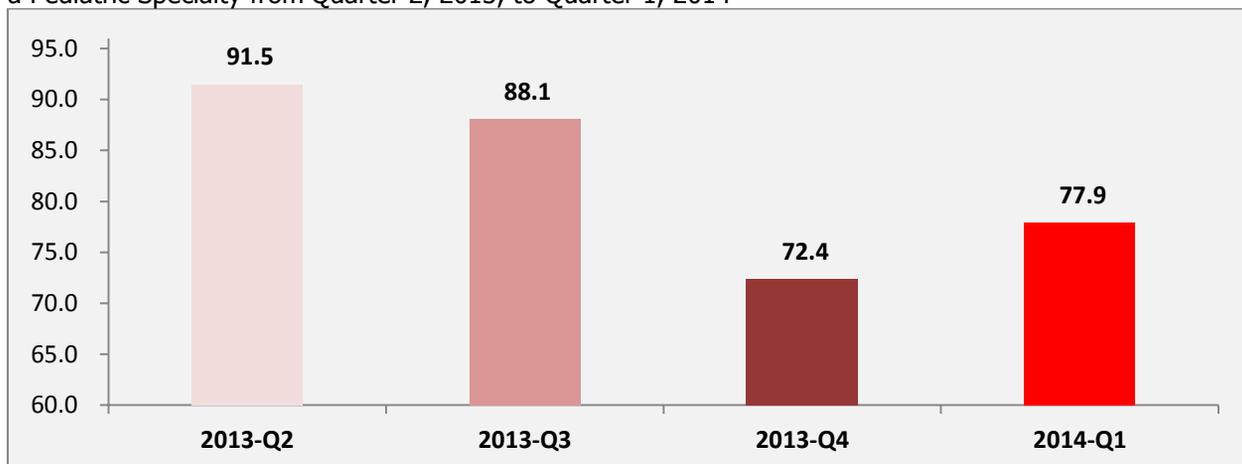
**Figure PS-13:** FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The ratio of FFS full-scope Medi-Cal Only children ages 0-17 per physician with a Pediatric specialty decreased 14.9%, from 91.5 to 77.9, during the study period (Figure PS-14).

**Figure PS-14:** Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- 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, or Trinity counties, while the largest concentration (2,150) of Pediatricians practiced in Los Angeles County in the first quarter of 2014. 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 11.4 in San Francisco County to 1,448.9 in San Benito County during the study period (Table PS-7).

**Table PS-7:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty and in the Ratio of FFS Full Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County

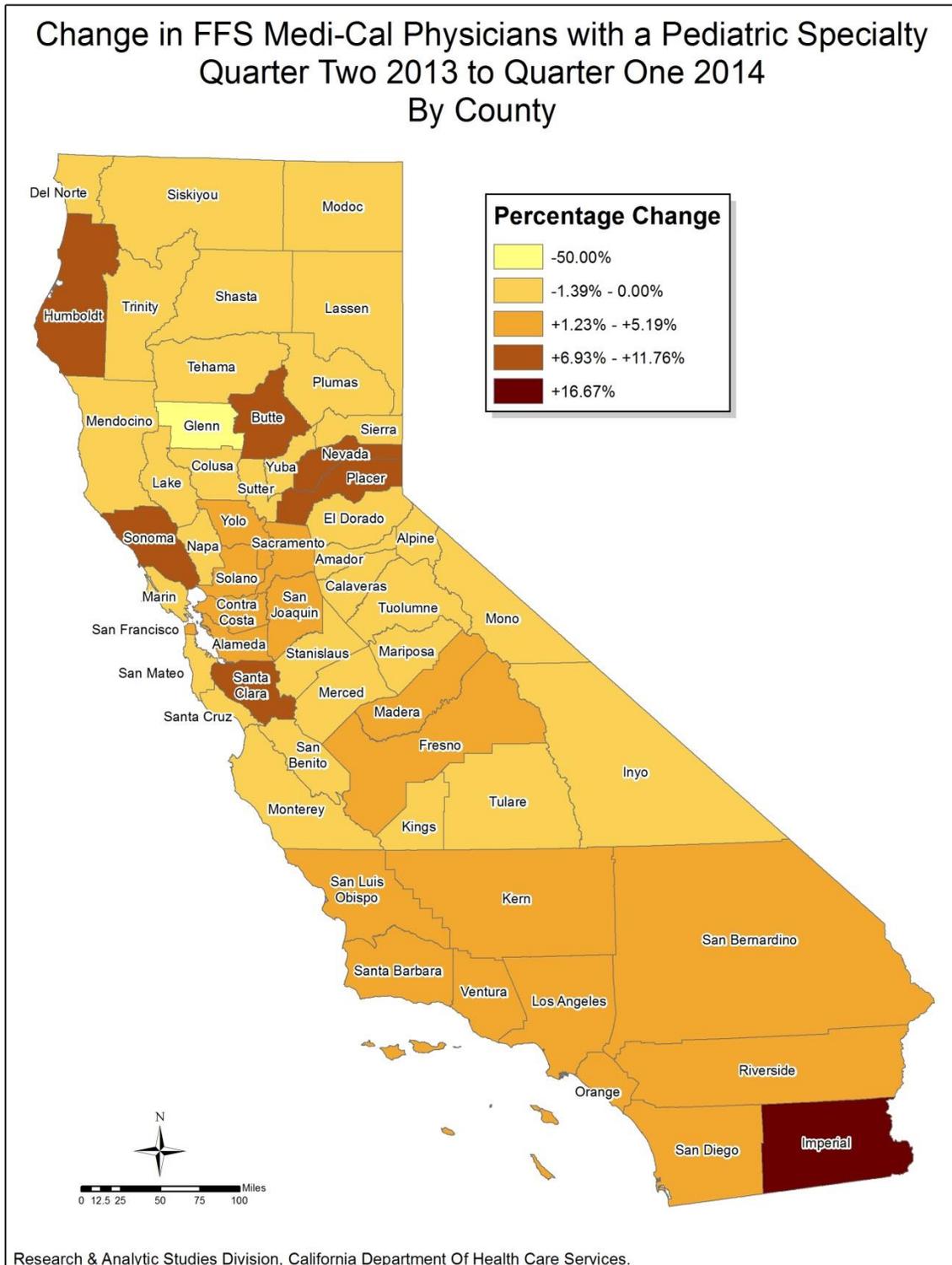
County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Alameda	548	565	555.0	3.1%	34.4	38.9	34.5	13.1%
Alpine*	0	0	0.0	-	0.0	0.0	0.0	-
Amador*	1	1	1.0	0.0%	2,016.0	569.0	1,438.3	-71.8%
Butte*	17	19	17.8	11.8%	1,290.8	255.3	860.4	-80.2%
Calaveras*	1	1	1.0	0.0%	3,037.0	818.0	2,109.5	-73.1%
Colusa*	0	0	0.0	-	0.0	0.0	0.0	-
Contra Costa	158	164	160.3	3.8%	74.9	91.6	81.1	22.3%
Del Norte*	5	5	5.0	0.0%	667.6	54.2	309.5	-91.9%
El Dorado*	10	10	10.0	0.0%	892.1	301.1	646.4	-66.2%
Fresno	140	144	141.5	2.9%	134.6	137.0	132.0	1.8%
Glenn*	2	1	1.5	-50.0%	1,940.0	826.0	1,659.9	-57.4%
Humboldt*	12	13	12.3	8.3%	1,014.2	121.9	491.0	-88.0%
Imperial*	12	14	12.5	16.7%	2,280.1	394.3	1,530.7	-82.7%
Inyo*	4	4	4.0	0.0%	417.8	90.0	277.3	-78.5%
Kern	124	128	125.5	3.2%	204.5	205.0	195.7	0.2%
Kings	9	9	9.0	0.0%	355.4	367.0	340.1	3.3%
Lake*	4	4	4.0	0.0%	1,847.0	256.8	906.8	-86.1%
Lassen*	2	2	2.0	0.0%	1,088.0	161.0	541.6	-85.2%
Los Angeles	2,079	2,150	2,107.5	3.4%	77.4	77.5	76.4	0.1%
Madera	135	142	137.8	5.2%	25.2	27.9	25.2	10.7%
Marin	44	44	44.0	0.0%	25.3	40.3	27.5	59.3%
Mariposa*	0	0	0.0	-	0.0	0.0	0.0	-
Mendocino	11	11	11.0	0.0%	124.2	119.8	103.6	-3.5%
Merced	19	19	19.0	0.0%	214.8	221.1	200.2	2.9%
Modoc*	0	0	0.0	-	0.0	0.0	0.0	-

County	Q2 2013 # of Providers	Q1 2014 # of Providers	Average Number	Percent Change	Q2 2013 Population- to-Provider Ratio	Q1 2014 Population- to-Provider Ratio	Average Ratio	Percent Change
Mono*	5	5	5.0	0.0%	175.6	56.2	127.1	-68.0%
Monterey	63	63	63.0	0.0%	59.2	97.7	72.1	65.0%
Napa	16	16	16.0	0.0%	71.4	85.1	67.3	19.2%
Nevada*	10	11	10.8	10.0%	531.6	147.4	361.4	-72.3%
Orange	641	653	646.8	1.9%	31.3	43.4	34.2	38.7%
Placer*	87	96	91.0	10.3%	174.8	57.3	125.1	-67.2%
Plumas*	0	0	0.0	-	0.0	0.0	0.0	-
Riverside	181	184	181.5	1.7%	251.0	283.8	255.5	13.1%
Sacramento	401	412	405.3	2.7%	62.8	69.3	62.6	10.4%
San Benito*	3	3	3.0	0.0%	1,848.7	892.0	1,448.9	-51.7%
San Bernardino	383	397	390.0	3.7%	138.2	150.2	137.7	8.7%
San Diego	723	755	737.8	4.4%	71.0	77.3	71.0	8.9%
San Francisco	488	507	498.8	3.9%	11.6	12.3	11.4	6.0%
San Joaquin	106	108	106.3	1.9%	137.8	142.8	132.1	3.6%
San Luis Obispo	29	30	29.3	3.4%	66.8	75.4	65.5	12.9%
San Mateo	156	156	156.0	0.0%	47.9	38.2	38.5	-20.3%
Santa Barbara	67	68	67.5	1.5%	56.1	80.0	64.1	42.6%
Santa Clara	823	880	850.3	6.9%	21.6	22.7	20.8	5.1%
Santa Cruz	34	34	34.0	0.0%	55.1	76.2	59.7	38.3%
Shasta*	16	16	16.0	0.0%	1,104.5	142.9	538.8	-87.1%
Sierra*	0	0	0.0	-	0.0	0.0	0.0	-
Siskiyou*	1	1	1.0	0.0%	4,677.0	683.0	2,323.3	-85.4%
Solano	81	82	81.3	1.2%	36.9	50.8	41.7	37.7%
Sonoma	62	68	64.5	9.7%	61.0	73.2	60.9	20.0%
Stanislaus	72	71	71.3	-1.4%	241.6	195.4	224.2	-19.1%
Sutter*	12	12	12.0	0.0%	993.3	220.2	679.6	-77.8%
Tehama*	8	8	8.0	0.0%	1,044.3	233.6	714.1	-77.6%
Trinity*	0	0	0.0	-	0.0	0.0	0.0	-
Tulare	67	67	67.0	0.0%	149.1	165.9	154.8	11.3%
Tuolumne*	5	5	5.0	0.0%	713.0	192.6	495.1	-73.0%
Ventura	82	86	83.8	4.9%	112.0	118.6	101.6	5.9%
Yolo	32	33	32.3	3.1%	73.1	74.5	71.1	1.9%
Yuba*	3	3	3.0	0.0%	3,230.0	779.0	2,223.4	-75.9%
<b>Statewide</b>	<b>7,994</b>	<b>8,280</b>	<b>8,118.5</b>	<b>3.6%</b>	<b>91.5</b>	<b>77.9</b>	<b>82.5</b>	<b>-14.9%</b>

**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

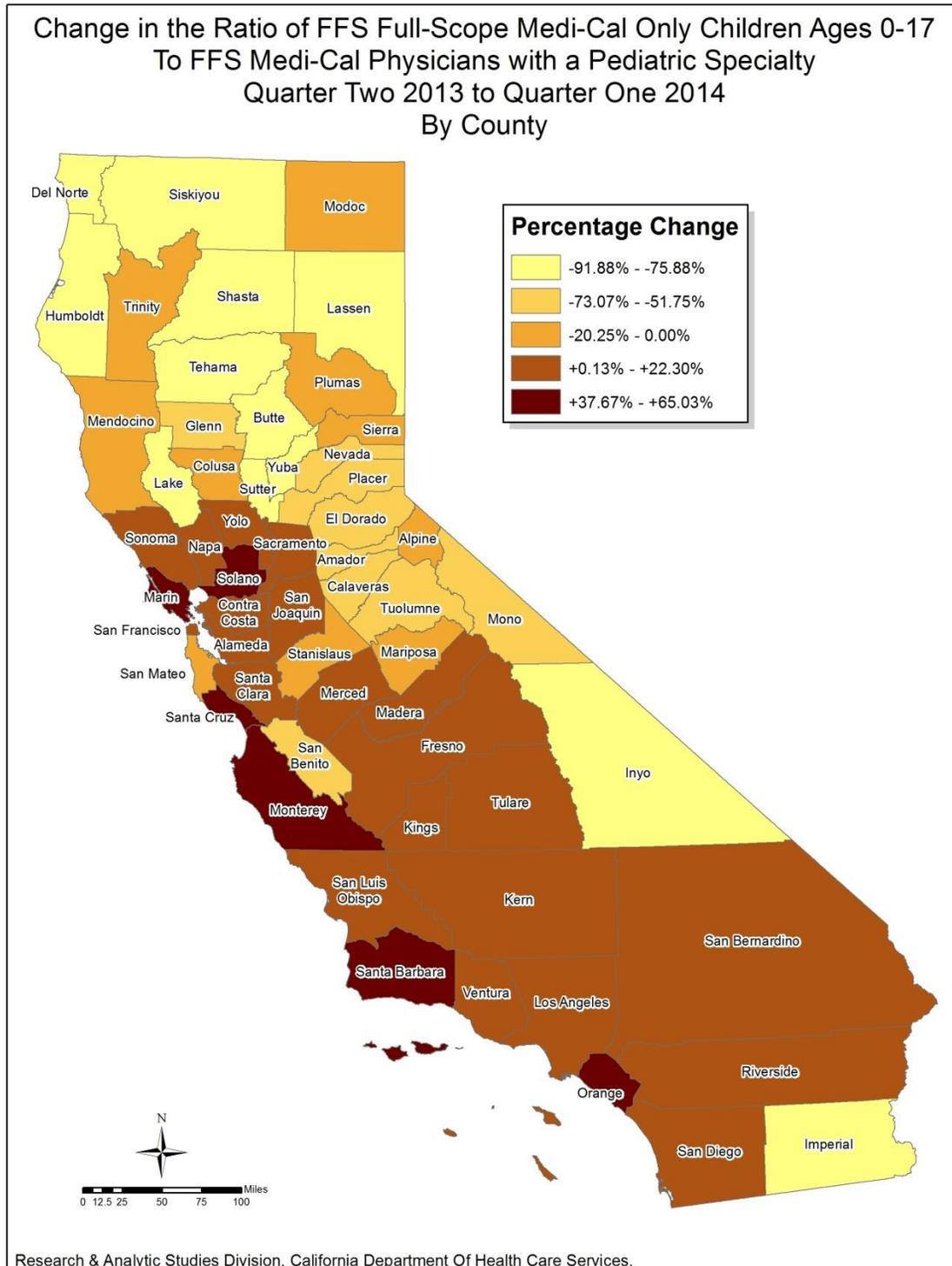
\*Managed care expansion occurred within county during study period.

**Figure PS-15:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

**Figure PS-16:** Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

## 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 0.5%, from 1,477 to 1,485, between the second quarter of 2013 and the first quarter of 2014 (Figure PS-17).

**Figure PS-17:** FFS Medi-Cal Outpatient Clinics from Quarter 2, 2013, to Quarter 1, 2014



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

- The average count of outpatient clinics ranged from 1.0 in Alpine and Mono counties to 304.5 in Los Angeles County from the second quarter of 2013 to the first quarter of 2014 (Table PS-8).

**Table PS-8:** Percent Change in FFS Medi-Cal Outpatient Clinics from Quarter 2, 2013, to Quarter 1, 2014, by County

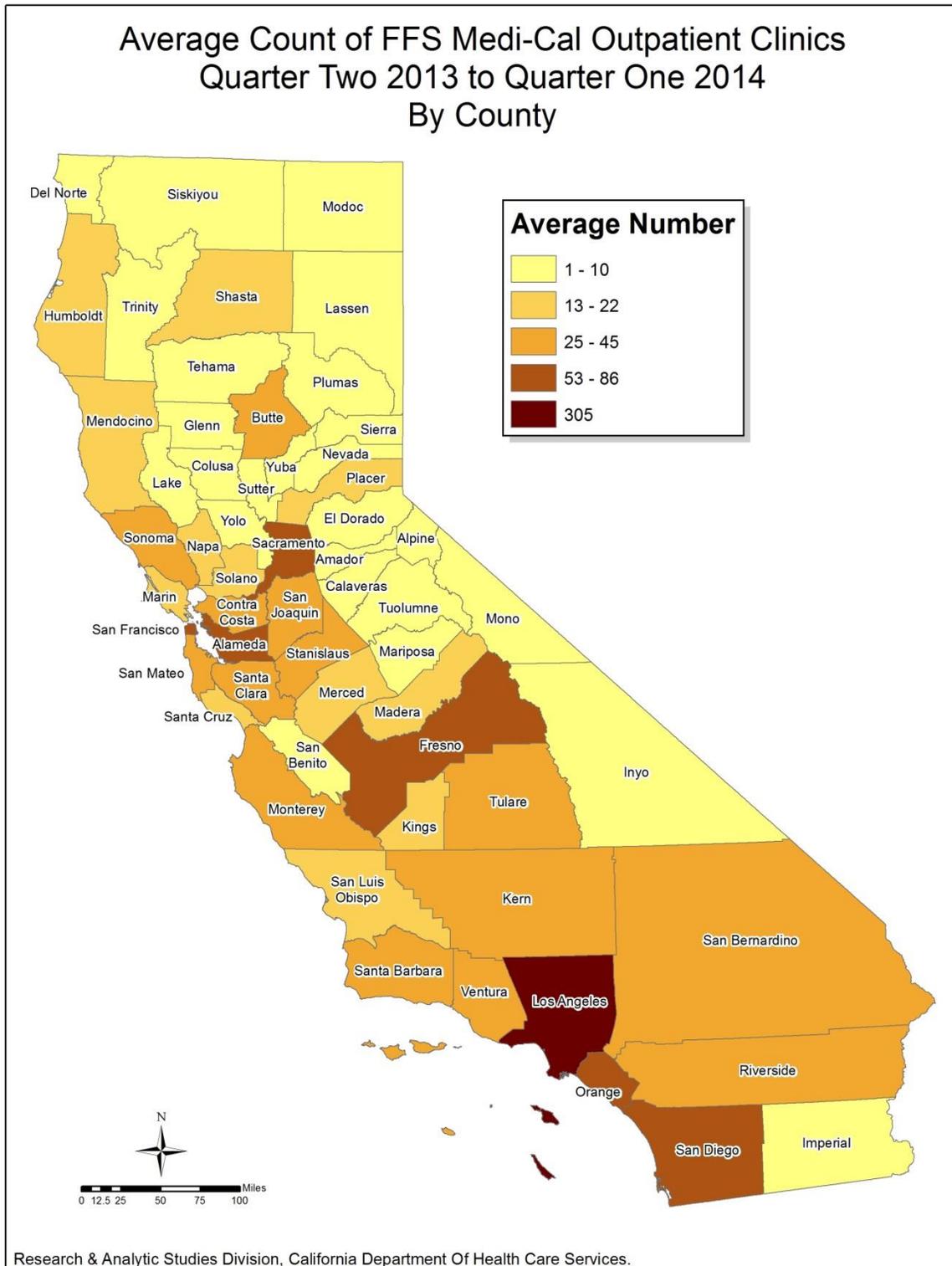
County	Q2 2013 # of Clinics	Q1 2014 # of Clinics	Average Number	Percent Change
Alameda	59	63	60.5	6.8%
Alpine	1	1	1.0	0.0%
Amador	5	6	5.5	20.0%
Butte	25	27	26.5	8.0%
Calaveras	7	7	7.0	0.0%
Colusa	5	5	5.0	0.0%
Contra Costa	31	31	31.0	0.0%
Del Norte	4	4	4.0	0.0%
El Dorado	5	6	5.8	20.0%
Fresno	56	56	55.3	0.0%
Glenn	9	8	8.3	-11.1%

County	Q2 2013 # of Clinics	Q1 2014 # of Clinics	Average Number	Percent Change
Humboldt	22	22	22.0	0.0%
Imperial	11	10	10.3	-9.1%
Inyo	3	3	2.8	0.0%
Kern	40	38	38.8	-5.0%
Kings	16	16	16.0	0.0%
Lake	7	9	8.3	28.6%
Lassen	2	2	2.0	0.0%
Los Angeles	309	306	304.5	-1.0%
Madera	15	14	14.3	-6.7%
Marin	15	15	15.0	0.0%
Mariposa	6	6	6.0	0.0%
Mendocino	13	13	13.5	0.0%
Merced	22	20	21.0	-9.1%
Modoc	3	3	3.3	0.0%
Mono	1	1	1.0	0.0%
Monterey	27	24	26.0	-11.1%
Napa	13	12	12.8	-7.7%
Nevada	6	6	6.0	0.0%
Orange	83	83	82.5	0.0%
Placer	14	12	13.0	-14.3%
Plumas	6	6	6.0	0.0%
Riverside	39	41	39.8	5.1%
Sacramento	63	67	65.5	6.3%
San Benito	2	2	2.0	0.0%
San Bernardino	39	42	40.5	7.7%
San Diego	84	86	86.3	2.4%
San Francisco	55	52	53.0	-5.5%
San Joaquin	27	32	31.3	18.5%
San Luis Obispo	16	17	16.5	6.3%
San Mateo	30	31	30.5	3.3%
Santa Barbara	32	33	32.3	3.1%
Santa Clara	45	46	45.3	2.2%
Santa Cruz	13	13	13.0	0.0%
Shasta	18	18	18.0	0.0%
Sierra	3	3	3.0	0.0%
Siskiyou	6	7	6.8	16.7%
Solano	17	17	17.0	0.0%
Sonoma	27	26	26.5	-3.7%
Stanislaus	26	28	26.8	7.7%

County	Q2 2013 # of Clinics	Q1 2014 # of Clinics	Average Number	Percent Change
Sutter	10	10	10.0	0.0%
Tehama	7	7	7.0	0.0%
Trinity	2	2	2.0	0.0%
Tulare	28	27	26.8	-3.6%
Tuolumne	10	9	9.3	-10.0%
Ventura	25	24	24.5	-4.0%
Yolo	7	6	6.3	-14.3%
Yuba	5	4	4.3	-20.0%
<b>Statewide</b>	<b>1,477</b>	<b>1,485</b>	<b>1,478.3</b>	<b>0.5%</b>

**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

**Figure PS-18:** Average Count of FFS Medi-Cal Outpatient Clinics from Quarter 2, 2013, to Quarter 1, 2014, by County



**Source:** Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, October 2013, and January 2014 were obtained from the Medi-Cal PMF.

## Conclusions

- The site-specific counts of FFS Medi-Cal physicians increased 3.8% from the second quarter of 2013 to the first quarter of 2014, while the statewide beneficiary-to-physician ratios for FFS full-scope Medi-Cal Only beneficiaries increased 30.3% during the study period. This increase is likely due to the implementation of the ACA in January 2014.
- Similar to the trends identified for all physicians, site-specific counts of FFS Medi-Cal primary care physicians increased 3.4% during the study period, while the ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care physicians increased 31.0%. This increase is likely due to the implementation of the ACA in January 2014.
- The site-specific counts of FFS Medi-Cal primary care physicians with an OB/GYN specialty increased by 3.0% from the second quarter of 2013 to the first quarter of 2014, while site-specific counts of primary care physicians with a Pediatric specialty increased 3.6% during the study period. The ratio of FFS Medi-Cal Only non-elderly females ages 19-64 to primary care physicians with an OB/GYN increased 29.2% during the study period, while the ratio of beneficiaries ages 0-17 to primary care physicians with a Pediatric specialty decreased 14.9%. The increase in the ratio of FFS Medi-Cal Only non-elderly females ages 19-64 to primary care physicians with an OB/GYN is likely due to the implementation of the ACA in January 2014. However, the most notable decreases in the ratio of beneficiaries ages 0-17 to primary care physicians with a Pediatric specialty occurred in counties that experienced managed care expansion during the study period.
- The overall count of outpatient clinics participating in FFS Medi-Cal increased 0.5% from the second quarter of 2013 to the first quarter of 2014.
- 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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