2017–18 Access Assessment Final Report

Managed Care Quality and Monitoring Division
California Department of Health Care Services

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Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **AAAC**—Access Assessment Advisory Committee
- **A&I**—Audits & Investigations Division
- **CAHPS**—Consumer Assessment of Healthcare Providers and Systems[1]
- **CBAS**—Community Based Adult Services
- **CFR**—Code of Federal Regulations
- **CHIP**—Children's Health Insurance Program
- **CMB**—California Medical Board
- **CMS**—Centers for Medicare & Medicaid Services
- **COHS**—County Organized Health System
- **CPT**—Current Procedural Terminology
- **DHCS**—California Department of Health Care Services
- **DMHC**—California Department of Managed Health Care
- **EAS**—External Accountability Set
- **EDI**—electronic data interchange
- **ENT**—Ophthalmology, Otolaryngology, Rhinology
- **EQRO**—external quality review organization
- **FTE**—full-time equivalent
- **FQHC**—federally qualified health center
- **GMC**—Geographic Managed Care
- **HEDIS**—Healthcare Effectiveness Data and Information Set[2]
- **HIPAA**—Health Insurance Portability and Accountability Act of 1996
- **HRSA**—Health Resources and Services Administration
- **HSAG**—Health Services Advisory Group, Inc.
- **ICF**—intermediate care facility
- **IDSS**—Interactive Data Submission System
- **KKA**—Knox-Keene Health Plan Service Act of 1975

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[1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **LTSS**—long-term services and supports
- **MCMC**—Medi-Cal Managed Care
- **MCO**—managed care organization
- **MCP**—managed care health plan
- **MMIS**—Medicaid Management Information System
- **MPH**—miles per hour
- **NCQA**—National Committee for Quality Assurance
- **NEMT**—non-emergency medical transportation
- **NMT**—non-medical transportation
- **NP**—nurse practitioner
- **OB/GYN**—obstetric/gynecological
- **PA**—physician assistant
- **PACES**—Post-Adjudicated Claims and Encounters System
- **PAHP**—prepaid ambulatory health plan
- **PCP**—primary care physician
- **PIHP**—prepaid inpatient health plan
- **PLD**—patient-level detail
- **QASP**—qualified autism services practitioner
- **RHC**—rural health clinic
- **SNF**—skilled nursing facility
- **STCs**—Special Terms and Conditions
- **WIC**—Welfare and Institutions Code

<div style="background:#1F3864;color:#fff;padding:6px 12px;text-align:right;font-weight:bold;font-size:1.5em">1. Executive Summary</div>

On December 30, 2015, California's Section 1115(a) Medicaid Waiver Renewal, titled California Medi-Cal 2020 Demonstration (Medi-Cal 2020), was approved by the Centers for Medicare & Medicaid Services (CMS). The Special Terms and Conditions (STCs)[3] set forth by CMS and DHCS established the conditions and limitations on the waivers and expenditure authorities. In accordance with the Medi-Cal 2020 STCs, California is required to conduct a one-time assessment of Medi-Cal Managed Care (MCMC) beneficiaries' access based on current Medi-Cal managed care health plan (MCP) network adequacy requirements. This Access Assessment assessed MCMC beneficiaries' access to primary, core specialty, and facility services, as well as compliance with MCP network adequacy and timely access requirements and standards. Following approval to move forward with the Access Assessment on July 25, 2016 (Senate Bill 815), DHCS amended its contract with Health Services Advisory Group, Inc. (HSAG), the State's current external quality review organization (EQRO), to design and conduct the required Access Assessment.

Results Summary

The following sections provide an overview of the most relevant results for MCMC beneficiary access to Medi-Cal health care services.

Network Capacity

♦ Statewide, between 48 and 62 percent of non-facility-based providers were active (defined as having provided services to an MCP beneficiary). The active rate for facility-based providers was 20 percent.

♦ For most MCPs that served regions with multiple urbanicities, a slightly greater proportion of adult primary care physicians (PCPs), adult core specialty, facility-based, non-core specialty, and non-physician medical practitioners were located in the more densely populated areas, suggesting that beneficiaries residing in less dense regions of the State may face greater challenges accessing these providers.

♦ For pediatric PCP and core specialty providers, most MCPs showed slightly disproportionately more providers in the less densely populated regions covered by the MCPs. This was particularly evident when OB/GYN providers were excluded from the core specialty providers.

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[3] California Medi-Cal 2020 Demonstration, Special Terms and Conditions. (2017, January 19. Amended 2018, June 7). Available at: https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal-2020-STCs-CMS-amended-6.7.18_.pdf Accessed on: Sep 25, 2019.

Geographic Distribution

♦ Most MCPs met the time/distance standards for at least 99 percent of their beneficiaries. Only a small number of MCPs did not meet the time/distance standards for inpatient and outpatient hospitals for at least 99 percent of their beneficiaries.

♦ For a small number of MCPs, when limited to providers accepting new patients, fewer beneficiaries were within the established time/distance standards.

♦ Beneficiaries in rural and small urbanicity regions faced substantially longer time/distance travel to several core specialty service providers.

Availability of Services

♦ Telehealth was primarily used in rural and small urbanicity regions.

♦ Use of telehealth services was almost non-existent for pediatric beneficiaries. While there was wide variation between the use of telehealth services across MCPs for adults, this health care delivery method was relatively unutilized. Note that at the time this report was produced, DHCS was in the process of expanding its telehealth policy, which is currently limited and only based on a few current procedural terminology (CPT) codes.

♦ Non-medical transportation (NMT) was used more in densely populated regions and less in sparsely populated regions. Note that DHCS expanded the transportation policy on July 1, 2017, to require MCPs to cover NMT for their beneficiaries and non-emergency medical transportation (NEMT) for carved out services. HSAG did not receive time-series NMT data and therefore was unable to determine the impact of this change. However, this policy change may not necessarily impact the differences between the two regions since densely populated regions inherently have more public transportation available than sparsely populated regions.

♦ For Healthcare Effectiveness Data and Information Set (HEDIS®) measures for which there is a minimum performance level, rural regions generally exhibited lower rates compared to other urbanicity regions.

♦ Higher ambulatory emergency department visit rates for rural regions may indicate a lack of access to other options, such as urgent care clinics.

Access to Care Monitoring

DHCS demonstrated an overall well-defined, compliant approach to implementing the final rule for Medicaid managed care (42 CFR §438) in support of network adequacy and timely access standards. DHCS' website included the published network adequacy standards and exceptions as well as the DHCS proposal which explained its approach in an easily understandable manner for public view.[4] While the language contained in the published MCMC boilerplate contracts could be updated to show a clearer association with DHCS' approach, DHCS

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[4] Assembly Bill (AB) 205 (Chapter 738, Statutes of 2017) codified and amended California's network adequacy standards.

generally had documentation to support Code of Federal Regulations (CFR) alignment when combined with other available source documents. DHCS also showed robust stakeholder engagement in its implementation strategy.

HSAG identified four gaps in DHCS' proposed approach for implementing the final rule as related to 42 CFR §438.68 Network adequacy standards and §438.206 Availability of services:

♦ No language was identified in any source documents which acknowledged that the enrollee's choice of provider was considered in the development of the Long-Term Services and Supports (LTSS) standards. Note that DHCS indicated its state-specific LTSS standards will be addressed through the California Code, Welfare and Institutions Code—WIC §14197.

♦ Boilerplate contract source documents did not contain language that specified the exceptions process as required; however, DHCS indicated it has updated the contract to address this requirement and that the updated contract is under review by CMS.

♦ Source documents did not contain an explicit statement indicating the services available to managed care organization (MCO), prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) enrollees including all State plan services; however, DHCS indicated it has updated the contract to address this requirement and that the updated contract is under review by CMS.

♦ Source documents did not include language indicating whether emergency services are the only contracted services expected to be made available 24 hours a day, seven days a week; however, DHCS indicated this requirement will be addressed in the 2019–20 contract amendment.

Key Themes and Considerations

While there were a few areas in which individual MCPs did not meet standards, the results of the California Medi-Cal 2020 Demonstration Access Assessment suggest there are no systemwide critical access issues requiring immediate attention. However, some areas, particularly in rural regions, may have access issues. Several themes emerged from the assessment and are described below.

The measurement period for the Access Assessment generally covered 2017. It should be stressed that the Access Assessment provides a snapshot of access and availability of services to Medi-Cal beneficiaries for that time period. Since 2017, DHCS has revised and implemented policies and procedures impacting the reporting of data as well as the accessibility and availability of services for Medi-Cal beneficiaries.

In general, areas with rural urbanicity showed more challenges with access to care. There was significantly greater utilization of telehealth services in rural areas; however, given the relatively small utilization rate for telehealth services for adults and the nearly non-existent use of telehealth services for pediatric services, it is unclear whether telehealth services were

sufficient to compensate for some of the challenges associated with health care in rural regions of the State.

Results indicated unused provider capacity that can be leveraged both within the pool of providers contracted with MCPs and within the pool of physicians licensed to practice within California, although this may not hold for specific types of specialty providers or all urbanicity regions.

The results of the analyses suggest a number of opportunities and considerations:

♦ In general, MCPs can increase the number of non-physician medical practitioners and still be well within the physician to non-physician medical practitioners ratio requirements, with the possible exception of small urbanicity regions.

♦ Increases in telehealth services may serve to enhance access for beneficiaries in rural regions, particularly to specialized services, although additional, more focused research may be necessary to fully understand the extent to which this is feasible and effective.

♦ Results show that approximately 36 percent of physicians licensed to practice in California are not contracted with an MCP, which presents an opportunity to expand and/or enhance MCP physician networks. However, it should be noted that data available for this analysis were insufficient to determine available capacity in rural regions of the State.

♦ For non-facility-based providers statewide, between 48 and 62 percent of providers contracted with a given MCP have provided services to an MCP beneficiary for which they are contracted. The active rate for facility-based providers was 20 percent. Greater engagement of contracted providers could expand and/or enhance MCMC beneficiary access to services.

♦ Both DHCS and MCPs should consider partnerships with the Health Resources and Services Administration (HRSA) or HRSA grantees to implement and ensure compliance with rural health best practices.

While the results of the assessment provide insight into the current state of access to care for MCMC beneficiaries, there are also areas of future research that may provide additional insight and improve access:

♦ The data used for this assessment were generally collected for purposes substantially different from assessing access to care. Given the disparate uses for which the data were collected and the necessary limitations inherent in using data for other purposes, the use of a greater proportion of data sources designed and collected to assess accessibility of care in a broader context that includes commercial patients in a provider panel would likely provide a more detailed, accurate picture of access to care for Medi-Cal beneficiaries.

♦ Use of grievance and complaints data provides an avenue to identify unmet needs but relies on beneficiary self-selection, producing results that are likely to be biased. The inclusion of survey data, such as Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data, may help to enhance future access assessments or related research.

♦ A follow-up study examining the use of telehealth services in less densely populated regions to determine the extent to which telehealth services are sufficiently allowing beneficiaries in rural and small urbanicity regions to obtain necessary specialist services could provide a quantitative estimate of this relationship.

♦ Using the results of telehealth research, DHCS may want to consider development of specific measures and corresponding standards for the provision of telehealth services in rural and small urbanicity regions of the State that would reasonably be expected to ensure adequate access to Medi-Cal services.

Public Comment Period

HSAG received feedback from five individuals during the 30-day public comment period. Feedback was primarily related to data limitations, study methodology, and DHCS Medi-Cal policies. To address these questions and comments, HSAG added language to this report, where appropriate. HSAG also submitted all public comments to DHCS for review and action, as applicable.

Overview of California's Section 1115(a) Medicaid Waiver Renewal

On December 30, 2015, California's Section 1115(a) Medicaid Waiver Renewal, titled *California Medi-Cal 2020 Demonstration (Medi-Cal 2020)*,[5] was approved by CMS. *Medi-Cal 2020* continues the State's commitment to improving California's health care delivery system and builds on the successes of the previous 2010 Section 1115(a) *Bridge to Reform* waiver. Critical to the ongoing success and viability of MCMC, the *Medi-Cal 2020* waiver serves to guide the California DHCS through the next five years as DHCS works to transform the quality of care, access to care, and the efficiency of health care services for MCMC beneficiaries.

The STCs set forth by CMS and DHCS established the conditions and limitations on the waivers and expenditure authorities. They describe in detail the nature, character, and extent of federal involvement in the demonstration along with the State's obligations to CMS during the life of the demonstration. In accordance with the *Medi-Cal 2020* STCs, California is required to conduct a one-time assessment of MCMC beneficiaries' access based on current Medi-Cal MCP network adequacy requirements. The Access Assessment assessed MCMC beneficiaries' access to primary, core specialty, and facility services, as well as compliance to MCP network adequacy and timely access requirements and standards.[6] Where possible, the Access Assessment incorporated geographic, beneficiary, and provider characteristics into the review, including considerations in response to any systemic network adequacy issues identified.

Following approval on July 25, 2016 (Senate Bill 815), DHCS amended its contract with HSAG, the State's current EQRO, to design and conduct the required Access Assessment. Effective October 23, 2016, HSAG began working with DHCS to develop the overall Access Assessment design, including facilitation of an advisory committee formed to provide input on the assessment structure. As required by the STCs, the Access Assessment design outlined the proposed methods for addressing the STCs and assessing MCMC beneficiaries' access to health care services. CMS approved the design on September 19, 2018, and HSAG followed the design to execute the approved data collection, calculation of access-related measures, and reporting of MCP and State compliance with existing network adequacy and timely access requirements.

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[5] Medi-Cal 2020 Demonstration Approval. (2015, December 30). Available at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/medi-cal-2020/ca-medi-cal-2020-demo-appvl-12816.pdf. Accessed on: Jan 17, 2019.

[6] Network standards assessed in this Access Assessment are based on requirements outlined in the Knox-Keene Health Plan Service Act of 1975 (KKA) and current MCMC contracts.

Key Components of Access Assessment

The requirements for the *Medi-Cal 2020* Access Assessment included the following key components:

♦ **Establishment of the Access Assessment Advisory Committee (AAAC)**—Based on submitted applications, DHCS selected 18 committee members in 2016 to participate on an advisory committee tasked with providing feedback on the overall assessment design and the final report. The AAAC members were selected from a variety of backgrounds including consumer advocacy organizations, providers/provider associations, health plans/health plan associations, legislative staff, and MCMC beneficiaries. The mix of committee members ensured diverse, robust input on the development of the assessment methodology.

Facilitated by HSAG, the AAAC members' meeting initially occurred on three separate occasions.[7] Attendees reviewed and offered suggestions on the continued development of the Access Assessment design. In 2019, the AAAC met once more to review the draft report to provide feedback prior to the draft report being posted for public comment.

♦ **Preparation and Submission of an Access Assessment Design to CMS**—Working collaboratively with DHCS and the AAAC, HSAG developed a detailed assessment design for DHCS to submit to CMS for review and approval. The Access Assessment design highlighted the data sources, access measures, and assessment methods identified to support the review of the adequacy of Medi-Cal beneficiaries' access to services. Once CMS approved the Access Assessment design, HSAG and DHCS had 10 months to execute it.

♦ **Preparation and Submission of Initial Draft and Final Access Assessment Reports**— Once the Access Assessment results were compiled, HSAG reviewed the assessment findings with DHCS. HSAG then produced an initial draft report and submitted the draft Access Assessment report to DHCS and the AAAC. Upon receiving feedback, HSAG modified the draft report. DHCS will post the draft report on its website for public comment and include documentation of the AAAC's feedback. Following closure of the public comment period, HSAG will prepare a final report for submission to DHCS and CMS.

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[7] The AAAC was convened on November 18, 2016, January 31, 2017, and March 28, 2017; meetings were open to the public.

Access Assessment Objectives

Based on the requirements outlined in the STCs and the goals of *Medi-Cal 2020*, the Access Assessment addressed the following objectives:

1. Assess MCP network adequacy and performance for managed care beneficiaries.
2. Assess MCP network compliance with established network standards and timely access requirements.[8]
3. Assess compliance with network adequacy requirements across MCPs and lines of business.
4. Identify differences between the State's current network monitoring program and the requirements outlined in the Medicaid and Children's Health Insurance Program (CHIP) managed care final rule (42 CFR §438).

The Access Assessment design, considering the four objectives outlined above, used the access performance measures and analytic approach to address multiple dimensions of access (i.e., network capacity, geographic distribution, and availability of services), as described in Section 3—Access Assessment Framework.

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[8] Network standards reported in this Access Assessment are based on requirements outlined in the KKA and MCMC contracts.

3. Access Assessment Framework

Scope of the Access Assessment

The scope of work of this Access Assessment includes an investigation of MCP network adequacy for managed care beneficiaries covered by the Knox-Keene Health Plan Service Act of 1975 (KKA) and existing MCMC contracts. As a one-time study, the Access Assessment provides a broad, cross-sectional profile of both Medi-Cal and MCP provider networks as well as a comparison of network performance relative to established network standards[9] and outcomes. Specifically, the Access Assessment:

♦ Measured MCP compliance with existing network adequacy and with timely access requirements set forth in the KKA and MCMC contracts.[10]

♦ Expanded the evaluation of provider networks beyond existing provider categories identified in existing regulations and included additional primary and core specialty services and facilities. Additionally, the assessment incorporated other nontraditional health care service modalities (e.g., telemedicine) based on the availability of data.

♦ Incorporated validated network data from a one-year period for the most recent time period available at the time of the analyses. Moreover, to capture multiple aspects of access, the assessment synthesized information from multiple sources, including the most recent provider network data, beneficiary and encounter data inclusive of sub-capitated MCP data, ombudsman calls, previously collected appointment availability data, and grievances and appeals/complaints data.

♦ Reviewed network compliance and performance of MCPs relative to overall, statewide provider networks available in the State of California (e.g., all licensed providers).

♦ Accounted for geographic differences (i.e., urban versus rural) and network status (i.e., in- or out-of-network).

♦ Presented network adequacy and timely access findings at the State contractor MCP level as well as key beneficiary, provider, and geographic subpopulations as noted previously.

Focusing on the Medi-Cal-only managed care population, the Access Assessment was limited to evaluation of California's managed care service areas. Additionally, while HSAG used some beneficiary demographics to assess network adequacy, HSAG did not disaggregate results by clinical or program-based subpopulations (e.g., disabled beneficiaries, foster care children).

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[9] Network standards assessed in this Access Assessment are based on requirements outlined in the KKA and MCMC contracts.

[10] Please note that while CMS has finalized the Medicaid Managed Care rule (42 CFR §438), the current Access Assessment is limited to evaluation of existing standards in MCMC. As such, new network requirements were not directly incorporated into this assessment.

Due to existing limitations in the collection of applicable data, direct analyses of access to care by lines of business were not possible. However, the Access Assessment included the collection and analysis of licensing data from the California Medical Board (CMB) data to conduct a high-level comparison between the MCP provider network and available provider network in California, regardless of payer. At the time of crafting the STCs, DHCS believed that data on other lines of business were readily available through another State agency. However, DHCS discovered that data on lines of business other than Medicaid were not readily available. The 10-month window allotted to prepare the Access Assessment report did not allow sufficient time for DHCS to coordinate with other State agencies and the MCPs to develop a process to capture and submit these data in a format suitable for analysis. Additionally, it was not feasible within the 10-month time frame to define and coordinate the collection of a new data source or to incorporate the findings into the report. Also, since the data being collected and reported by the MCPs varied in structure, format, quality, and content, there was not enough time to use these data for other lines of business, which would have required DHCS to assess what information was being collected and to evaluate the methods used by each MCP before a comparative review of the data could have been conducted. HSAG attempted to address the concept of differential availability of providers based on contracted lines of business using data from the CMB. These data were used to conduct a high-level comparison between the MCP provider network and available provider network in California, regardless of payer, and will highlight potential differences that could contribute to access issues.

Assessment Framework

As noted earlier, the purpose of the Access Assessment was to document the accessibility of California's MCMC provider networks and to assess compliance with existing network standards and requirements. To fully understand and measure access and availability, HSAG used a multidimensional framework to conduct the analysis. Access represents a complex construct concerned with understanding whether beneficiaries can obtain and use the health care resources necessary to maintain and/or improve their health. Figure 3.1 illustrates three key dimensions necessary to exploring and understanding beneficiary access to care (i.e., *Network Capacity*, *Geographic Distribution*, and *Availability of Services*).

Figure 3.1—Access Measurement Dimensions Model
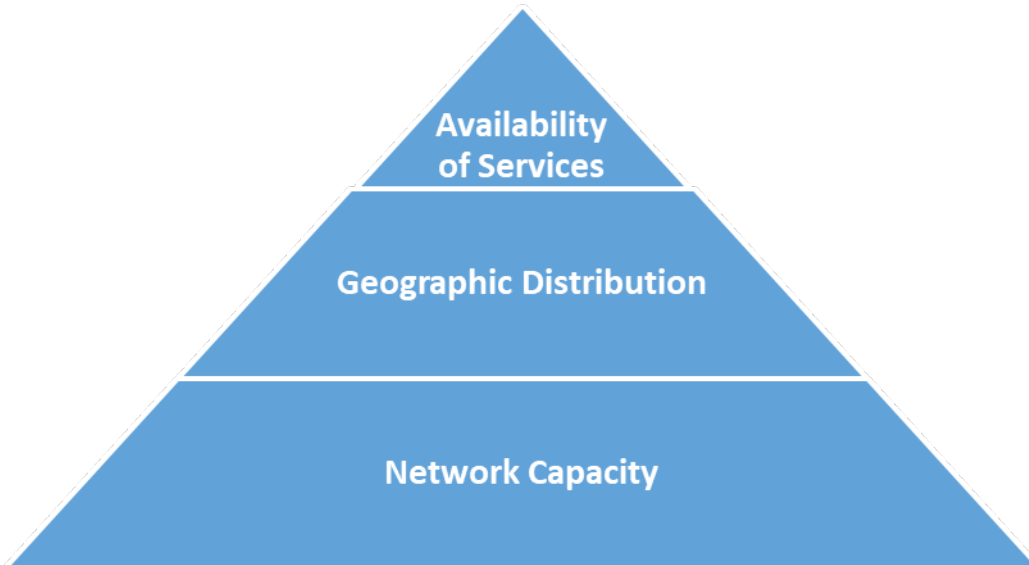
The dimensions presented in Figure 3.1 are interrelated and each necessary to consider when developing a comprehensive view of access. *Network Capacity* addresses the underlying foundation of the provider network and refers to the supply of provider services available to beneficiaries. It addresses two key questions:

♦ Are health care services available?
♦ Is there an adequate supply of service providers available?

Using a variety of measures (e.g., provider-to-beneficiary ratios and provider counts), an assessment of the underlying capacity of a provider network can be obtained. If services are available and an adequate supply of providers and services are present, the opportunity to obtain health care exists, suggesting that beneficiaries *may* have access to services. Once capacity and infrastructure are established, it becomes important to understand the extent to which beneficiaries can *gain access* to reported services. However, gaining access to and utilization of services are dependent upon physical accessibility and acceptability of services, not simply on adequacy of supply. *Geographic Distribution* addresses whether the distribution of available services is adequate to facilitate access to all beneficiaries. Two key questions guiding assessments in this dimension include the following:

♦ Is the geographic distribution of providers relative to the beneficiary population reasonable?
♦ Does the geographic distribution of providers mirror the social, cultural, and clinical needs of the beneficiary population?

Key measures for assessing the geographic distribution of providers include time/distance analyses and compliance with network adequacy requirements. When combined with beneficiary and provider characteristics, these analyses determine the extent to which the supply of providers is distributed appropriately relative to the beneficiary population. However, even with adequate capacity and appropriate distribution of services, assessing the *availability*

of relevant services is critical in making sure beneficiaries have access. The third dimension of access, *Availability of Services*, is important for understanding the extent to which network services are relevant and effective in producing positive health outcomes. Key questions addressed by this dimension include the following:

♦ Are relevant services available for beneficiaries to achieve acceptable health outcomes?
♦ Is the availability of services timely?
♦ Does the use of services reflect appropriate management of health outcomes?

The availability of services can be assessed in terms of appointment availability, utilization, and/or outcomes of services. Taken together, the three dimensions offer a broad understanding of the factors impacting beneficiaries' access to care. The framework addresses the intersection of a network's underlying infrastructure (i.e., making services available), distribution (i.e., getting the services to beneficiaries), and availability (i.e., having the right kind of services available when needed).

Although described in detail in Section 4—Access Assessment Design, Figure 3.2 illustrates the key network performance measures that HSAG used within each access dimension.

Figure 3.2—Network Performance Measures by Access Dimension

Network Capacity
- Physician ratios
- Provider statistics

Geographic Distribution
- Time/distance analysis
- Network adequacy

Availability of Services
- Use of services
- Appointment availability
- Grievances and appeals/complaints
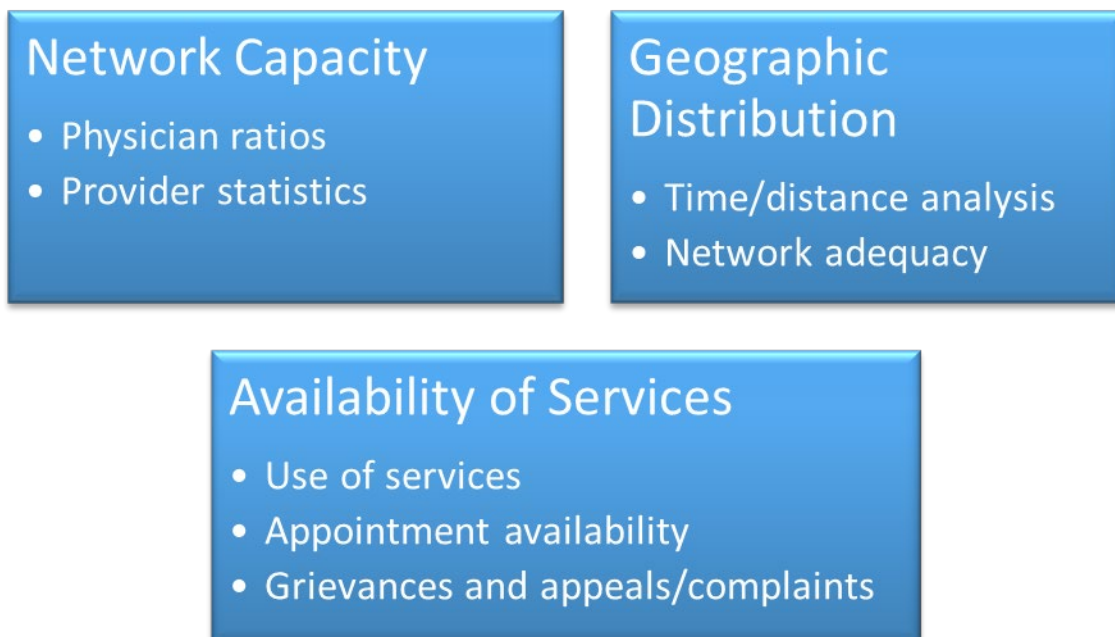
Intersecting Dimensions of Access

Taken individually, the dimensions of access described in Figure 3.2 are incomplete. Instead, evaluation of network adequacy should encompass all three dimensions in order to understand the impact of both network infrastructure and the implementation and actions of that infrastructure. While individual dimension results are important, the interaction of provider capacity and geographic distribution, along with appointment availability, provide a comprehensive picture of the adequacy of the MCMC provider networks.

To ensure that Medi-Cal beneficiaries have the potential to access the health care services that they need, HSAG assessed the existing capacity of MCPs' provider networks and the ability of those networks to afford access to health care services (i.e., *Network Capacity*). This component is key to establishing adequate access, although it is insufficient on its own to support the access and availability expectations of MCMC beneficiaries. Insufficient providers and the lack of specialists in a network have a direct impact on beneficiaries' access to care. HSAG also examined the extent to which the distribution of Medi-Cal enrolled providers' practice locations mirror those of the beneficiary populations they serve (i.e., *Geographic Distribution*). Even with a large network of enrolled providers, if the providers are not distributed appropriately and proportionally relative to the beneficiaries, access to care will be adversely affected. Beneficiaries' access to local care is critical to ensuring that beneficiaries receive the health care services they need.

In addition to understanding the underlying provider network infrastructure, HSAG also assessed how well the network addresses the needs (clinical and cultural) of the beneficiaries (i.e., *Availability of Services*). For example, while a sufficient number of providers may be enrolled in a network and distributed proportionally relative to the enrolled beneficiary population, the providers must be active and willing to accept Medi-Cal patients. While individual dimension results are important, the interaction of provider capacity and geographic distribution, along with availability of services, is critical to developing a comprehensive picture of the adequacy of California's MCMC network provider networks.

The primary objective of the Access Assessment was to explore and assess Medi-Cal managed care beneficiaries' access to primary, core specialty, and facility services. As outlined in Section 3, HSAG employed a multidimensional, analytic approach to investigate existing levels of access as well as compliance with the managed care network adequacy requirements set forth in the KKA and current MCMC contracts. HSAG assessed access to care using a combination of network performance measures including descriptive statistics, point-in-time estimates and trend analyses, and utilization metrics. Synthesizing the results across each measure provides a comprehensive profile of the capacity, distribution, and availability of health care services available to MCMC beneficiaries.

Although HSAG presented results at the statewide and MCP levels, the Access Assessment includes a series of comparative analyses that target the impact of key beneficiary, provider, and geographic (i.e., urban versus rural) characteristics on MCMC beneficiaries' access to care. These subgroup comparisons help DHCS understand how access to services is affected by both geographic setting and beneficiaries' characteristics, as well as by differences in managed care provider networks. The following section outlines the population, data sources, and analytic methods that HSAG used to conduct the Access Assessment.

Study Population

The network analysis results were based on HSAG's comparative evaluations of both MCMC beneficiaries and the providers who serve them. Additionally, HSAG defined comparison groups or subpopulations of beneficiaries and select providers to evaluate network performance across key demographics and MCPs.

Specifically, the primary study population included MCMC beneficiaries residing within the State of California and enrolled in an MCP as of December 1, 2017. For measures evaluated over time, HSAG evaluated MCMC beneficiary enrollment based on the first day of each month between March 2017 and December 2017. See Appendix A for a complete listing of MCPs included in the Access Assessment.

The study population also included individual and facility-based providers who were active and enrolled with an MCP between March 1, 2017, and December 31, 2017. Table 4.1 shows the specific provider categories that HSAG used to calculate provider-based measures in the Access Assessment, including PCPs, core specialists, and facilities.

Table 4.1—Provider Categories Included in the Access Assessment

A Obstetricians/Gynecologists and Certified Nurse Midwives were evaluated both within the PCP category, when identified as PCPs, and independently.

B This category includes providers who deliver mental health services in outpatient settings including, but not limited to, licensed clinical social workers, licensed marriage and family therapists, clinical nurse specialists, and psychologists.

Provider Category	Provider Specialty/Type	
Primary Care Physician	♦ Family Practice ♦ General Practice ♦ Geriatrics ♦ Internal Medicine	♦ Obstetrics/Gynecology[A] ♦ Pediatrics ♦ Preventive
Non-Physician Medical Practitioner[11]	♦ Physician Assistant (PA) ♦ Nurse Practitioner (NP)	♦ Certified Nurse Midwife[A]
Core Specialty Care[12]	♦ Cardiovascular Disease/ Interventional Cardiology ♦ Dermatology ♦ Endocrinology ♦ Gastroenterology ♦ General Surgery ♦ Hematology/Oncology ♦ Infectious Diseases ♦ Mental Health Outpatient Services[B]	♦ Nephrology ♦ Neurology ♦ Obstetrics/Gynecology[A] ♦ Ophthalmology ♦ Ophthalmology, Otolaryngology, Rhinology (ENT) ♦ Orthopedic Surgery ♦ Pediatric Mental Health Specialists ♦ Pediatric Physical Health Specialists ♦ Physical Medicine and Rehabilitation ♦ Psychiatry ♦ Pulmonary Disease

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[11] Except in instances where nonphysician practitioners were being evaluated for compliance with existing network standards, categorization of nonphysician medical practitioners was based on defined specialties. To eliminate inflation of network performance measures, HSAG excluded nonphysician medical practitioners with no designated specialty.

[12] The current list is based on provider types required to meet network adequacy at the time of the evaluation design. The current and codified list is located in WIC §14197 found at https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14197.html.

Provider Category	Provider Specialty/Type
Facility-based and Specialty Providers	♦ Community Based Adult Services (CBAS) ♦ Federally Qualified Health Center (FQHC) ♦ Home Health ♦ Hospital, Inpatient ♦ Hospital, Outpatient ♦ Intermediate Care Facility (ICF) ♦ Rural Health Clinic (RHC) ♦ Skilled Nursing Facility (SNF)

Data Collection and Sources

To complete the Access Assessment, HSAG collected and managed multiple data sources to assess access across three key dimensions (i.e., network capacity, geographic distribution, and availability of services). The data collected included both administrative and survey-based data (i.e., post-audit timely access verification study). Administrative data sources included information extracted from DHCS' Medicaid Management Information System (MMIS) and maintained in DHCS' data warehouse, including beneficiary, provider, and encounter data, as well as other MCMC data (i.e., grievances, appeals, and complaints). The MMIS databases were the main repositories of the data that HSAG used to conduct the assessment.

Administrative Data

Administrative data represent information collected, processed, and stored in electronic information systems, often as part of an agency's or organization's health care operations. As such, this information is readily available and frequently monitored to ensure its completeness and accuracy. Following are descriptions of the relevant administrative data sources that HSAG used in conducting the Access Assessment.

Data Warehouse—Beneficiary Data

HSAG used beneficiary data to identify the population required to calculate all network performance measures as well as to classify MCMC beneficiaries by key characteristics (i.e., age, gender, race/ethnicity, and language). More specifically, HSAG first combined the beneficiary demographic data with eligibility and enrollment data to determine the Access Assessment population (i.e., active beneficiaries enrolled in an MCP), and then segmented the population to conduct subpopulation analyses (e.g., compliance with time/distance standards by geography). HSAG used these data to calculate provider-to-beneficiary ratios, population counts and trends, subpopulation comparisons, and geographic-based distribution statistics.

Demographic, eligibility, and enrollment data were extracted from the DHCS data warehouse for the time period March 1, 2017, through December 31, 2017, to account for all network performance measure time periods.

Data Warehouse—Provider Data

Provider data represent another key data source for defining the Access Assessment population. Provider databases include critical information on provider demographics and practice characteristics (i.e., location, specialty, and network status). HSAG used these data to calculate provider-to-beneficiary ratios, provider counts and network trends, subpopulation comparisons, and geographic-based distribution statistics.

All MCPs reported managed care provider data according to the Healthcare Provider Information Transaction Set (274) through DHCS' Post-Adjudicated Claims and Encounters System, or PACES. In March 2017, the MCPs' provider data reporting transitioned from the State proprietary format to the 274 format. For this study, provider data were extracted from the DHCS data warehouse for the time period March 1, 2017, through December 31, 2017, to align with the availability of the 274 provider data.

Note that due to the frequency of changes in provider practices (e.g., acceptance of new patients, network status, and office location), provider data were accurate only as of the time of submission. Additionally, certain fields related to practice characteristics may be incomplete or require additional reconciliation due to differences in the data collection and classification processes at individual MCPs. Variations in MCPs' methods of data submission could impact results if data are not being appropriately or consistently captured across MCPs.

Data Warehouse—Encounter Data

In state fiscal year (SFY) 2014–15, DHCS implemented PACES, from which DHCS used managed care encounter data to calculate a series of utilization measures in order to assess the availability of services. DHCS extracted Electronic Data Interchange (EDI) 837 Health Care Claim transaction sets for inpatient, outpatient, and professional services and used them to calculate service utilization rates across different health care settings. HSAG analyzed the service utilization results by MCP and beneficiary demographics to provide insight into beneficiary patterns of service utilization and access. HSAG also linked managed care aggregated encounter data to beneficiary and provider data to standardize the calculation of rates and draw comparative analyses across key characteristics.

Due to expected submission lags associated with Medi-Cal's encounter data, HSAG worked with DHCS to extract inpatient, outpatient, and professional encounters for the time period January 1, 2017, through December 31, 2017, to account for all network performance measure time periods.

Health Care Consumer Data

Health care consumer data represent supplemental health care information collected and managed by DHCS and the California Department of Managed Health Care (DMHC), which are the entities responsible for the oversight and management of MCMC. Specifically, HSAG used data related to denial of services (i.e., beneficiary complaints, grievances, and appeals; and ombudsman calls). HSAG used each of these data sources to categorize and examine the extent to which beneficiary complaints and grievances are related to access issues. HSAG combined these data with beneficiary enrollment data to standardize rates and conduct comparative analyses across MCPs and by key demographic characteristics.

Although each data source is available on a differing schedule (e.g., monthly, quarterly), data from each source were collected for the time period January 1, 2016, through December 31, 2017, with rates being reported monthly.

HEDIS IDSS and PLD Files

The Interactive Data Submission System (IDSS) data contain HEDIS data collected and reported by the Medi-Cal MCPs. This audited information is used to report each MCP's results for Medi-Cal's External Accountability Set (EAS), a set of performance measures selected annually by DHCS to monitor MCP performance. HSAG used a subset of measures from this data source to report key HEDIS measures highlighting beneficiaries' access to care. Additionally, all MCPs are required to submit both NCQA-required Patient-Level Detail (PLD) files and CA-specific PLD files as part of the HEDIS audit process. The PLD files contain beneficiary-level results.

HEDIS measures reported in the Access Assessment covered dates of service that fell during the time period November 6, 2016, through December 31, 2017.

Medical Licensing Data

In addition to using data maintained by DHCS and DMHC, HSAG worked with the CMB to obtain provider information on all licensed physicians for the State of California. Information from the CMB allowed for high-level comparisons between the MCMC provider network and the potential provider network through the State of California, regardless of payer.

HSAG received CMB licensure data and identified active licensure for the time period March 1, 2017, through December 31, 2017, using the original issue date and expiration date.

Survey-Based Data

Survey-based data represent information collected directly from beneficiaries and providers and reflect patient and provider experiences. As noted in the STCs, HSAG used data collected through DHCS' Audits & Investigations Division (A&I) to assess appointment availability and compliance with timely access standards outlined in the KKA and MCMC contracts. Data collected through these surveys identified appointment wait times associated with the first, second, and third available appointments. To assess timely access, the Access Assessment incorporated results from the audit, verification, and post-audit studies conducted by DHCS.

Survey data related to timely access was procured for the time period January 1, 2016, through December 31, 2017.

Table 4.2 summarizes the data sources that HSAG used for California's Access Assessment.

Table 4.2—Data Source Summary

Note: Differences in data source time periods are based on the availability of data.

Data Source	Data Owner	Used in Monitoring	Time Period for Data
Administrative Data Sources			
Beneficiary data	DHCS	Yes	2/01/16–12/31/17
274 Provider data	DHCS	Yes	03/01/17–12/31/17
Encounter data	DHCS	Yes	03/01/17–12/31/17
Grievance and Appeals data	DHCS	Yes	01/01/16–12/31/17
Ombudsman Call data	DHCS	Yes	01/01/17–12/31/17
HEDIS IDSS and PLD data	DHCS	Yes	11/06/16–12/31/17
CMB Licensing data	CMB	No	03/01/17–12/31/17
Survey-Based Data Sources			
Post-Audit Timely Access Verification Study data	DHCS	Yes	01/01/17–12/31/17
2016 A&I Audit and Corrective Action Plan Verification Study data	DHCS	Yes	01/01/16–09/30/17

Preliminary Access Review

Following procurement of all beneficiary, provider, and service utilization data, HSAG conducted a preliminary review of the data sources. This review served two key purposes:

1. To finalize the selected data sources and analytic datasets
2. To assess the distribution of providers and beneficiaries by select population characteristics

Using selected data sources, HSAG cleaned, processed, and categorized beneficiary and provider data to define the final beneficiary and provider populations for inclusion in the Access Assessment as well as to define the final set of stratification variables. This process was critical for preparing the administrative data for analysis. HSAG standardized and geo-coded all provider files using Quest Analytics software. During the geo-coding process, HSAG analysts highlighted and corrected those addresses which included inaccurate ZIP Codes, where possible, to maximize the number of providers included in the assessment. HSAG limited the final MCMC beneficiary population included in the Access Assessment to beneficiaries residing within the State of California; however, HSAG included all providers contracted by Medi-Cal MCPs and located within the State of California or neighboring states (i.e., Arizona, Nevada, and Oregon) in the assessment.[13] Key activities of the preliminary file review involved confirming and evaluating the categorization of selected specialties and providers to ensure consistency across MCPs. HSAG excluded from the analysis providers with no specialty identified or with a specialty not matching the listed categories within the provider crosswalk.

Following the preliminary review, HSAG produced both demographic profiles and population counts by key stratification variables including the following:

♦ Beneficiary population counts by MCP, age, race/ethnicity, language, and geography
♦ Provider distribution counts at the State contractor MCP level by core specialty and specialty category, MCP, and geography
♦ Provider distribution counts by key office/practice characteristics, as available (e.g., network status [in- and out-of-network], panel size, accepting new patients), and level of activity[14]

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[13] HSAG individually evaluated outlier provider locations to ensure that no skewing or bias of provider-to-beneficiary ratio or time/distance results occurred.

[14] *Level of activity* was evaluated by linking provider network data to encounters and identifying the volume of services rendered by a given provider. This analysis assists in defining the difference between being listed in an MCP's provider network and rendering services. Differences noted in the analysis may indicate a gap in the provider network.

Analytic Methods

As noted earlier, HSAG evaluated three dimensions of provider access and timely access (i.e., network capacity, geographic distribution, and availability of services). Together, results from these three dimensions provide insight into the underlying network infrastructure as well as its application and interaction with MCMC beneficiaries.

Network Capacity

Network Capacity addresses the underlying infrastructure of a provider network. Measures of network capacity assess whether health services are available to beneficiaries through a sufficient supply and variety of providers. Following are descriptions of the three measures that HSAG used to assess the network capacity of MCMC provider networks.

Beneficiary Count and Provider Supply

HSAG calculated frequency distributions of both beneficiaries and physicians to provide a demographic profile of the MCMC beneficiary population and provider networks. In addition to presenting results by MCP and statewide, HSAG stratified the provider network counts by provider category and urbanicity to allow comparative analyses across key characteristics (e.g., MCP and provider category). HSAG stratified beneficiary counts by age, race/ethnicity, language, and urbanicity. Urbanicity designation was based on the county associated with the beneficiary's home address. In the results, HSAG highlighted, by strata, differences in the classification and/or count of beneficiaries and providers. Table 4.3 describes key specifications for this measure.

Table 4.3—Measure Specifications: Beneficiary and Provider Counts

* *Active* providers were defined as (1) available in the 274 provider file, AND (2) having evidence (i.e., encounters) of rendering services to Medi-Cal members. If a provider did not have claims in the encounter data file during the study period, the provider was not considered active for the purposes of the analysis.

Measure Element	Description
Definition:	♦ The number of unique beneficiaries enrolled in an MCP as of the first of the month for the measurement period, by MCP ♦ The number of unique providers contracted with an MCP at any time during the month for the measurement period, by provider specialty
Data Source(s):	DHCS data warehouse—beneficiary data, provider data, encounter data

Measure Element	Description
Measurement Period:	♦ Point-in-time—December 1, 2017 ♦ Trend over time—monthly between March 2017 and December 2017
Stratification(s):	♦ For beneficiaries—age (i.e., adult/child), race/ethnicity, language, geography (i.e., urbanicity designation) ♦ For providers—provider specialty, urbanicity, active status*
Standard(s):	Not applicable

Medi-Cal Managed Care Provider Penetration Rate

Calculation of the MCMC provider penetration rate allowed HSAG to examine the extent to which licensed physicians in the State of California are contracted with MCMC and its MCPs. Drawing upon CMB data, HSAG calculated the statewide percentage of licensed physicians[15] contracted with one or more MCPs. Although both the CMB and DHCS provider 274 data were complete for their original intended uses, combining these two data sets for this analysis revealed limitations that naturally arise when data are used for purposes outside their intended scope. Due to these limitations in the data received, only statewide analyses were conducted.

HSAG identified an issue related to accurately reporting the plan-level physician penetration rate for the Access Assessment. During the analysis, HSAG found that the physician's license number field in the 274 data was unreliable and that only a small fraction of physicians could be identified across both the CMB and provider 274 datasets. As a result, HSAG was unable to accurately identify and reconcile across the two datasets all practicing physician locations. This issue resulted in inaccurate, unreliable MCP-level penetration rates as locations included in the numerator (provider 274 data) were not necessarily included in the denominator (CMB data).

Additionally, when comparing CMB and provider 274 data, HSAG identified substantial differences in the number of specialties that physicians could report from these two data sources. This variance also rendered specialty-level penetration rates unreliable and inaccurate. As reflected in the CMB data, physicians were limited to only two specialties, whereas in the provider 274 data, there was no effective limit to the number of specialties that a physician could report. This, combined with the inability to accurately connect licensure data to the provider 274 data, resulted in unreliable, inaccurate penetration rates, specifically in that physicians may have appeared in the numerator but not in the denominator. Without the ability to accurately connect the two datasets, HSAG could not ensure physicians appeared in both the numerator and denominator. Even if the data allowed for accurate connection between the two datasets, the calculated penetration rates would still be inaccurate since HSAG had no way of calculating how many providers would list a given specialty in the CMB data if given the

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[15] To the extent possible, the population of licensed physicians identified from the Medical Board data excluded physicians not actively practicing or accepting Medi-Cal beneficiaries.

opportunity. This would mean that the denominator for any rate would be too small and the results would substantially overstate the penetration rate.

Furthermore, CMB data encompass all licensed providers within the State of California, including those that have maintained their license but are no longer seeing patients. This could lead to an underestimate of the percentage of providers contracted with MCPs. Table 4.4 describes key specifications for this measure.

Table 4.4—Measure Specifications: Medi-Cal Managed Care Provider Penetration Rate

Measure Element	Description
Definition:	The percentage of unique physicians licensed in the State of California as of December 2017, that are contracted with one or more MCP
Data Source(s):	DHCS data warehouse—provider data CMB provider data
Stratification(s):	None
Standard(s):	Not applicable

Provider-to-Beneficiary Ratio

Calculation of the provider-to-beneficiary ratio (provider ratio) enabled HSAG to assess the number of providers associated with an MCP's provider network relative to the number of assigned beneficiaries. This measure is a summary statistic that HSAG used to highlight the overall capacity of an MCP's provider network to deliver services to MCMC beneficiaries. Specifically, the provider ratio measures the number of providers by physician specialty relative to the number of beneficiaries. A higher provider ratio suggests greater network access because a larger pool of providers is available to render services to individuals. However, caution should be used when interpreting the results of this statistic as it does not account for key practice characteristics (e.g., panel status and acceptance of new patients). Furthermore, the provider data used in this analysis may contain unidentified variation resulting from the methods used by MCPs to collect and classify information for their providers. Instead, this analysis should be viewed as establishing a theoretical threshold for an acceptable minimum number of providers necessary to support a given volume of beneficiaries.

To account for differences in the availability of individual physicians due to providers being contracted with two or more MCPs, HSAG adjusted provider counts using an estimate of a full-time equivalent (FTE). HSAG made this adjustment using two methods:[16] (1) equal distribution and (2) proportional distribution. The first method, equal distribution, distributes the FTE percentage equally based on the number of MCPs with which an individual physician is

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[16] HSAG applied both provider ratio adjustments to primary care and core specialty physicians.

contracted. For example, if Provider X is contracted with four MCPs, that provider's FTE is equal to 0.25 FTEs for each MCP. Although this method accounts for impact on a provider's available panel size, it does not account for differences in proportional distribution of MCP populations. For example, in counties where the beneficiary population is distributed unequally across MCPs, large MCPs receive a disproportionately smaller percentage of the FTE relative to their beneficiary populations. As such, HSAG applied a second adjustment wherein the FTE was distributed proportionally based on MCP beneficiary populations.[17] While both methods make broad assumptions regarding the availability of physicians for beneficiaries, the adjusted rates provide more robust estimates than do raw counts of physicians. Table 4.5 describes key specifications for this measure.

Table 4.5—Measure Specifications: Provider-to-Beneficiary Ratio

Measure Element	Description
Definition:	The number of provider FTEs relative to the number of MCMC beneficiaries, by MCP
Data Source(s):	DHCS data warehouse—beneficiary, provider data
Measurement Period:	♦ Point-in-time—December 2017 ♦ Trend over time—monthly between March 2017 and December 2017
Stratification(s):	Provider category, network status
Standard(s):	PCPs = 1: 2,000 Total Physicians = 1: 1,200 NP = 1 PCP: 4 NPs PA = 1 PCP: 4 PAs

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[17] Please note that the FTE calculation used for this study is different than the one DHCS currently uses in its network certification. The current FTE calculation DHCS uses was developed after the study design was submitted to CMS for approval in April 2017.

Geographic Distribution

The second dimension of the Access Assessment evaluated the geographic distribution of providers relative to beneficiary populations. While the capacity analysis identified whether or not the network infrastructure is sufficient in both number of providers and variety of specialties, the geographic network distribution analysis determined whether or not provider locations are spread proportionally across the beneficiary population.

Provider Counts by Physician Specialty and Geography

Expanding on the frequency distributions calculated for beneficiaries and physicians for assessing network capacity, HSAG used provider counts by geography, which is a descriptive measure, to map provider counts by physician specialty and geographic region. In addition to presenting results by MCP and statewide, HSAG stratified the provider network counts by physician specialty and category to allow comparative analyses by category and by urbanicity[18] designation. Table 4.6 describes key specifications for this measure.

Table 4.6—Measure Specifications: Provider Counts by Geography

Measure Element	Description
Definition:	The number of unique, active providers contracted with an MCP, by provider specialty and by geography
Data Source(s):	DHCS data warehouse—beneficiary, provider data
Measurement Period:	♦ Point-in-time—December 2017 ♦ Trend over time—monthly between March 2017 and December 2017
Stratification(s):	For providers—provider specialty, network status, geography
Standard(s):	Not applicable

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[18] Urbanicity (i.e., rural versus urban) was based on DHCS classification of counties. See Appendix A.

Time/Distance Analyses—Compliance with Time/Distance Standards

To provide a comprehensive view of geographic distribution of providers relative to beneficiary populations, HSAG calculated two spatially derived metrics: (1) percentage of beneficiaries within predefined access standards, and (2) the average distance and travel time to the nearest provider. Both analyses used Quest Analytics software to calculate the travel time or physical distance between addresses of beneficiaries and addresses of their nearest providers. HSAG stratified all results by MCP and by physician specialty.

Table 4.7 describes the measure specifications for determining the number and percentage of beneficiaries located within the predefined time/distance standards outlined in the KKA and MCMC contracts. This analysis was limited to provider types where standards currently exist (i.e., PCPs[19] and hospitals).

Table 4.7—Measure Specifications: Compliance with Time/Distance Standards

Measure Element	Description
Definition:	The percentage of beneficiaries whose addresses fall within the time/distance standard established in the KKA or MCMC contracts for PCPs and hospitals, by MCP
Data Source(s):	DHCS data warehouse—beneficiary, provider data
Measurement Period:	Point-in-time—December 2017
Stratification(s):	Network status
Standard(s):	For PCPs and hospitals—15 miles/30 minutes (KKA) or 10 miles/30 minutes (MCMC contract)

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[19] To the extent that data were available on whether or not PCPs are accepting new patients, time/distance results were assessed for the entire provider network and for those PCPs accepting new patients.

Average Time and Distance to Nearest Three Providers

HSAG assessed the average distance (in miles) and travel time (in minutes) between a beneficiary and the closest three providers for all provider and facility types listed in Table 4.1. A smaller average distance or shorter travel time[20] indicates greater accessibility to providers because individuals must travel fewer miles or minutes to access care. In general, the smaller the average distance between beneficiaries and providers across specialties, the greater the alignment in the geographic distribution of providers and beneficiaries. The average drive time and distance represent a standardized measure of the geographic distribution of providers relative to beneficiaries; the shorter the average drive time and distance, the greater the overlap in the distribution of providers relative to beneficiaries. Table 4.8 describes the specifications for this measure.

Table 4.8—Measure Specifications: Average Time and Distance to Nearest Three Providers

Measure Element	Description
Definition:	The average length of time and average distance to the nearest three providers for MCMC beneficiaries enrolled in an MCP as of September 1, 2017, by provider specialty and MCP
Data Source(s):	DHCS data warehouse—beneficiary, provider data
Measurement Period:	Point-in-time—December 2017
Stratification(s):	Beneficiary age, geography
Standard(s):	Not applicable

Availability of Services

While the first two assessment dimensions assess provider network infrastructure, the following measures assess the extent to which the network infrastructure translates into practice. Measures of services available assess whether network services are relevant and effective in producing positive health outcomes. HSAG used two types of measures to assess availability of services in the MCMC provider networks.

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[20] Quest Analytics determined drive time based on the following parameters: 30 miles per hour (mph) for urban, 45 mph for suburban, and 55 mph for rural. Estimates did not account for time of day, traffic, or traffic control devices (e.g., stop signs, stop lights) and may not mirror driver experience due to varying traffic conditions.

Access-Related Complaints, Grievances, and Appeals

DHCS and DMHC monitor beneficiary experience through the collection and reporting of complaints, grievances, appeals, and ombudsman calls (all in the preceding list collectively referred to as grievances); this includes beneficiaries' access to health care services. HSAG calculated grievance rates[21] to show the extent to which beneficiaries are denied access to services or have issues accessing services. Specifically, HSAG calculated these measures as the number of access-related grievances per 1,000 member months. These measures are a summary statistic which HSAG will use to highlight the prevalence of access-related grievances for MCMC beneficiaries across MCPs. Table 4.9 describes specifications for these measures.

Table 4.9—Measure Specifications: Access-Related Complaints, Grievances, and Appeals

Measure Element	Description
Definition:	Two rates are calculated to measure access-related complaints, grievances, and appeals: Complaints, Grievances, and Appeals: The number of access-related grievances during a rolling 12-month period per 1,000 member months, by quarter and MCP Ombudsman Calls: The number of access-related grievances during calendar year 2017 per 1,000 member months, by MCP *Note: Separate rates were calculated for each grievance source (i.e., complaints, grievances, appeals, and ombudsman calls.*
Data Source(s):	DHCS Data Warehouse—beneficiary data MCMC data—complaints, grievances, appeals, ombudsman calls
Measurement Period:	Complaints, Grievances, and Appeals: 12-month rolling periods reported quarterly between January 2017 through December 2017 Ombudsman Calls: January 2017 through December 2017
Stratification(s):	Complaints, Grievances, Appeals: MCP, quarter Ombudsman Calls: MCP
Standard(s):	Not applicable

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[21] HSAG calculated two different but related access-related rates based on different data sources (i.e., beneficiary complaints, grievances, appeals and ombudsman calls).

Service Utilization

HSAG calculated utilization rates for several places of service to identify where beneficiaries are receiving services and to determine whether utilization patterns reflect appropriate management of health outcomes. Specifically, HSAG calculated, per 1,000 member months by MCP, rates of emergency department, urgent care, inpatient admissions, and outpatient visits. HSAG also assessed the utilization of alternative modalities (e.g., telemedicine). In the absence of standards, utilization rates were informational and were used comparatively to understand differences in how beneficiaries access services. Table 4.10 describes specifications for this measure.

Table 4.10—Measure Specifications: Utilization Rates per 1,000 Member Months

Measure Element	Description
Definition:	The rate of services used by MCMC beneficiaries enrolled in an MCP, with an encounter between January 1, 2017, and December 31, 2017, for each of the following categories: ♦ Emergency department visits ♦ Urgent care visits ♦ Inpatient admissions ♦ Outpatient visits ♦ Mental health outpatient visits ♦ Telemedicine ♦ NMT
Data Source(s):	DHCS data warehouse—beneficiary data, MCMC encounter data
Technical Specifications:	HEDIS 2017 Technical Specifications, Volume 2—*Ambulatory Care (AMB) and Inpatient Utilization—General Hospital/Acute Care (IPU)*
Measurement Period:	January 1, 2017, through December 31, 2017
Stratification(s):	Age, geography
Standard(s):	Not applicable

Additionally, using HEDIS IDSS and PLD files submitted by MCPs, HSAG reported a series of HEDIS measures designed to assess access to preventive, outpatient, and inpatient services. Table 4.11, Table 4.12, Table 4.13, and Table 4.14 describe the specifications for these measures.

Table 4.11—Measure Specifications: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Measure Element	Description
Definition:	The percentage of MCMC beneficiaries 3 through 6 years of age and enrolled in an MCP who had one or more well-child visits with a PCP during the measurement year.
Data Source(s):	DHCS—MCP IDSS and PLD files DHCS data warehouse—beneficiary data
Technical Specifications:	HEDIS 2018 Technical Specifications, Volume 2—*W34*
Measurement Period:	January 1, 2017–December 31, 2017
Stratification(s):	Geography
Standard(s):	For measurement year 2017: Minimum Performance Level = 66.18 High Performance Level = 82.77

Table 4.12—Measure Specifications: Ambulatory Care (AMB)

Measure Element	Description
Definition:	The rate of services used by MCMC beneficiaries enrolled in an MCP, with an encounter for ambulatory care between January 1, 2017, and December 31, 2017, for each of the following categories: ♦ Emergency department visits ♦ Outpatient visits
Data Source(s):	DHCS—MCP IDSS and PLD files DHCS data warehouse—beneficiary data
Technical Specifications:	HEDIS 2018 Technical Specifications, Volume 2—*AMB*
Measurement Period:	January 1, 2017–December 31, 2017

Measure Element	Description
Stratification(s):	Age, geography
Standard(s):	Not applicable

Table 4.13—Measure Specifications: Prenatal and Postpartum Care (PPC)

Measure Element	Description
Definition:	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following: ♦ *Timeliness of Prenatal Care*. The percentage of deliveries that received a prenatal visit as an MCMC beneficiary enrolled in an MCP in the first trimester, on the enrollment start date, or within 42 days of enrollment in an MCP. ♦ *Postpartum Care*. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
Data Source(s):	DHCS—MCP IDSS and PLD files DHCS data warehouse—beneficiary data
Technical Specifications:	HEDIS 2018 Technical Specifications, Volume 2—*PPC*
Measurement Period:	Deliveries on or between November 6, 2016–November 5, 2017
Stratification(s):	Age, geography
Standard(s):	For measurement year 2017: *PPC-Prenatal*: minimum performance level = 77.66 and high performance level = 91.67 *PPC-Postpartum*: minimum performance level = 59.59 and high performance level = 73.67

Table 4.14—Measure Specifications: Children and Adolescents' Access to Primary Care Practitioners (CAP)

Measure Element	Description
Definition:	The percentage of MCMC beneficiaries 12 months through 19 years of age who had a visit with a PCP.
Data Source(s):	DHCS—MCP IDSS and PLD files DHCS data warehouse—beneficiary data
Technical Specifications:	HEDIS 2018 Technical Specifications, Volume 2—*CAP*
Measurement Period:	January 1, 2016–December 31, 2017
Stratification(s):	Age, geography
Standard(s):	Not applicable

Appointment Availability

To evaluate appointment availability, HSAG synthesized results from DHCS' Post-Audit Timely Access Verification Study and Corrective Action Plan Verification Study to evaluate the average length of time it takes for an MCMC beneficiary to schedule an appointment. However, since the data volume varies by MCP, the results should be used for information only. Table 4.15 and Table 4.16 describe two measures that examine the availability of appointments.

Table 4.15—Measure Specifications: Average Number of Days to Appointment

Measure Element	Description
Definition:	The average number of days to the soonest first, second, and third appointments by MCP
Data Source(s):	DHCS Post-Audit Timely Access Verification Study data Corrective Action Plan Verification Study data
Measurement Period:	January 1, 2017–December 31, 2017
Stratification(s):	Not applicable
Standard(s):	Not applicable

Table 4.16—Measure Specifications: Percentage of Appointments Compliant with Timely Access Standards

Measure Element	Description
Definition:	The percentage of appointments that meet DHCS timely access standards by MCPs for the following appointment types: ♦ Nonurgent, primary care ♦ Specialist ♦ Urgent care ♦ First prenatal visit
Data Source(s):	Primary: DHCS Post-Audit Timely Access Verification Study data Supplemental: 2016 A&I Audit and DHCS Corrective Action Plan Verification Study
Measurement Period:	Primary: January 1, 2017–December 31, 2017 Secondary: January 1, 2016–September 22, 2017
Stratification(s):	Not applicable
Standard(s):	♦ For nonurgent, primary care—10 business days ♦ For urgent care—48 hours ♦ For a specialist—15 business days ♦ For first prenatal visit—two weeks (Geographic Managed Care [GMC] model and Two-Plan Model) or 10 business days (County Organized Health System [COHS] model)

Analysis of Access to Care Monitoring

Although the Access Assessment was limited to assessing network adequacy and timely access based on the standards defined in the KKA and MCMC contracts, HSAG conducted a comparative desk review of California's existing network requirements, standards, and monitoring program relative to the Medicaid and CHIP revised final rule for Medicaid managed care (42 CFR §438). HSAG conducted a comprehensive review and comparison of the KKA and MCMC contracts, the Medicaid and CHIP revised final rule for Medicaid managed care, and any documentation outlining DHCS' proposed approach to implementing CMS' final rule.[22]

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[22] The *DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards* lists all the current standards and is available at:
https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAStandards3-26-18.pdf.
Accessed on: May 9, 2019.

Access Assessment Limitations

♦ Data sources used throughout this analysis were not initially collected for the purpose of assessing access to care. As a result, several limitations were identified when attempting to gather information or link datasets originally designed for disparate purposes. In accordance with the CMS-approved Access Assessment design, HSAG used and adapted available data sources rather than collecting new data.

♦ PCPs were identified using two different methodologies. The first methodology identified PCPs using taxonomy codes outlined in the provider crosswalk. This methodology may overestimate the number of providers since all providers with a primary care taxonomy code (e.g., internal medicine) may not function as a PCP. The second methodology identified PCPs using the PCP flag identified in the provider 274 data. This method allows for all providers who function as a PCP, regardless of taxonomy, to be included in the estimate. The PCP flag represents a lower-bound estimate for PCP-related measures, while using taxonomy codes would represent an upper-bound estimate, or maximum potential, for PCP-related measures.

♦ Provider specialty taxonomy codes may not include both adult and pediatric categorizations, even though the provider serves both adult and pediatric populations (e.g., an endocrinologist may not be identified as a pediatric endocrinologist but may still provide services to a pediatric population). Appendix E contains the taxonomy code classifications.

♦ The provider penetration analysis was limited to a statewide analysis due to the physician's license number field in the provider 274 data being unreliable, and only a small fraction of physicians could be identified across both the CMB and provider 274 datasets. Additionally, when comparing CMB and provider 274 data, HSAG identified substantial differences in the number of specialties that physicians can report from these two data sources. This variance also rendered specialty-level penetration rates unreliable and inaccurate. Without the ability to accurately connect the two datasets, HSAG could not ensure physicians appeared in both the numerator and denominator. Furthermore, the CMB provider data encompassed all licensed providers within California, including those that have maintained their license but are not actively practicing.

♦ Time/distance metrics represent a high-level measurement of the similarity in geographic distribution of providers relative to beneficiaries. These raw, comparative statistics do not account for the individual status of a provider's panel at a specific location or the provider's level of activity in the Medicaid program. It is likely that some providers were contracted to provide services for multiple MCPs. As such, time/distance results only highlight the geographic distribution of a provider network and may not directly reflect the availability of providers at given office locations.

♦ When evaluating the results of these analyses, it is important to note that the reported average drive time may not mirror driver experience based on varying traffic conditions. Instead, average drive time should be interpreted as a standardized measure of the geographic distribution of providers relative to Medicaid beneficiaries; the shorter the average drive time, the more similar the distribution of providers is relative to beneficiaries.

♦ When evaluating the results presented in this report, note that data supplied in the provider 274 data did not include providers contracted with the health plans under limited use contracts or single case agreements. A larger number of beneficiaries may have access to providers if MCPs contract with selected providers under these limited use agreements versus standard contract agreements.

♦ Provider 274 data were collected and classified by individual MCPs using processes that were not standardized during the measurement period. HSAG noticed that MCPs often assigned the same subset of specialties to providers at the same office location or had all providers contracted to each county where the MCP operated. This variation could impact results across multiple measures that used this dataset. Additionally, providers could be contracted across multiple counties that could be served by more than one MCP, thereby limiting county-level comparisons. Since the measurement period, DHCS has implemented several policies to standardize provider 274 data. In February 2019, DHCS released guidance to MCPs on standardized methods for classifying providers. Since the time of this Access Assessment, DHCS has also implemented the Provider Data Quality Unit, which monitors the 274 data via routine quality checks and works with MCPs to resolve any data issues.

♦ A challenge associated with using service utilization rates to identify access issues is that differences in service utilization rates are driven by three fundamental factors: access to the service, MCP care management strategies, and differences in the risk of needing the services across beneficiary populations. To attribute differences in service utilization to differences in beneficiary access requires assuming that the effectiveness of MCP care management strategies is equal across MCPs and that the risk of needing the service is equal across beneficiary populations.

♦ Results based on the HEDIS measures were calculated using the patient-level data (PLD) files, which did not include results from medical record reviews. As such, the rates calculated for the HEDIS measures (i.e., *AMB*, *CAP*, *PPC*, and *W34*) were based on administrative data only and may not align with previous statewide reporting.

♦ The appointment availability results were based on DHCS' post-audit timely access verification study for calendar year 2017, which only included nine MCPs. Results may not be applicable to other MCPs. HSAG is aware that DHCS is currently conducting appointment availability studies with all MCPs and that those results should be considered for future analyses.

♦ The measurement period for the Access Assessment was 2017, and several policies have been implemented or changed since that time to address known access-to-care limitations. DHCS expanded its NMT policy on July 1, 2017, and is currently expanding its telehealth policy as well. Other policy changes and initiatives, such as the California Child Services Program, Annual Network Certification, Alternative Access Standard, and Quarterly Monitoring process were also updated after the collection of these data. Furthermore, timely access standards have been updated and may not match the standards used in this assessment.

♦ The analyses only included data for MCPs in counties where the MCP was directly contracted with DHCS to provide Medi-Cal services and do not include services MCPs may have provided as subcontractors in other counties.

♦ MCPs and certain types of provider offices, such as FQHCs, may have programs that provide transportation for beneficiaries to and from health care services. If these NMT services are not captured in an encounter or a claim, they would not be captured in subsequent analyses.

♦ The very low grievance and appeal rates could be an indicator that beneficiaries may not be aware that they are able to file a complaint. The data available for the analyses were not sufficient to determine the source or reason for these low rates.

♦ Data concerning provider panels were limited to Medi-Cal beneficiaries. Available data sources did not provide any information on a provider's non-Medi-Cal panel. The interaction and relationship between the Medi-Cal and commercial health insurance populations in a provider's panel remains an important but unexplored element of Medi-Cal beneficiary access to services.

♦ Providers were defined as active regardless of how many beneficiaries were seen throughout the study period, which may result in an overestimate of the number of active providers.

5. Findings

This section presents the key findings and outcomes of each network performance measure, by dimension of network adequacy. The results include MCP-specific results and aggregated statewide summaries, when appropriate, and are also presented according to key beneficiary and provider demographics.

Network Capacity

Beneficiary Counts

HSAG used beneficiary data provided by DHCS to develop a picture of the beneficiary population for each MCP and statewide. Specific beneficiary characteristics, such as geographic distribution, are presented alongside similar characteristics for providers to facilitate simple, direct comparisons related to access to health care services.

The findings in this section present general beneficiary characteristics which highlight the demographic diversity of the State and how those characteristics vary across MCPs. The results presented here are based on December 2017 data, with ages calculated as of December 1, 2017. HSAG assessed the changes in beneficiary counts by demographic characteristics over time but did not note substantial changes over time.[23]

Figure 5.1 displays MCP-specific and statewide age distribution.

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[23] Trend results are available upon request.

Figure 5.1—Beneficiary Age Distribution, by MCP

Beneficiary Age Distribution, by MCP
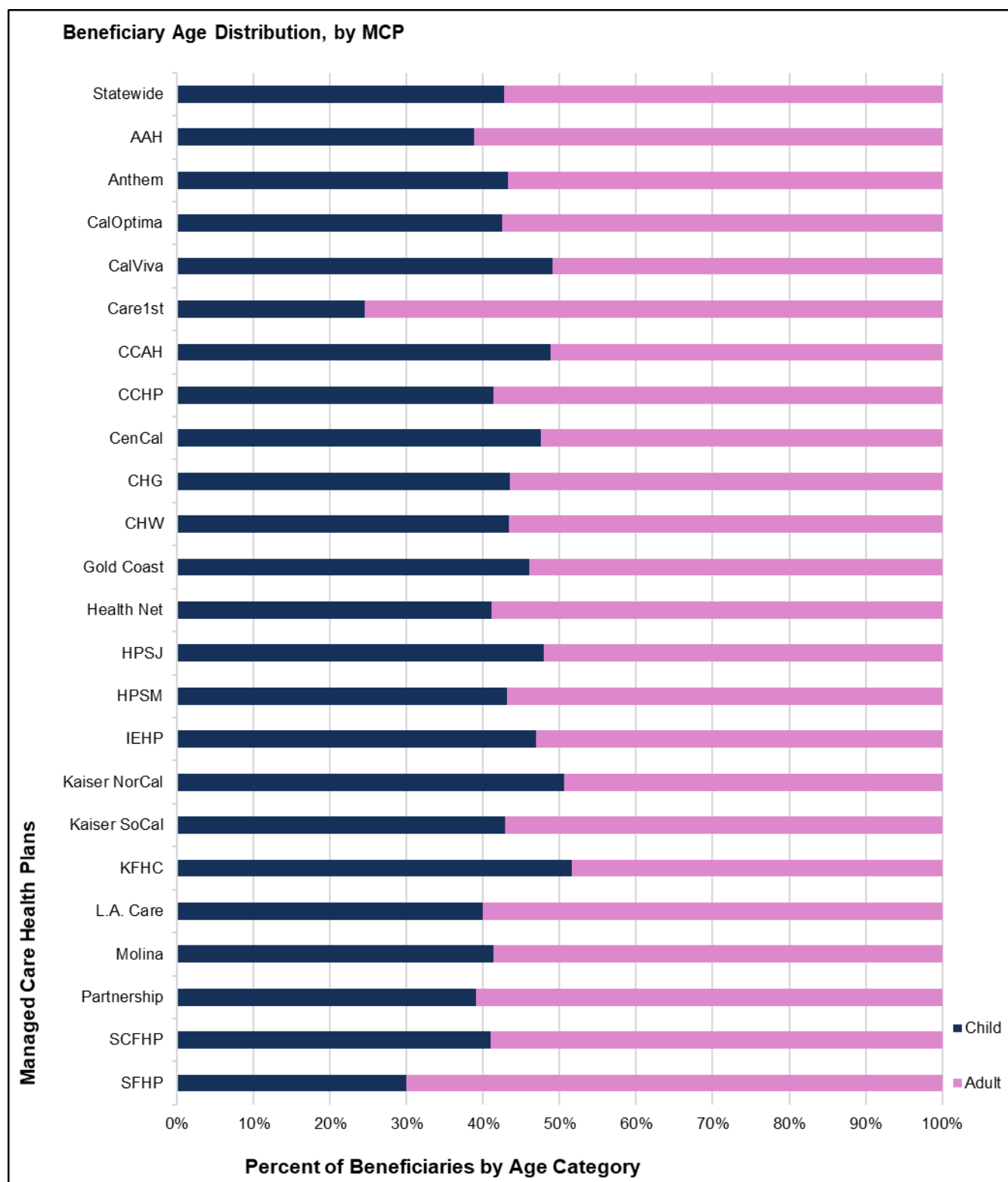
The key findings from Figure 5.1 are listed below:

♦ Approximately 43 percent of all MCP beneficiaries statewide were children (≤ 18 years old).

♦ A similar pattern was seen in most MCPs with only Care1st and SFHP deviating from the statewide average by more than 10 percentage points. Specifically, children comprised only about 24 percent of the beneficiaries enrolled with Care1st and only about 30 percent of beneficiaries enrolled with SFHP.

Appendix B contains detailed MCP-specific and statewide beneficiary counts, by age.

Figure 5.2 displays MCP-specific and statewide race/ethnicity distribution.

Figure 5.2—Beneficiary Race/Ethnicity Distribution, by MCP

Beneficiary Race/Ethnicity Distribution, by MCP
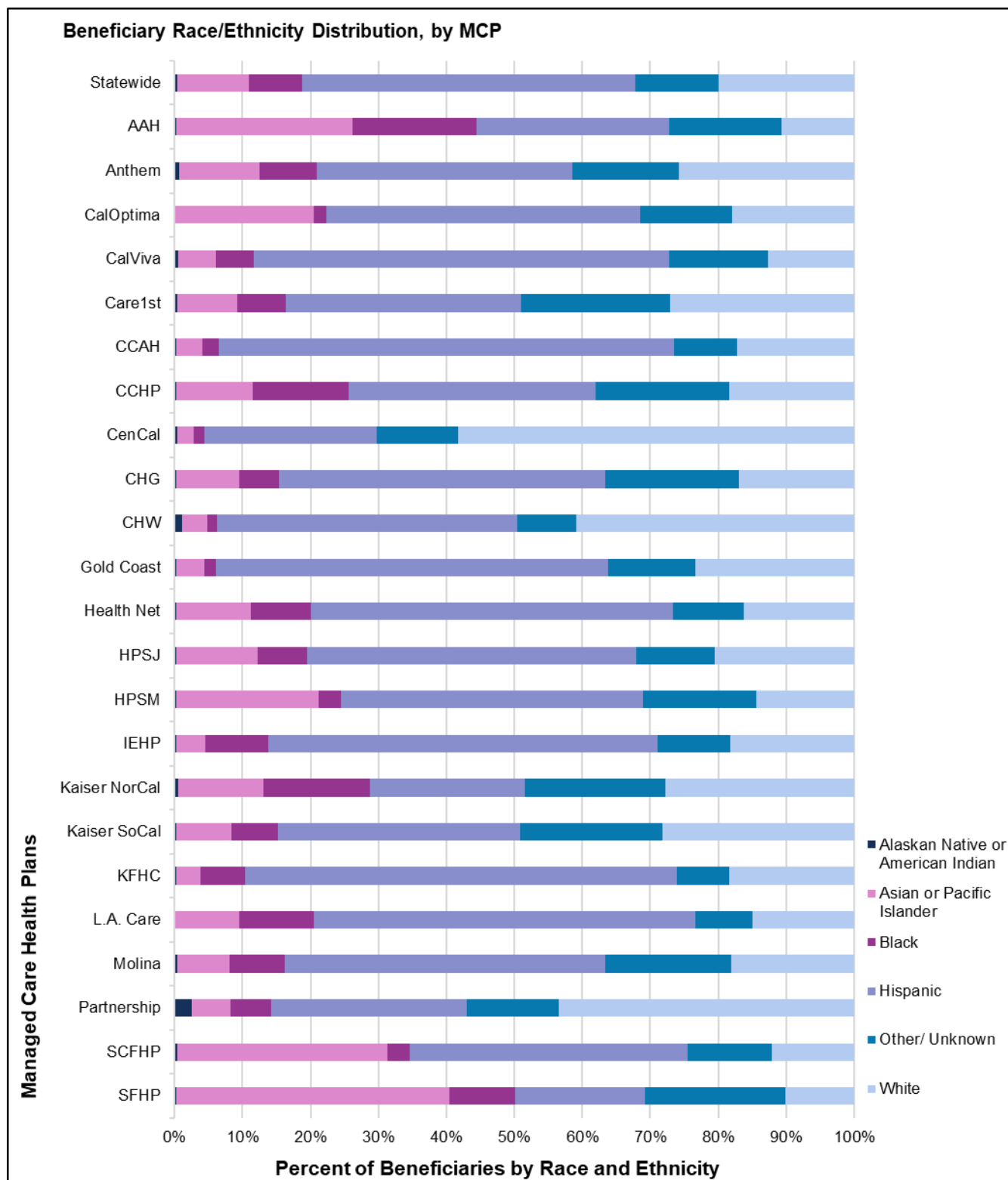
The key findings from Figure 5.2 are listed below:

♦ Approximately 49 percent of all MCP beneficiaries were Hispanic, with the next-highest category being White, making up about 20 percent of enrolled beneficiaries. The Other/Unknown category comprised about 12 percent of all beneficiaries statewide.

♦ There were substantial differences across several MCPs reflecting the demographic diversity across the State:

- Both SCFHP and SFHP had a substantially larger proportion of Asian and Pacific Islander beneficiaries than were found statewide. Asian and Pacific Islander beneficiaries comprised about 31 percent and 40 percent of the MCP's beneficiary population for SCFHP and SFHP, respectively.

- For CenCal, CHW, and Partnership, White beneficiaries compromised a substantially larger portion of enrolled beneficiaries than was observed statewide.

  ○ For CenCal, White beneficiaries represented the majority of enrolled beneficiaries, comprising approximately 58 percent of all enrolled beneficiaries.

  ○ For Partnership, White beneficiaries represented the largest demographic group, representing about 43 percent of enrolled beneficiaries.

  ○ For CHW, Hispanic beneficiaries represented the largest demographic group, but the proportion of White beneficiaries (approximately 41 percent) was nearly twice that seen statewide.

Appendix B contains detailed MCP-specific and statewide beneficiary counts, by race/ethnicity.

Figure 5.3 shows MCP-specific and statewide distribution of primary languages spoken by beneficiaries.

Figure 5.3—Beneficiary Language Distribution, by MCP

Beneficiary Language Distribution, by MCP
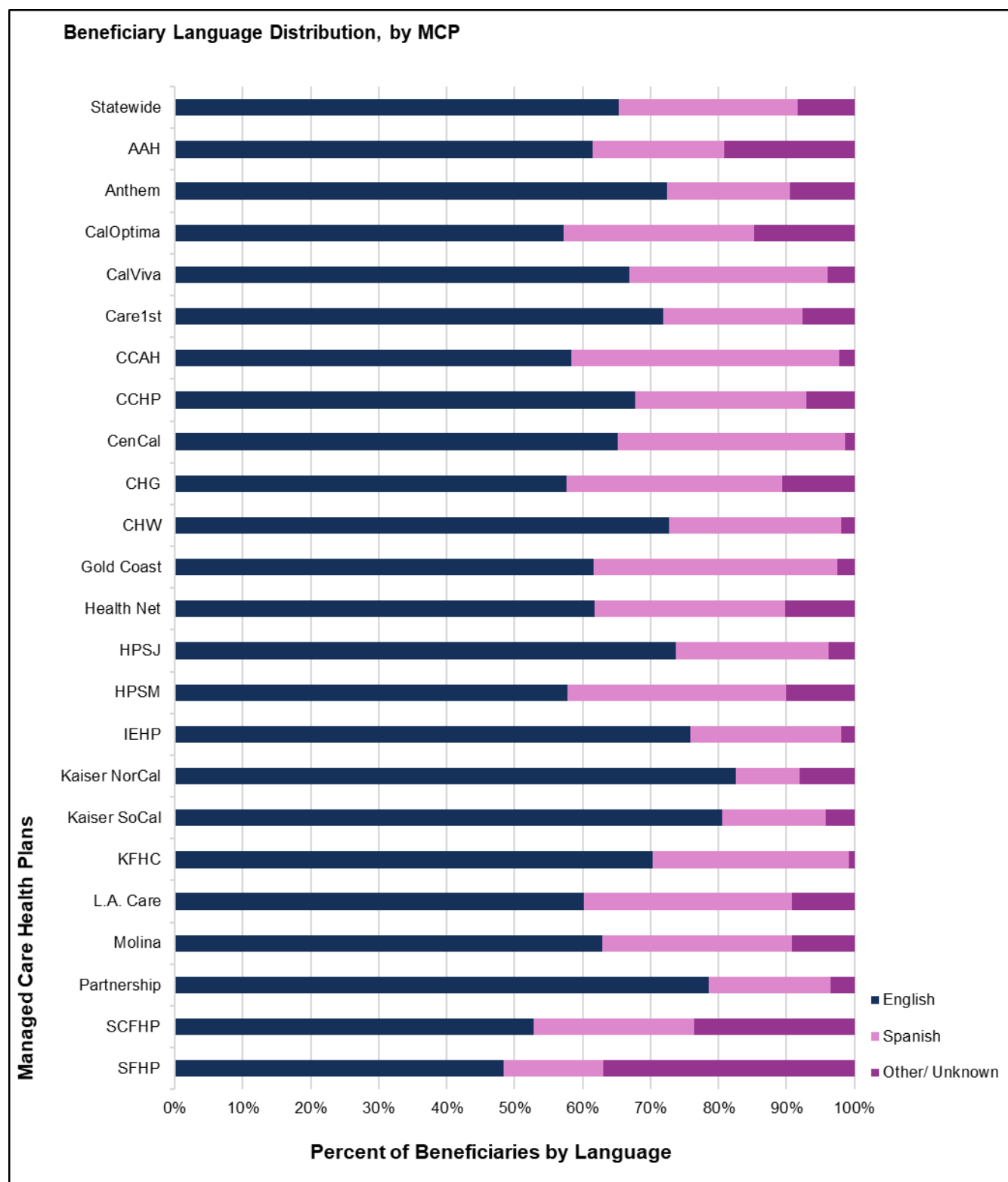
The key findings from Figure 5.3 are listed below:

♦ Approximately, 65 percent of all beneficiaries statewide reported English as their primary language. About 26 percent of beneficiaries reported Spanish as their primary language.

♦ Only about 8 percent of beneficiaries reported a primary language other than English or Spanish as their primary language (Other/Unknown).

♦ The racial and ethnic diversity observed in the beneficiary population was reflected in the diversity of primary languages across MCPs, with the most notable difference observed among SFHP beneficiaries. Approximately 38 percent of SFHP beneficiaries reported a language other than English or Spanish (categorized as Other/Unknown) as their primary language.

Appendix B contains detailed MCP-specific and statewide beneficiary counts, by primary language.

Provider Counts

HSAG used provider 274 data provided by DHCS to assess MCPs' provider networks. Specific provider characteristics, such as provider category, active status, and whether the provider was accepting new patients are presented to facilitate comparisons across MCP networks. The results presented here are based on December 2017 data, with ages calculated as of December 1, 2017. HSAG assessed the changes in provider counts over time but did not note substantial changes over time.[24]

Adult PCPs: Figure 5.4 displays MCP-specific and statewide distribution of adult PCP provider categories.

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[24] Trend results are available upon request.

Figure 5.4—Distribution of Adult PCPs, by Provider Category and MCP

Distribution of Adult PCPs, by Provider Category and MCP
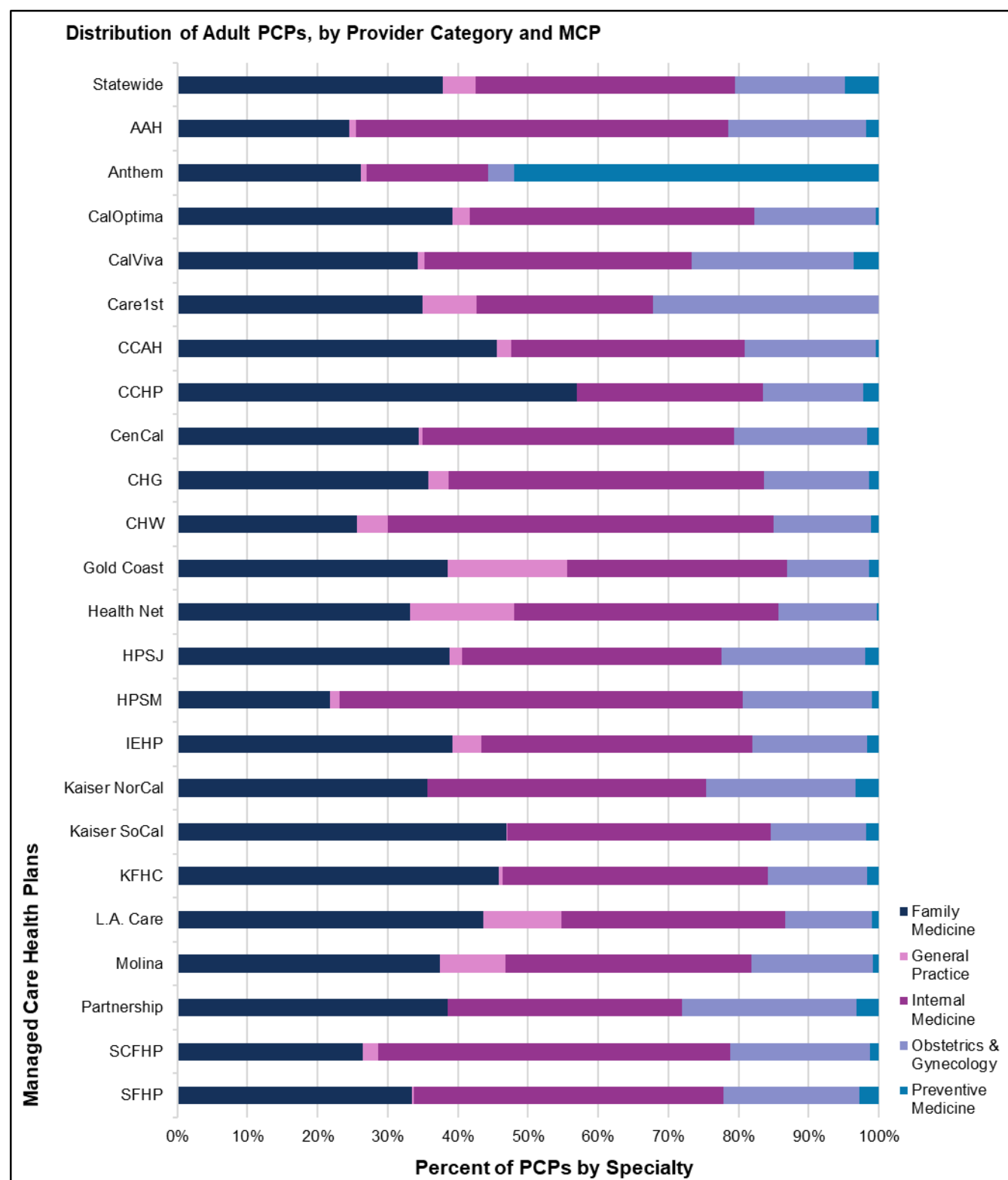
The key findings from Figure 5.4 are listed below:

♦ Of the adult PCP provider specialties assessed, family medicine and internal medicine were the most frequently reported specialties statewide.

♦ Anthem reported approximately 52 percent of providers having a preventive medicine specialty, while the remaining MCPs reported having less than 5 percent preventive medicine providers.

♦ Four MCPs (i.e., AAH, CHW, HPSM, and SCFHP) reported more than 50 percent of providers having an internal medicine specialty.

♦ CCHP and Kaiser NorCal did not report providers with a general practice specialty.

♦ Care1st did not report providers with a preventive medicine specialty.

♦ Some MCPs reported multiple specialties for a given provider. Anthem reported the highest average number of specialties per provider.

Appendix B contains additional detail on the number of specialties per provider as well as MCP-specific and statewide provider counts, by adult PCP provider categories.

Figure 5.5 displays MCP-specific and statewide distribution of active adult PCP providers.

Figure 5.5—Comparison of Adult PCPs, by Active Provider Status and MCP

Comparison of Adult PCPs, by Active Provider Status and MCP
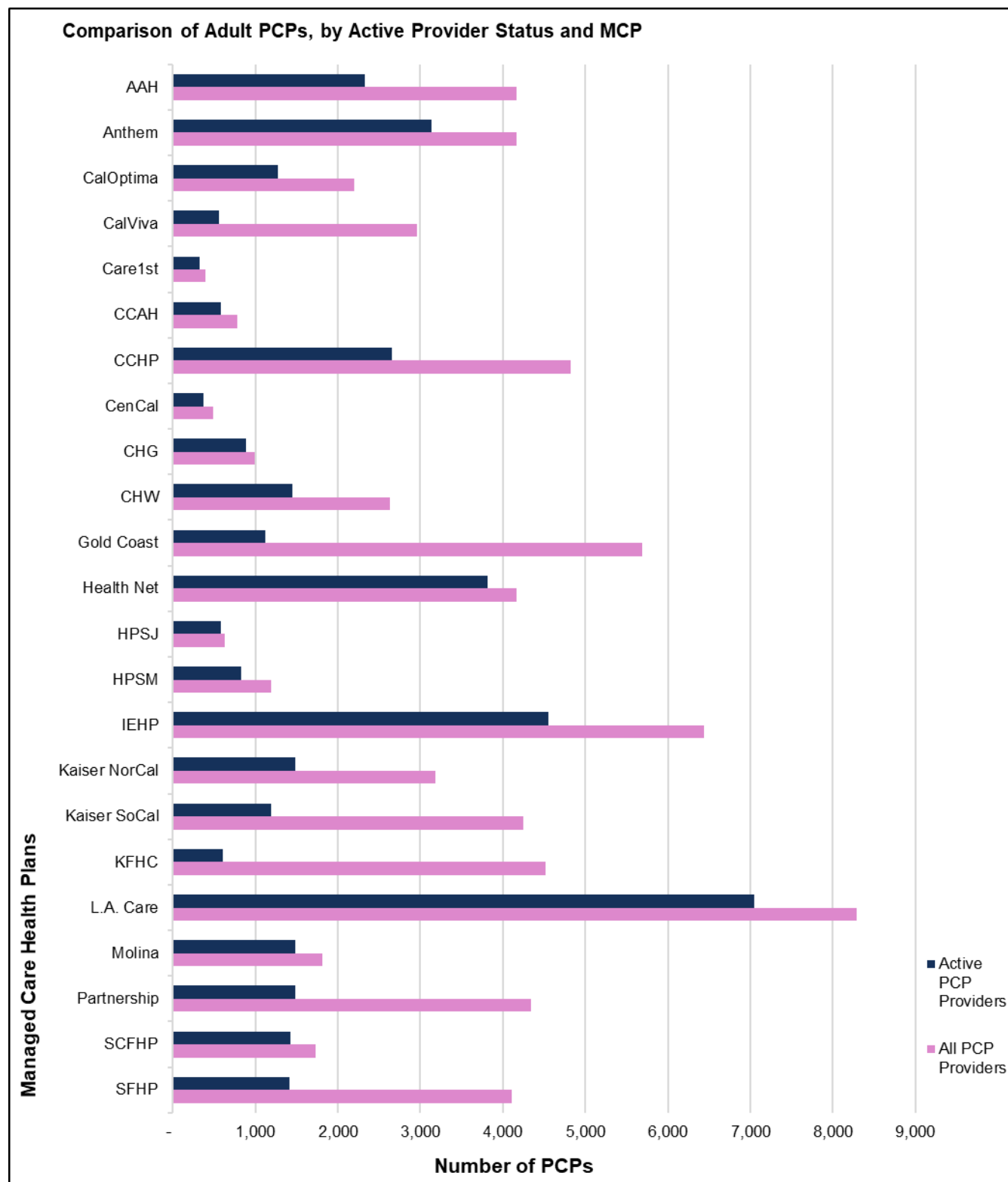
The key findings from Figure 5.5 are listed below:

♦ Although not presented in the figure, approximately 55 percent of all adult PCPs were active statewide.

♦ Health Net and HPSJ had the highest rate of active adult PCPs, with over 90 percent of all adult PCPs designated as active.

♦ KFHC had the lowest rate of active providers, followed by CalViva and Gold Coast.

Appendix B contains detailed MCP-specific and statewide provider counts for adult PCP providers, by active status.

Adult Core Specialists: A detailed summary of provider counts for the adult core specialty providers is provided in Appendix B. The key findings from the summary provider counts, by adult core provider categories, are listed below:

♦ Mental health outpatient services providers represented the most commonly reported adult core specialist, covering approximately 28 percent of all reported specialties statewide. Obstetrics & gynecology was the second most commonly reported adult core specialist, covering about 12 percent of reported specialties.

♦ Endocrinology and infectious disease specialists were the least commonly reported specialty statewide, each representing about only 1 percent of all specialists reported statewide.

♦ Cardiology/interventional cardiology represented approximately 5 percent of statewide reported specialties, whereas about 23 percent of Anthem's reported specialists were cardiologists/interventional cardiologists, which was the highest reported frequency of this specialty provider.

♦ Anthem reported the highest frequencies of dermatology and orthopedic surgery providers, at approximately 13 percent and 14 percent, respectively. Conversely, Anthem reported the lowest percentage of OB/GYN specialists, at about 6 percent.

♦ Some MCPs reported multiple specialties for a given provider. IEHP reported the highest number of average specialties per provider.

Appendix B contains additional detail on the number of specialties per provider.

Figure 5.6 displays MCP-specific and statewide distribution of active adult core specialty providers.

Figure 5.6—Comparison of Adult Core Specialty Providers, by Active Provider Status and MCP

Comparison of Adult Core Specialty Providers, by Active Provider Status and MCP
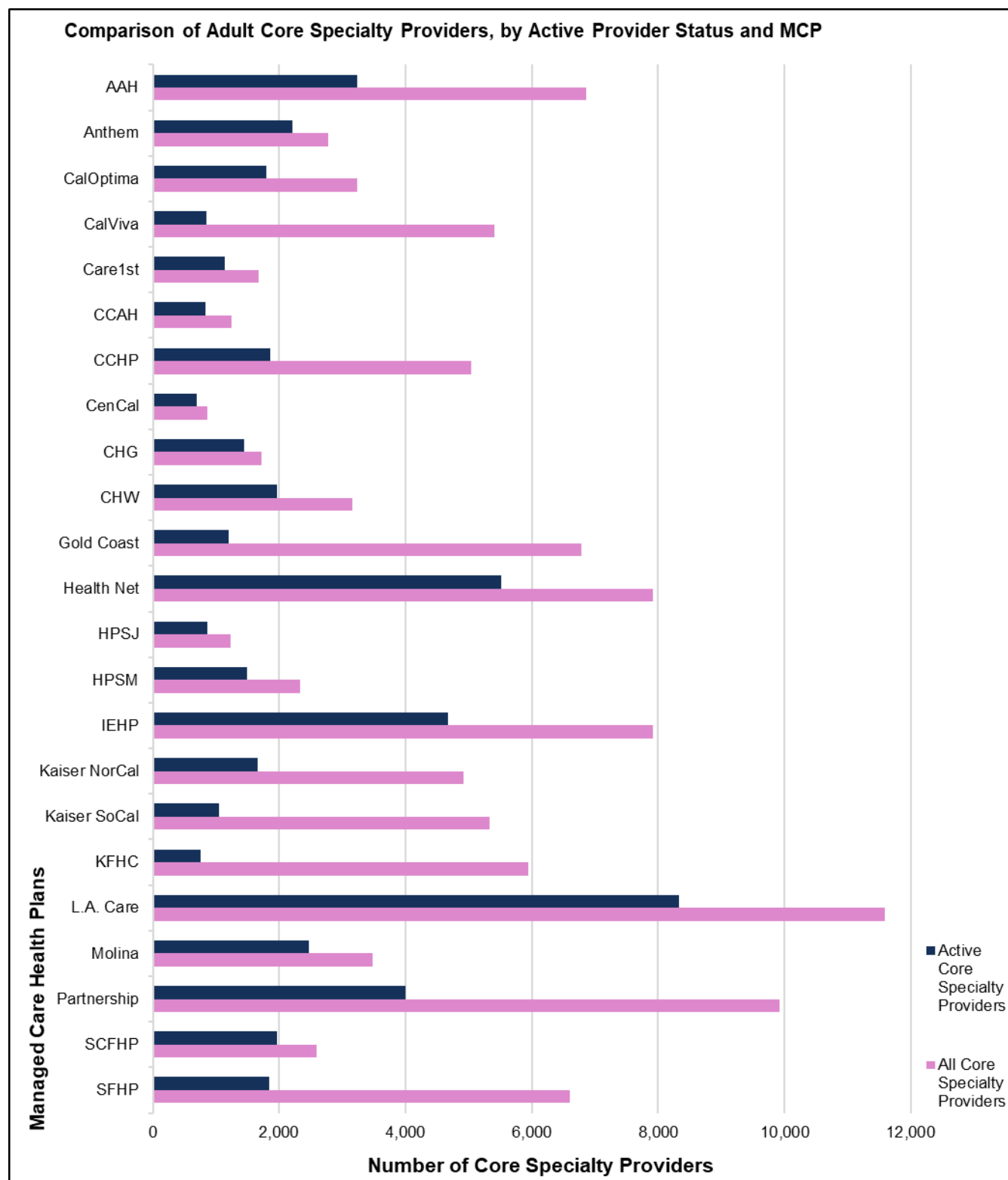
The key findings from Figure 5.6 are listed below:

♦ Although not presented in the figure, approximately 48 percent of adult core specialists reported were active statewide.

♦ CenCal and CHG had the highest number of active adult core specialists, with at least 80 percent of adult core specialists designated as active.

♦ CalViva, Gold Coast, KFHC, and Kaiser SoCal had the lowest number of active adult core specialists, all with less than 20 percent designated as active.

Appendix B contains detailed MCP-specific and statewide provider counts for adult core specialty providers, by active status.

Pediatric PCPs: Figure 5.7 displays MCP-specific and statewide distribution of pediatric PCP provider categories.

Figure 5.7—Distribution of Pediatric PCPs, by Provider Category and MCP

Distribution of Pediatric PCPs, by Provider Category and MCP
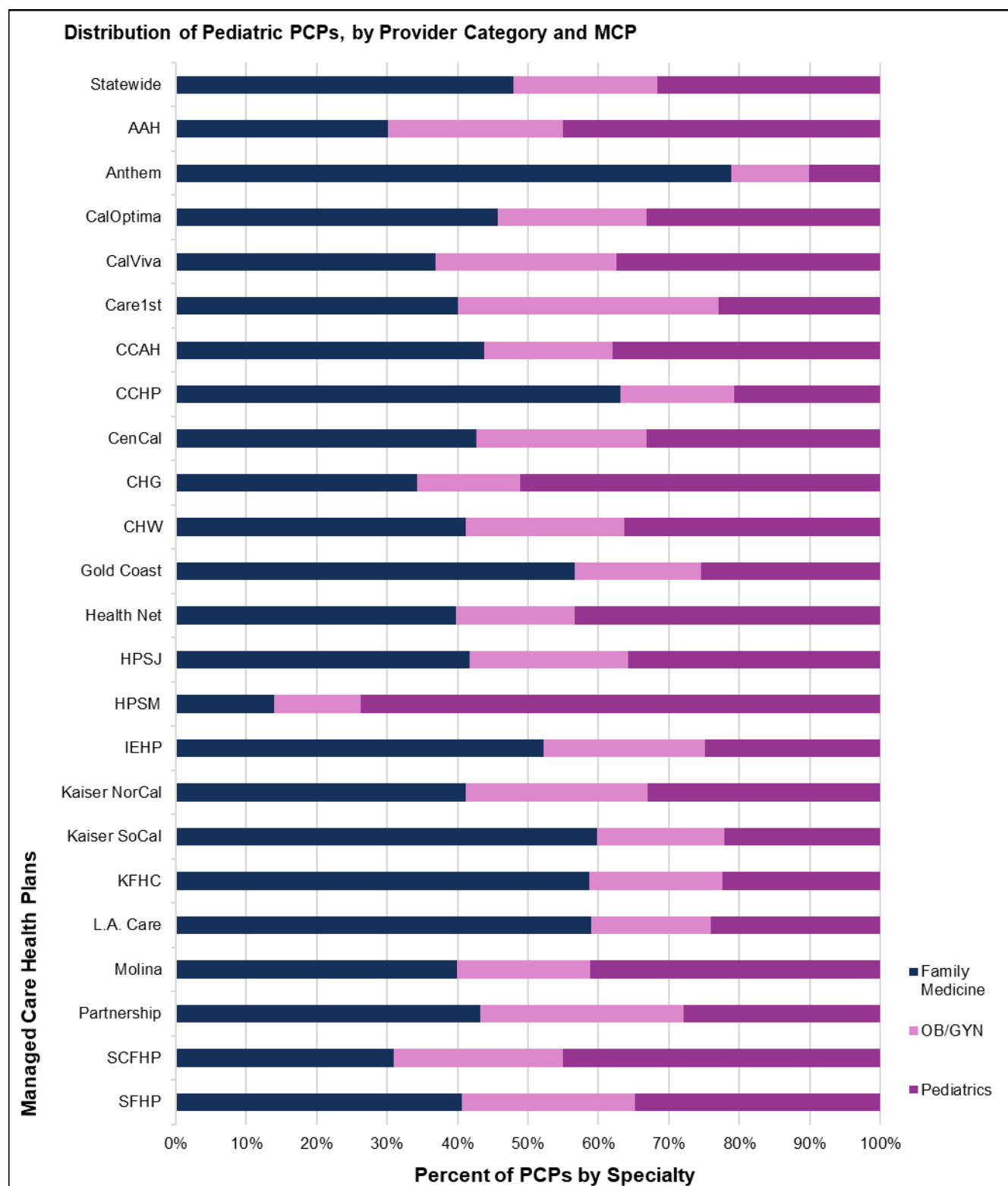
The key findings from Figure 5.7 are listed below:

♦ Family medicine comprised the majority of the pediatric PCP specialties assessed, representing 48 percent of all pediatric PCPs.

♦ No MCPs reported pediatric PCP preventive medicine specialists.

♦ HPSM reported the largest number of pediatric specialists, with about 74 percent of all pediatric PCPs being reported as a pediatric specialist. Conversely, HPSM also reported the smallest number of family medicine specialists, with 14 percent of all pediatric PCPs being reported as a family medicine specialist.

♦ Anthem reported that approximately 79 percent of pediatric PCPs were family medicine providers, representing the largest percentage across all MCPs. Conversely, about 10 percent of Anthem's reported PCPs were pediatric specialists, representing the smallest percentage across all MCPs.

♦ Care1st reported that approximately 37 percent of pediatric PCP providers specialized in obstetrics & gynecology, the only MCP to report more than 30 percent within this specialty.

♦ Some MCPs reported multiple specialties for a given provider. IEHP reported the highest number of average specialties per provider.

Appendix B contains additional detail on the number of specialties per provider as well as MCP-specific and statewide provider counts, by pediatric PCP provider categories.

While OB/GYN providers served a portion of the pediatric population, they likely were not providing services to the entire population. As such, HSAG also investigated the distribution of pediatric providers, excluding OB/GYN providers. Figure 5.8 displays MCP-specific and statewide distribution of pediatric PCP provider categories, excluding OB/GYN providers.

Figure 5.8—Distribution of Pediatric PCPs, by Provider Category and MCP, Excluding OB/GYN Providers

Distribution of Pediatric PCPs, by Provider Category and MCP, Excluding OB/GYN Providers
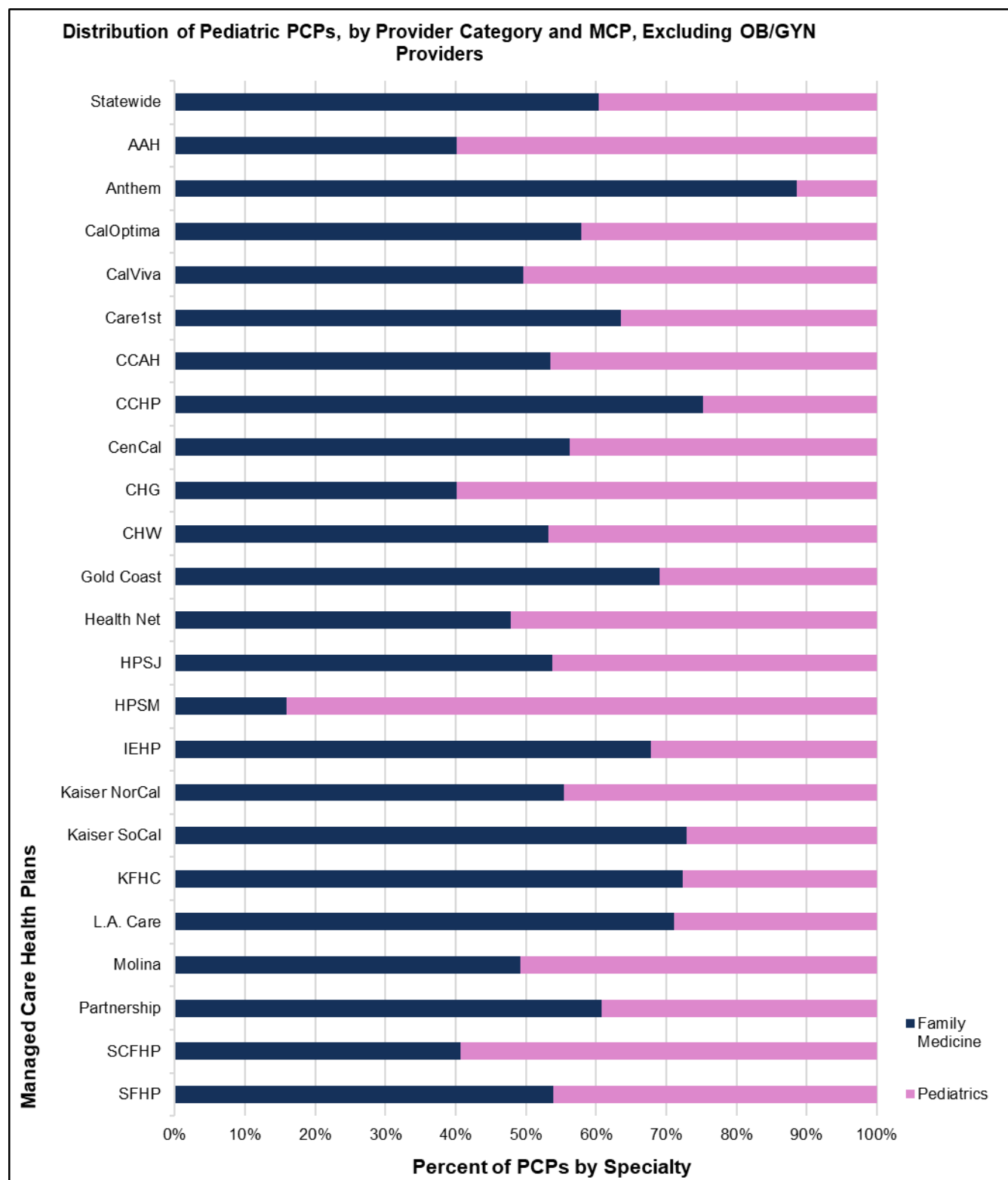
Figure 5.9 displays MCP-specific and statewide distribution of active pediatric PCP providers.

Figure 5.9—Comparison of Pediatric PCPs, by Active Provider Status and MCP

Comparison of Pediatric PCPs, by Active Provider Status and MCP
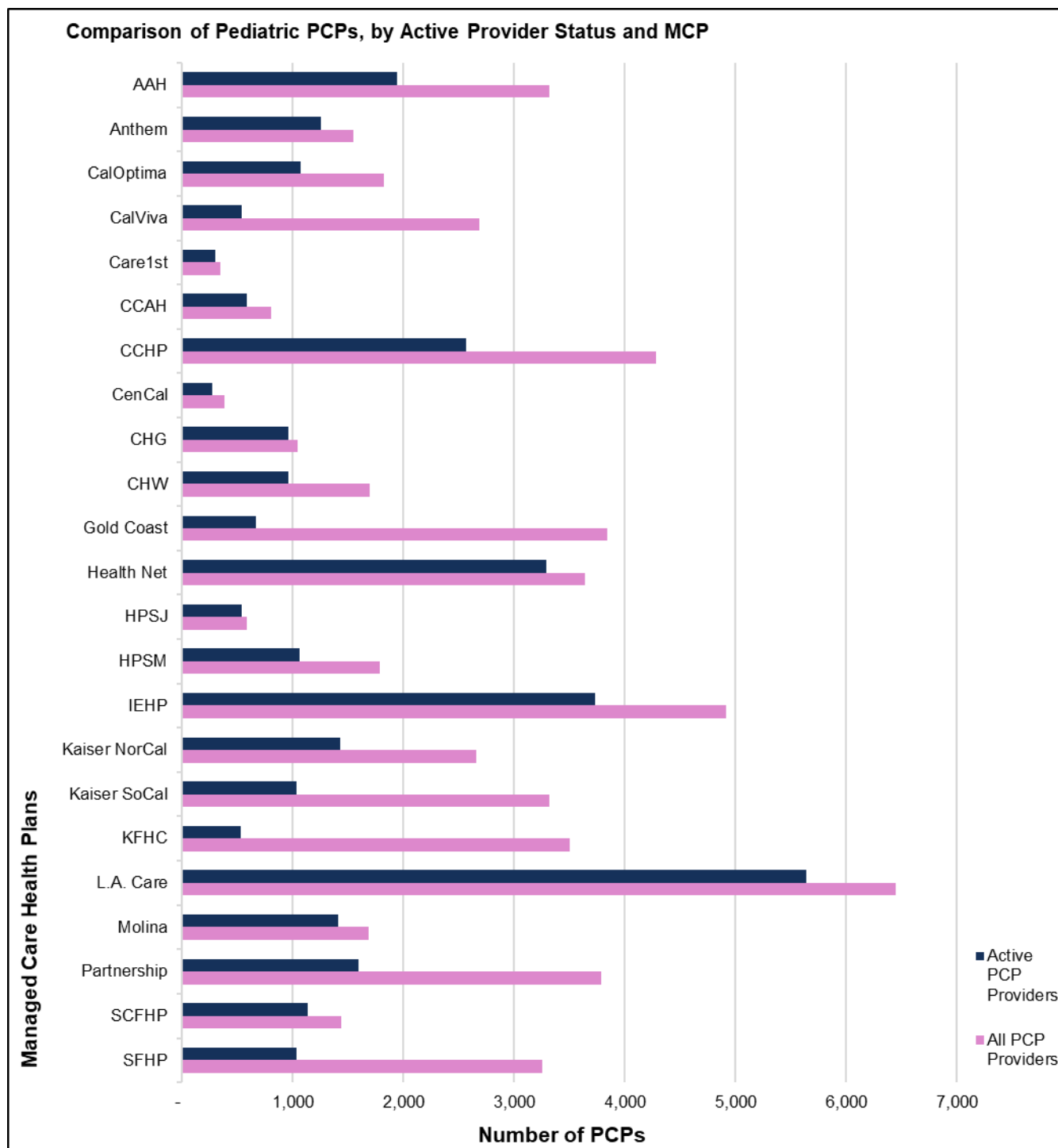
Figure 5.10 displays MCP-specific and statewide distribution of active pediatric PCP providers, excluding OB/GYN providers.

Figure 5.10—Comparison of Pediatric PCPs, by Active Provider Status and MCP, Excluding OB/GYN Providers

Comparison of Pediatric PCPs, by Active Provider Status and MCP, Excluding OB/GYN Providers
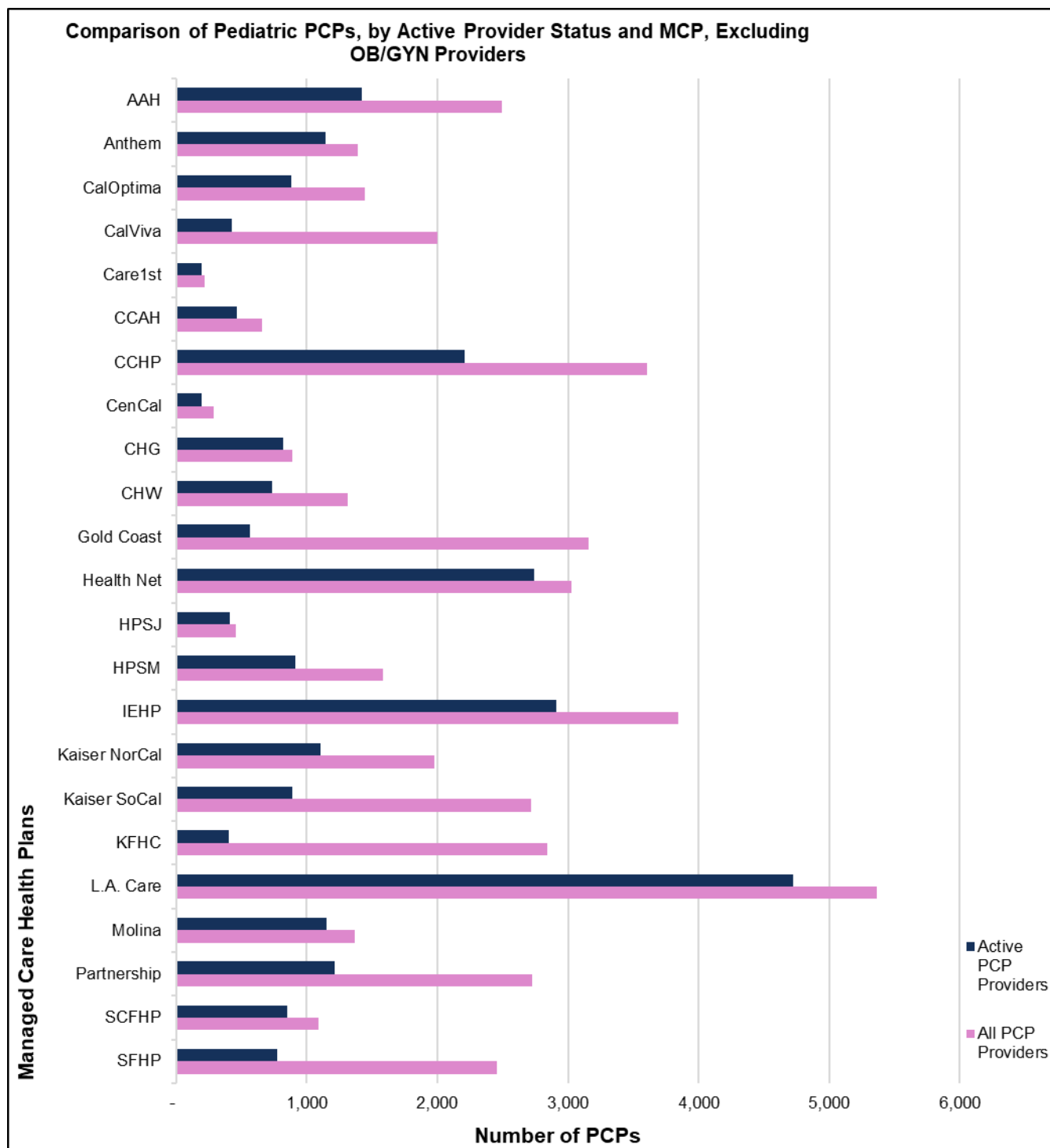
The key findings from Figure 5.9 and Figure 5.10 are listed below:

♦ Statewide, the percentages of active pediatric PCP providers both with and without OB/GYN providers were comparable, at approximately 57 and 58 percent, respectively.

♦ Gold Coast and KFHC consistently had the lowest active rates both with and without OB/GYN providers. For both MCPs, less than 20 percent of pediatric PCPs were designated as active.

♦ CHG, Health Net, and HPSJ had the highest active rates when including OB/GYN providers, each with active rates greater than 90 percent. When OB/GYN providers were excluded, the same MCPs, with the addition of Care1st, had active rates greater than 90 percent.

Appendix B contains detailed MCP-specific and statewide provider counts for pediatric PCP providers, by active status.

Pediatric Core Specialists: A detailed summary of provider counts for the pediatric core specialty providers is provided in Appendix B. The key findings from the summary provider counts, by pediatric core provider categories, are listed below:

♦ Of the pediatric core specialists assessed, obstetrics & gynecology was the most commonly reported specialty, representing about 66 percent of all reported specialists.

♦ HPSM reported approximately 13 percent of providers had a cardiology/interventional cardiology specialty. HPSM was the only MCP to report more than 10 percent of providers for this specialty.

♦ Anthem reported six pediatric specialty types, the fewest across all MCPs. Additionally, Anthem was the only MCP that did not report any pediatric gastroenterologists, nephrologists, or pulmonologists.

♦ HPSJ was the only MCP that did not report any pediatric general surgeons.

♦ All MCPs reported specialists for cardiology/interventional cardiology, endocrinology, hematology & oncology, obstetrics & gynecology, and psychiatry.

♦ The physical medicine & rehabilitation pediatric specialty was the least represented across MCPs, with only 11 MCPs reporting providers for this specialty.

♦ Some MCPs reported multiple specialties for a given provider. IEHP reported the highest average number of specialties per provider.

Appendix B contains additional details on the number of specialties per provider.

Figure 5.11 and Figure 5.12 display MCP-specific and statewide distribution of active pediatric core specialists, including and excluding OB/GYN providers, respectively.

Figure 5.11—Comparison of Pediatric Core Specialists, by Active Provider Status and MCP

Comparison of Pediatric Core Specialists, by Active Provider Status and MCP
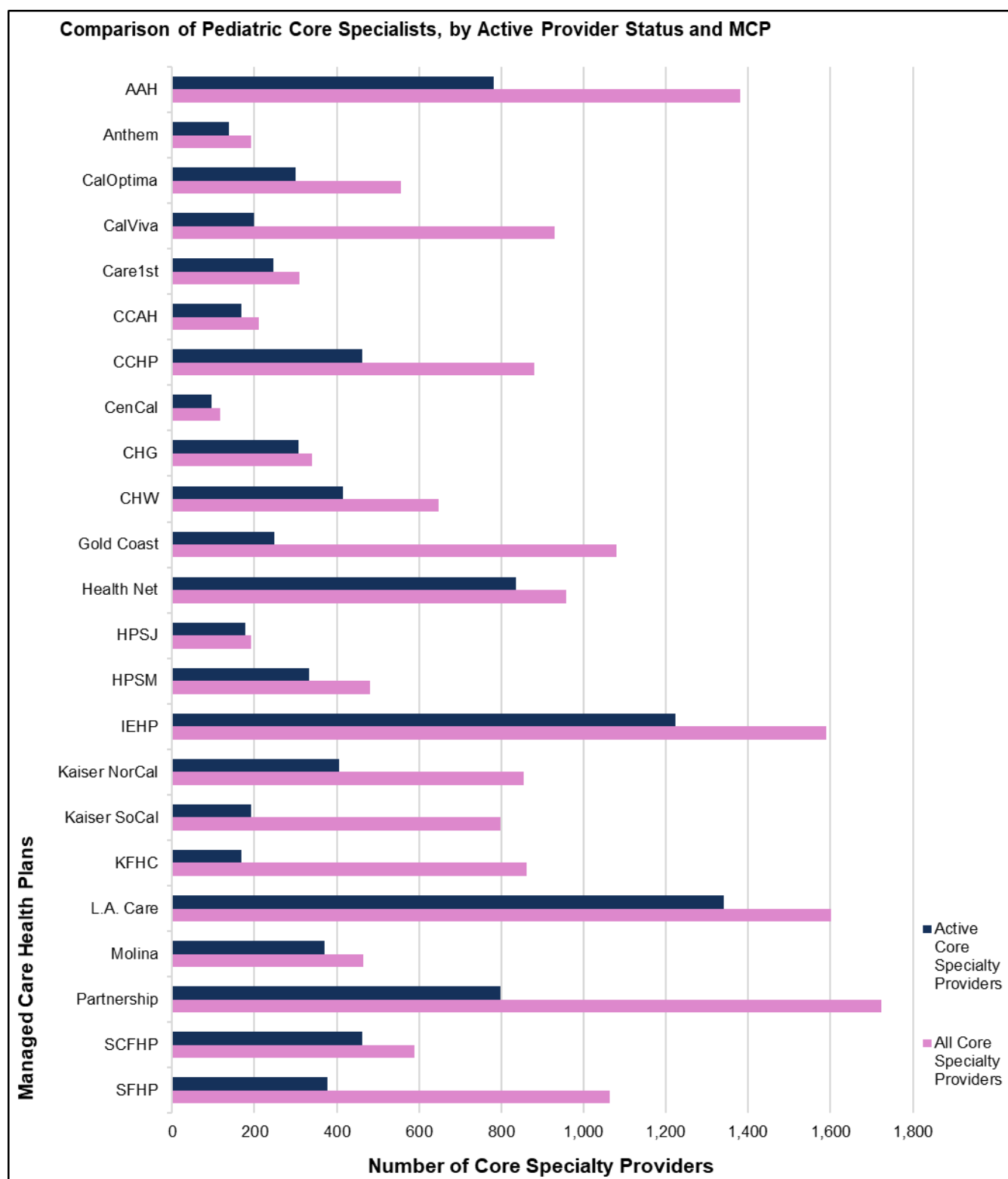
Figure 5.12—Comparison of Pediatric Core Specialists, by Active Provider Status and MCP, Excluding OB/GYN Providers

Comparison of Pediatric Core Specialtists, by Active Provider Status and MCP, Excluding OB/GYN Providers
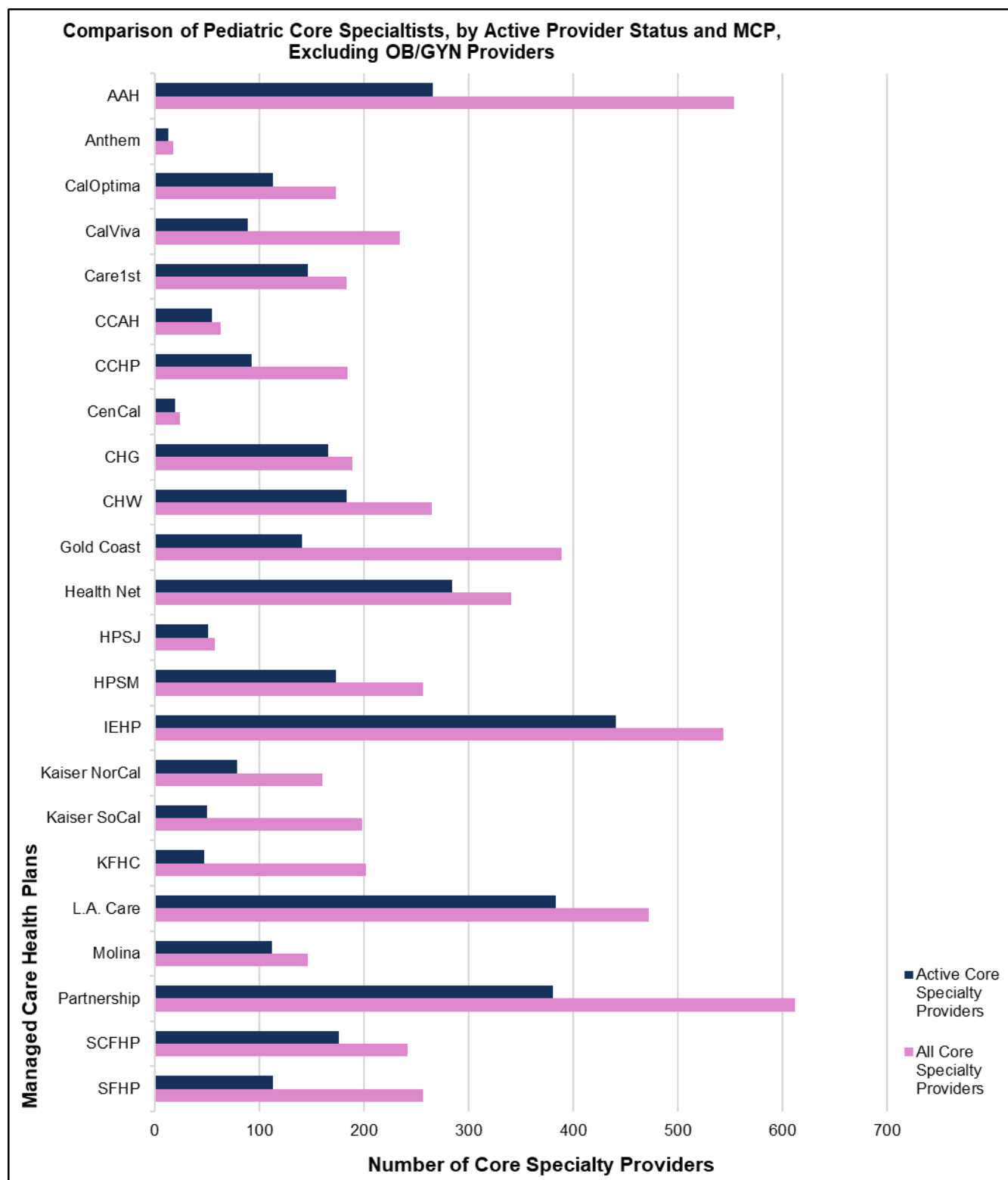
The key findings from Figure 5.11 and Figure 5.12 are listed below:

♦ Although not shown in the figures, the percentages of active pediatric core specialists statewide were similar both with and without OB/GYN providers. Including OB/GYN providers, approximately 56 percent of reported pediatric specialists were active, compared to approximately 62 percent when excluding OB/GYN providers.

♦ CHG and HPSJ consistently had the highest percentage of active pediatric specialists, with more than 90 percent of assessed pediatric specialists designated as active. Excluding OB/GYN providers, the same MCPs, plus CCAH, had at least 87 percent of pediatric providers active.

♦ CalViva, Gold Coast, KFHC, and Kaiser SoCal had the lowest active rates, with less than 25 percent of pediatric specialists active when including OB/GYN providers. Excluding OB/GYN providers, only KFHC and Kaiser SoCal had an active rate less than 30 percent.

Appendix B contains detailed MCP-specific and statewide provider counts for pediatric core specialty providers, by active status.

Facility-Based and Specialty Providers: Table 5.1 displays MCP-specific and statewide distribution of facility-based and specialty providers.

Table 5.1—Distribution of Facility-Based and Specialty Providers, by Provider Category and MCP

— Indicates that the rate is not available.

MCP	CBAS	FQHC	Home Health	Hospital, Inpatient	Hospital, Outpatient	ICF	RHC	SNF
AAH	1.48%	9.70%	14.14%	9.92%	52.95%	0.21%	—	11.60%
Anthem	2.09%	16.62%	5.07%	5.41%	48.11%	—	10.54%	12.16%
Cal Optima	6.94%	3.79%	14.83%	14.83%	29.34%	0.95%	—	29.34%
CalViva	0.94%	7.98%	5.16%	15.26%	26.76%	—	12.68%	31.22%
Care1st	1.59%	10.58%	7.41%	4.23%	62.96%	—	—	13.23%
CCAH	1.38%	9.31%	4.48%	6.90%	61.38%	0.34%	5.86%	10.34%
CCHP	—	3.38%	23.94%	17.18%	15.21%	—	—	40.28%
CenCal	1.50%	18.80%	10.53%	7.52%	33.83%	11.28%	—	16.54%
CHG	4.17%	26.39%	11.57%	6.94%	27.31%	—	—	23.61%
CHW	1.09%	6.95%	3.94%	3.85%	67.59%	—	6.20%	10.39%
Gold Coast	0.04%	1.12%	1.16%	4.61%	91.98%	0.04%	—	1.03%
Health Net	8.56%	18.33%	12.64%	5.54%	28.25%	—	2.56%	24.13%

MCP	CBAS	FQHC	Home Health	Hospital, Inpatient	Hospital, Outpatient	ICF	RHC	SNF
HPSJ	—	18.71%	3.74%	4.42%	60.54%	—	7.48%	5.10%
HPSM	3.23%	2.42%	12.50%	5.65%	43.55%	0.40%	—	32.26%
IEHP	1.70%	6.20%	13.24%	16.77%	37.18%	3.04%	0.97%	20.90%
Kaiser NorCal	—	—	23.75%	21.07%	6.13%	—	—	49.04%
Kaiser SoCal	—	—	6.04%	69.13%	10.74%	0.67%	—	13.42%
KFHC	—	1.78%	0.46%	5.28%	91.17%	0.05%	0.25%	1.02%
L.A. Care	0.04%	2.05%	3.95%	6.37%	84.75%	0.08%	—	2.77%
Molina	3.25%	6.70%	11.83%	5.55%	56.75%	—	0.52%	15.39%
Partnership	0.41%	3.52%	4.37%	4.82%	78.25%	—	0.49%	8.14%
SCFHP	2.42%	—	17.39%	4.83%	50.24%	—	—	25.12%
SFHP	0.41%	1.29%	3.08%	3.63%	83.54%	—	—	8.05%
Statewide	**1.57%**	**6.17%**	**6.23%**	**6.81%**	**65.83%**	**0.24%**	**1.85%**	**11.30%**

The key findings from Table 5.1 are listed below:

♦ Of the facility-based and specialty providers assessed, outpatient hospital represented the most commonly reported category at approximately 66 percent. However, CCHP, Kaiser NorCal, and Kaiser SoCal all reported 15 percent or less of their facility-based and specialty providers as outpatient hospital.

♦ CHG reported the highest percentage of FQHC at approximately 26 percent.

♦ Of the 10 MCPs that reported ICFs, eight reported three or fewer.

♦ Kaiser SoCal reported the largest percentage of inpatient hospital at approximately 69 percent, which is much higher than the statewide average of approximately 7 percent.

♦ Some MCPs report multiple specialties for a given provider. Anthem reported the highest average number of specialties per provider.

Appendix B contains additional detail on the number of specialties per provider as well as MCP-specific and statewide provider counts for facility-based and specialty providers, by MCP and active status.

Figure 5.13 displays MCP-specific and statewide distribution of active facility-based and specialty providers.

Figure 5.13—Comparison of Facility-Based and Specialty Providers, by MCP and Active Status

Comparison of Facility-Based and Specialty Providers, by MCP and Active Provider Status
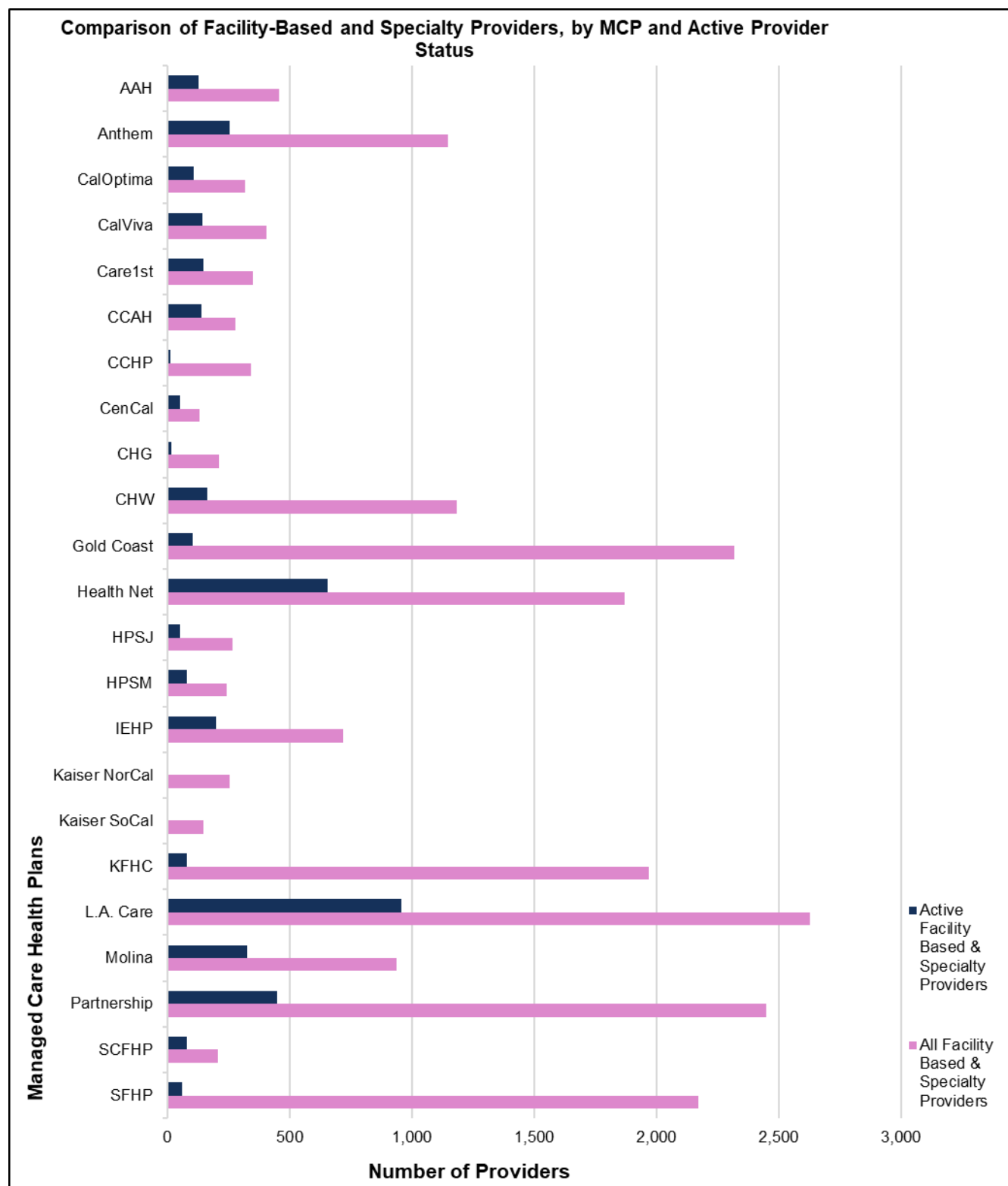
The key findings from Figure 5.13 are listed below:

♦ Although not displayed in the figure, approximately 20 percent of reported facility-based and specialty providers were active statewide.

♦ CCAH had the highest rate of active facility-based and specialty providers, at approximately 51 percent. CCAH was the only MCP with more than 50 percent of reported facility-based and specialty providers active.

♦ Kaiser NorCal, Kaiser SoCal, and SFHP had the lowest rates of facility-based and specialty providers active, with active rates less than 3 percent.

Appendix B contains detailed MCP-specific and statewide provider counts for facility-based and specialty providers, by MCP and active status.

Figure 5.14 shows the comparison between two different methodologies to determine all adult and pediatric PCPs, by MCP and active status. One method used the PCP flag, which MCPs used to flag providers who met PCP criteria. The second method used agreed-upon taxonomy codes that defined adult and pediatric PCPs.

Figure 5.14—Comparison of Active PCPs Using PCP Flag and Taxonomy, by MCP

Comparison of Active PCPs Using PCP Flag and Taxonomy, by MCP
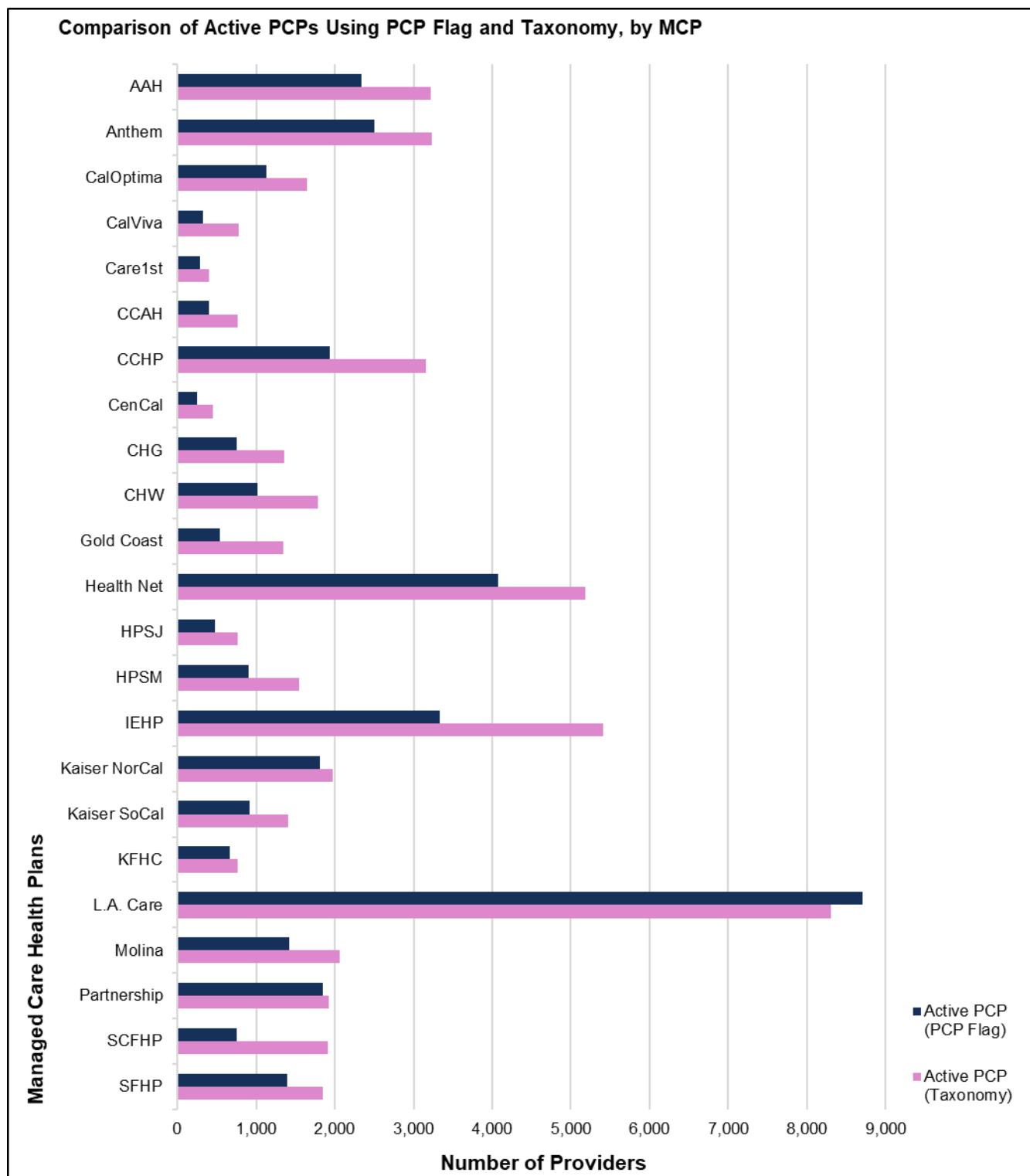
The key finding from Figure 5.14 is listed below:

♦ For all MCPs except L.A. Care, more active PCPs were identified using taxonomy codes than using the PCP flag. L.A. Care had 400 more active PCPs identified using the PCP flag than using taxonomy codes.

Additionally, as presented in Appendix B (Table B.23), HSAG performed a comparison of facility-based and specialty providers, by active status and MCP. The key findings are listed below:

♦ All MCPs excluding CCHP, CHW, Gold Coast, SCFHP, and SFHP had higher active rates for PCPs identified using the PCP flag than PCPs identified using taxonomy codes.
♦ Except for CalOptima and CalViva, MCPs had comparable active rates across PCPs identified using the PCP flag and using the taxonomy codes. For both these MCPs, a considerably lower active rate was found when identifying PCPs using taxonomy codes.

Provider Penetration Rate

HSAG used provider 274 data provided by DHCS and the CMB data to develop a summary of the provider penetration rate statewide. Specifically, HSAG investigated the percentage of medical providers (i.e., medical doctors [MDs] or osteopathic doctors [DOs]) within the State of California who were contracted with at least one MCP. Due to limitations of the two datasets and the inability to link providers by medical license ID, HSAG only assessed provider penetration rates at the statewide level, not by MCP. Additionally, due to limitations and lack of alignment with the way provider specialties were collected in the provider 274 data and the CMB data, HSAG limited this analysis to a statewide summary of all medical providers in lieu of analyses by provider category.

Table 5.2 displays the percentage of medical providers licensed by the CMB that contract with at least one MCP.

Table 5.2—Percentage of Licensed CMB Providers That Contracted with at Least One MCP, by Active Status

MCP	MCP Enrolled Providers	MCP Active Providers	CMB Providers	MCP Enrolled Providers (%)	MCP Active Providers (%)
Statewide	74,970	63,285	117,697	63.7%	53.8%

The key findings from Table 5.2 are listed below:

♦ Of all medical providers licensed with the CMB, approximately 64 percent were contracted with at least one MCP.

♦   Of the medical providers licensed with the CMB, approximately 54 percent were actively providing services to beneficiaries of at least one MCP.

Provider-to-Beneficiary Ratios

To assess the capacity of the MCPs' provider networks, HSAG calculated the provider-to-beneficiary ratios for PCPs and all physicians and the PCP to NP and PA ratios. The results presented here are based on December 2017 data. Different methodologies were used to identify PCPs and total physicians, but only PCPs and total physicians identified via taxonomy codes are presented here. Results for additional mechanisms to identify PCPs are available upon request. HSAG assessed the changes in provider counts over time but did not note substantial changes over time.[25] Note that the graphs represent the ratio of the number of providers to the number of beneficiaries. Thus, smaller values represent greater provider availability and access.

Figure 5.15 displays the distribution of ratios of PCPs-to-beneficiaries, by MCP and by provider active status, using proportional and equal FTE adjustments.

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[25] Trend results are available upon request.

Figure 5.15—Distribution of Ratios of PCPs-to-Beneficiaries, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments

Distribution of Ratios of PCPs-to-Beneficiaries, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments
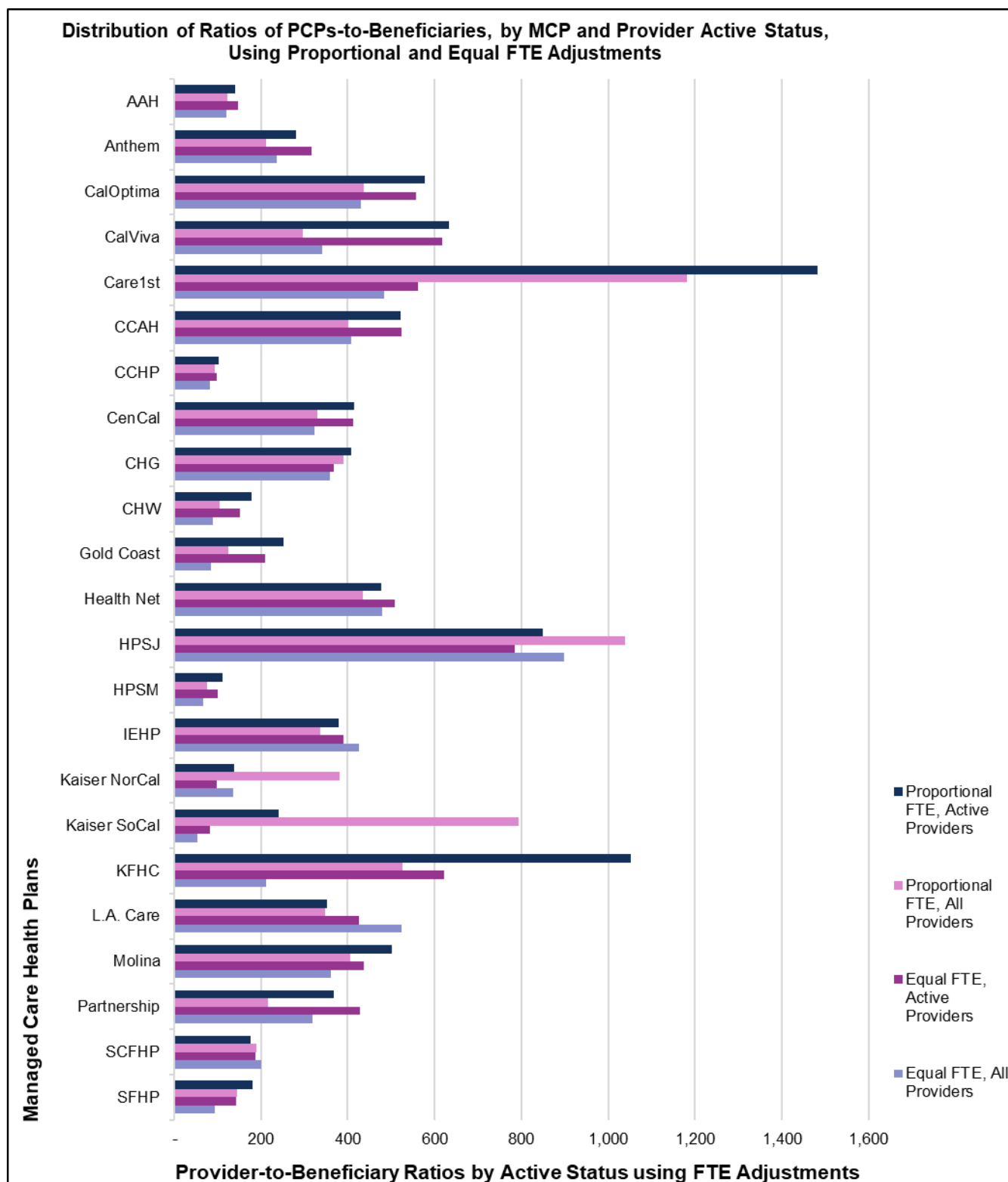
The key findings from Figure 5.15 are listed below:

♦ Regardless of the ratio type and a PCP's active status, all MCPs met the standard of one PCP to 2,000 beneficiaries.

♦ Care1st had the highest proportional adjustment ratio for all PCPs and for active PCPs, at approximately one PCP to 1,180 beneficiaries and one active PCP to 1,483 beneficiaries, respectively.

♦ HPSM had the lowest proportional adjustment for all PCPs, at approximately one PCP to 76 beneficiaries. Kaiser SoCal had the lowest equal FTE adjustment ratio for all PCPs, at approximately one PCP to 55 beneficiaries.

♦ CCHP, HPSM, and Kaiser NorCal had the lowest ratios for equal FTE adjustment for active PCPs, at approximately one active PCP to 100 beneficiaries.

♦ CCHP had the lowest ratio for proportional adjustment for active PCPs, at approximately one PCP to 103 beneficiaries.

Appendix B contains detailed MCP-specific and statewide ratios of PCPs-to-beneficiaries for proportional and equal FTE adjustments, as well as unadjusted ratios, by PCP taxonomy and PCP flag.

Figure 5.16 displays the distribution of ratios of total physicians-to-beneficiaries, by MCP and by provider active status, using proportional and equal FTE adjustments.

Figure 5.16—Distribution of Ratios of Total Physicians-to-Beneficiaries, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments

Distribution of Ratios of Total Physicians-to-Beneficiaries, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments
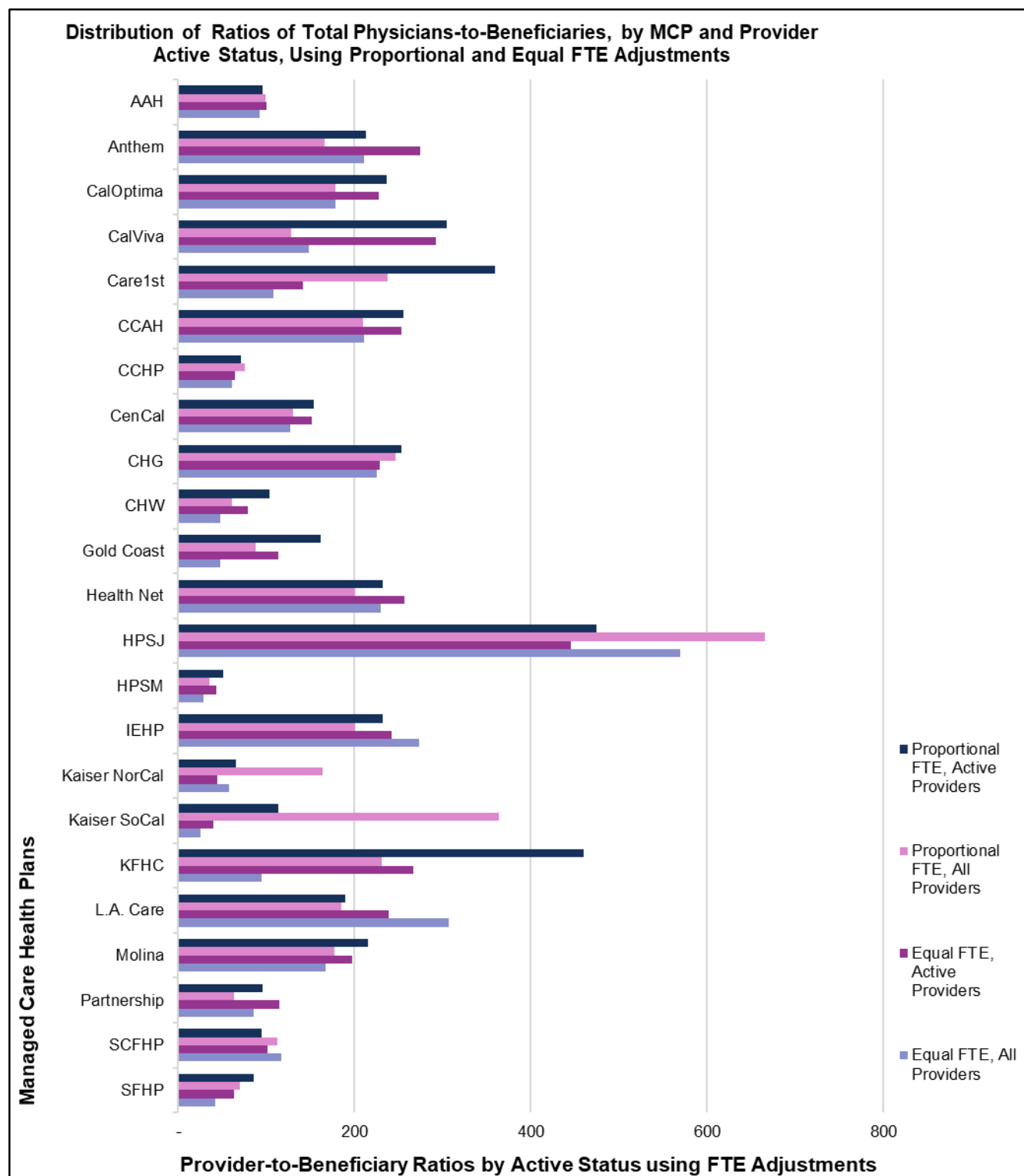
The key findings from Figure 5.16 are listed below:

♦ Regardless of the ratio type and a physician's active status, all MCPs met the standard of one physician to 1,200 beneficiaries.

♦ Kaiser SoCal and HPSM had the lowest ratios for equal FTE adjustment for both all and active physicians. For all physicians, the ratio was one physician to about 25 beneficiaries and one physician to about 29 beneficiaries, respectively. For active physicians, the ratio was one physician to about 40 beneficiaries and one physician to about 43 beneficiaries, respectively.

♦ HPSM also had the lowest ratios for proportional adjustments for both all and active physicians. The ratios were one physician to about 35 beneficiaries and one active physician to about 51 beneficiaries.

♦ HPSJ had the highest ratio for equal FTE adjustment for both all and active physicians. For all physicians, the ratio was one physician to about 569 beneficiaries; for active physicians, the ratio was one physician to about 445 beneficiaries.

♦ HPSJ also had the highest ratios for proportional adjustments for both all and active physicians. For all physicians, the ratio was one physician to about 665 beneficiaries; for active physicians, the ratio was one physician to about 474 beneficiaries.

Appendix B contains detailed MCP-specific and statewide ratios of total physicians-to-beneficiaries for proportional and equal FTE adjustments, as well as unadjusted ratios and total physicians determined by MD license.

Table 5.3 displays the ratios of PCPs and total physicians-to-beneficiaries for active status providers, using proportional and equal FTE adjustments.

Table 5.3—Ratios of PCPs and Total Physicians-to-Beneficiaries for Active Status Providers, Using Proportional and Equal FTE Adjustments

Provider Category	Rural	Small	Medium	Large
Primary Care Physicians (PCP flag)				
Equal FTE Adjustment	350.14	691.28	529.89	383.11
Proportional Adjustment	370.30	744.45	615.80	365.75
Primary Care Physicians (taxonomies)				
Equal FTE Adjustment	281.95	456.72	341.39	308.89
Proportional Adjustment	326.99	493.81	390.59	291.17
All Physicians (taxonomies)				
Equal FTE Adjustment	111.83	217.51	165.22	170.90
Proportional Adjustment	131.22	246.45	183.97	158.31
All Physicians (MD license)				
Equal FTE Adjustment	102.70	215.62	164.57	162.74
Proportional Adjustment	135.47	237.27	188.71	149.99

The key finding from Table 5.3 is listed below:

♦ Regardless of the ratio type (equal FTE or proportional adjustment), type of physician, or how the physicians are identified, the ratio of PCPs or all physicians to beneficiaries is highest for small urbanicity regions.

Figure 5.17 displays the distribution of ratios of total PCPs-to-NPs, by MCP and by provider active status, using proportional and equal FTE adjustments.

Figure 5.17—Distribution of Ratios of Total PCPs-to-NPs, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments

Distribution of Ratios of Total PCPs-to-NPs, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments
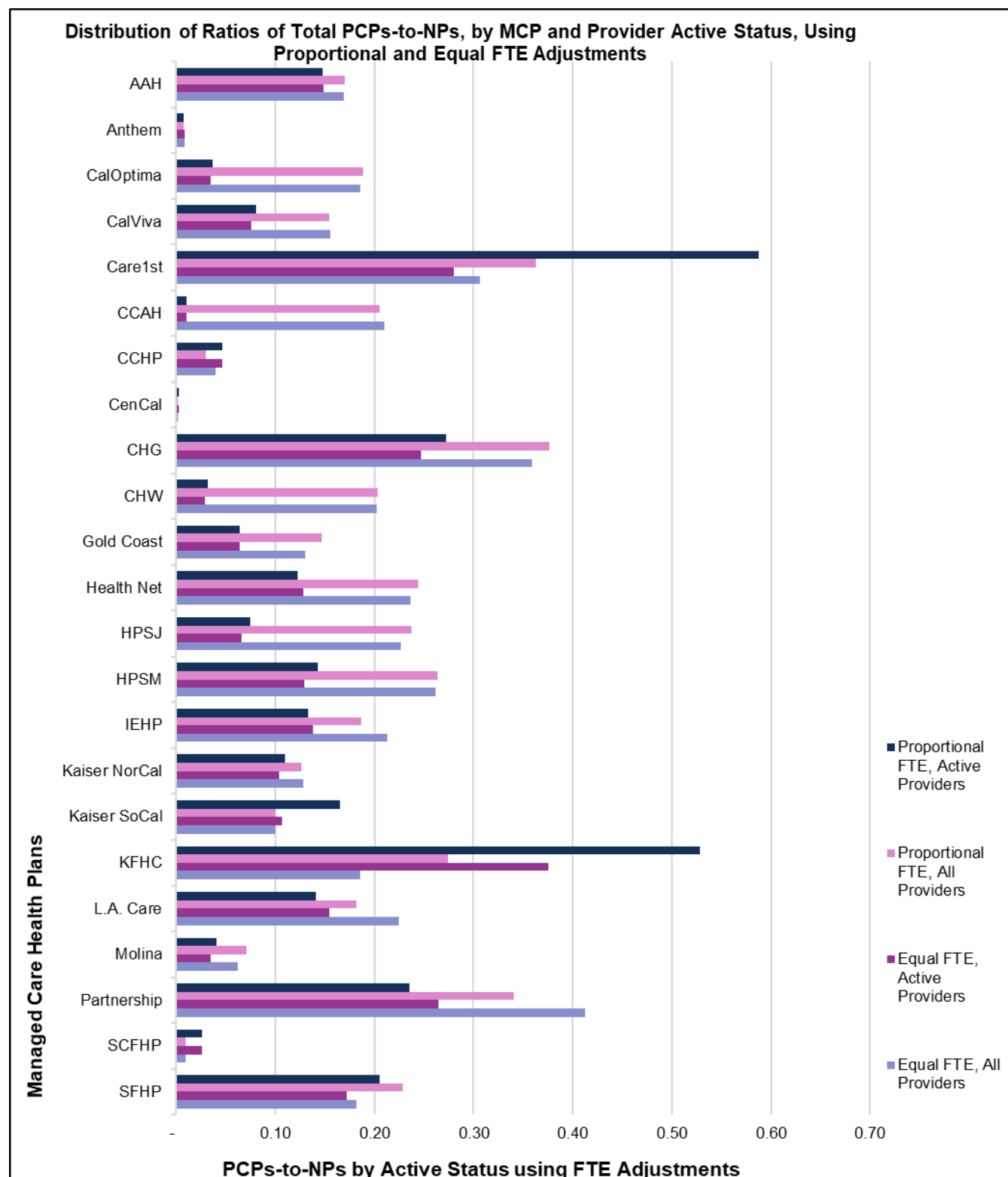
The key findings from Figure 5.17 are listed below:

♦ Regardless of the ratio type and a provider's active status, all MCPs met the standard of one PCP to four NPs.

♦ The number of PCPs is substantially larger than the number of NPs across all MCPs. All PCP-to-NP ratios were one PCP to approximately 0.6 nurse practitioners or less.

♦ There were very minimal changes between proportional and equal FTE adjustment ratios for both all and active providers.

♦ Although there were minimal changes across the different ratio analyses, active provider ratios for both equal FTE and proportional adjustments tended to be slightly better, with 19 and 18 MCPs, respectively, having a ratio of one PCP to 0.2 NPs or less. This is compared to equal FTE and proportional adjustments both having 14 MCPs with a ratio of one PCP to 0.2 NPs or less when looking at all providers.

Appendix B contains detailed MCP-specific and statewide ratios of PCPs-to-NPs for proportional and equal FTE adjustments, as well as unadjusted ratios.

Figure 5.18 displays the distribution of ratios of total PCPs-to-PAs, by MCP and by provider active status, using proportional and equal FTE adjustments.

Figure 5.18—Distribution of Ratios of Total PCPs-to-PAs, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments

Distribution of Ratios of Total PCPs-to-PAs, by MCP and Provider Active Status, Using Proportional and Equal FTE Adjustments
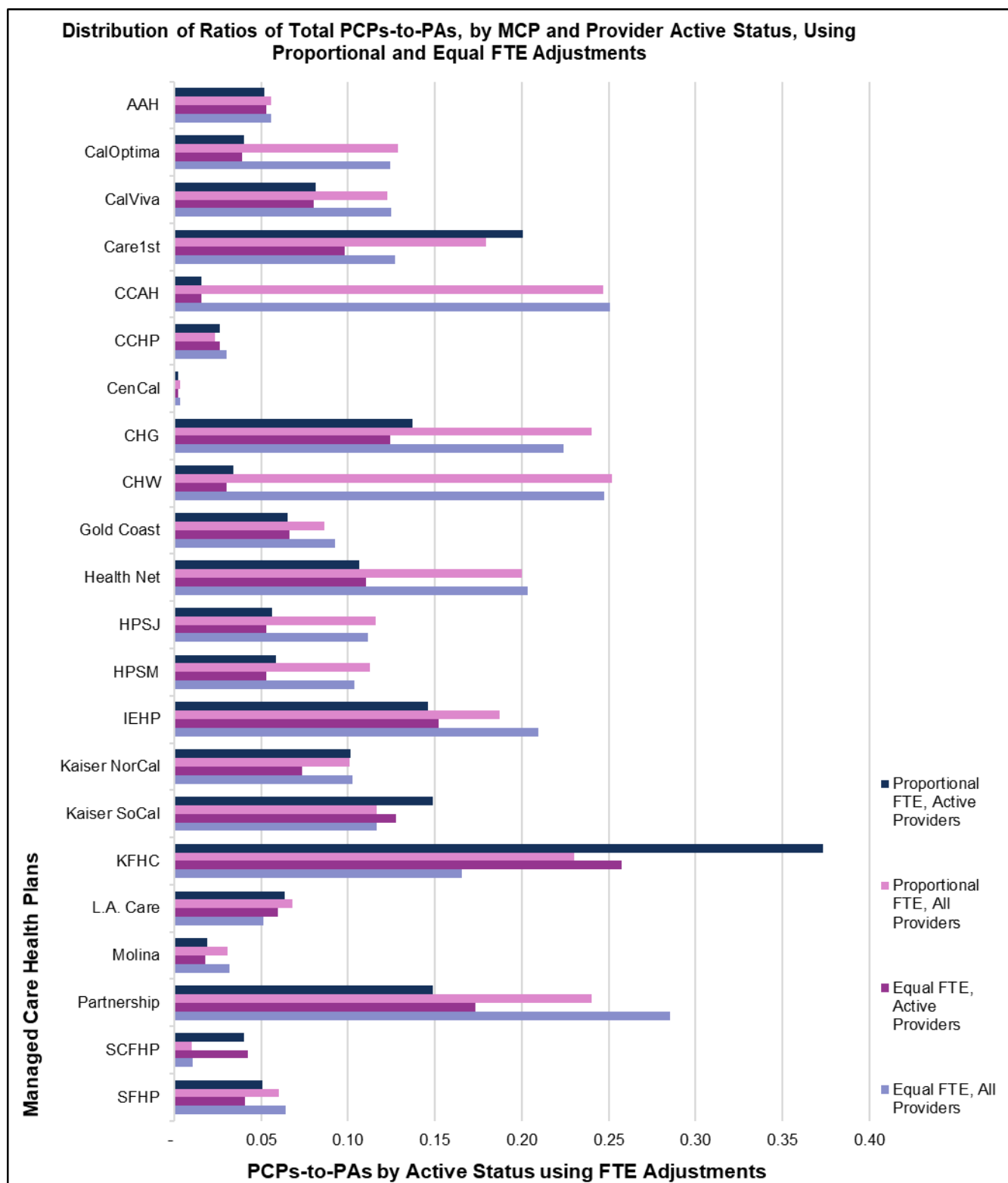
The key findings from Figure 5.18 are listed below:

♦ Regardless of the ratio type and a provider's active status, all MCPs met the standard of one PCP to no more than four PAs. Anthem was the only MCP that did not report any PAs, which still meets the standard of no more than four.

♦ The number of PCPs is substantially larger than the number of PAs across all MCPs. All PCP-to-PA ratios were one PCP to approximately 0.4 PAs or less.

♦ There were very minimal changes between proportional and equal FTE adjustment ratios for both all and active providers.

♦ Although there were minimal changes across the different ratio analyses, active provider ratios for both equal FTE and proportional adjustments tended to be slightly better than all PCPs, both having 21 MCPs with a ratio of one PCP to 0.2 PAs or less. This is compared to equal FTE and proportional adjustment ratios both having 17 MCPs with a ratio of one PCP to 0.2 PAs or less when looking at all providers.

Appendix B contains detailed MCP-specific and statewide ratios of PCPs-to-PAs for proportional and equal FTE adjustments, as well as unadjusted ratios, by PCP taxonomy and PCP flag.

Table 5.4 displays the ratios of PCPs to non-physician medical practitioners for active status providers, using proportional and equal FTE adjustments.

Table 5.4—Ratios of PCPs-to-Non-Physician Medical Practitioners for Active Status Providers, Using Proportional and Equal FTE Adjustments

Provider Category	Rural	Small	Medium	Large
Nurse Practitioners (PCP flag)				
Equal FTE Adjustment	0.17	0.16	0.17	0.14
Proportional Adjustment	0.18	0.16	0.19	0.14
Nurse Practitioners (taxonomies)				
Equal FTE Adjustment	0.12	0.10	0.11	0.11
Proportional Adjustment	0.14	0.10	0.11	0.11
Physician Assistants (PCP flag)				
Equal FTE Adjustment	0.15	0.16	0.14	0.07
Proportional Adjustment	0.16	0.15	0.15	0.07
Physician Assistants (taxonomies)				
Equal FTE Adjustment	0.10	0.10	0.09	0.06
Proportional Adjustment	0.12	0.10	0.09	0.06

The key findings from Table 5.4 are listed below:

♦ The ratio of PCPs to non-physician medical practitioners was very small for both NPs and PAs, regardless of whether the equal or proportional method of FTE adjustment was used or whether PCPs were identified using the PCP flag or taxonomy codes.

♦ Generally, the ratio of PCPs to non-physician medical practitioners was lower in the large urbanicity regions compared to other urbanicity regions, likely due to the greater number of PCPs in these regions.

Beneficiary and Provider Urbanicity Distribution

HSAG used beneficiary enrollment data and provider 274 data provided by DHCS to identify the proportion of an MCP's beneficiaries who reside in a region with a given level of urbanicity as well as the proportion of providers practicing in a region with a given level of urbanicity. A side-by-side comparison of the relative distribution of beneficiaries and providers across varying levels of urbanicity can provide high-level indications of where providers are less prevalent and where access to care may be limited.

The results of such comparisons are not conclusive; they should only be interpreted as suggestive and should only be used as possible indicators of where additional research and investigation may be necessary to identify possible provider access issues. Direct comparisons between beneficiary and provider urbanicity distributions can be problematic when an MCP codes a significant portion of providers as providing services across multiple—and sometimes all—regions served by the MCP. In some cases, this multiple-region coding may accurately reflect that a provider allocates his or her time equally across multiple urbanicity regions, but in other cases claim and encounter data do not support this interpretation. To minimize the effect of multiple-region coding in the provider 274 data, HSAG assigned providers to MCP regions for which services had been actively provided as evidenced by the existence of a claim or encounter in that MCP region.

The figures below display comparative distributions of beneficiary and active adult PCP providers for only the plans that serve regions that demonstrate diverse urbanicity. A table showing the distribution of beneficiary urbanicities, by MCP, can be found in Appendix B.

Figure 5.19 displays the sum of the percentage of beneficiaries, active adult core specialty providers, and all adult core specialty providers associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data are associated with a single urbanicity.

Figure 5.19—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult Core Specialty Providers
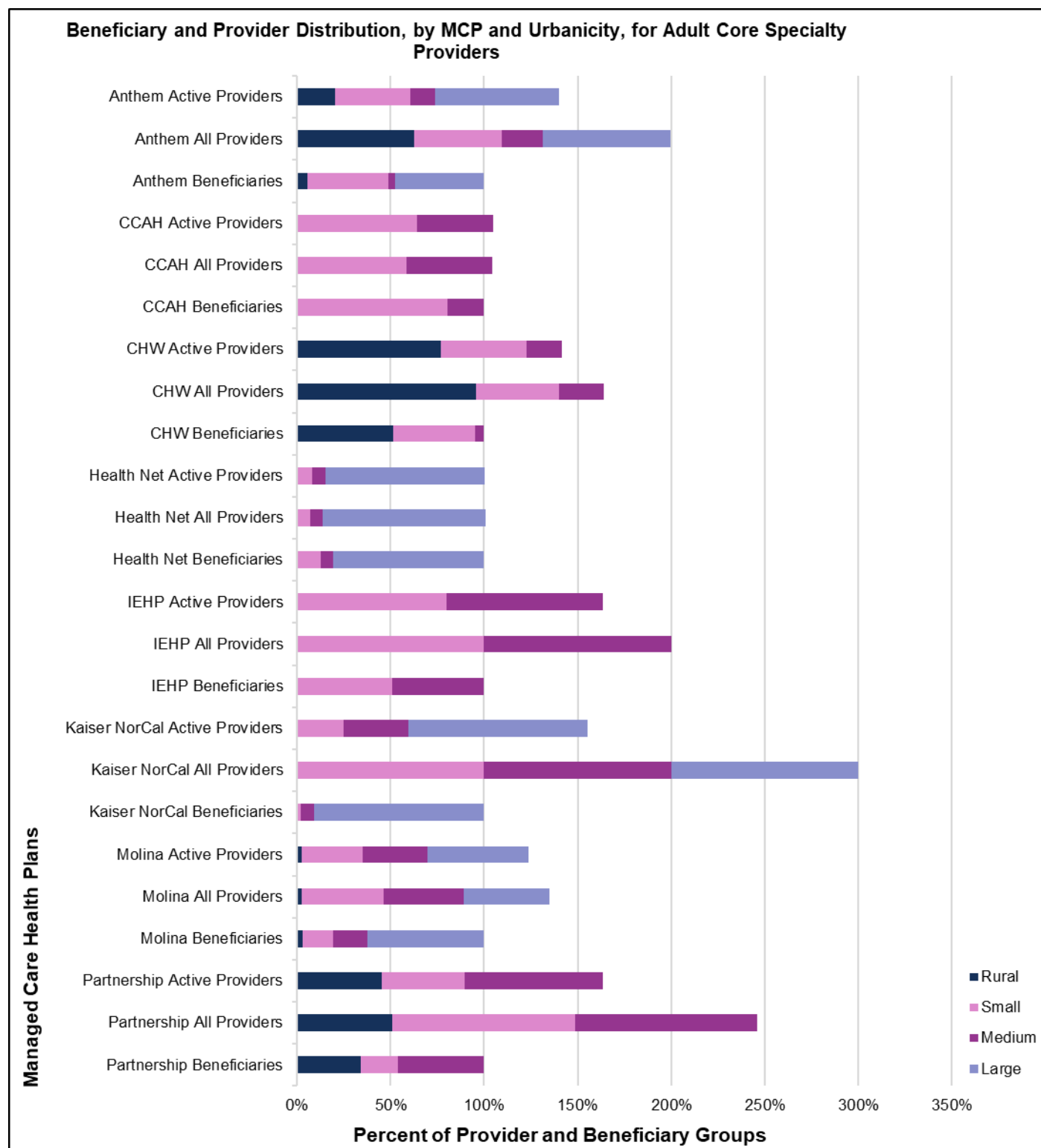
The key findings from Figure 5.19 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active adult core specialty providers and all adult core specialty providers providing care in multiple urbanicities as indicated by values totaling more than 100 percent.[26]

♦ The number of urbanicity regions per provider was demonstrably greater for all adult core specialty providers compared to active adult core specialty providers for Anthem, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few adult core specialty providers practicing across multiple urbanicities.

Figure 5.20 shows the distribution of beneficiaries and active adult core specialty providers for each multiple-urbanicity plan.

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[26] Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data are associated with a single urbanicity.

Figure 5.20—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult Core Specialty Providers, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult Core Specialty Providers, Scaled to 100 Percent
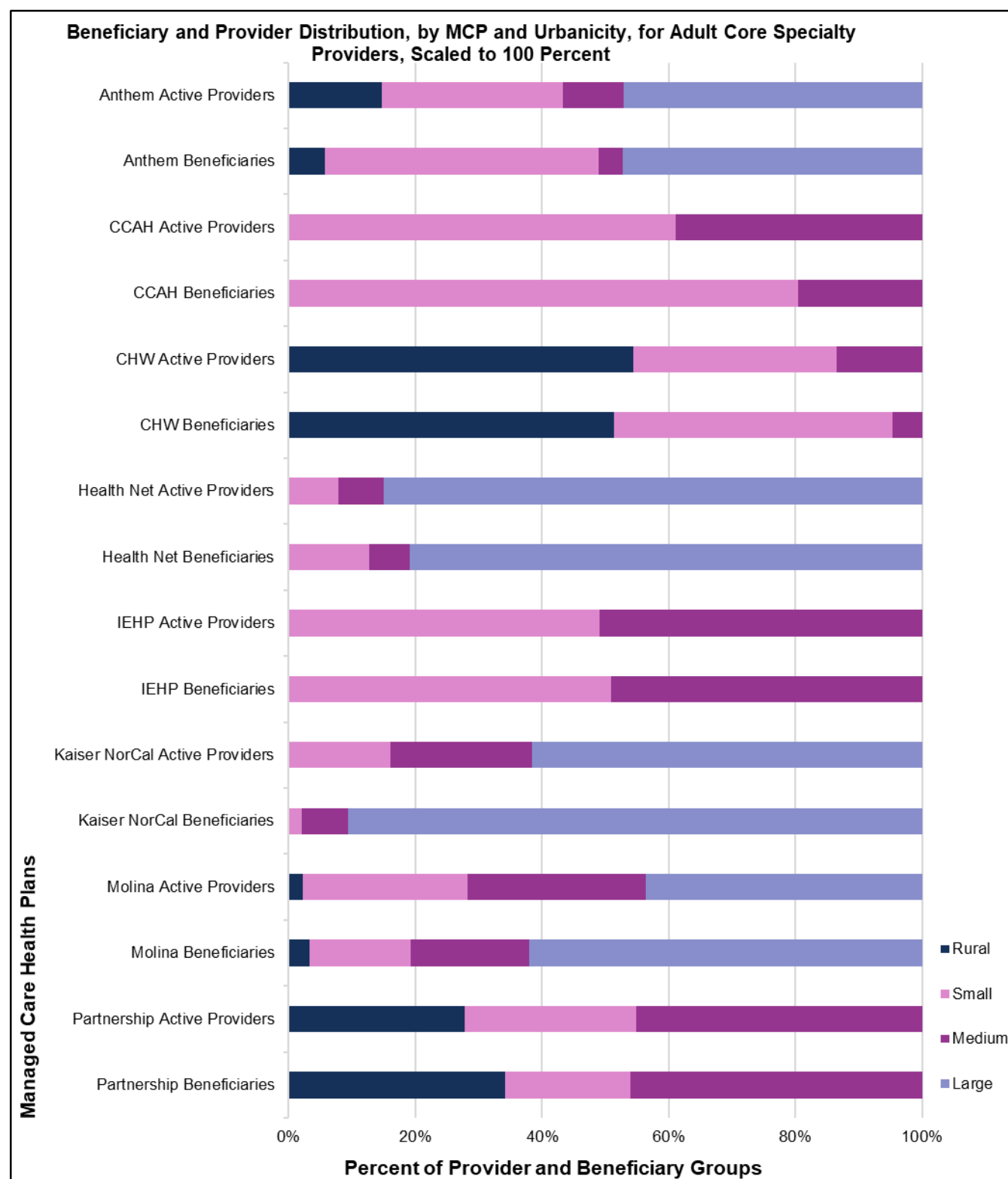
The key findings from Figure 5.20 are listed below:

♦ While the number of urbanicity regions per provider was relatively high for Anthem, CHW, IEHP, and Partnership, the distribution of urbanicity for beneficiaries was comparable to that of active adult core specialty providers.

♦ For CCAH, there was a greater proportion of beneficiaries in small urbanicity areas compared to active facility-based and specialty providers.

♦ Health Net demonstrated a comparable distribution of urbanicity for beneficiaries and active adult core specialty providers.

♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, a slightly greater proportion of providers were located in the more densely populated areas.

Figure 5.21 displays the sum of the percentage of beneficiaries, active adult PCPs, and all adult PCPs associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data are associated with a single urbanicity.

Figure 5.21—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult PCPs

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult PCPs
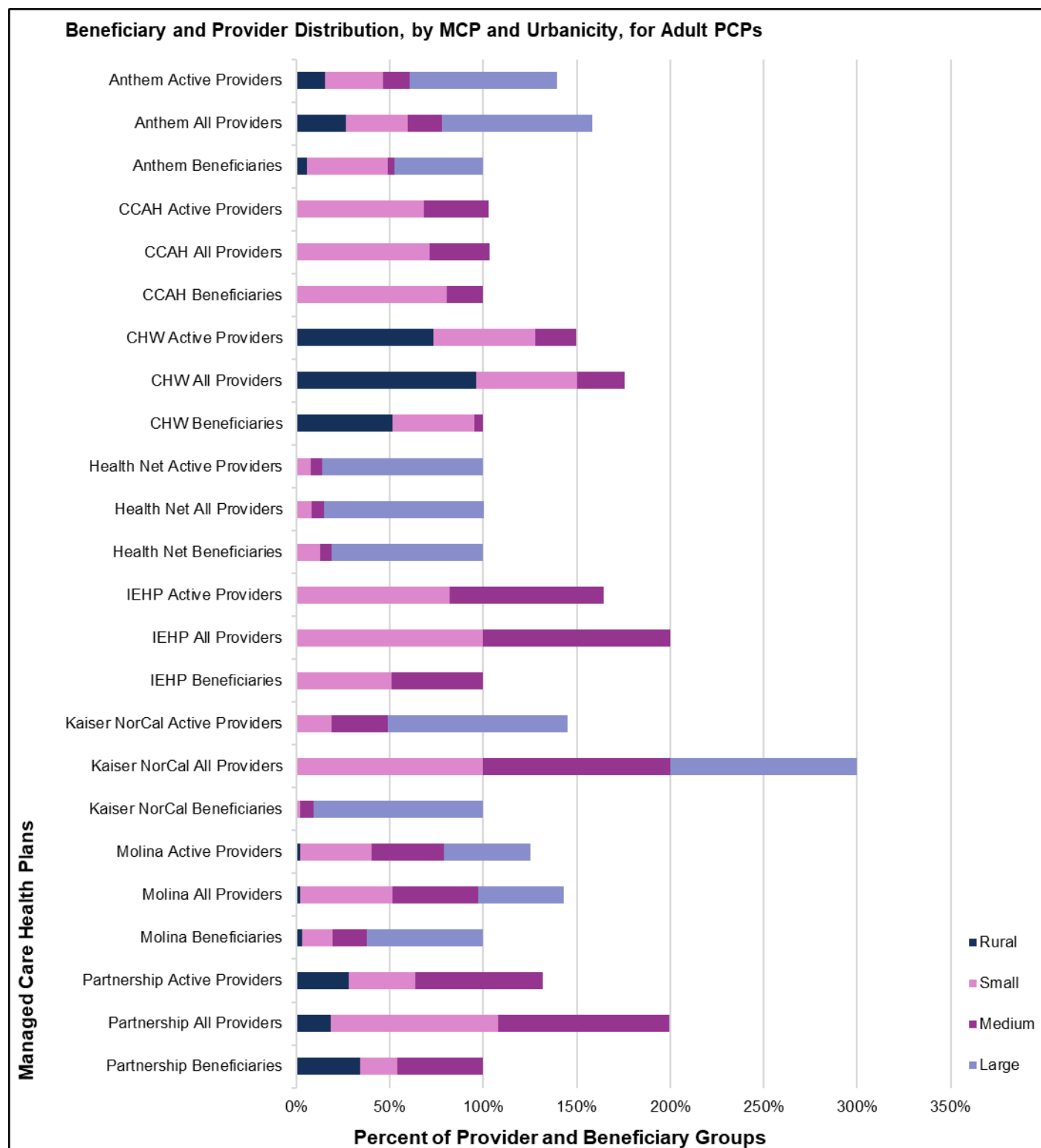
The key findings from Figure 5.21 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active adult PCPs and all adult PCPs providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all adult PCPs compared to active adult PCPs for CHW, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few adult PCPs practicing across multiple urbanicities.

Figure 5.22 shows the distribution of beneficiaries and active adult PCPs for each multiple-urbanicity plan.

Figure 5.22—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult PCPs, Scaled to 100 Percent
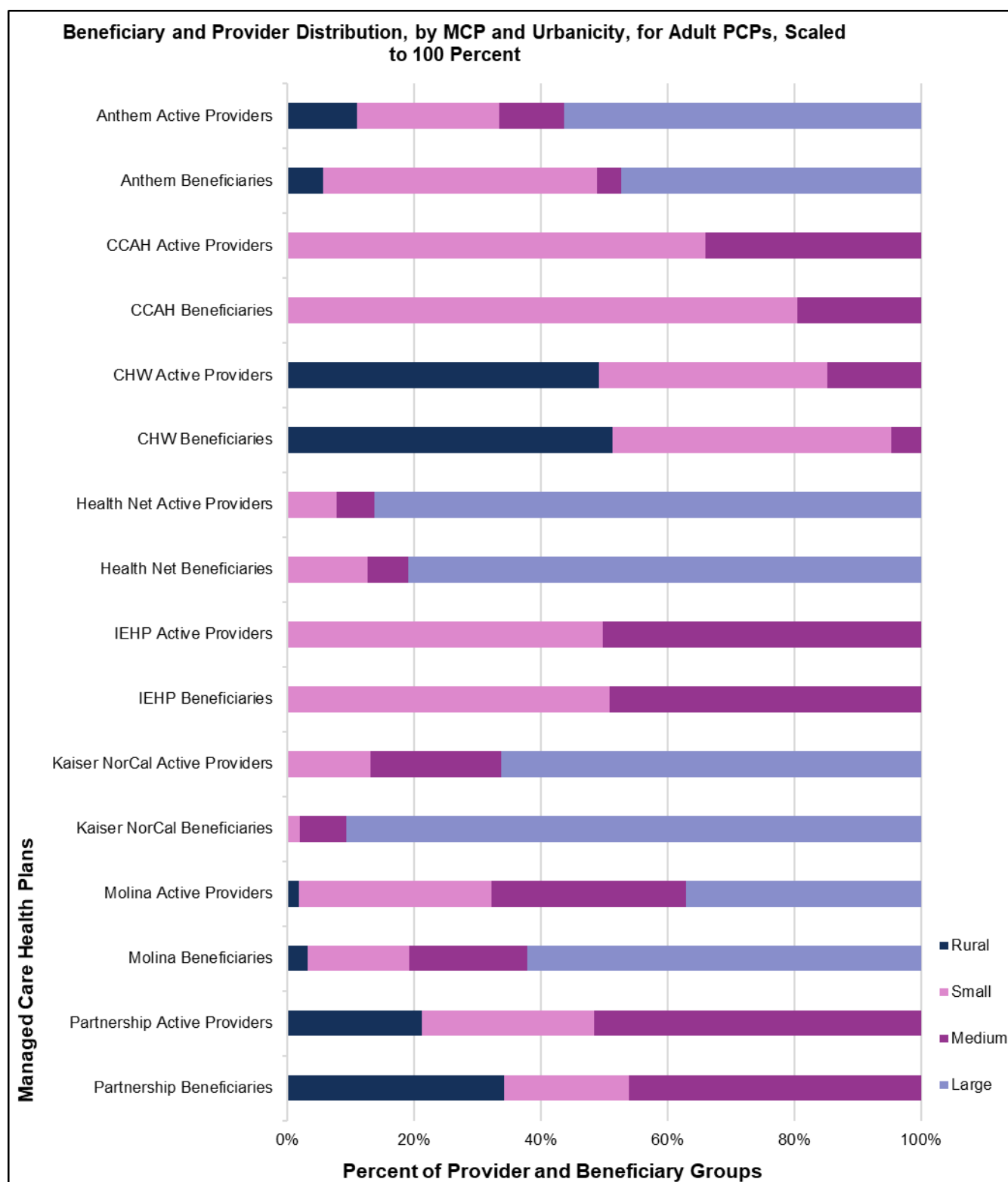
The key findings from Figure 5.22 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active adult PCPs for CHW, IEHP, and Partnership.

♦ There was a greater proportion of CCAH beneficiaries in small urbanicity areas compared to active facility-based and specialty providers.

♦ Health Net demonstrated a comparable distribution of urbanicity for beneficiaries and active adult PCPs.

♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, a slightly greater proportion of providers were located in the more densely populated areas.

Figure 5.23 displays the sum of the percentage of beneficiaries, active facility-based and specialty providers, and all facility-based and specialty providers associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.23—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Facility-Based and Specialty Providers

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Facility-Based and Specialty Providers
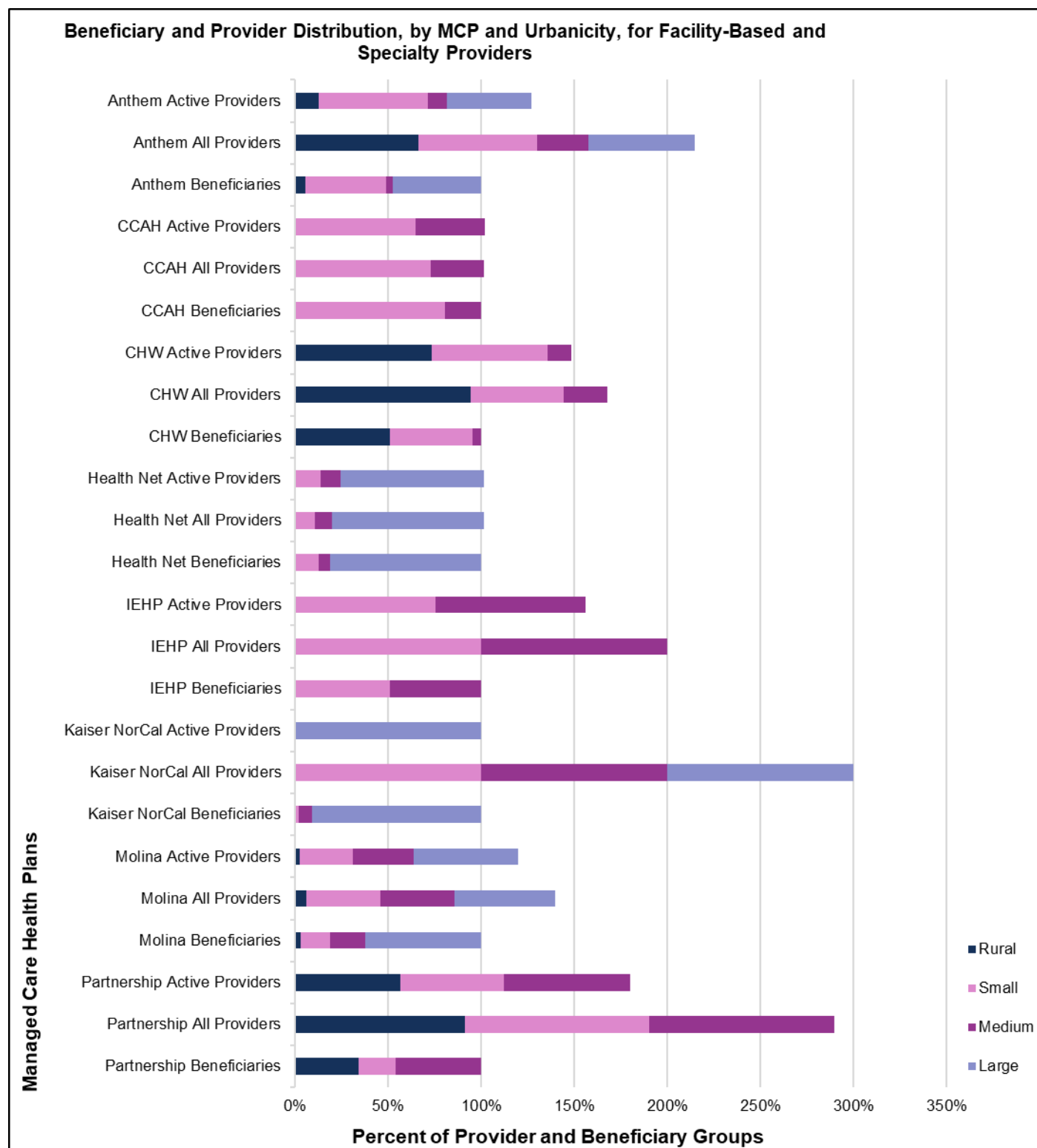
The key findings from Figure 5.23 are listed below:

♦ Anthem, CHW, IEHP, Molina, and Partnership demonstrated a large number of both active facility-based and specialty providers and all facility-based and specialty providers providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ The number of urbanicity regions per provider was demonstrably greater for all facility-based and specialty providers compared to active facility-based and specialty providers among Anthem, IEHP, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few facility-based and specialty providers practicing across multiple urbanicities.

♦ Kaiser NorCal demonstrated few facility-based and specialty providers practicing across multiple urbanicities and a large number of all facility-based and specialty providers practicing across multiple urbanicities.

Figure 5.24 shows the distribution of beneficiaries and active facility-based and specialty providers for each multiple-urbanicity plan.

Figure 5.24—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Facility-Based and Specialty Providers, Scaled to 100 Percent
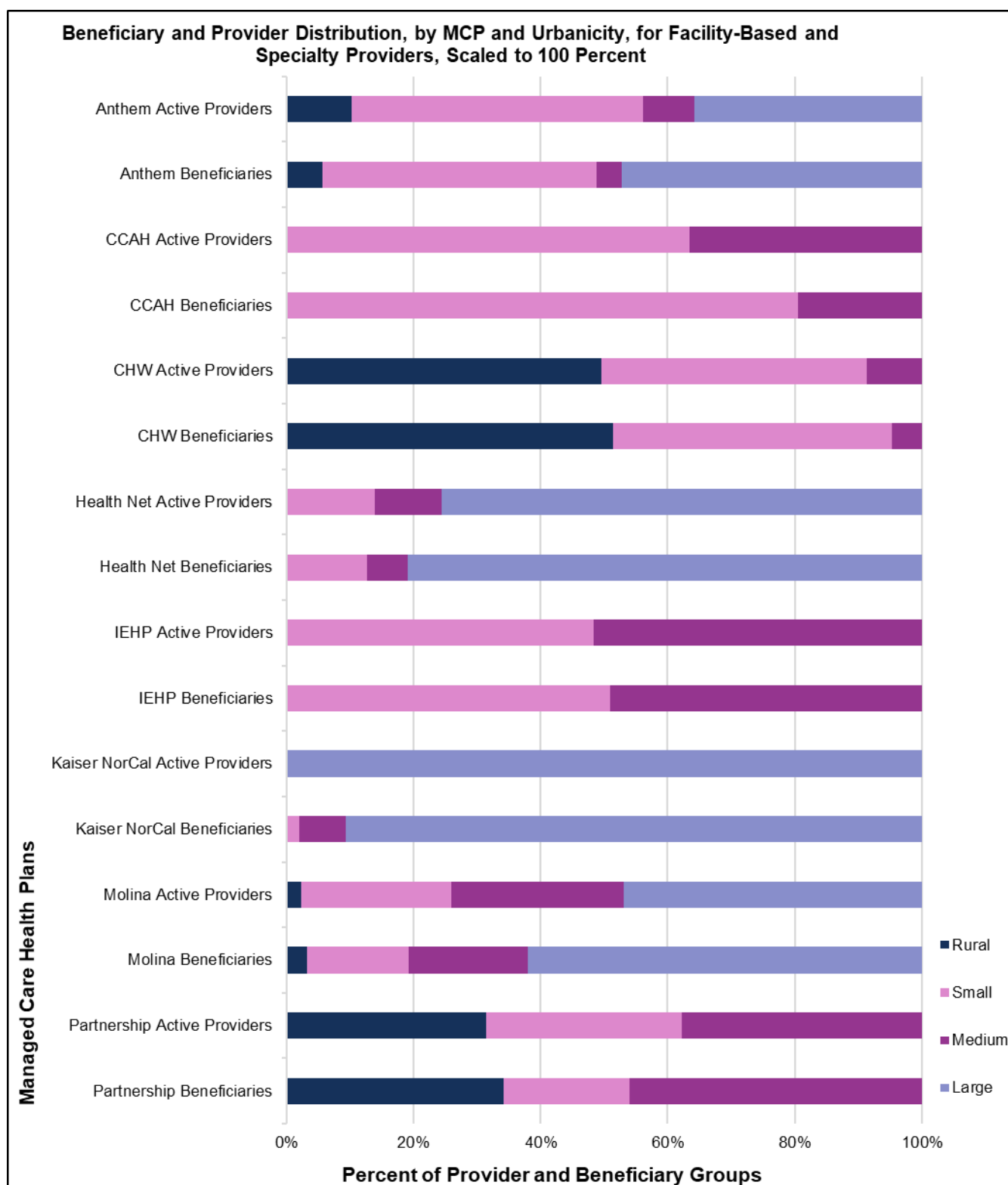
The key findings from Figure 5.24 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active facility-based and specialty providers for Anthem, CHW, IEHP, and Partnership.

♦ There was a greater proportion of CCAH beneficiaries in small urbanicity areas compared to active facility-based and specialty providers.

♦ Health Net demonstrated a comparable distribution of urbanicity for beneficiaries and active facility-based and specialty providers.

♦ All active facility-based and specialty providers for Kaiser NorCal were in large urbanicity areas, whereas the urbanicity distribution for beneficiaries showed a small proportion in both small and medium urbanicities.

♦ Where differences were observed, MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, generally displayed a slightly greater proportion of providers in the more densely populated areas.

Figure 5.25 displays the sum of the percentages of beneficiaries, active non-physician medical practitioners, and all non-physician medical practitioner providers associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data are associated with a single urbanicity.

Figure 5.25—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Non-Physician Medical Practitioners

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Non-Physician Medical Practitioners
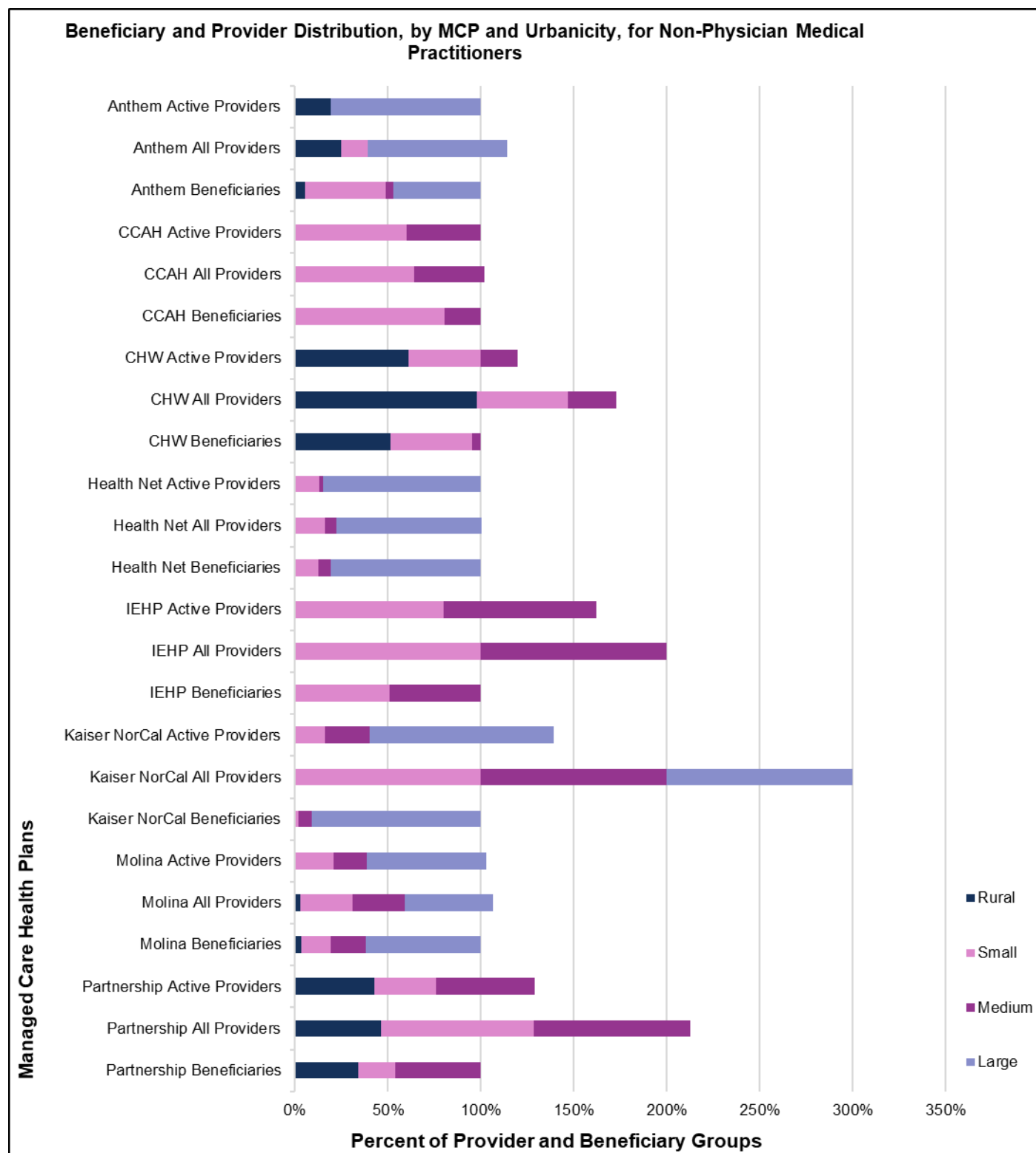
The key findings from Figure 5.25 are listed below:

♦ CHW, IEHP, Kaiser NorCal, and Partnership demonstrated a large number of both active non-physician medical practitioners and all non-physician medical practitioners providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all non-physician medical practitioners compared to active non-physician medical practitioners for CHW, Kaiser NorCal, and Partnership.

♦ CHW, IEHP, Kaiser NorCal, and Partnership demonstrated a large number of both active non-physician medical practitioners and all non-physician medical practitioners providing care in multiple urbanicities.

♦ Anthem, CCAH, Health Net, and Molina demonstrated few non-physician medical practitioners practicing across multiple urbanicities.

Figure 5.26 shows the distribution of beneficiaries and active non-physician medical practitioners for each multiple-urbanicity plan.

Figure 5.26—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Non-Physician Medical Practitioners, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Non-Physician Medical Practitioners, Scaled to 100 Percent
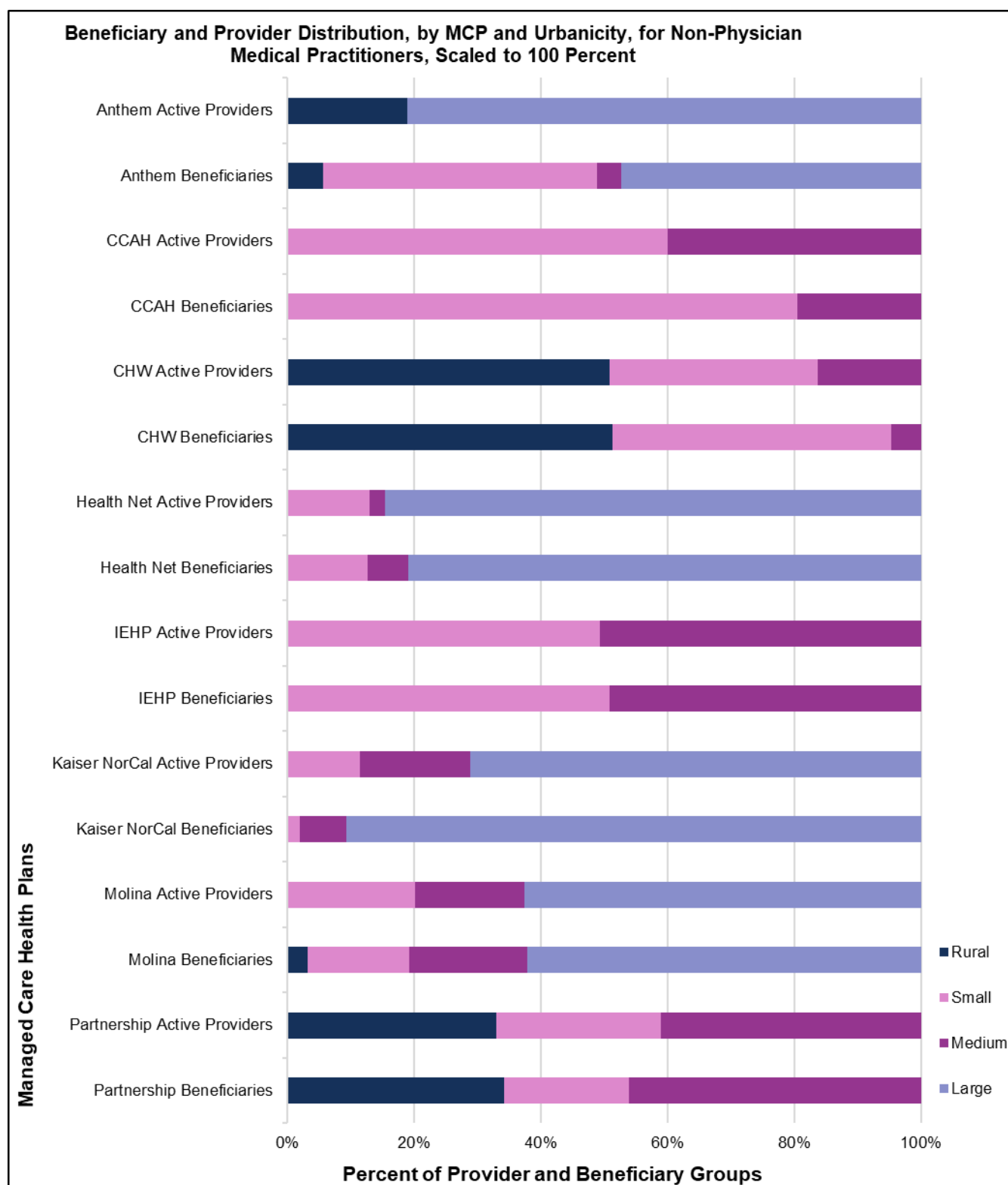
The key findings from Figure 5.26 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active non-physician medical practitioners for CHW, IEHP, and Partnership.

♦ Health Net and Molina demonstrated comparable distributions of urbanicity for beneficiaries and active non-physician medical practitioners, while Anthem and CCAH demonstrated differing distributions of urbanicity for beneficiaries and active non-physician medical practitioners.

♦ For the MCPs that had reasonably reliable data, as measured by showing few practitioners providing care across multiple urbanicities, a greater proportion of non-physician medical practitioners were located in the more densely populated areas.

Figure 5.27 displays the sum of the percentages of beneficiaries, active pediatric core specialists, and all pediatric core specialists associated with each urbanicity area. Values significantly greater than 100 percent indicate that a large number of providers were providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.27—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists
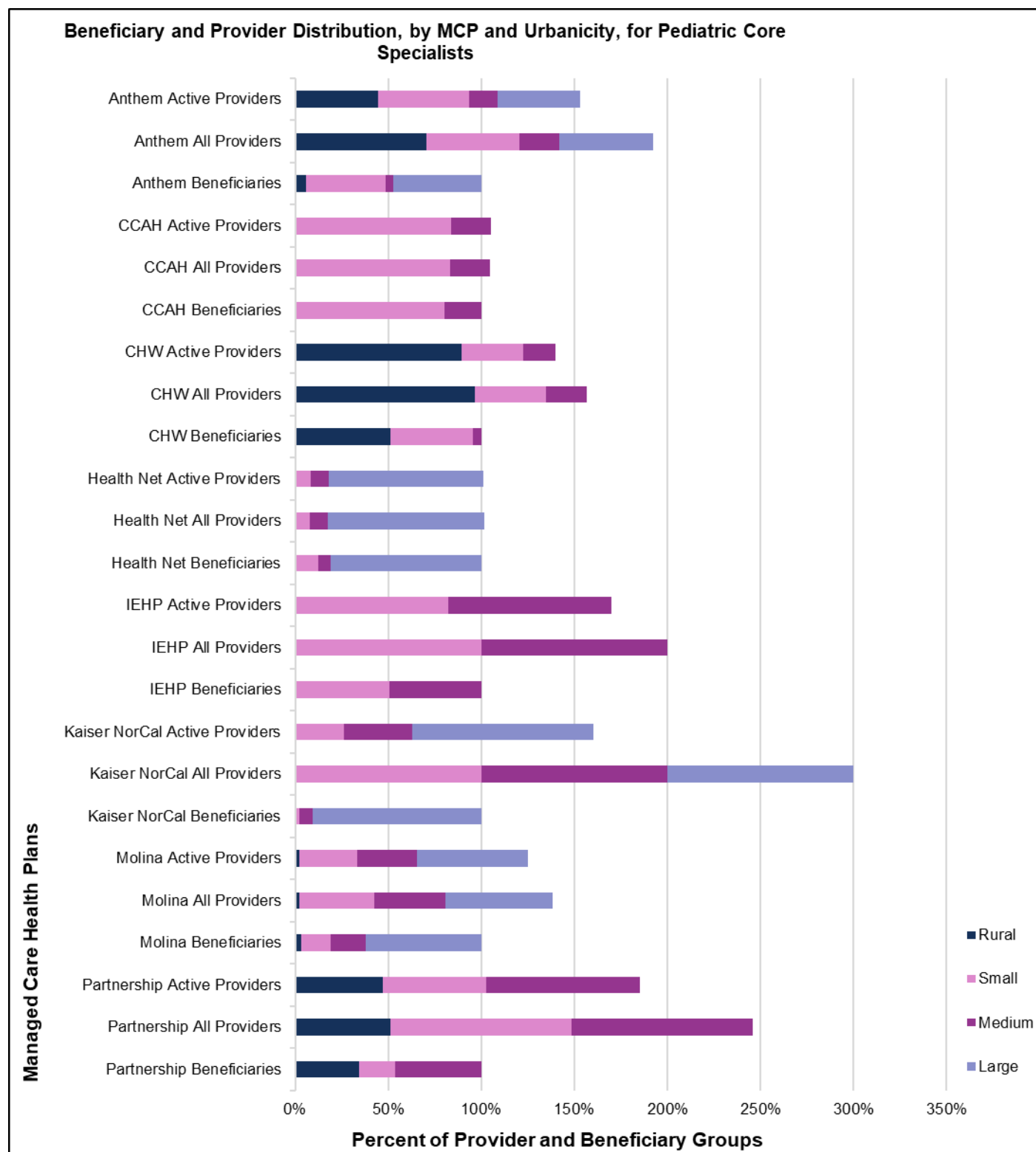
The key findings from Figure 5.27 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active pediatric core specialists and all pediatric core specialists providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all pediatric core specialists compared to active pediatric core specialists for Anthem, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few pediatric core specialists practicing across multiple urbanicities.

♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, a slightly greater proportion of providers were located in the less densely populated areas.

Figure 5.28 shows the distribution of beneficiaries and active pediatric core specialists for each multiple-urbanicity plan.

Figure 5.28—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists, Scaled to 100 Percent
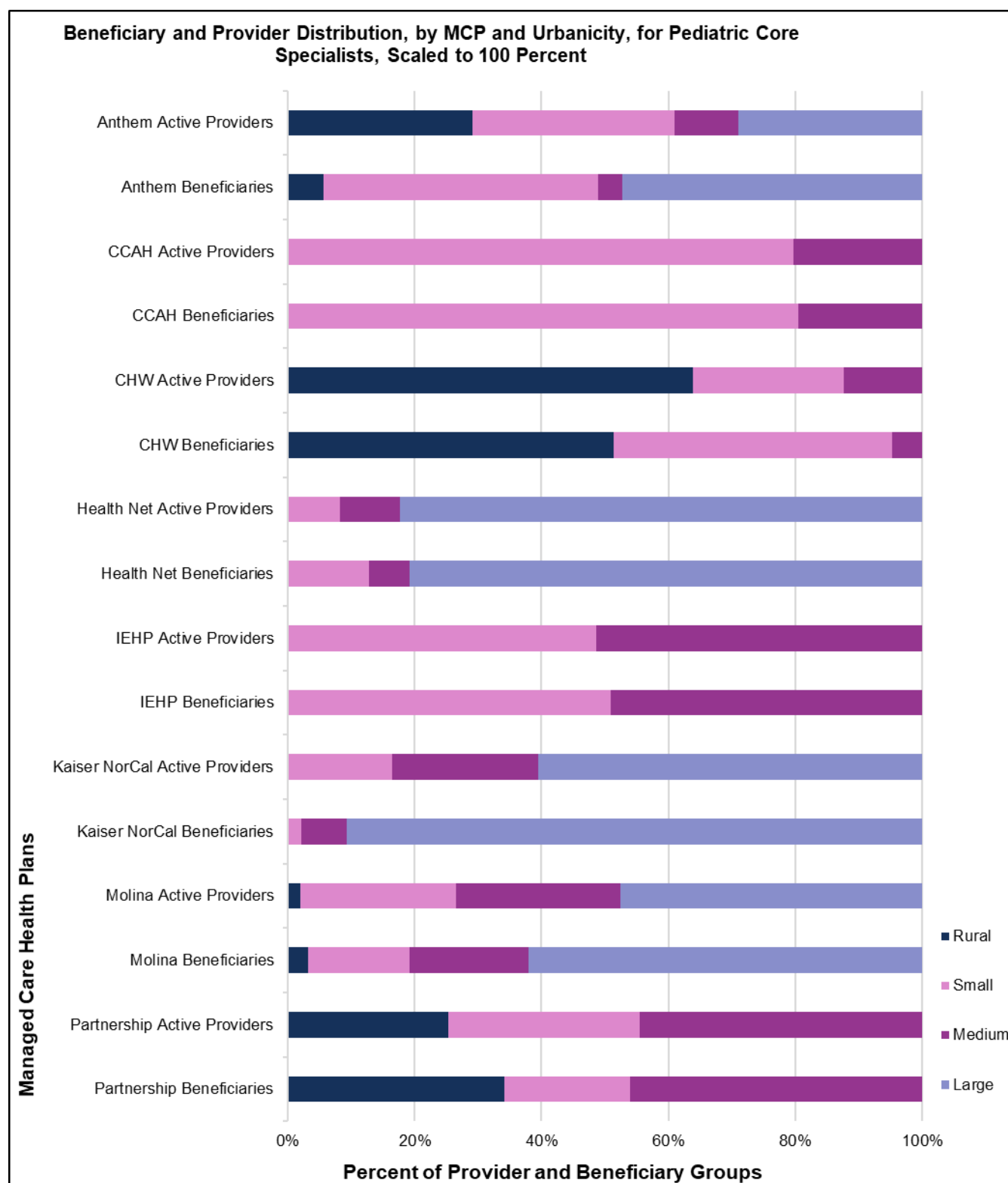
The key findings from Figure 5.28 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active pediatric core specialists for CHW, IEHP, and Partnership.
♦ CCAH and Health Net demonstrated comparable distributions of urbanicity for beneficiaries and active pediatric core specialists.
♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, a slightly greater proportion of providers were located in the less densely populated areas.

Figure 5.29 displays the sum of the percentages of beneficiaries, active pediatric core specialists (excluding OB/GYN providers), and all pediatric core specialists (excluding OB/GYN providers) associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.29—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists, Excluding OB/GYN Providers
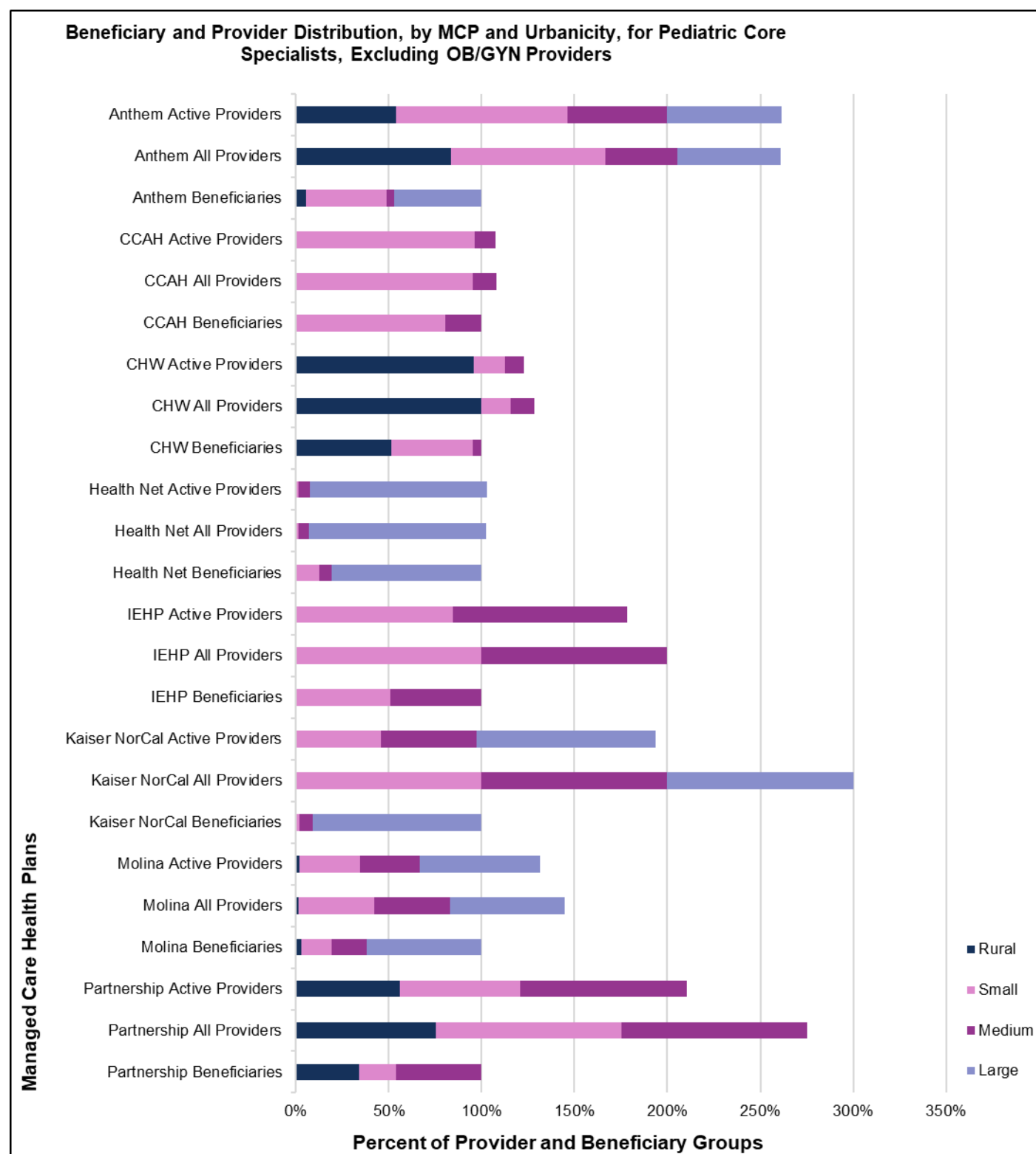
The key findings from Figure 5.29 are listed below:

♦ Anthem, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active pediatric core specialists (excluding OB/GYN providers) and all pediatric core specialists (excluding OB/GYN providers) providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all pediatric core specialists (excluding OB/GYN providers) compared to active pediatric core specialists (excluding OB/GYN providers) among Kaiser NorCal and Partnership.

♦ CCAH, CHW, and Health Net demonstrated few pediatric core specialists (excluding OB/GYN providers) practicing across multiple urbanicities.

Figure 5.30 shows the distribution of beneficiaries and active pediatric core specialists (excluding OB/GYN providers) for each multiple-urbanicity plan.

Figure 5.30—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists, Excluding OB/GYN Providers, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialists, Excluding OB/GYN Providers, Scaled to 100 Percent
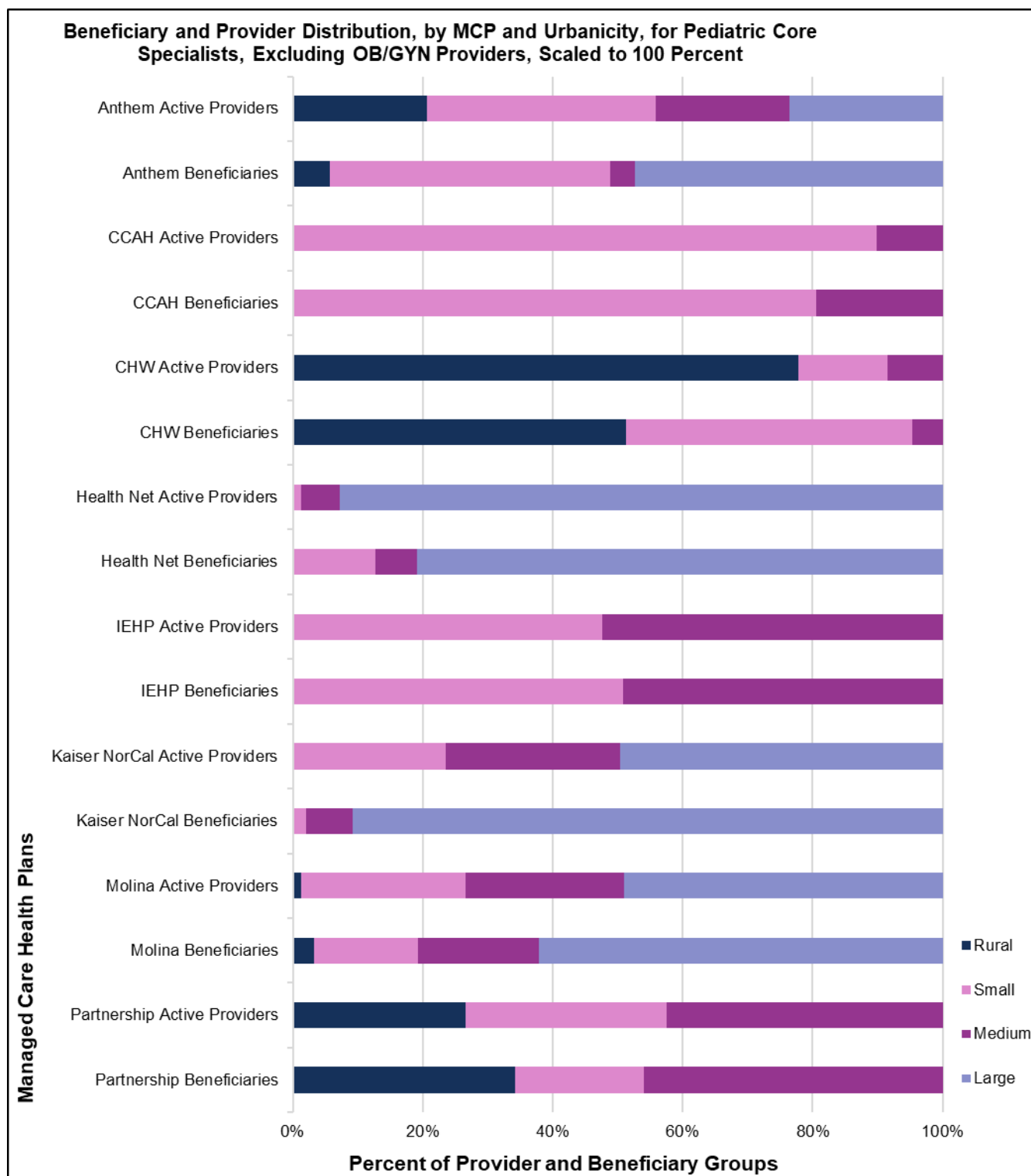
The key findings from Figure 5.30 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active pediatric core specialists (excluding OB/GYN providers) for IEHP and Partnership.

♦ CCAH demonstrated a comparable distribution of urbanicity for beneficiaries and active pediatric core specialists (excluding OB/GYN providers), while CHW and Health Net demonstrated differing distributions of urbanicity for beneficiaries and active pediatric core specialists (excluding OB/GYN providers).

♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, an even greater proportion of providers were located in the less densely populated areas than when including OB/GYN providers.

Figure 5.31 displays the sum of the percentages of beneficiaries, active pediatric PCPs, and all pediatric PCPs associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.31—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs
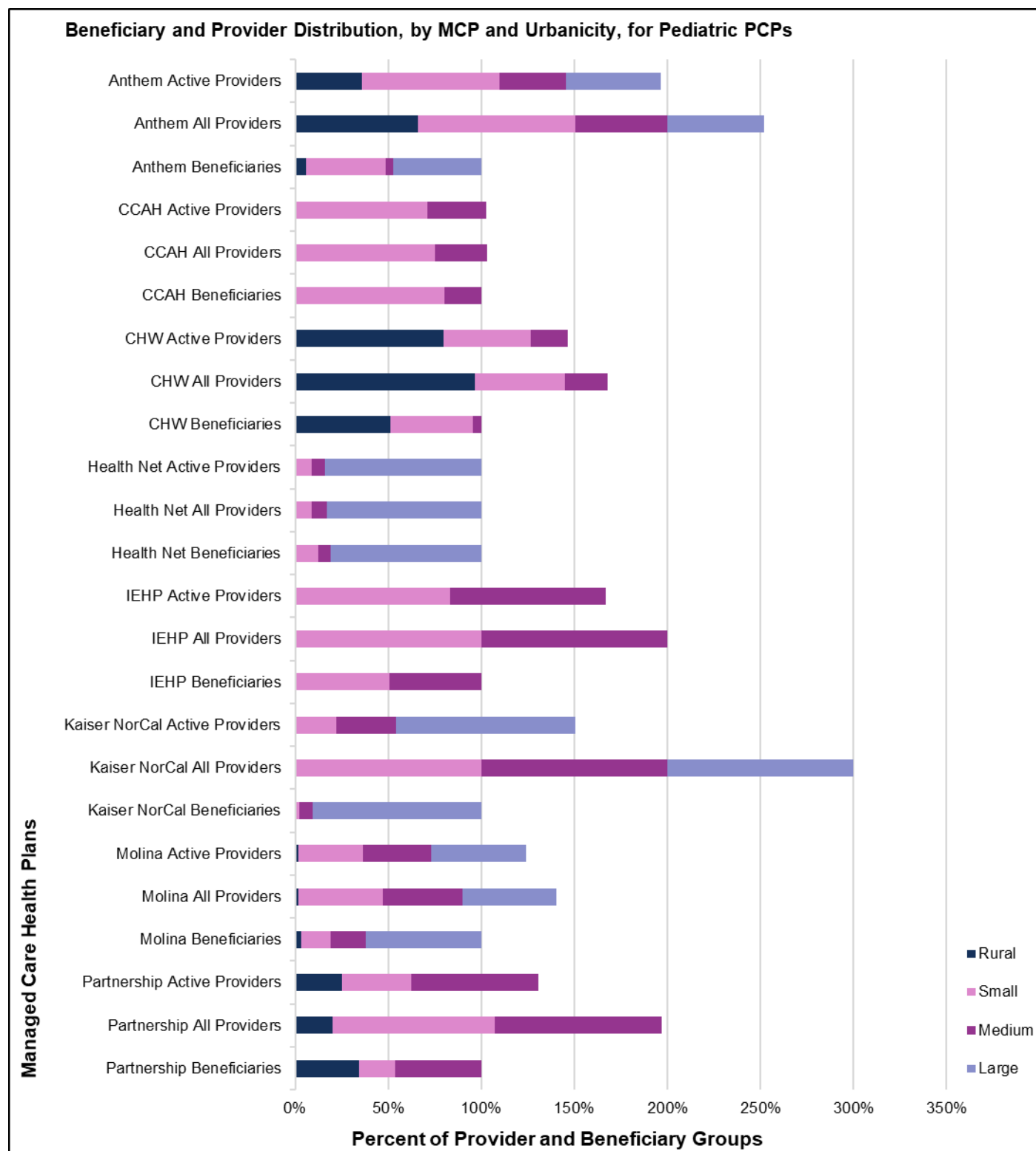
The key findings from Figure 5.31 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active pediatric PCPs and all pediatric PCPs providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all pediatric PCPs compared to active pediatric PCPs for Anthem, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few pediatric PCPs practicing across multiple urbanicities.

Figure 5.32 shows the distribution of beneficiaries and active pediatric PCPs for each multiple-urbanicity plan.

Figure 5.32—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Scaled to 100 Percent
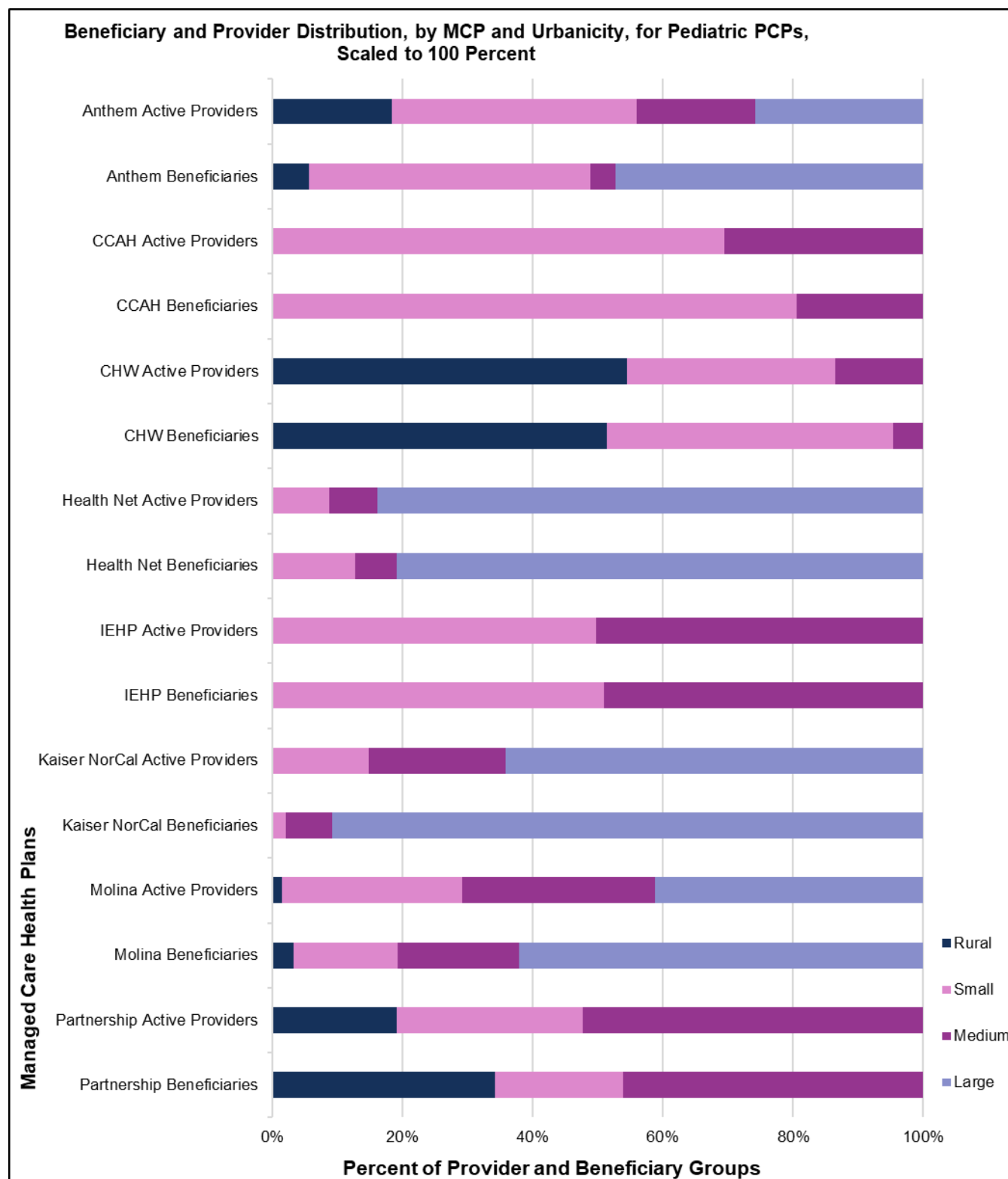
The key findings from Figure 5.32 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active pediatric PCPs for CHW and IEHP.
♦ CCAH and Health Net demonstrated comparable distributions of urbanicity for beneficiaries and active pediatric PCPs.
♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, a slightly greater proportion of providers were located in the less densely populated areas.

Figure 5.33 displays the sum of the percentages of beneficiaries, active pediatric PCPs (excluding OB/GYN providers), and all pediatric PCPs (excluding OB/GYN providers) associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.33—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Excluding OB/GYN Providers

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCP, Excluding OB/GYN Providers
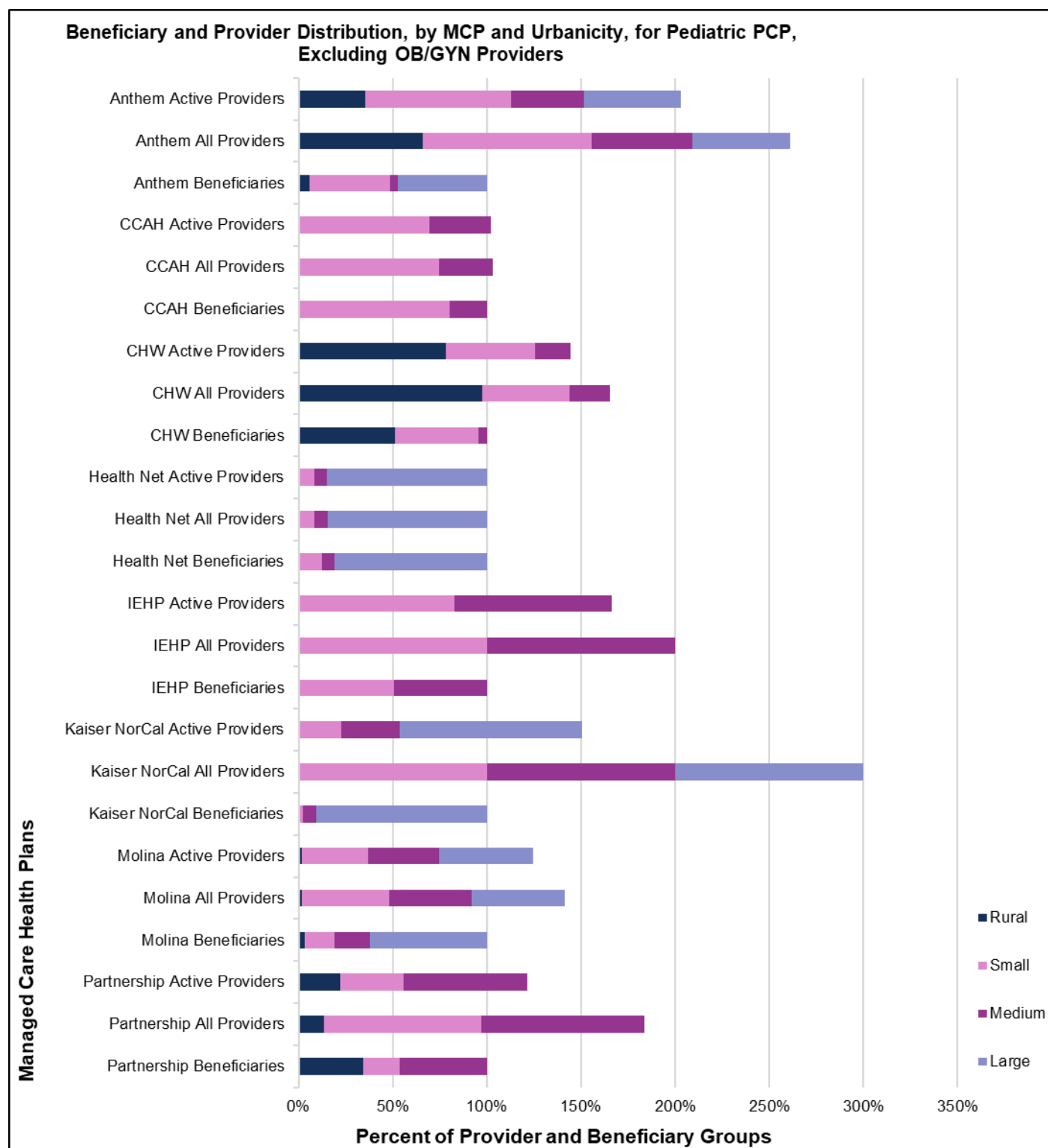
The key findings from Figure 5.33 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active pediatric PCPs (excluding OB/GYN providers) and all pediatric PCPs (excluding OB/GYN providers) providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all pediatric PCPs (excluding OB/GYN providers) compared to active pediatric PCPs (excluding OB/GYN providers) for Anthem, Kaiser NorCal, and Partnership.

♦ CCAH and Health Net demonstrated few providers practicing across multiple urbanicities.

Figure 5.34 shows the distribution of beneficiaries and active pediatric PCPs (excluding OB/GYN providers) for each multiple-urbanicity plan.

Figure 5.34—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Excluding OB/GYN Providers, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Excluding OB/GYN Providers, Scaled to 100 Percent
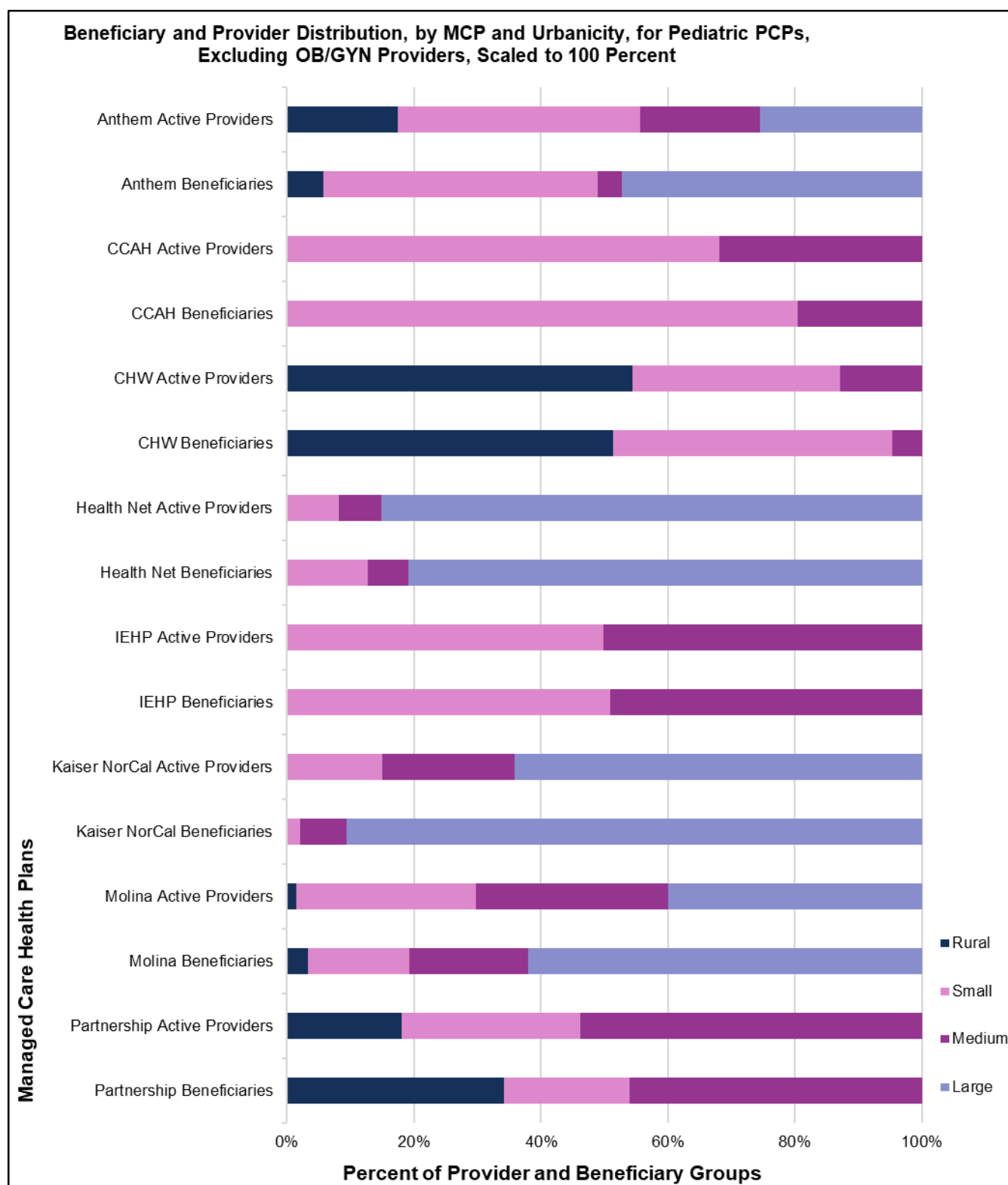
The key findings from Figure 5.34 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active pediatric PCPs (excluding OB/GYN providers) for CHW and IEHP.
♦ CCAH and Health Net demonstrated comparable distributions of urbanicity for beneficiaries and active pediatric PCPs (excluding OB/GYN providers).
♦ For MCPs that had reasonably reliable data, as measured by displaying few providers practicing across multiple urbanicities, an even greater proportion of providers were located in the less densely populated areas than when including OB/GYN providers.

Figure 5.35 displays the sum of the percentage of beneficiaries, active PCPs (identified using the PCP flag), and all PCPs (identified using the PCP flag) associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.35—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using the PCP Flag
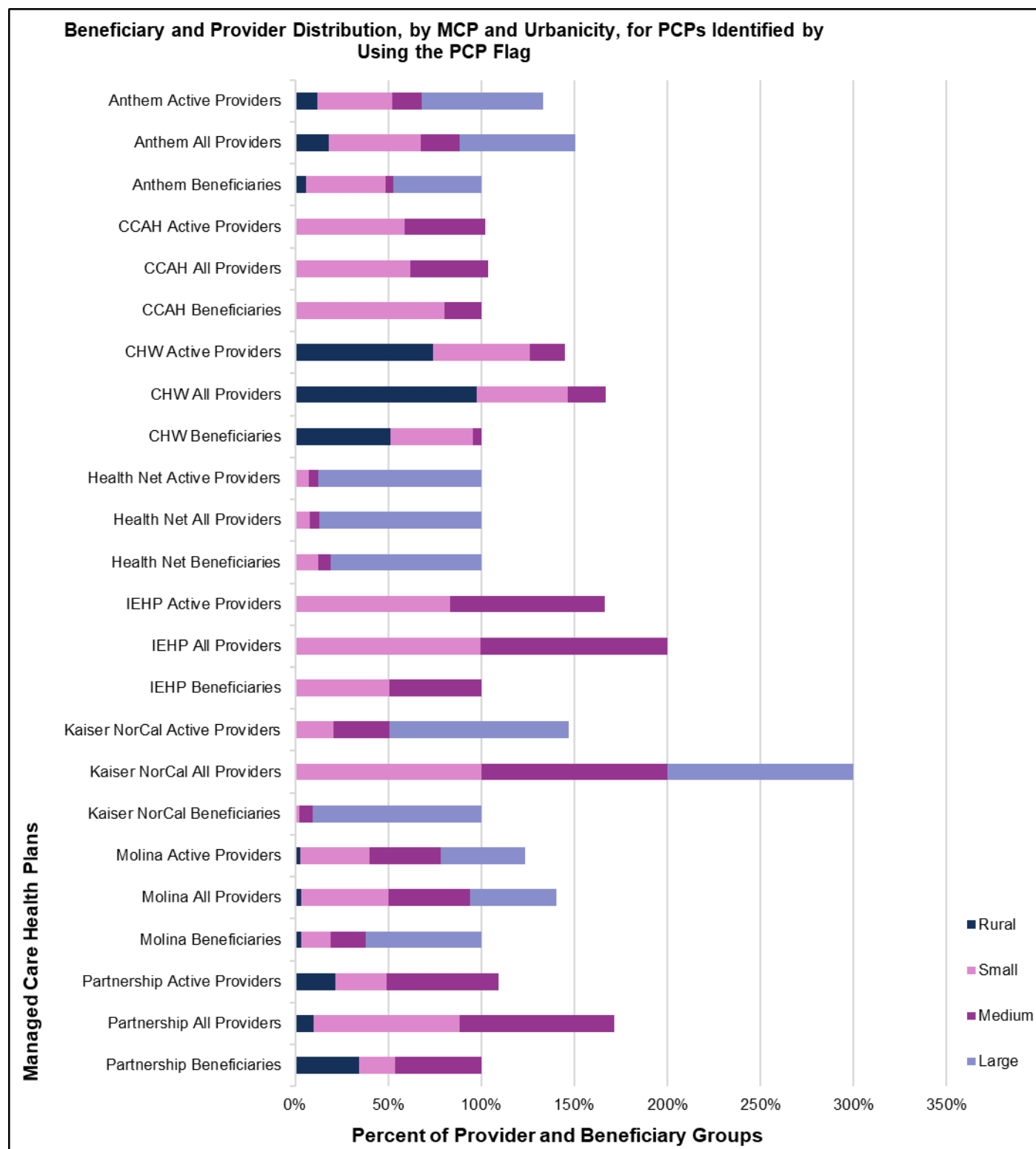
The key findings from Figure 5.35 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active PCPs (identified using the PCP flag) and all PCPs (identified using the PCP flag) providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all PCPs (identified using the PCP flag) compared to active PCPs (identified using the PCP flag) for Kaiser NorCal and Partnership.

♦ CHW and Health Net demonstrated few PCPs (identified using the PCP flag) practicing across multiple urbanicities.

Figure 5.36 shows the distribution of beneficiaries and active PCPs (identified using the PCP flag) for each multiple-urbanicity plan.

Figure 5.36—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using the PCP Flag, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using the PCP Flag, Scaled to 100 Percent
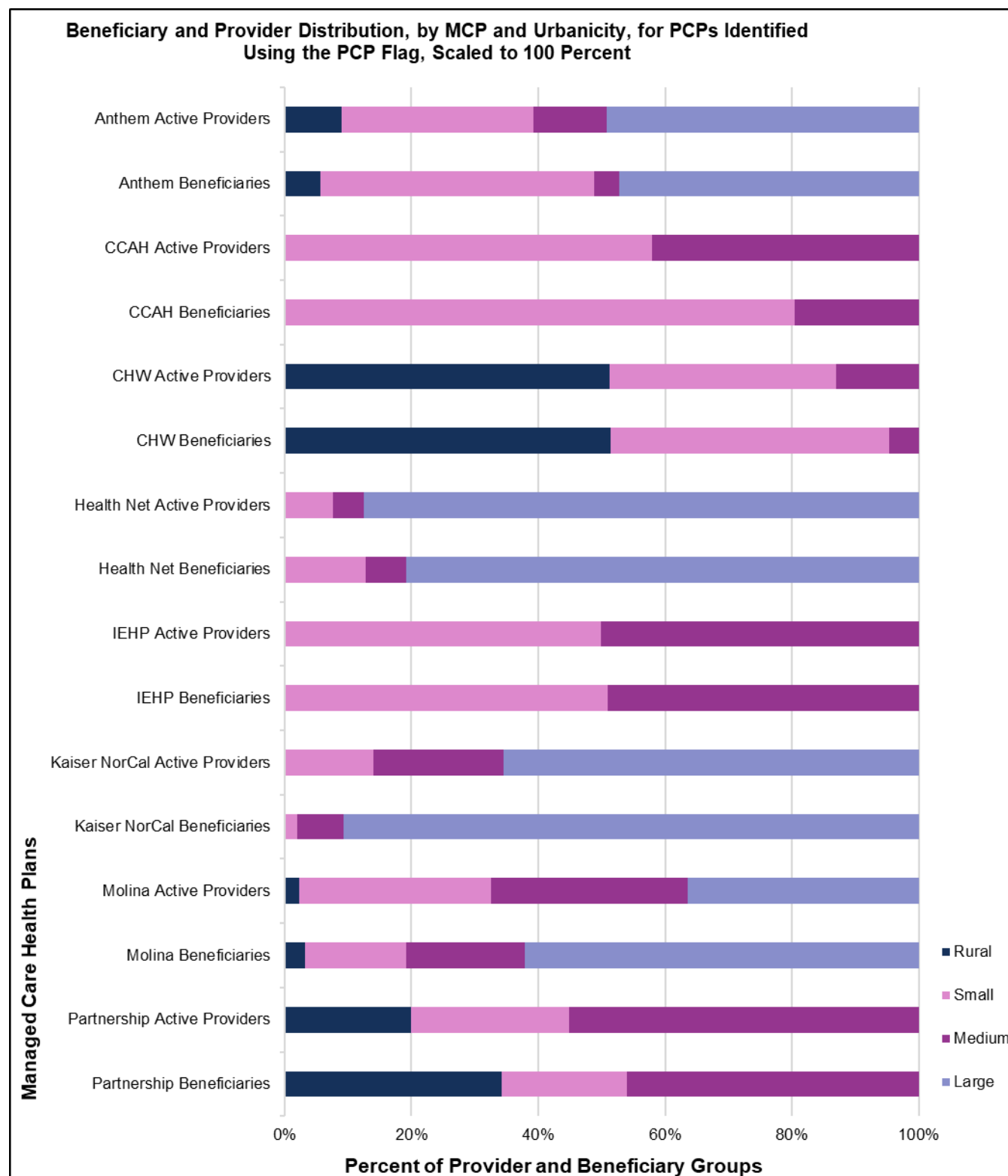
The key findings from Figure 5.36 are listed below:

♦ While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active PCPs (identified using the PCP flag) for Anthem, CHW, and IEHP.

♦ CHW and Health Net demonstrated comparable distributions of urbanicity for beneficiaries and active PCPs (identified using the PCP flag).

♦ Where differences were observed, the taxonomy code approach identified more PCP providers in the more densely populated areas of the State.

Figure 5.37 displays the sum of the percentages of beneficiaries, active PCPs (identified using taxonomy codes), and all PCPs (identified using taxonomy codes) associated with each urbanicity area. Values significantly greater than 100 percent indicate a large number of providers providing services across multiple urbanicities. All beneficiaries in the enrollment data were associated with a single urbanicity.

Figure 5.37—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using Taxonomy Codes

Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using Taxonomy Codes
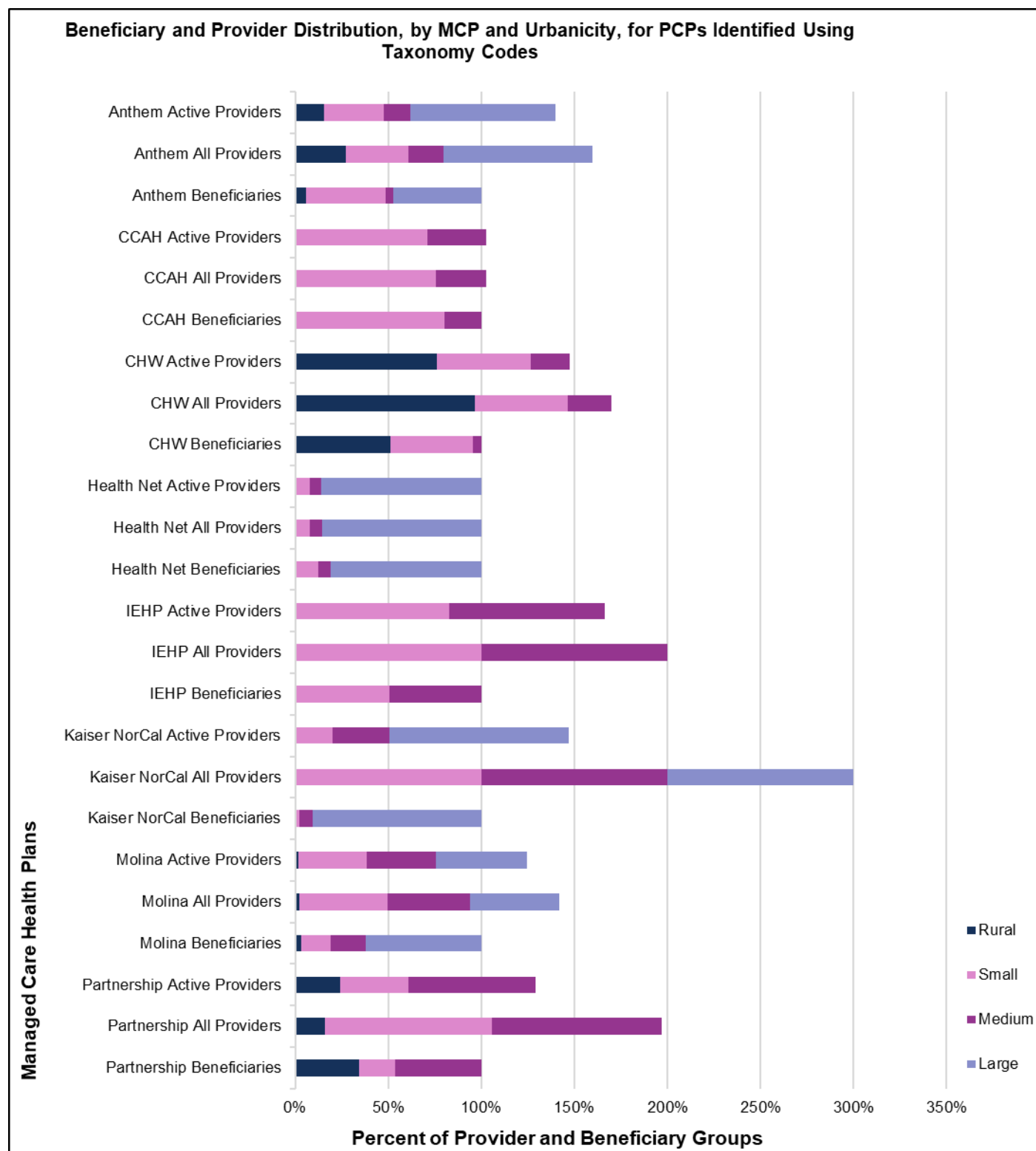
The key findings from Figure 5.37 are listed below:

♦ Anthem, CHW, IEHP, Kaiser NorCal, Molina, and Partnership demonstrated a large number of both active PCPs (identified using taxonomy codes) and all PCPs (identified using taxonomy codes) providing care in multiple urbanicities as indicated by values totaling more than 100 percent.

♦ Additionally, the number of urbanicity regions per provider was demonstrably greater for all PCPs (identified using taxonomy codes) compared to active PCPs (identified using taxonomy codes) for Kaiser NorCal and Partnership.

♦ CCAH and Health Net demonstrated few PCPs (identified using taxonomy codes) practicing across multiple urbanicities.

Figure 5.38 shows the distribution of beneficiaries and active PCPs (identified using taxonomy codes) for each multiple-urbanicity plan.

Figure 5.38—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using Taxonomy Codes, Scaled to 100 Percent

Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using Taxonomy Codes, Scaled to 100 Percent
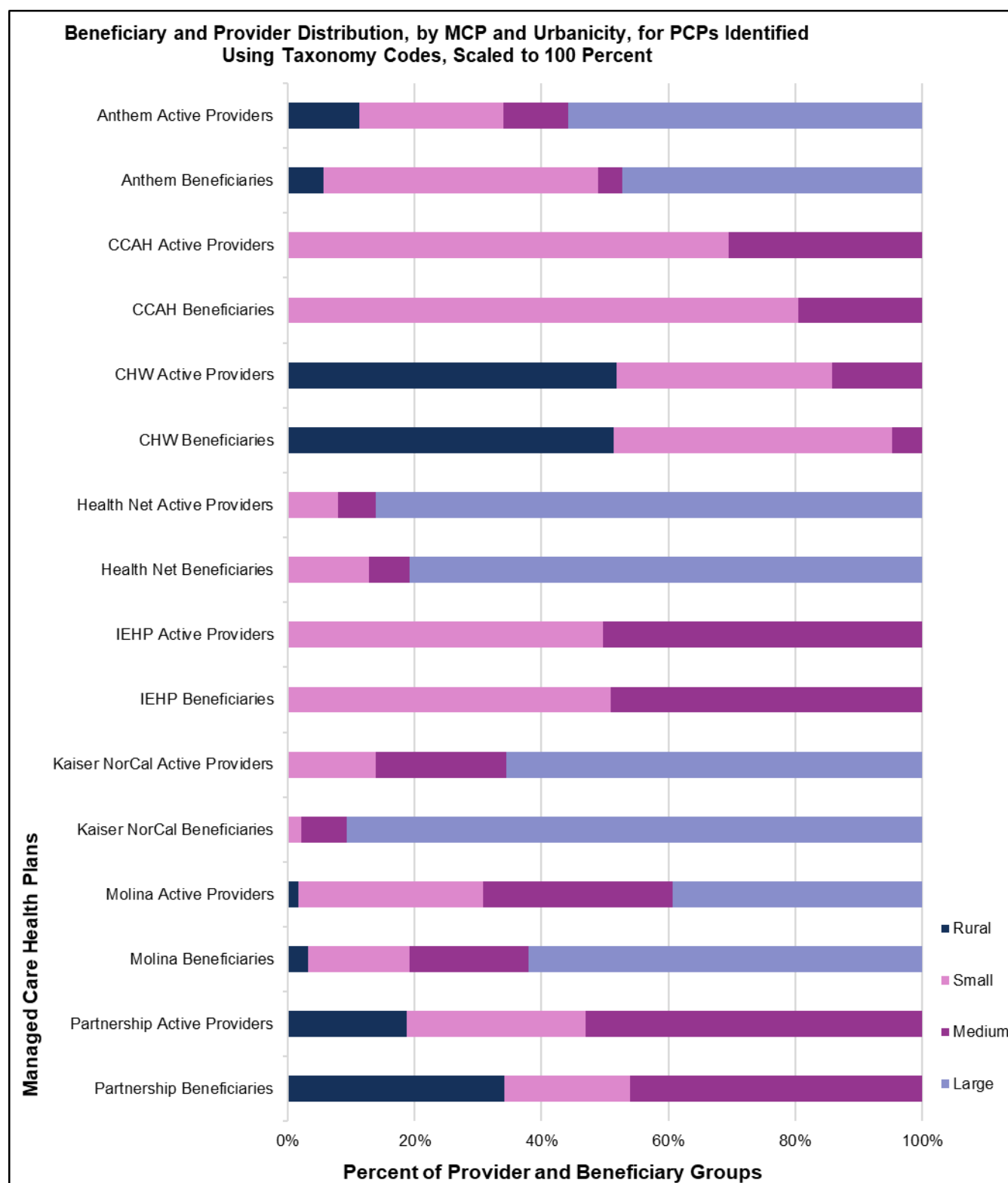
The key findings from Figure 5.38 are listed below:

♦   While the number of urbanicity regions per provider was relatively high, the distribution of urbanicity for beneficiaries was comparable to that of active PCPs (identified using taxonomy codes) for CHW and IEHP.

♦   CCAH and Health Net demonstrated comparable distributions of urbanicity for beneficiaries and active PCPs (identified using taxonomy codes).

♦   Where differences were observed, the taxonomy code approach identified more PCP providers in the more densely populated areas of the State.

Geographic Distribution

Time/Distance Analyses—Compliance with Time/Distance Standards

HSAG used beneficiary and provider data provided by DHCS to assess the percentage of beneficiaries with access to PCP providers and hospitals within the KKA and MCMC time/distance standards of 15 miles/30 minutes and 10 miles/30 minutes, respectively. Results in this section present the general access to PCPs and hospitals for all beneficiaries across MCPs. The results presented here are based on December 2017 data. Shading is used to indicate when fewer than 99.0 percent of beneficiaries had access that met the time/distance standards.

Table 5.5 displays the percentage of MCMC adult and pediatric beneficiaries with access to PCPs and hospitals within MCMC time/distance standards, by MCP.

Table 5.5—Percentage of Beneficiaries with Access to PCPs and Hospitals within MCMC Time/Distance Standards, by MCP

[shaded box] = Fewer than 99.0 percent of beneficiaries had access to the provider group for the indicated MCP.

MCP	Adult PCP	Pediatric PCP	Pediatric PCP, Excluding OB/GYN	PCP (All)	Hospital, Inpatient	Hospital, Outpatient
AAH	99.9	99.9	99.9	99.9	99.9	99.9
Anthem	99.2	99.2	99.2	99.3	99.0	99.9
CalOptima	99.9	99.9	99.9	99.9	99.9	99.9
CalViva	99.9	99.9	99.9	99.9	96.4	99.9
Care1st	99.9	99.9	99.9	99.9	99.2	99.9
CCAH	99.8	99.9	99.9	99.9	99.7	99.8

MCP	Adult PCP	Pediatric PCP	Pediatric PCP, Excluding OB/GYN	PCP (All)	Hospital, Inpatient	Hospital, Outpatient
CCHP	99.9	99.9	99.9	99.9	99.9	99.9
CenCal	99.6	99.6	99.6	99.6	99.6	99.6
CHG	99.9	99.9	99.9	99.9	99.0	99.3
CHW	99.9	99.9	99.9	99.9	98.1	98.4
Gold Coast	99.9	99.9	99.9	99.9	99.9	99.9
Health Net	99.9	99.9	99.9	99.9	99.6	99.9
HPSJ	99.9	99.9	99.9	99.9	99.0	99.9
HPSM	99.9	99.9	99.9	99.9	99.9	99.9
Kaiser NorCal	99.8	99.8	99.8	99.8	99.4	99.8
Kaiser SoCal	99.9	99.8	99.8	99.9	99.5	99.8
KFHC	99.9	99.9	99.9	99.9	95.9	97.0
LA Care	99.9	99.9	99.9	99.9	99.9	99.9
Molina	99.9	99.9	99.9	99.9	99.2	99.9
Partnership	99.8	99.8	99.8	99.8	97.6	99.3
SCFHP	99.9	99.9	99.9	99.9	99.9	99.9
SFHP	99.9	99.9	99.9	99.9	99.9	99.9

The key findings from Table 5.5 are listed below:

♦ At least 99 percent of beneficiaries had access to PCPs within the MCMC time/distance standards for all MCPs.

♦ Only 96.4 and 97.6 percent of CalViva and Partnership beneficiaries, respectively, had access to inpatient hospitals within the time/distance standards. CHW and KFHC had fewer than 99.0 percent of beneficiaries with access to both inpatient and outpatient hospitals.

♦ The percentage of members with access to PCPs and hospitals within the KKA time/distance standards were similar to the results for the MCMC time/standards and are presented in Appendix C.

Table 5.6 displays the percentage of MCMC adult and pediatric beneficiaries with access to PCPs, by MCP and provider panel status.

Table 5.6—Percentage of Beneficiaries with Access within MCMC Time/Distance Standards to All PCPs and PCPs Identified as Accepting New Patients, by MCP

⬜ = Fewer than 99.0 percent of beneficiaries had access to the provider group for the indicated MCP.

MCP	Adult Primary Care		Pediatric Primary Care		Pediatric Primary Care, Excluding OB/GYN		PCP (All)	
	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients
AAH	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Anthem	99.2	93.9	99.2	94.4	99.2	94.4	99.3	95.7
CalOptima	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CalViva	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Care1st	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CCAH	99.8	99.8	99.9	99.8	99.9	99.8	99.9	99.8
CCHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CenCal	99.6	99.6	99.6	99.6	99.6	99.6	99.6	99.6
CHG	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CHW	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Gold Coast	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Health Net	99.9	99.9	99.9	99.8	99.9	99.8	99.9	99.9
HPSJ	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
HPSM	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Kaiser NorCal	99.8	99.8	99.8	99.8	99.8	99.8	99.8	99.8
Kaiser SoCal	99.9	99.7	99.8	99.5	99.8	99.5	99.9	99.8
KFHC	99.9	95.9	99.9	95.3	99.9	95.3	99.9	96.2
L.A. Care	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Molina	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Partnership	99.8	99.8	99.8	99.8	99.8	99.8	99.8	99.8
SCFHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
SFHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9

The key findings from Table 5.6 are listed below:

♦ At least 99 percent of beneficiaries had access to PCPs within the MCMC time/distance standards for all MCPs, when evaluating all PCPs.

♦ However, when limiting the analysis to providers accepting new patients, the percentage of beneficiaries with access all PCP provider categories (i.e., Adult Primary Care; Pediatric Primary Care; Pediatric Primary Care, Excluding OB/GYN; and PCP [All]) fell just below the standard for Anthem and KFHC, as indicated by the grey shading.

Time/Distance Analysis

HSAG used beneficiary and provider data provided by DHCS to assess the distance (in miles) and time (in minutes) to the first, second, and third nearest providers for the provider categories reviewed in this analysis. A smaller average distance or shorter travel time[27] indicates greater accessibility to providers because individuals must travel fewer miles or minutes to access care. In general, the smaller the average distance between beneficiaries and providers across specialties, the greater the alignment in the geographic distribution of providers and beneficiaries. Results in this section show the statewide weighted averages of the distance and time the beneficiaries traveled, weighted by MCP enrollment. Results for each MCP are presented in Appendix C.

Table 5.7 displays the statewide weighted average distance and time to the nearest PCP and core specialty providers.

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[27] Quest Analytics determined drive time based on the following parameters: 30 miles per hour (mph) for urban, 45 mph for suburban, and 55 mph for rural. Estimates did not account for time of day, traffic, or traffic control devices (e.g., stop signs, stop lights) and may not mirror driver experience due to varying traffic conditions.

Table 5.7—Statewide Weighted Average Distance and Time to Nearest PCP and Core Specialty Providers

*The weighted average for the distance/time to the second or third provider may be less than the first or second provider, respectively, due to some MCPs only having one or two providers in a provider category; therefore, the MCPs included in the statewide average calculation were not consistent in the calculations for first, second, and third nearest providers.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.4	1.6	1.8	2.1	2.3
Pediatric Primary Care	1.3	1.5	1.7	1.9	2.2	2.5
Primary Care Physicians	1.2	1.4	1.5	1.7	2.0	2.2
Non-Physician Medical Practitioners						
Physician Assistant	2.8	3.5	4.0	4.0	5.1	5.8
Nurse Practitioner*	8.3	8.8	8.3	11.1	12.0	11.3
Certified Nurse Midwife	12.6	15.3	22.5	18.7	22.1	32.9
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.4	4.0	4.5	4.9	5.9	6.6
Dermatology	4.7	5.7	7.6	7.0	8.4	11.4
Endocrinology	6.9	11.7	13.7	9.8	16.5	19.2
Gastroenterology	4.3	5.2	5.7	6.3	7.5	8.3
General Surgery	3.0	3.6	4.0	4.4	5.3	5.9
Hematology & Oncology	7.4	10.4	11.0	10.5	14.6	15.8
Infectious Disease	8.7	12.7	14.1	13.5	20.0	22.0
Mental Health Outpatient Services	1.8	2.3	2.6	2.7	3.3	3.7
Nephrology	4.1	4.7	5.5	5.9	6.9	8.0
Neurology	4.2	5.7	6.5	6.2	8.2	9.4
Obstetrics & Gynecology	2.5	3.2	3.5	3.7	4.5	5.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Ophthalmology	3.6	4.3	4.7	5.1	6.0	6.6
Orthopedic Surgery	3.7	4.7	5.3	5.4	6.8	7.7
Otolaryngology/ENT	5.0	7.1	8.3	7.3	10.1	12.0
Physical Medicine & Rehabilitation	6.3	9.9	14.7	9.4	14.4	21.8
Psychiatry	3.9	4.7	5.3	5.5	6.7	7.6
Pulmonary Disease	9.2	11.3	12.8	13.7	17.5	20.0
Pediatric Core Specialists						
Cardiology/Interventional Cardiology	11.1	17.0	20.6	15.8	25.3	30.2
Dermatology	44.2	132.3	187.3	68.3	191.7	300.0
Endocrinology	22.1	26.0	30.0	32.8	38.9	45.6
Gastroenterology	15.4	24.0	32.6	22.3	34.3	46.5
General Surgery*	28.9	24.2	30.6	44.0	35.6	43.5
Hematology & Oncology	28.3	37.7	42.8	42.4	57.9	66.6
Infectious Disease	21.4	35.9	37.8	31.1	55.3	58.3
Mental Health Specialist*	22.4	38.3	22.4	31.0	52.9	32.5
Nephrology	23.3	42.7	45.1	34.7	66.6	70.6
Neurology	19.6	22.7	26.2	28.8	34.4	39.9
Obstetrics & Gynecology	2.6	3.2	3.5	3.7	4.5	5.1
Orthopedic Surgery*	23.7	28.0	26.5	35.0	41.5	39.5
Otolaryngology/ENT	38.9	49.8	57.0	54.0	75.5	89.4
Physical Medicine & Rehabilitation*	43.3	47.8	31.3	65.4	69.9	47.4
Psychiatry	18.4	21.2	25.4	29.2	33.3	39.0
Pulmonary Disease	24.5	33.9	35.9	37.0	53.7	58.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	14.9	21.2	26.9	21.0	29.5	38.4
FQHC	3.4	5.2	6.8	5.1	7.7	10.2
Home Health	8.2	11.0	13.6	11.7	15.7	19.4
Hospital, Inpatient	4.2	7.0	10.0	6.3	10.1	14.2
Hospital, Outpatient	1.5	2.1	2.6	2.2	3.0	3.7
ICF*	19.8	21.9	23.1	32.2	39.1	38.2
RHC	42.8	47.3	51.2	56.3	62.0	66.8
SNF	5.6	8.4	10.0	7.9	12.1	14.4

The key findings from Table 5.7 are listed below:

♦ The weighted average travel distance and time to the first, second, and third nearest providers for PCPs were less than two miles and three minutes statewide, respectively. As shown in Appendix C, the average distance to the nearest adult PCP ranged from less than one mile for SFHP to approximately four miles for Kaiser NorCal. Average distances and times to pediatric PCPs followed similar patterns.

♦ Given the large number of MCPs, MCP-specific results are presented in Appendix C. However, the MCP-specific findings are discussed here given the importance of assessing differences in access among the MCPs. In general, beneficiaries had access to adult core specialty providers within shorter distances and times compared to pediatric core specialists. This was consistent across all MCPs. Some provider categories (e.g., Pediatric Dermatology, Pediatric Infectious Disease, Pediatric Mental Health Outpatient Services, Pediatric Orthopedic Surgery, Pediatric Otolaryngology/ENT, and Pediatric Physical Medicine and Rehabilitation) had several MCPs that reported no providers; therefore, time/distance calculations for those MCPs could not be determined. For example, six MCPs did not report having pediatric dermatologists (Anthem, CalOptima, CCAH, Kaiser SoCal, KFHC, and Molina); an additional two MCPs (CenCal and Gold Coast) only reported having one pediatric dermatologist; and another five MCPs (CalViva, CCHP, Health Net, Kaiser NorCal, and L.A. Care) only reported two pediatric dermatologists. The average distance and time to the three nearest pediatric dermatologists could only be calculated for 10 of 23 MCPs included in the analysis.

Table 5.8, Table 5.9, Table 5.10, and Table 5.11 display the statewide weighted average distance and time to the nearest providers for beneficiaries in large, medium, small, and rural areas, respectively.

Table 5.8—Statewide Weighted Average Distance and Time to Nearest PCP and Core Specialty Providers for Beneficiaries in Areas with a Large Urbanicity

*The weighted average for the distance/time to the second or third provider may be less than that of the first or second provider, respectively, due to some MCPs having only one or two providers in a provider category; therefore, the MCPs included in the statewide average calculation were not consistent in the calculations for the first, second, and third nearest providers.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.9	1.1	1.2	1.6	1.8	2.0
Pediatric Primary Care	1.0	1.1	1.3	1.7	2.0	2.2
Primary Care Physicians	0.9	1.0	1.1	1.5	1.7	1.9
Non-Physician Medical Practitioners						
Physician Assistant	2.1	2.6	3.0	3.5	4.5	5.2
Nurse Practitioner	4.5	5.0	5.2	7.2	8.1	8.5
Certified Nurse Midwife	9.6	10.8	15.9	16.1	17.8	26.4
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.3	2.7	3.0	4.1	4.8	5.3
Dermatology	3.1	3.9	5.8	5.6	6.9	9.9
Endocrinology	4.9	10.6	11.2	8.4	16.6	17.7
Gastroenterology	2.9	3.4	3.7	5.2	6.0	6.6
General Surgery	2.2	2.6	2.9	3.9	4.6	5.1
Hematology & Oncology	4.5	5.9	6.2	7.7	10.1	11.0
Infectious Disease	6.4	7.0	7.9	11.7	12.8	14.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Mental Health Outpatient Services	1.3	1.6	1.8	2.3	2.8	3.1
Nephrology	2.7	3.1	3.6	4.8	5.6	6.3
Neurology	3.0	3.7	4.3	5.3	6.5	7.7
Obstetrics & Gynecology	1.8	2.1	2.4	3.1	3.7	4.2
Ophthalmology	2.0	2.3	2.6	3.6	4.1	4.6
Orthopedic Surgery	2.7	3.1	3.4	4.7	5.4	6.0
Otolaryngology/ENT	3.5	5.1	5.8	6.1	8.5	9.8
Physical Medicine & Rehabilitation	4.1	7.6	10.0	7.5	13.0	16.9
Psychiatry	2.0	2.6	2.9	3.5	4.5	5.1
Pulmonary Disease	5.5	6.7	7.4	9.1	11.8	13.4
Pediatric Core Specialists						
Cardiology/Interventional Cardiology	5.8	7.8	8.5	10.2	14.1	15.2
Dermatology*	25.2	53.9	17.7	45.2	99.7	26.1
Endocrinology	9.1	10.6	12.8	16.6	19.5	23.6
Gastroenterology	6.9	11.9	18.7	12.3	20.6	30.8
General Surgery*	16.1	9.6	10.7	29.2	16.6	18.6
Hematology & Oncology	9.9	18.5	19.5	17.8	34.1	35.9
Infectious Disease	10.5	20.1	22.0	17.3	37.6	41.1
Mental Health Specialist	6.3	9.1	10.6	11.0	16.1	19.3
Nephrology	13.7	25.9	27.6	23.9	45.7	49.9
Neurology	7.6	9.3	10.3	13.7	16.8	18.6
Obstetrics & Gynecology	1.8	2.2	2.5	3.1	3.7	4.3
Orthopedic Surgery	10.6	11.2	12.0	18.4	20.1	21.5
Otolaryngology/ENT	25.2	31.1	33.3	41.3	57.2	61.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Physical Medicine & Rehabilitation	11.7	11.7	16.8	21.4	21.6	29.5
Psychiatry	15.6	17.0	19.2	28.8	31.8	34.9
Pulmonary Disease	14.0	22.1	23.5	23.9	39.8	43.6
Facility-Based and Specialty Providers						
CBAS*	10.9	6.7	8.5	17.2	11.6	15.1
FQHC	2.8	4.0	5.0	5.0	7.1	8.9
Home Health	4.4	6.0	7.1	7.8	10.4	12.2
Hospital, Inpatient	3.1	4.8	6.3	5.5	8.3	10.8
Hospital, Outpatient	1.1	1.5	1.8	2.0	2.6	3.1
ICF	14.1	25.3	33.5	26.0	48.7	66.2
RHC	84.9	89.5	92.5	116.6	123.1	127.0
SNF	2.6	4.2	5.1	4.6	7.3	9.1

Table 5.9—Statewide Weighted Average Distance and Time to Nearest PCP and Core Specialty Providers for Beneficiaries in Areas with a Medium Urbanicity

*The weighted average for the distance/time to the second or third provider may be less than that of the first or second provider, respectively, due to some MCPs having only one or two providers in a provider category; therefore, the MCPs included in the statewide average calculation were not consistent in the calculations for the first, second, and third nearest providers.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.4	1.6	1.7	1.9	2.1	2.3
Pediatric Primary Care	1.4	1.6	1.7	1.9	2.2	2.3
Primary Care Physicians	1.4	1.5	1.7	1.8	2.0	2.2
Non-Physician Medical Practitioners						
Physician Assistant	2.1	2.7	3.1	2.7	3.5	4.2
Nurse Practitioner	3.4	3.7	4.1	4.2	4.7	5.2
Certified Nurse Midwife	9.5	11.2	16.7	14.2	16.2	21.5
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.0	3.4	3.7	4.0	4.7	5.0
Dermatology	4.5	5.4	7.0	6.1	7.5	9.7
Endocrinology	5.2	6.3	8.5	7.0	8.5	11.4
Gastroenterology	4.1	4.6	5.0	5.6	6.3	6.8
General Surgery	2.9	3.5	3.9	3.8	4.7	5.2
Hematology & Oncology	5.7	6.6	7.2	7.7	9.0	9.9
Infectious Disease	6.2	7.7	9.6	9.0	11.2	13.9
Mental Health Outpatient Services	1.7	2.0	2.3	2.2	2.7	3.0
Nephrology	3.9	4.6	5.4	5.3	6.3	7.3
Neurology	3.8	4.7	5.4	5.3	6.4	7.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Obstetrics & Gynecology	2.4	2.7	3.2	3.2	3.7	4.3
Ophthalmology	3.6	4.0	4.2	4.9	5.3	5.6
Orthopedic Surgery	3.7	4.3	5.0	5.1	5.9	6.8
Otolaryngology/ENT	4.6	6.3	7.3	6.2	8.4	9.7
Physical Medicine & Rehabilitation	5.1	6.3	7.8	7.0	8.5	10.9
Psychiatry	3.3	3.8	4.5	4.5	5.4	6.2
Pulmonary Disease	5.5	6.8	7.8	7.4	9.8	11.2
Pediatric Core Specialists						
Cardiology/Interventional Cardiology	10.0	13.2	15.7	13.3	17.3	20.9
Dermatology*	43.0	220.0	217.4	69.5	284.9	351.3
Endocrinology	12.2	17.0	19.9	17.7	25.3	29.8
Gastroenterology	11.4	16.0	34.2	17.4	23.9	48.6
General Surgery	19.3	22.0	27.4	27.6	32.4	40.0
Hematology & Oncology	25.5	40.2	47.2	36.1	61.5	71.3
Infectious Disease	31.4	43.2	46.8	47.4	68.9	73.1
Mental Health Specialist	23.8	30.4	32.0	34.3	46.1	46.6
Nephrology	23.6	43.5	46.5	34.4	68.2	72.9
Neurology	14.5	23.7	28.7	22.0	35.7	43.8
Obstetrics & Gynecology	2.4	2.7	3.2	3.2	3.6	4.3
Orthopedic Surgery	30.4	40.8	43.5	43.5	60.9	63.0
Otolaryngology/ENT	39.1	55.2	67.3	53.9	88.2	109.0
Physical Medicine & Rehabilitation*	27.3	24.9	21.8	42.7	35.2	32.0
Psychiatry	9.9	11.3	15.9	14.5	16.5	23.4
Pulmonary Disease	22.6	41.9	44.2	33.1	64.8	69.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	19.9	31.6	39.9	27.5	44.1	57.6
FQHC	2.8	5.0	6.5	3.9	6.7	8.7
Home Health	5.7	7.9	11.8	8.0	10.9	16.4
Hospital, Inpatient	5.3	7.8	10.4	7.2	10.5	13.7
Hospital, Outpatient	1.6	2.1	2.6	2.2	2.9	3.6
ICF*	18.8	15.7	16.7	27.2	20.4	21.9
RHC	30.8	36.1	40.0	37.9	44.3	49.0
SNF	4.9	9.1	10.6	6.8	13.4	15.5

Table 5.10—Statewide Weighted Average Distance and Time to Nearest PCP and Core Specialty Providers for Beneficiaries in Areas with a Small Urbanicity

*The weighted average for the distance/time to the second or third provider may be less than that of the first or second provider, respectively, due to some MCPs having only one or two providers in a provider category; therefore, the MCPs included in the statewide average calculation were not consistent in the calculations for the first, second, and third nearest providers.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.5	1.8	2.0	1.9	2.3	2.6
Pediatric Primary Care	1.6	2.0	2.2	2.1	2.5	2.8
Primary Care Physicians	1.5	1.7	1.9	1.9	2.2	2.4
Non-Physician Medical Practitioners						
Physician Assistant	4.6	5.8	6.5	5.6	7.1	8.0
Nurse Practitioner*	20.2	20.7	18.3	24.3	25.9	21.9
Certified Nurse Midwife	18.5	26.1	39.0	23.8	32.4	51.7
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	5.2	6.5	7.6	6.5	8.0	9.4
Dermatology	7.5	8.9	11.5	9.5	11.4	15.0
Endocrinology	10.6	13.9	20.0	12.5	17.3	24.0
Gastroenterology	7.0	8.5	9.9	8.6	10.4	12.1
General Surgery	4.3	5.4	5.8	5.3	6.6	7.2
Hematology & Oncology	14.7	22.7	24.0	18.3	28.2	30.0
Infectious Disease	14.8	29.8	32.2	19.2	43.8	46.7
Mental Health Outpatient Services	3.0	3.7	4.2	3.7	4.6	5.2
Nephrology	6.3	7.4	8.4	7.7	9.1	10.4
Neurology	6.4	9.8	11.2	7.9	11.9	13.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Obstetrics & Gynecology	3.8	4.7	5.2	4.6	5.8	6.4
Ophthalmology	6.0	8.1	8.9	7.4	9.8	10.7
Orthopedic Surgery	5.6	8.5	9.6	7.1	10.4	11.6
Otolaryngology/ENT	8.0	11.1	13.7	9.8	13.7	17.6
Physical Medicine & Rehabilitation	11.3	16.3	30.0	14.3	20.1	40.7
Psychiatry	7.8	9.0	9.9	10.2	11.7	13.0
Pulmonary Disease	20.7	25.0	28.7	30.0	36.6	41.5
Pediatric Core Specialists						
Cardiology/Interventional Cardiology	19.2	34.9	43.9	24.8	50.2	62.4
Dermatology	75.0	261.6	335.5	105.3	357.5	558.6
Endocrinology	45.1	52.2	60.9	63.8	73.7	87.7
Gastroenterology	25.0	40.4	44.7	32.6	52.5	58.0
General Surgery*	47.2	44.8	61.6	66.8	63.5	82.8
Hematology & Oncology	56.5	64.7	74.3	82.1	90.7	108.2
Infectious Disease	28.0	58.3	58.8	36.2	75.8	76.7
Mental Health Specialist*	50.0	148.0	60.3	65.8	203.0	71.4
Nephrology	31.3	63.7	67.6	43.0	92.5	95.7
Neurology	38.6	41.6	49.6	52.1	58.6	70.4
Obstetrics & Gynecology	3.8	4.7	5.2	4.6	5.7	6.3
Orthopedic Surgery*	48.8	54.9	47.4	67.1	74.3	63.7
Otolaryngology/ENT	43.4	59.2	72.7	55.3	78.5	103.8
Physical Medicine & Rehabilitation*	63.9	70.3	18.5	93.6	100.0	28.1
Psychiatry	26.8	30.2	37.5	36.4	40.7	50.0
Pulmonary Disease	36.9	43.6	46.8	53.9	62.9	67.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	18.7	33.2	43.6	22.9	44.6	58.8
FQHC	3.7	6.0	8.8	4.8	8.0	11.6
Home Health	17.5	22.8	25.6	22.1	29.5	33.2
Hospital, Inpatient	5.6	10.1	14.3	7.1	12.6	17.8
Hospital, Outpatient	2.1	2.8	3.4	2.6	3.5	4.3
ICF*	34.0	14.6	18.1	50.7	19.3	23.9
RHC	18.8	22.9	26.4	23.6	28.4	32.5
SNF	12.2	14.7	16.9	15.7	18.8	21.7

Table 5.11—Statewide Weighted Average Distance and Time to Nearest PCP and Core Specialty Providers for Beneficiaries in Areas with a Rural Urbanicity

*The weighted average for the distance/time to the second or third provider may be less than that of the first or second provider, respectively, due to some MCPs having only one or two providers in a provider category; therefore, the MCPs included in the statewide average calculation were not consistent in the calculations for the first, second, and third nearest providers.

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	3.8	4.2	4.5	4.1	4.6	4.9
Pediatric Primary Care	3.9	4.4	4.6	4.2	4.8	5.1
Primary Care Physicians	3.7	4.1	4.4	4.0	4.6	4.8
Non-Physician Medical Practitioners						
Physician Assistant	7.5	9.0	9.7	8.6	10.3	11.0
Nurse Practitioner	14.2	15.4	16.2	17.4	18.5	19.3
Certified Nurse Midwife	43.7	49.0	60.5	49.1	60.4	73.9
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	11.2	13.6	15.3	12.5	15.4	17.3
Dermatology	15.9	16.9	18.1	18.7	20.3	21.5
Endocrinology	25.7	40.2	42.0	28.9	46.3	48.6
Gastroenterology	13.4	17.4	18.6	15.7	20.3	21.7
General Surgery	8.8	9.8	11.4	9.9	11.3	13.0
Hematology & Oncology	19.8	27.5	30.0	23.0	32.9	36.0
Infectious Disease	22.5	27.9	29.2	28.4	36.0	37.6
Mental Health Outpatient Services	5.0	7.0	8.1	5.5	7.7	8.9
Nephrology	14.0	16.2	21.7	15.3	17.9	24.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Neurology	13.1	19.0	20.5	14.6	21.2	22.9
Obstetrics & Gynecology	8.9	12.1	12.5	9.8	14.2	14.7
Ophthalmology	14.8	16.7	17.8	16.3	18.5	20.1
Orthopedic Surgery	9.5	11.6	13.3	10.6	13.2	15.2
Otolaryngology/ENT	15.5	20.5	22.8	17.4	24.0	26.2
Physical Medicine & Rehabilitation	18.6	25.4	32.9	22.2	28.8	38.0
Psychiatry	13.4	18.0	20.4	14.8	20.3	23.5
Pulmonary Disease	17.3	25.5	30.3	20.8	32.3	38.4
Pediatric Core Specialists						
Cardiology/Interventional Cardiology	41.0	58.3	76.2	50.5	71.2	91.8
Dermatology	164.0	212.8	213.1	201.6	262.0	262.4
Endocrinology	108.6	124.3	126.0	139.2	159.8	164.4
Gastroenterology	121.8	167.2	185.7	155.5	208.3	239.1
General Surgery*	141.1	139.0	186.3	180.4	177.8	232.1
Hematology & Oncology	127.8	131.8	180.5	174.6	179.0	250.9
Infectious Disease	125.4	157.5	158.6	163.3	196.1	197.8
Mental Health Specialist*	111.4	281.1	150.3	131.2	333.1	168.1
Nephrology	135.8	194.2	195.6	175.3	256.4	258.1
Neurology	108.9	112.6	118.6	150.7	158.0	164.9
Obstetrics & Gynecology	8.9	12.4	12.8	9.9	14.7	15.2
Orthopedic Surgery	93.0	95.2	95.6	113.1	122.0	123.1
Otolaryngology/ENT	157.0	162.8	185.8	186.1	194.9	232.2
Physical Medicine & Rehabilitation*	219.5	219.7	203.6	315.7	315.9	297.2
Psychiatry	44.7	73.0	84.6	56.8	89.7	103.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Pulmonary Disease	133.1	134.1	134.5	168.0	177.5	184.9
Facility-Based and Specialty Providers						
CBAS	39.0	64.9	81.6	45.5	76.1	103.5
FQHC	12.2	19.7	24.3	13.4	21.7	26.7
Home Health	20.8	28.0	52.8	23.3	31.9	62.2
Hospital, Inpatient	9.1	20.0	40.3	10.1	22.4	50.4
Hospital, Outpatient	4.1	6.5	8.8	4.5	7.1	9.6
ICF	—	—	—	—	—	—
RHC	29.1	32.6	44.9	32.6	36.4	50.3
SNF	13.2	35.3	42.1	14.5	40.6	48.9

The key findings from Table 5.8, Table 5.9, Table 5.10, and Table 5.11 are listed below:

♦ The weighted average travel distance and time to the first, second, and third nearest PCP providers (i.e., adult primary care, pediatric primary care, and PCPs) were less than two miles and approximately two minutes for beneficiaries in areas with a large urbanicity (i.e., high population density) but nearly five miles and approximately five minutes for beneficiaries in rural areas, respectively. While the statewide weighted average indicated that, on average, beneficiaries had access to PCPs within reasonable distances and times, beneficiaries in rural areas had to travel, on average, at least twice as far and twice as long to the nearest PCP providers (i.e., adult primary care, pediatric primary care, and PCPs).

♦ Beneficiaries in areas with a large or medium urbanicity also had access to non-physician medical practitioners with both shorter travel distances and times than beneficiaries in rural and small urbanicity areas. For example, to access a certified nurse midwife, beneficiaries in rural areas would have to travel 43.7 miles and 49.1 minutes compared to beneficiaries in large urban areas who would only have to travel 9.6 miles and 16.1 minutes.

♦ Beneficiaries in large urban areas had access to adult and pediatric core providers with much shorter travel distances and times than beneficiaries in rural areas. Access to pediatric core specialists was very limited for beneficiaries in rural areas. On average, beneficiaries living in rural areas would have to travel over 100 miles to the nearest pediatric dermatologist, endocrinologist, gastroenterologist, general surgeon, hematology and oncology provider, infectious disease specialist, mental health specialist, nephrologist,

neurologist, otolaryngology/ENT provider, physical medicine and rehabilitation provider, or pulmonary disease specialist.

♦ As expected, beneficiaries living in small and rural areas had the nearest access to RHCs.

♦ Beneficiaries in large urban areas had access to the nearest inpatient and outpatient hospitals, on average, within 3.1 miles/5.5 minutes and 1.1 miles/2.0 minutes, respectively. Comparatively, beneficiaries in rural areas had access to the nearest inpatient and outpatient hospitals, on average, within 9.1 miles/10.1 minutes and 4.1 miles/4.5 minutes, respectively.

♦ No beneficiaries in rural areas had access to ICFs; the MCPs with reporting units in rural areas did not report being contracted with any ICFs.

Availability of Services

Access-Related Complaints, Grievances, and Appeals

This section shows results from the Access-Related Complaints, Grievances, and Appeals analysis based on CY 2017 ombudsman calls and 2016–2017 grievances, appeals, and complaints data. The results include MCP-specific grievances rates and a statewide ombudsman complaints rate.

Figure 5.39 displays 12-month grievance rates, by MCP and rolling quarter. Results are displayed as the rate per 1,000 member months (MM).

Figure 5.39—12-Month Grievance Rates, by MCP and Rolling Quarter*

*Rates were calculated per 1,000 MM.

*Rates were combined for Southern and Northern Kaiser Health Plans.

*Each rolling "quarter" consists of four reporting quarters (e.g., Q1 2017 = Q2 2016, Q3 2016, Q4 2016, and Q1 2017).

*To satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard, Gold Coast rates were suppressed because the numerator for this indicator was less than 11.

12-Month Grievance Rates, by MCP and Rolling Quarter
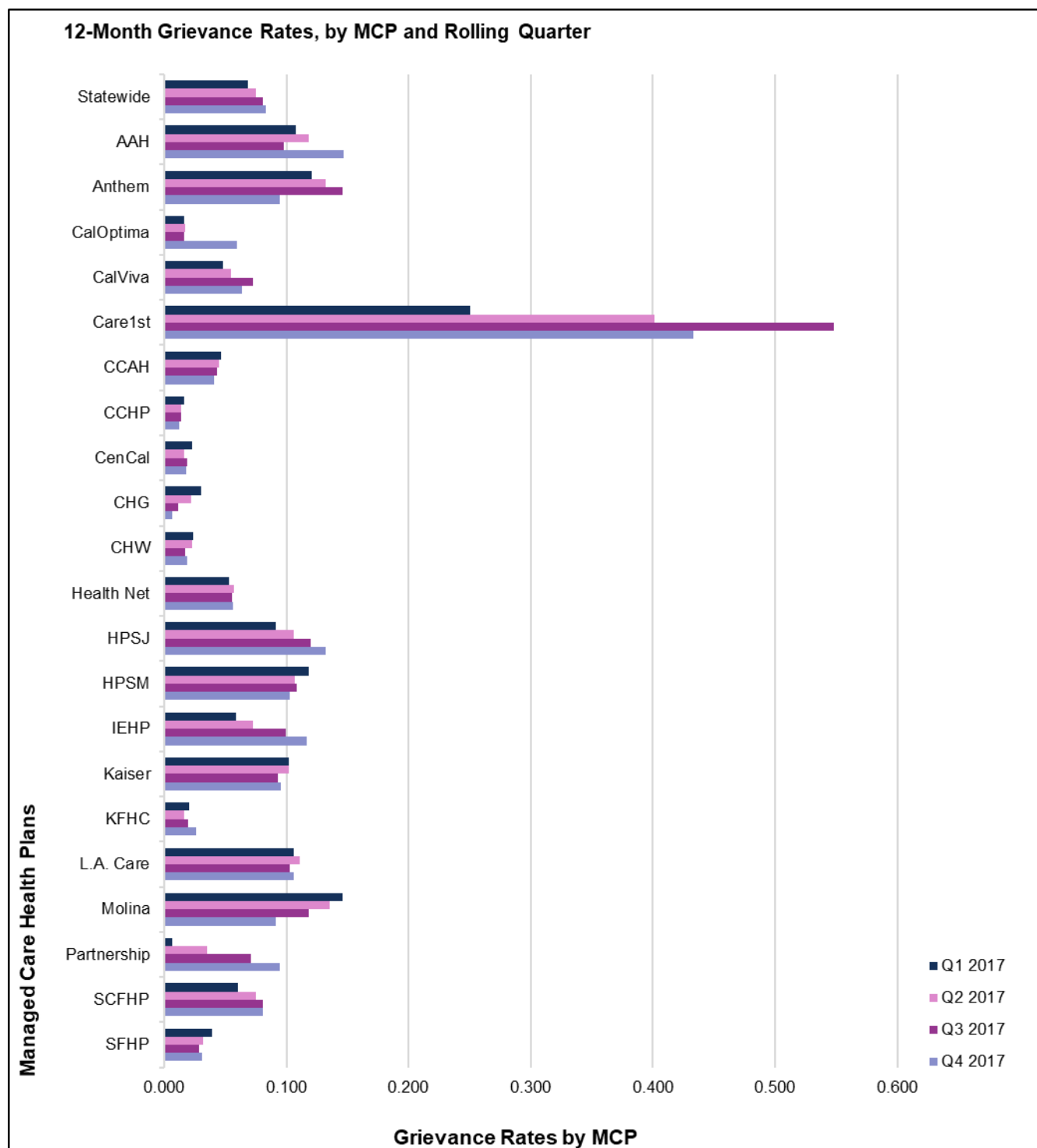
The key findings from Figure 5.39 are listed below:

♦ The overall statewide rate increased every quarter, with a total increase of 20 percent from Q1 2017 to Q4 2017; however, not all MCPs followed the statewide trend.

♦ The following plans' rates increased every quarter: HPSJ, IEHP, SCFHP, and Partnership.

♦ Partnership's Q4 2017 rate was 14 times greater than its Q1 2017 rate.

♦ Care1st had the highest grievance rates for all four quarters compared to other MCPs. Care1st's rates ranged from about two to five times greater than the MCP with the next-highest rate during the same period.

♦ The following plans' rates decreased every quarter: CCAH, CCHP, CHG, and Molina.

Appendix D contains detailed MCP-specific 12-month grievance rates, by rolling quarter.

Table 5.12 displays the CY 2017 rate of access-related ombudsman complaints. Results are displayed as the rate per 1,000 MM. Note the following regarding Table 5.12:

♦ Member months were calculated for CY 2017 for all members.

♦ Rates were calculated per 1,000 MM.

♦ To satisfy the HIPAA Privacy Rule's de-identification standard, MCP rates were suppressed because most numerators for this indicator were less than 11.

Table 5.12—Rate of Ombudsman Access-Related Complaints per 1,000 MM

	Member Months	Number of Access-Related Complaints	Rate of Access-Related Complaints
Statewide	128,941,969	222	0.002

The key findings from Table 5.12 are listed below:

♦ The overall statewide rate for ombudsman complaints related to access was relatively low at 0.002 per 1,000 MM.

Service Utilization

Service utilization was examined using two sets of measures. The first set was based on utilization of specific services based on aggregated encounter data provided to HSAG by DHCS. Specific services examined include the following:

♦ Emergency department visits
♦ Urgent care visits
♦ Inpatient admissions
♦ Outpatient visits
♦ Mental health outpatient visits
♦ Telemedicine
♦ NMT

Emergency Department Utilization: Figure 5.40 displays the CY 2017 emergency department usage rate, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM.

Figure 5.40—Rate of Emergency Department Visits per 1,000 MM, by MCP and Beneficiary Age

Rate of Emergency Department Visits per 1,000 MM, by MCP and Beneficiary Age
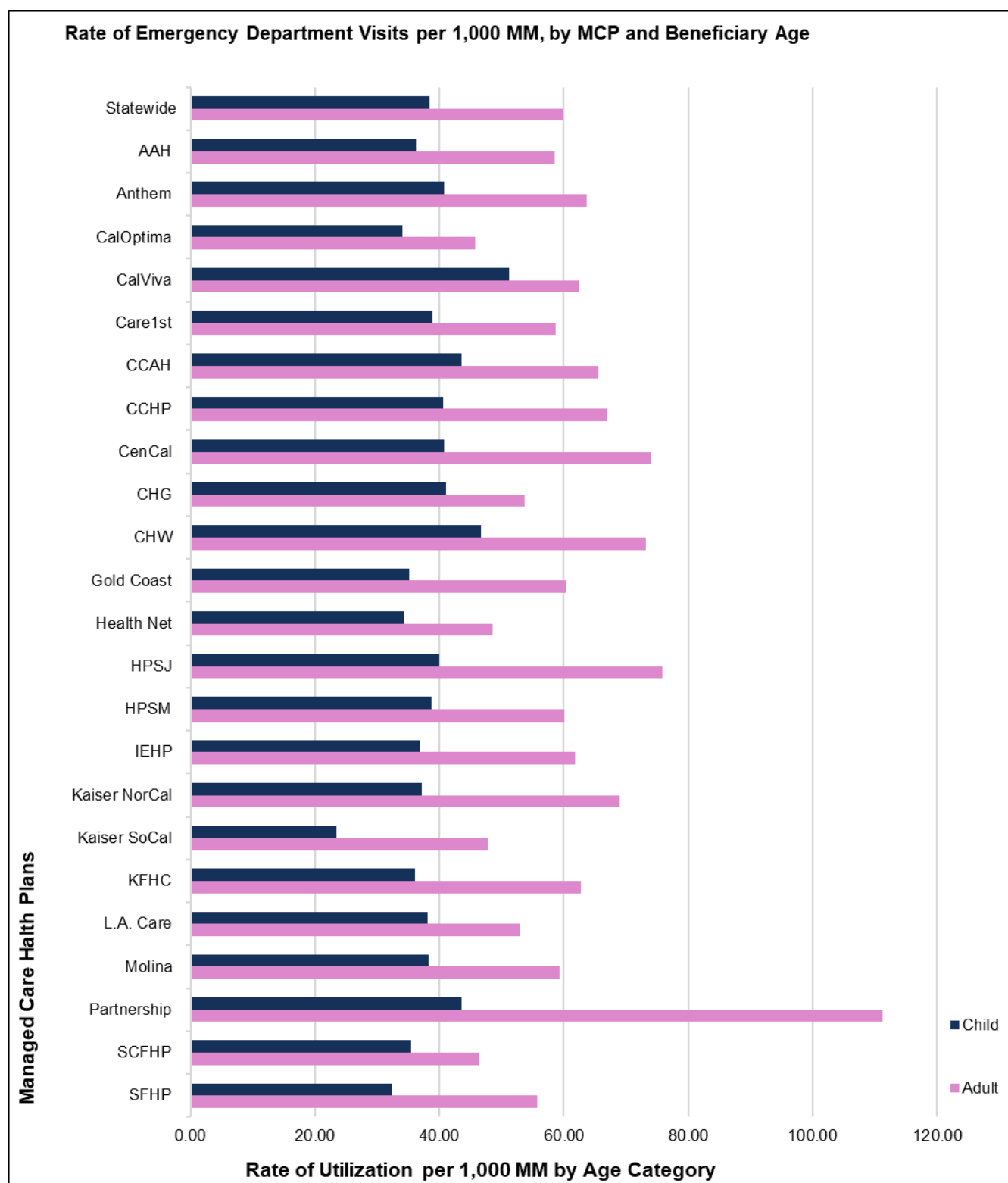
The key findings from Figure 5.40 are listed below:

♦ Emergency department visits were consistently lower for children than adults across all MCPs.

♦ Partnership had very high emergency department utilization for adults at 111 visits per 1,000 MM—nearly twice the statewide average.

♦ CalViva had high emergency department utilization for children at 51 visits per 1,000 MM.

♦ Kaiser SoCal had low emergency department utilization for both children and adults at 23 and 48 visits per 1,000 MM, respectively.

Appendix D contains detailed rates of emergency department utilization, by MCP and beneficiary age.

Figure 5.41 displays the CY 2017 rate of emergency department usage, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.41—Rate of Emergency Department Visits per 1,000 MM, by Urbanicity
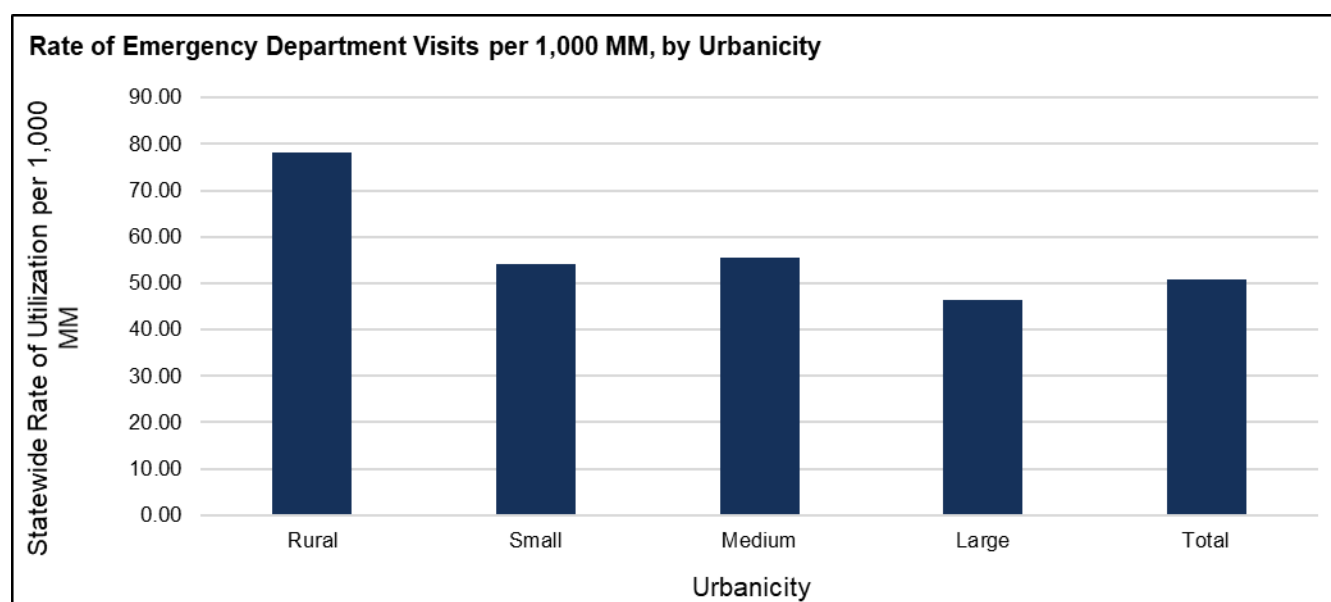
The key findings from Figure 5.41 are listed below:

♦ Statewide, rural areas had higher emergency department utilization than large or high-density areas.

♦ For some MCPs serving multiple urbanicities, rural or small areas had lower rates than large or high-density areas, such as Kaiser NorCal and Molina.

Appendix D contains detailed rates of emergency department utilization, by MCP and urbanicity.

Urgent Care Utilization: Figure 5.42 displays the CY 2017 rate of urgent care usage, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM.

Figure 5.42—Rate of Urgent Care Visits per 1,000 MM, by MCP and Beneficiary Age
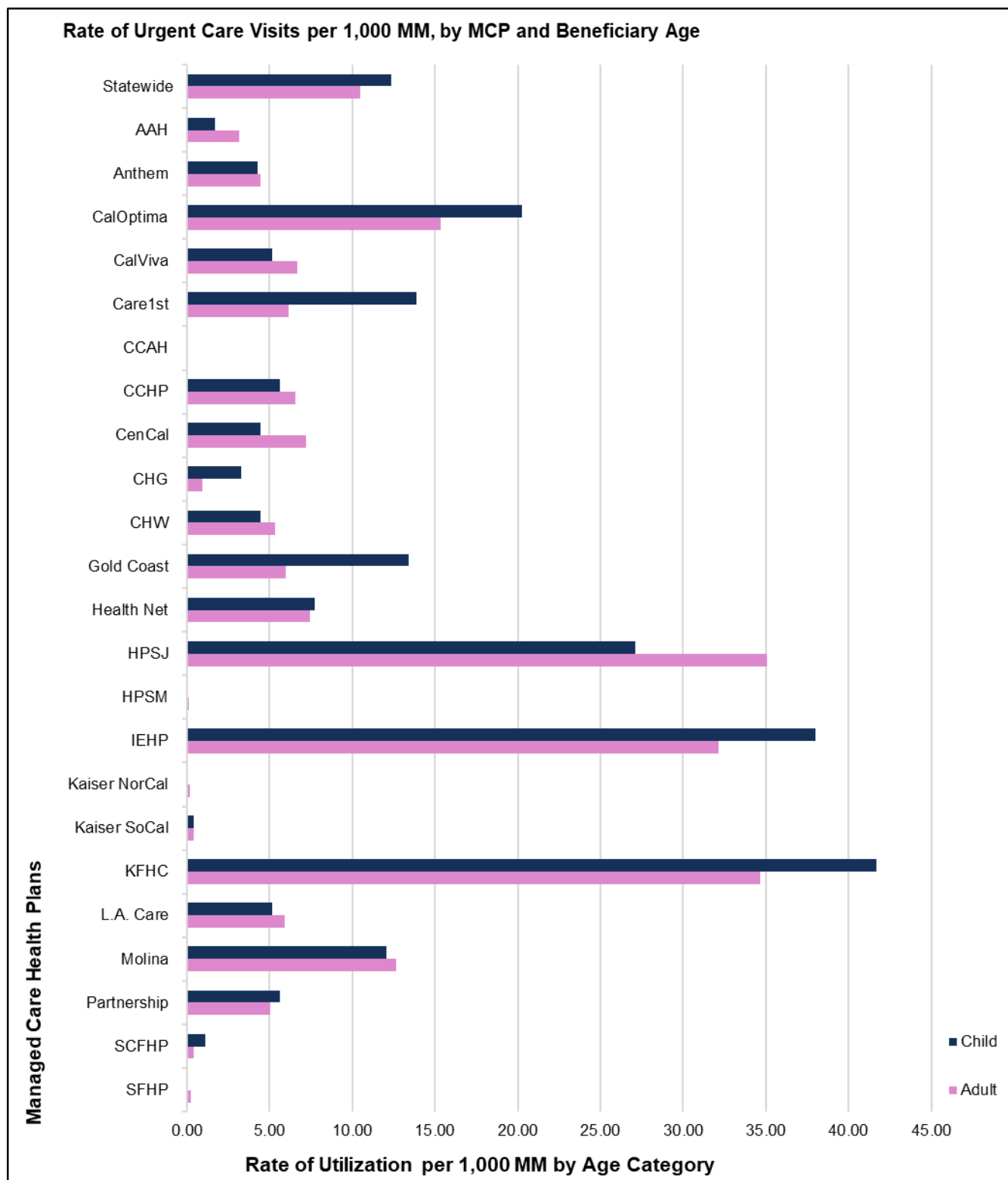
The key findings from Figure 5.42 are listed below:

♦ Three MCPs (HPSJ, KFHC, and IEHP) had high urgent care rates for both adults and children.

♦ Two MCPs (Care1st and Gold Coast) had high urgent care rates for children but relatively low rates for adults.

♦ Five MCPs (CCAH, HPSM, Kaiser NorCal, SFHP, and Kaiser SoCal) had very few urgent care visits for both children and adults at less than one visit per 1,000 MM.

Appendix D contains detailed rates of urgent care utilization, by MCP and beneficiary age.

Figure 5.43 displays the CY 2017 rate of urgent care usage, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.43—Rate of Urgent Care Visits per 1,000 MM, by Urbanicity
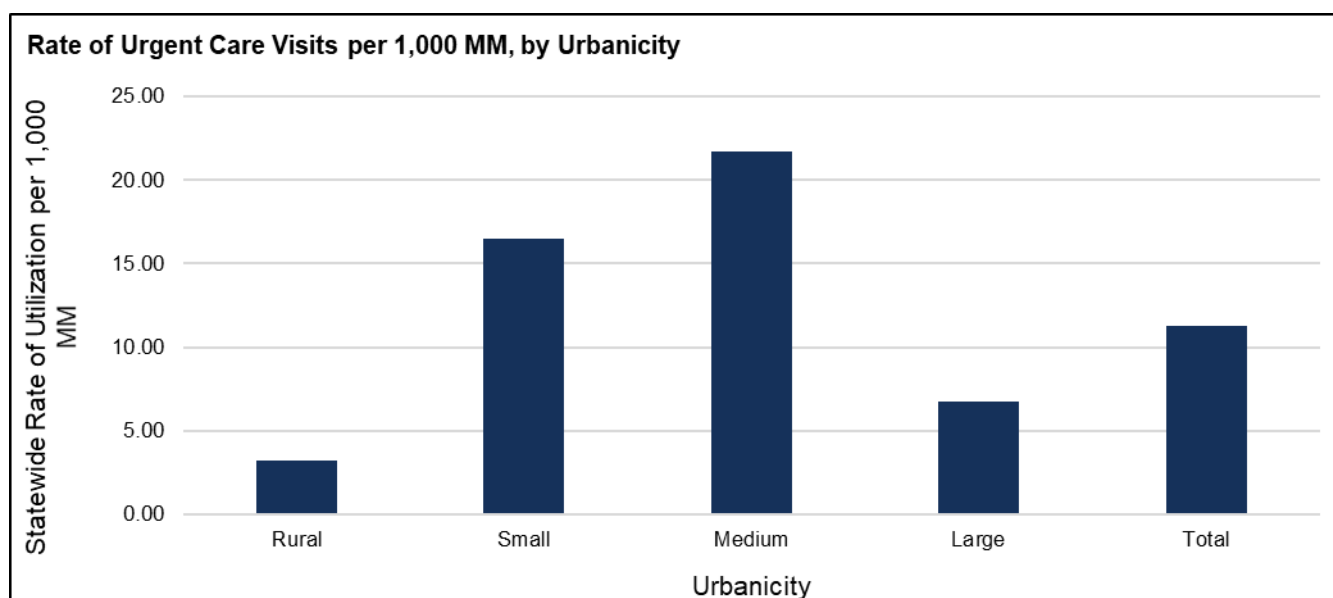
The key finding from Figure 5.43 is listed below:

♦ Small and medium urbanicities show higher utilization of urgent care visits, which is likely because the three MCPs (HPSJ, IEHP, and KFHC) that are in these urbanicities have very high urgent care utilization at over 30 per 1,000 MM.

Appendix D contains detailed rates of urgent care utilization, by MCP and urbanicity.

Inpatient Admissions: Figure 5.44 displays the CY 2017 rate of inpatient admissions, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM.

Figure 5.44—Rate of Inpatient Admissions per 1,000 MM, by MCP and Beneficiary Age
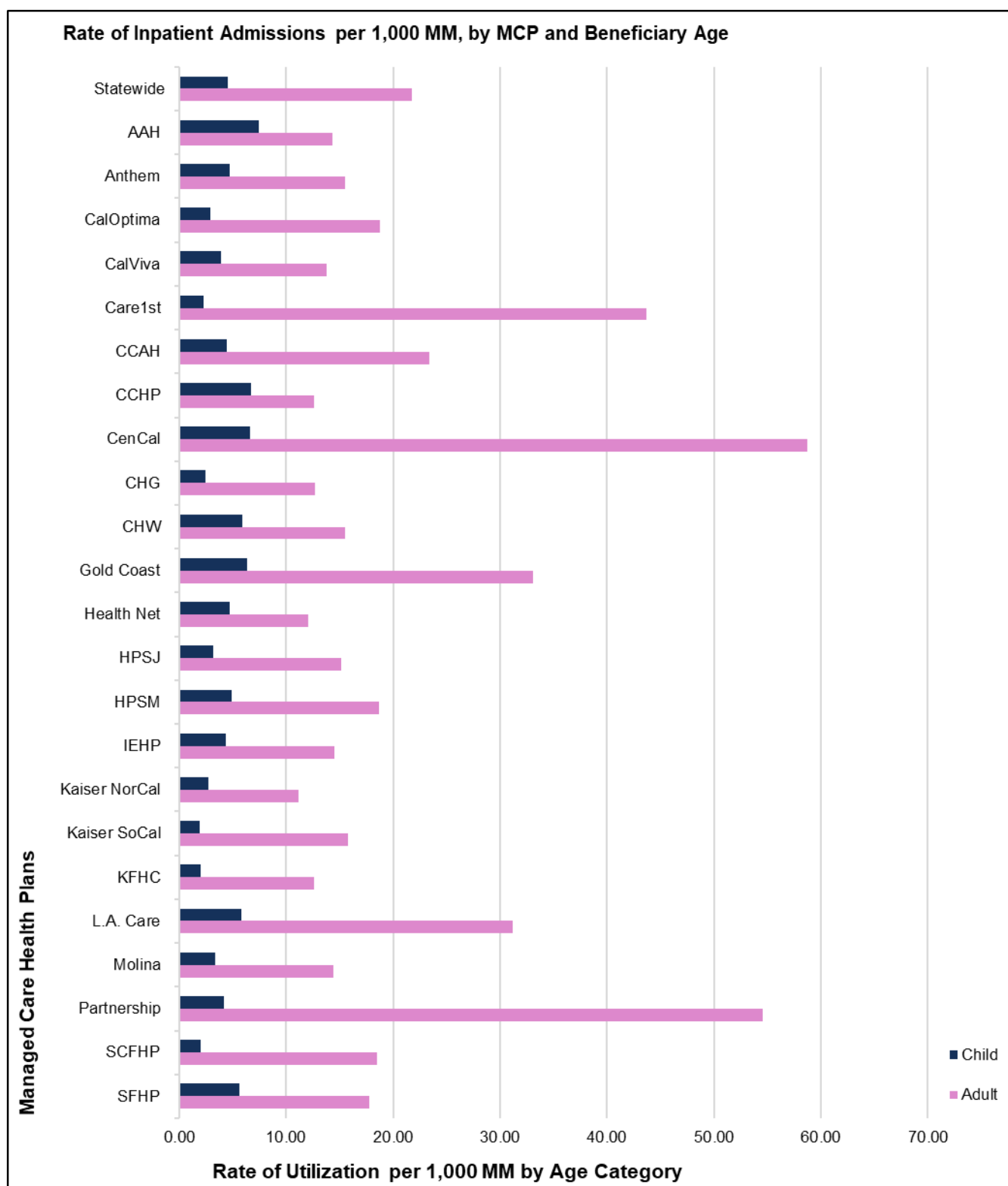
The key findings from Figure 5.44 are listed below:

♦ Three MCPs (CenCal, Partnership, and Care1st) had high adult inpatient utilization at 59, 55, and 44 admissions per 1,000 MM, respectively.
♦ Children had lower inpatient admission rates than adults across all MCPs.
♦ There was more variation across the MCPs for adult inpatient utilization than for child inpatient utilization.

Appendix D contains detailed inpatient admission rates, by MCP and beneficiary age.

Figure 5.45 displays the CY 2017 rate of inpatient admissions, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.45—Rate of Inpatient Admissions per 1,000 MM, by Urbanicity
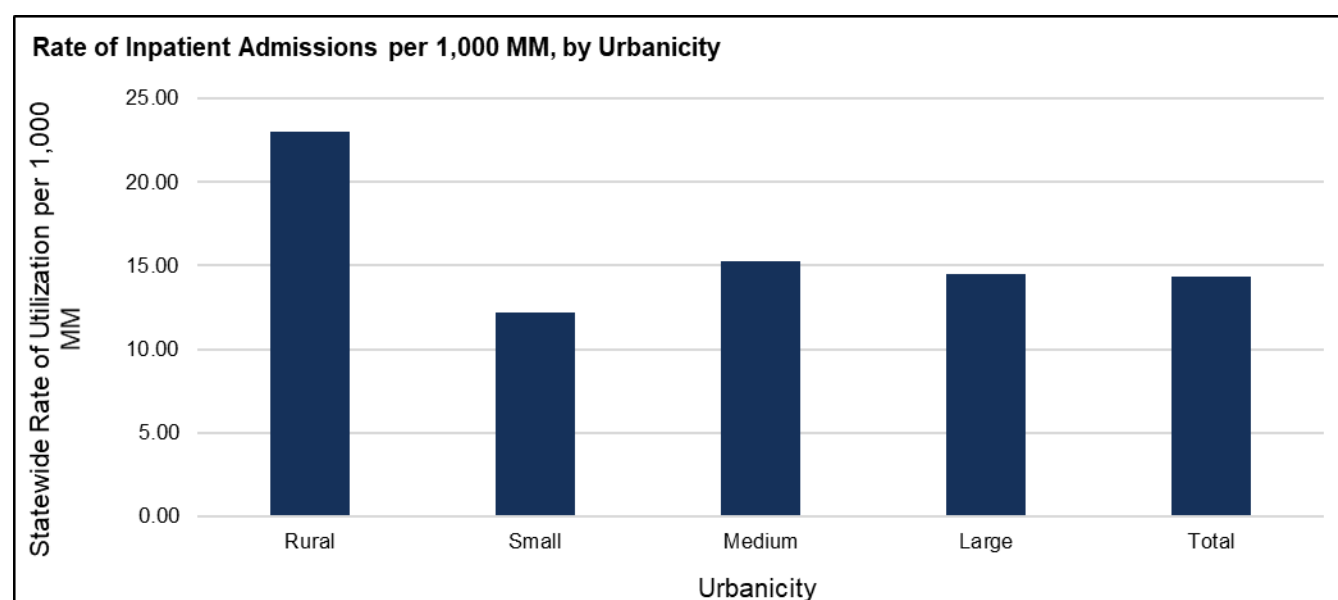
The key finding from Figure 5.45 is listed below:

♦ Statewide, rural areas had higher inpatient utilization than non-rural areas, which was driven by high rates for Partnership at 35 admissions per 1,000 MM.

Appendix D contains detailed rates of inpatient admissions, by MCP and urbanicity.

Outpatient Visits: Figure 5.46 displays the CY 2017 rate of outpatient visits, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM.

Figure 5.46—Rate of Outpatient Visits per 1,000 MM, by MCP and Beneficiary Age

Rate of Outpatient Visits per 1,000 MM, by MCP and Beneficiary Age
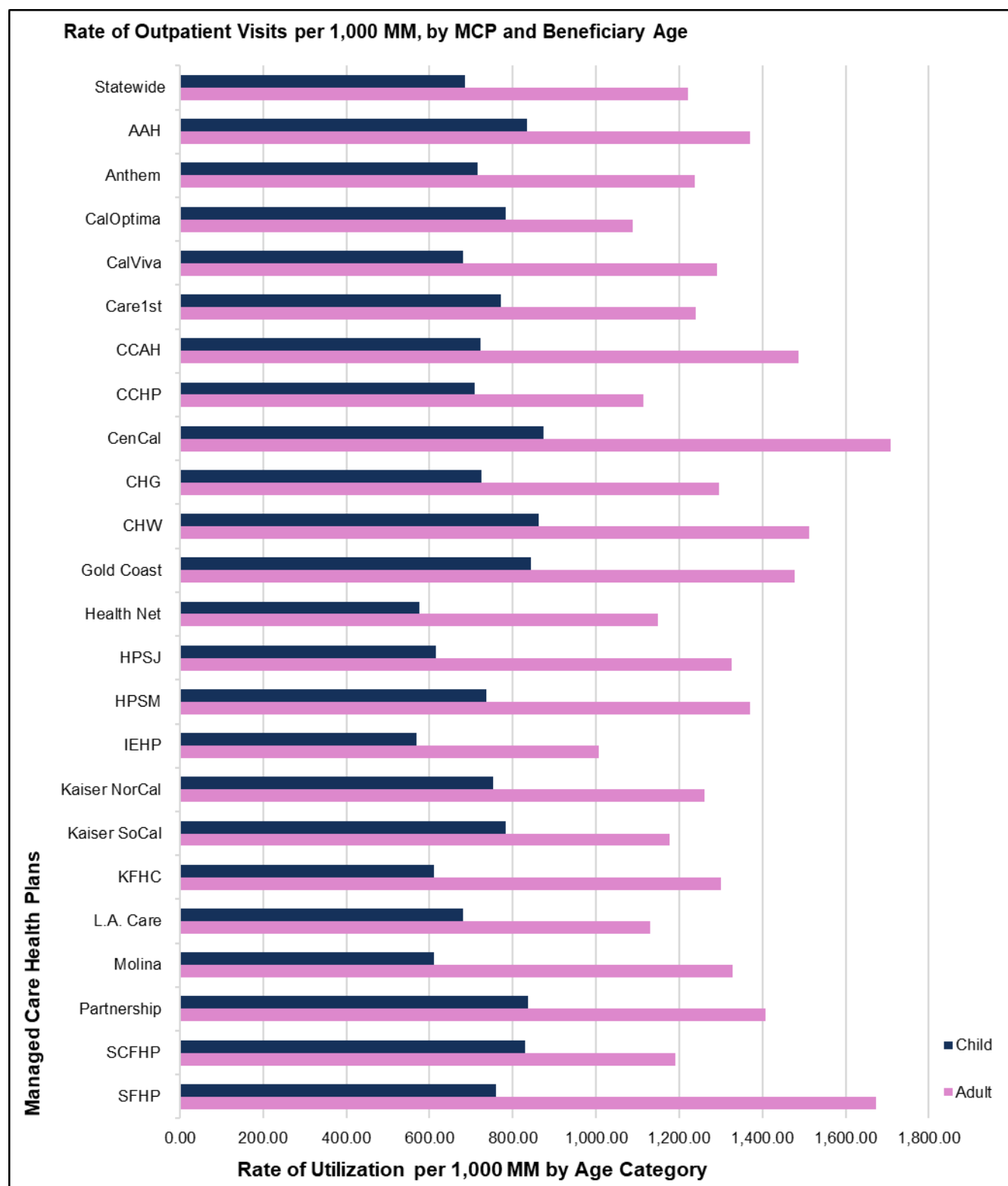
The key findings from Figure 5.46 are listed below:

♦ Two MCPs (CenCal and SFHP) had high outpatient utilization for adults at 1,708 and 1,674 visits per 1,000 MM, respectively.

♦ No MCP had fewer than 1,000 outpatient visits per 1,000 MM for adults.

♦ One MCP (IEHP) had the lowest outpatient utilization for both adults and children at 1,007 and 570 visits per 1,000 MM, respectively.

♦ Children had consistently lower outpatient visit rates across all MCPs.

Appendix D contains detailed outpatient visit rates, by MCP and beneficiary age.

Figure 5.47 displays the CY 2017 rate of outpatient visits, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.47—Rate of Outpatient Visits per 1,000 MM, by Urbanicity
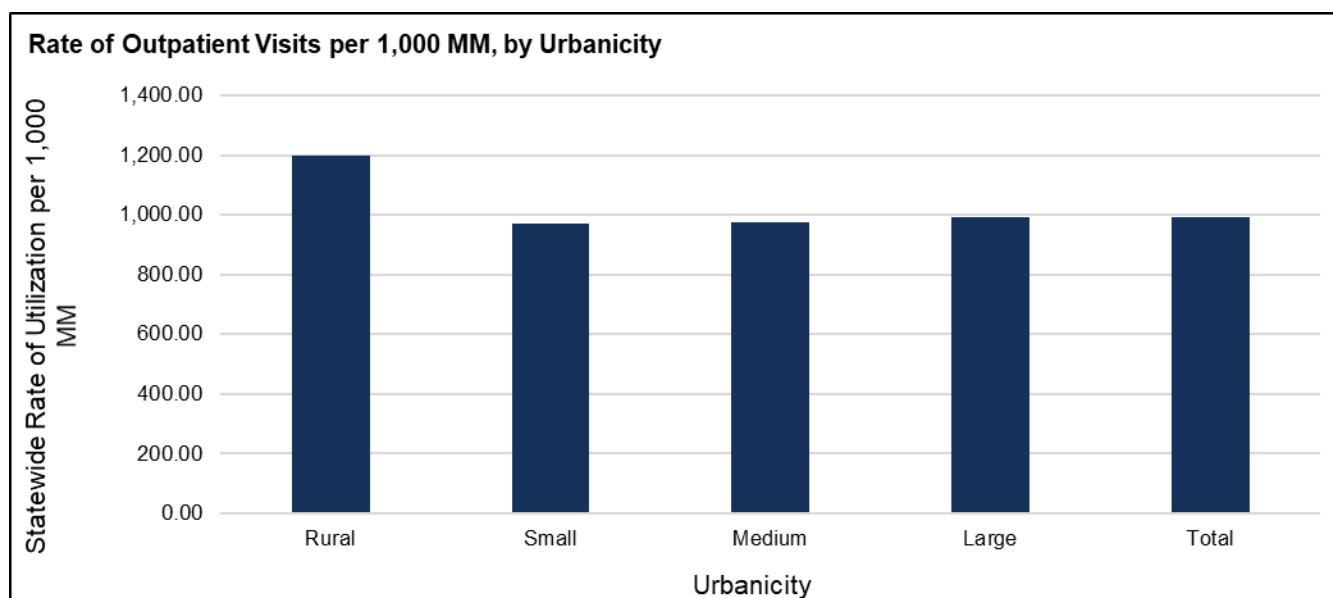
The key findings from Figure 5.47 are listed below:

♦ Statewide, rural areas had higher outpatient utilization than non-rural areas at 1,199 visits per 1,000 MM.

Appendix D contains detailed outpatient visit rates, by MCP and urbanicity.

Mental Health Outpatient Visits: Figure 5.48 displays the CY 2017 rate of mental health outpatient visits, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM.

Figure 5.48—Rate of Mental Health Outpatient Visits per 1,000 MM, by MCP and Beneficiary Age

Rate of Mental Health Outpatient Visits per 1,000 MM, by MCP and Beneficiary Age
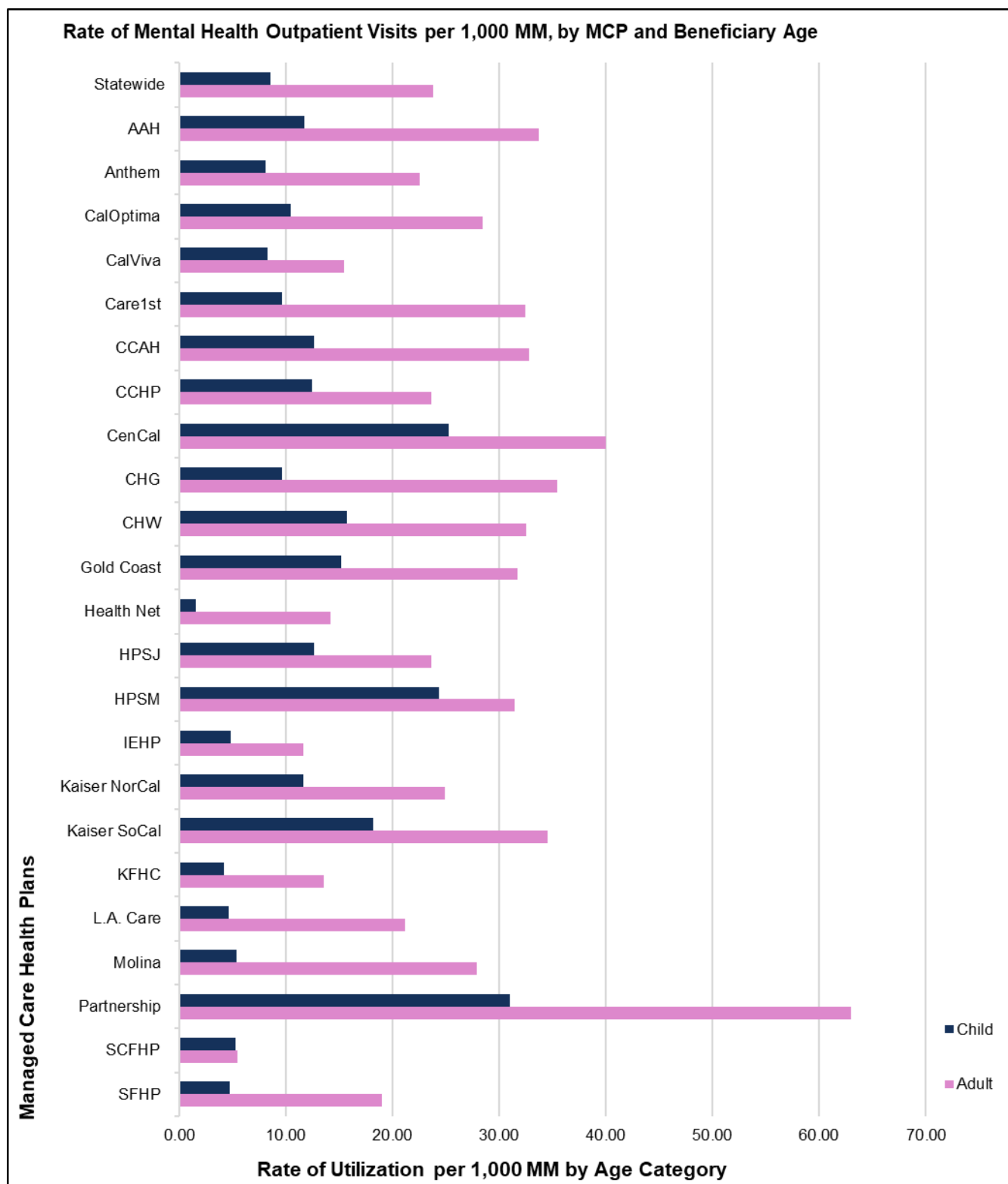
The key findings from Figure 5.48 are listed below:

♦ Children had consistently lower mental health outpatient utilization rates than adults across all MCPs.

♦ One MCP (Partnership) had the highest mental health outpatient utilization rates for both adults and children at 63 and 31 visits per 1,000 MM, respectively.

♦ Three MCPs (Partnership, CenCal, and HPSM) had high rates for children, ranging between 24 and 31 visits per 1,000 member months.

♦ One MCP (SCFHP) had low utilization rates for both children and adults at five visits per 1,000 MM.

♦ Health Net had the lowest utilization rates for children, with fewer than two visits per 1,000 MM.

Appendix D contains detailed rates of mental health outpatient visits, by MCP and beneficiary age.

Figure 5.49 displays the CY 2017 rate of mental health outpatient visits, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.49—Rate of Mental Health Outpatient Visits per 1,000 MM, by Urbanicity
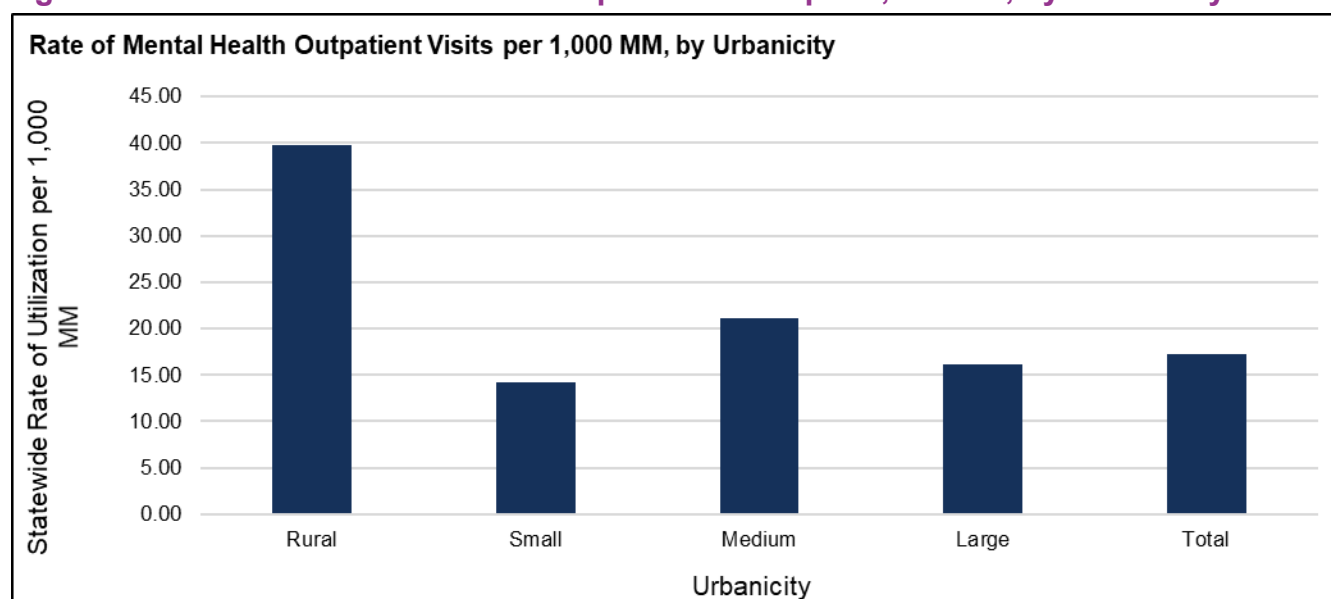
The key findings from Figure 5.49 are listed below:

♦ Statewide, rural areas had the highest mental health outpatient rates at 40 visits per 1,000 MM, which was driven by very high utilization rates for Partnership, with 61 visits per 1,000 MM.

Appendix D contains detailed rates of mental health outpatient visits, by MCP and urbanicity.

Telehealth/Telemedicine Visits: Table 5.13 displays the CY 2017 rate of telehealth/telemedicine visits, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM. Note that to satisfy the HIPAA Privacy Rule's de-identification standard, MCP rates with numerators less than 11 have been suppressed (indicated by "S").

Table 5.13—Rate of Telehealth Visits per 1,000 MM, by MCP and Beneficiary Age

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	65	0.03	0	0.00	65	0.02
Anthem	3,811	0.71	400	0.10	4,211	0.44
CalOptima	13	0.00	0	0.00	13	0.00
CalViva	2,651	1.19	76	0.04	2,727	0.62
Care1st	27	0.04	S	S	S	S
CCAH	1,398	0.64	307	0.15	1,705	0.40
CCHP	S	S	0	0.00	S	S
CenCal	1,125	1.00	S	S	S	S
CHG	25	0.01	S	S	S	S
CHW	1,763	1.36	159	0.16	1,922	0.84
Gold Coast	2,329	1.76	34	0.03	2,363	0.96
Health Net	1,549	0.15	84	0.01	1,633	0.09
HPSJ	1,050	0.48	111	0.06	1,161	0.28
HPSM	S	S	S	S	S	S
IEHP	1,465	0.19	82	0.01	1,547	0.10
Kaiser NorCal	S	S	0	0.00	S	S
Kaiser SoCal	S	S	S	S	S	S
KFHC	1,459	1.02	64	0.04	1,523	0.51
L.A. Care	341	0.02	24	0.00	365	0.01
Molina	541	0.16	34	0.01	575	0.10
Partnership	7,440	1.78	441	0.16	7,881	1.15
SCFHP	S	S	S	S	S	S
SFHP	109	0.10	S	S	S	S
Statewide	**27,179**	**0.37**	**1,850**	**0.03**	**29,029**	**0.23**

The key findings from Table 5.13 are listed below:

♦ Rates for child telehealth visits were very low across all plans, with the highest rate at 0.16 visits per 1,000 MM (Partnership and CHW).

♦ Rates for adults varied substantially across plans, from zero (CalOptima) to 1.78 (Partnership) visits per 1,000 MM.

Appendix D contains detailed rates of telehealth/telemedicine visits, by MCP and beneficiary age.

Figure 5.50 displays the CY 2017 rate of telehealth/telemedicine visits, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.50—Rate of Telehealth Visits per 1,000 MM, by Urbanicity
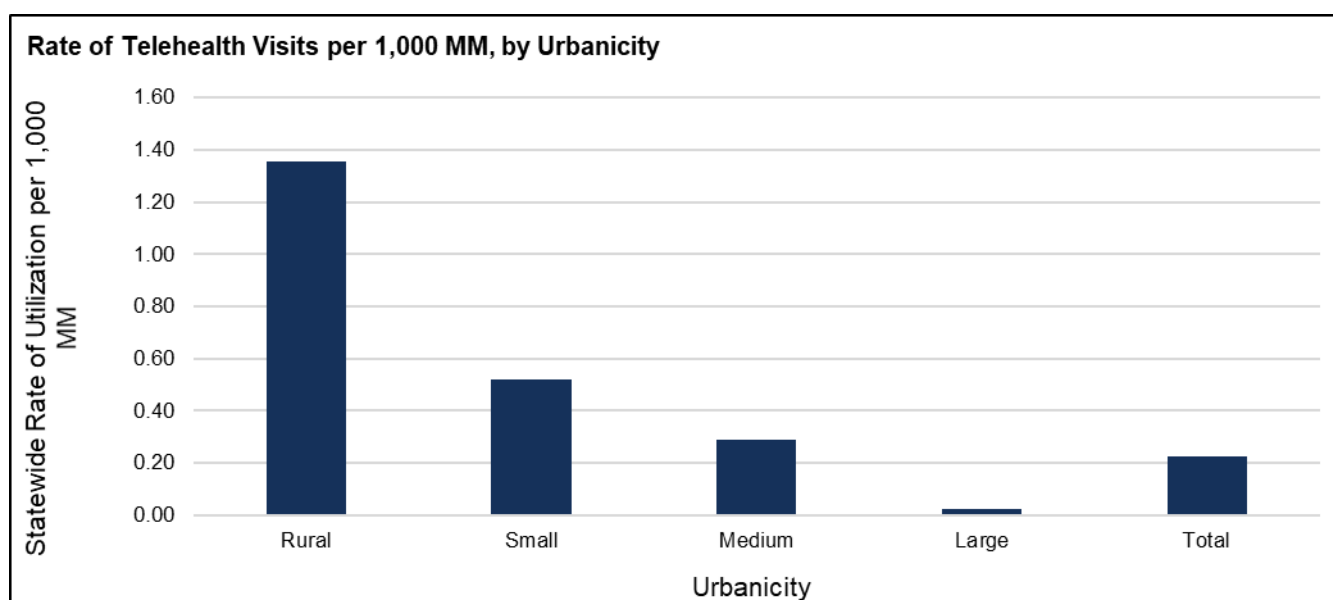
The key findings from Figure 5.50 are listed below:

♦ Statewide, telehealth visits were most often used in rural areas, although this was driven by one MCP (Partnership). Rates of telehealth visits decreased as urbanicity increased.

Appendix D contains detailed rates of telehealth/telemedicine visits, by MCP and urbanicity.

NMT Services: Table 5.14 displays the CY 2017 rate of NMT services, by MCP and beneficiary age. Results are displayed as the rate per 1,000 MM. Note that to satisfy the HIPAA Privacy Rule's de-identification standard, MCP rates with numerators less than 11 have been suppressed (indicated by "S").

Table 5.14—NMT Services, by MCP and Beneficiary Age*

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	41,834	21.66	74	0.06	41,908	13.24
Anthem	173,270	32.37	2,117	0.51	175,387	18.53
CalOptima	101,986	19.26	269	0.07	102,255	11.04
CalViva	67,342	30.21	1,349	0.63	68,691	15.73
Care1st	100	0.13	0	0.00	100	0.10
CCAH	36,596	16.85	36	0.02	36,632	8.62
CCHP	6,255	4.86	S	S	S	S
CenCal	12,339	11.00	245	0.24	12,584	5.85
CHG	30,530	15.88	49	0.03	30,579	8.95
CHW	5,605	4.32	65	0.06	5,670	2.47
Gold Coast	20,541	15.49	55	0.05	20,596	8.37
Health Net	419,702	39.90	2,590	0.35	422,292	23.54
HPSJ	44,963	20.66	383	0.19	45,346	10.86
HPSM	27,420	35.97	14	0.02	27,434	20.41
IEHP	159,023	20.22	1,268	0.18	160,291	10.79
Kaiser NorCal	13,949	25.42	309	0.54	14,258	12.77
Kaiser SoCal	9,699	27.13	39	0.14	9,738	15.43
KFHC	31,218	21.75	286	0.19	31,504	10.59
L.A. Care	316,358	21.60	2,993	0.30	319,351	13.04
Molina	219,566	66.23	2,861	1.21	222,427	39.17
Partnership	56,234	13.47	230	0.09	56,464	8.23
SCFHP	59,715	31.71	570	0.44	60,285	18.88
SFHP	6,724	5.87	S	S	S	S
Statewide	**1,860,969**	**25.31**	**15,814**	**0.29**	**1,876,783**	**14.56**

The key findings from Table 5.14 are listed below:

♦ NMT services were utilized almost exclusively by adults, with the highest rate for children at 1.21 per 1,000 MM (Molina).
♦ Molina also had very high NMT rates for adults at 66 per 1,000 MM.
♦ One MCP (Care1st) had very low rates of less than one per 1,000 MM.

Appendix D contains detailed rates of NMT services, by MCP and beneficiary age.

Figure 5.51 displays the CY 2017 rate of NMT services, by urbanicity. Results are displayed as the rate per 1,000 MM.

Figure 5.51—NMT Services, by Urbanicity
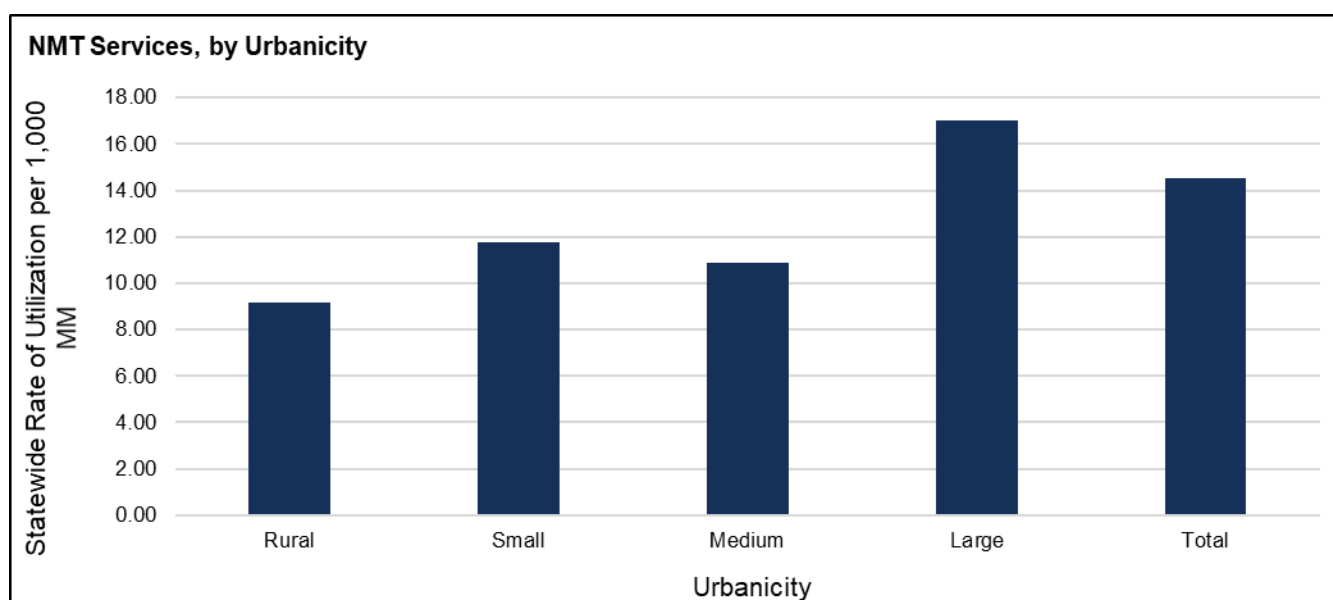
The key findings from Figure 5.51 are listed below:

♦ Statewide, NMT services were typically used in large or high-density areas.

Appendix D contains detailed rates of NMT services, by MCP and urbanicity.

The second set of utilization measures that were assessed included four HEDIS measures:

♦ *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)*
♦ *Ambulatory Care (AMB)*
♦ *Prenatal and Postpartum Care (PPC)*
♦ *Children and Adolescents' Access to Primary Care Practitioners (CAP)*

Note that despite similarities in some measure names, the definitions of the specific service measures assessed above and the HEDIS measures are different, and as a result the values between the two measure groups are not expected to match.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34): Figure 5.52 displays the percentage of children ages 3 to 6 years that received a well-child visit, as well as the DHCS minimum performance level and high performance level for the measure.

Figure 5.52—Percentage of Children Ages 3–6 Years with A Well-Child Visit (W34), by MCP

Percentage of Children Aged 3-6 Years Old with a Well-Child Visit by MCP
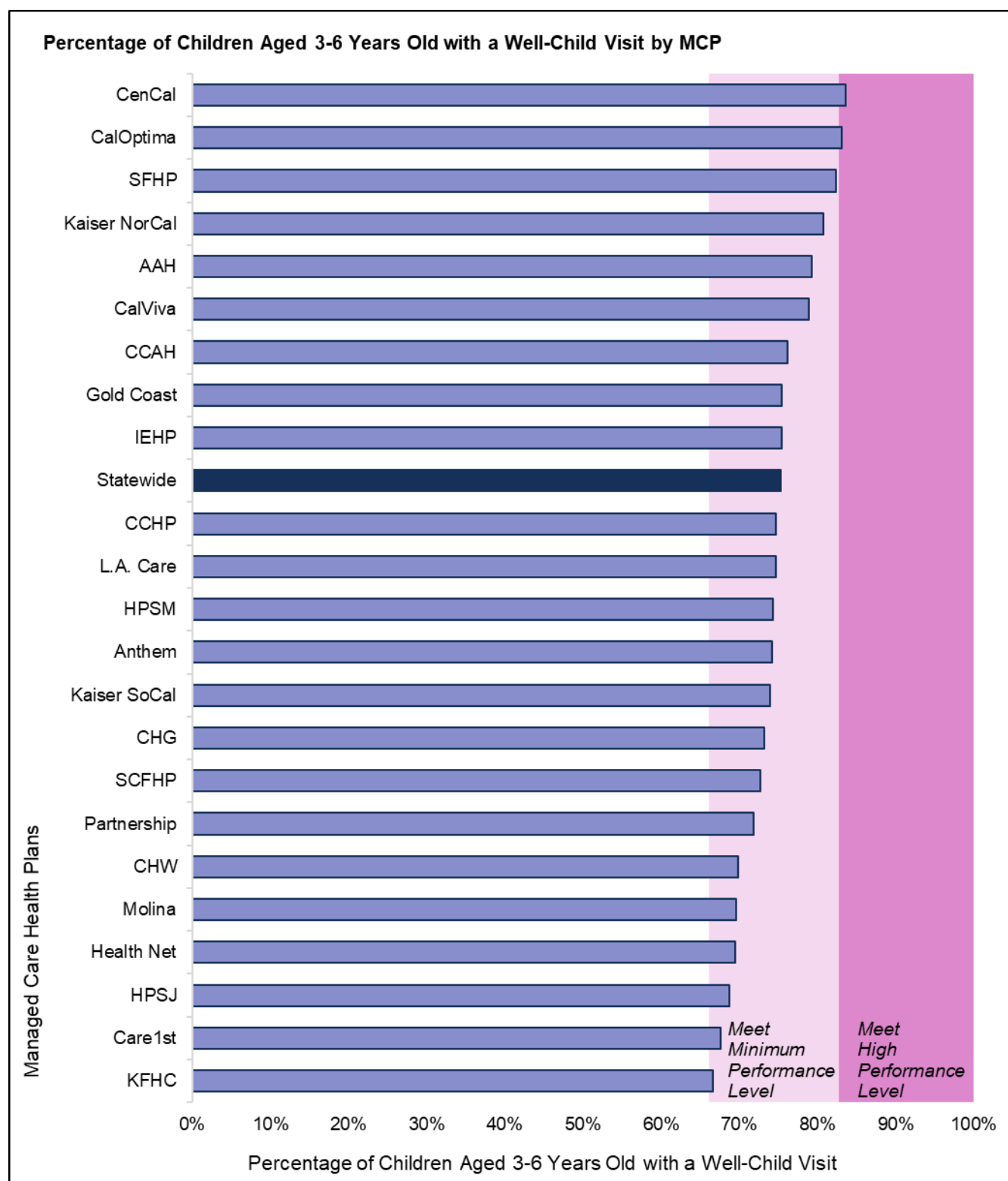
The key findings from Figure 5.52 are listed below:

♦ All MCPs met the minimum performance level for the percentage of children ages 3 to 6 years with a PCP visit during the year.

♦ Two MCPs (CenCal and CalOptima) met the high performance level.

Figure 5.53 displays the *W34* rates, by beneficiary urbanicity.

Figure 5.53—Percentage of Children Ages 3–6 Years with A Well-Child Visit (W34), by Urbanicity
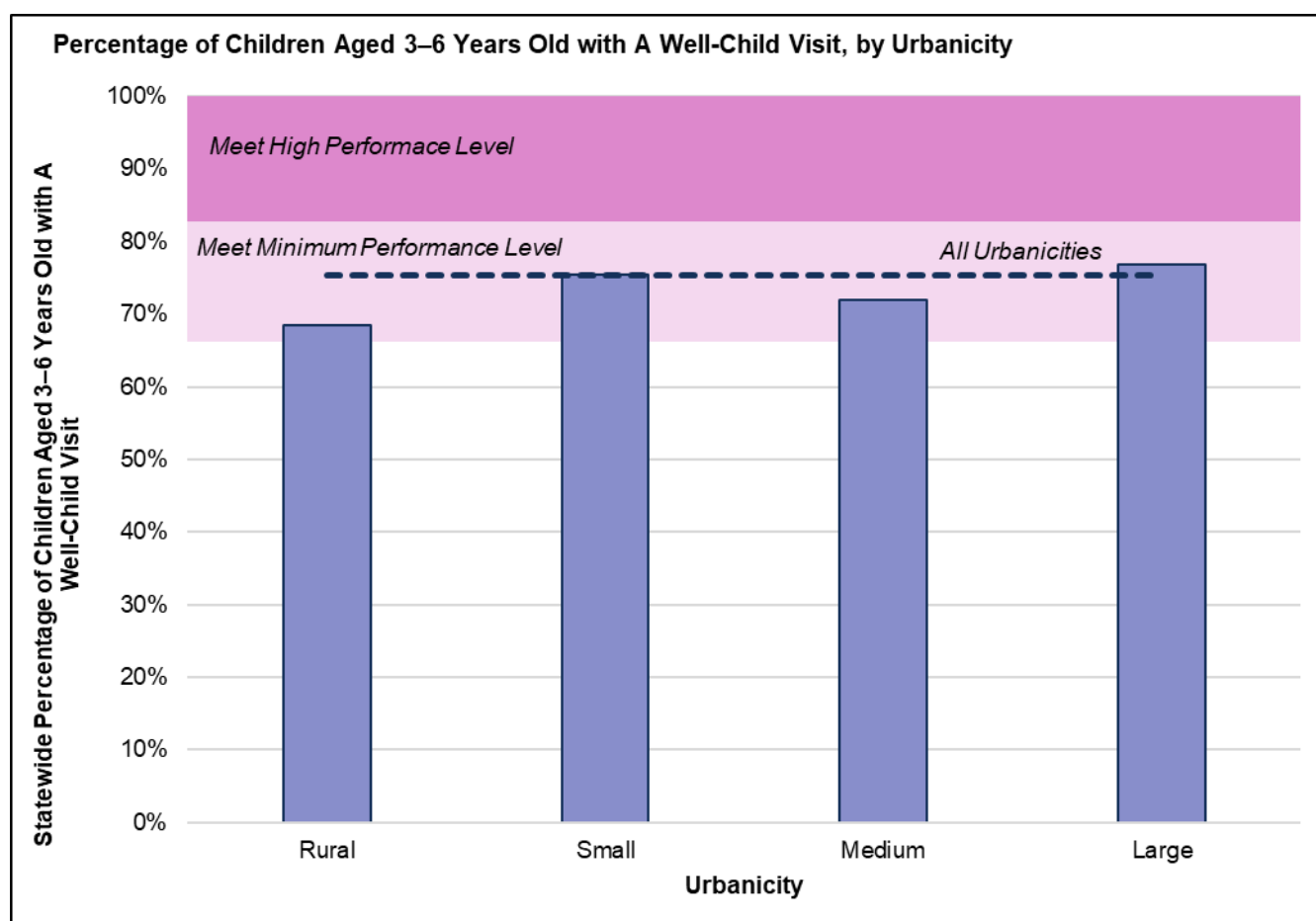
The key finding from Figure 5.53 is listed below:

♦ Children ages 3 to 6 years in rural areas had lower rates of PCP visits when compared to children in large or high-density areas.

Appendix D contains detailed *W34* rates, by MCP and urbanicity.

Ambulatory Care—Emergency Department Visits: Figure 5.54 displays emergency department visit rates per 1,000 MM, by MCP and beneficiary age.

Figure 5.54—Rate of Ambulatory Care—Emergency Department Visits per 1,000 MM, by MCP and Beneficiary Age

Rate of Ambulatory Care-Emergency Department Visits per 1,000 MM, by MCP and Beneficiary Age
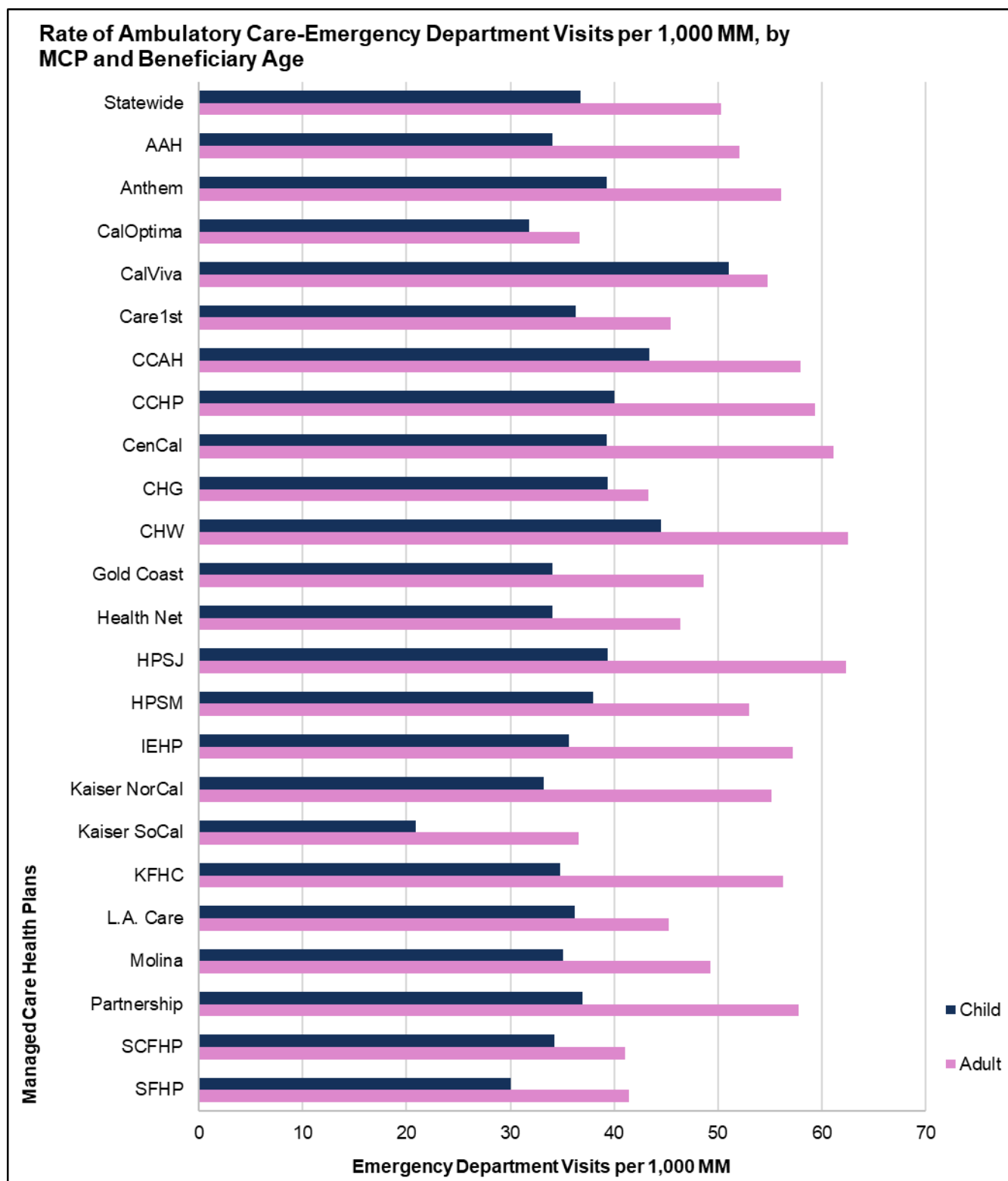
The key findings from Figure 5.54 are listed below:

♦ Ambulatory emergency department visits were consistently lower for children than adults across all MCPs.
♦ Five MCPs (CalOptima, Kaiser NorCal, Kaiser SoCal, SCFHP, and SFHP) had low emergency department utilization for children.
♦ Kaiser SoCal had low emergency department utilization in combination with relatively high outpatient utilization, suggesting beneficiaries may be obtaining outpatient treatment in lieu of the emergency department.
♦ Conversely, Anthem, Partnership, HPSJ, and CHW had low overall outpatient utilization but relatively high emergency department utilization.
♦ Three MCPs (CalOptima, CalViva, and CHG) had only a small difference between child and adult emergency department utilization rates.

Appendix D contains detailed ambulatory care rates for emergency department visits, by MCP and beneficiary age.

Figure 5.55 displays the ambulatory care rates for emergency department visits, by beneficiary urbanicity.

Figure 5.55—Rate of Ambulatory Care—Emergency Department Visits per 1,000 MM, by Urbanicity
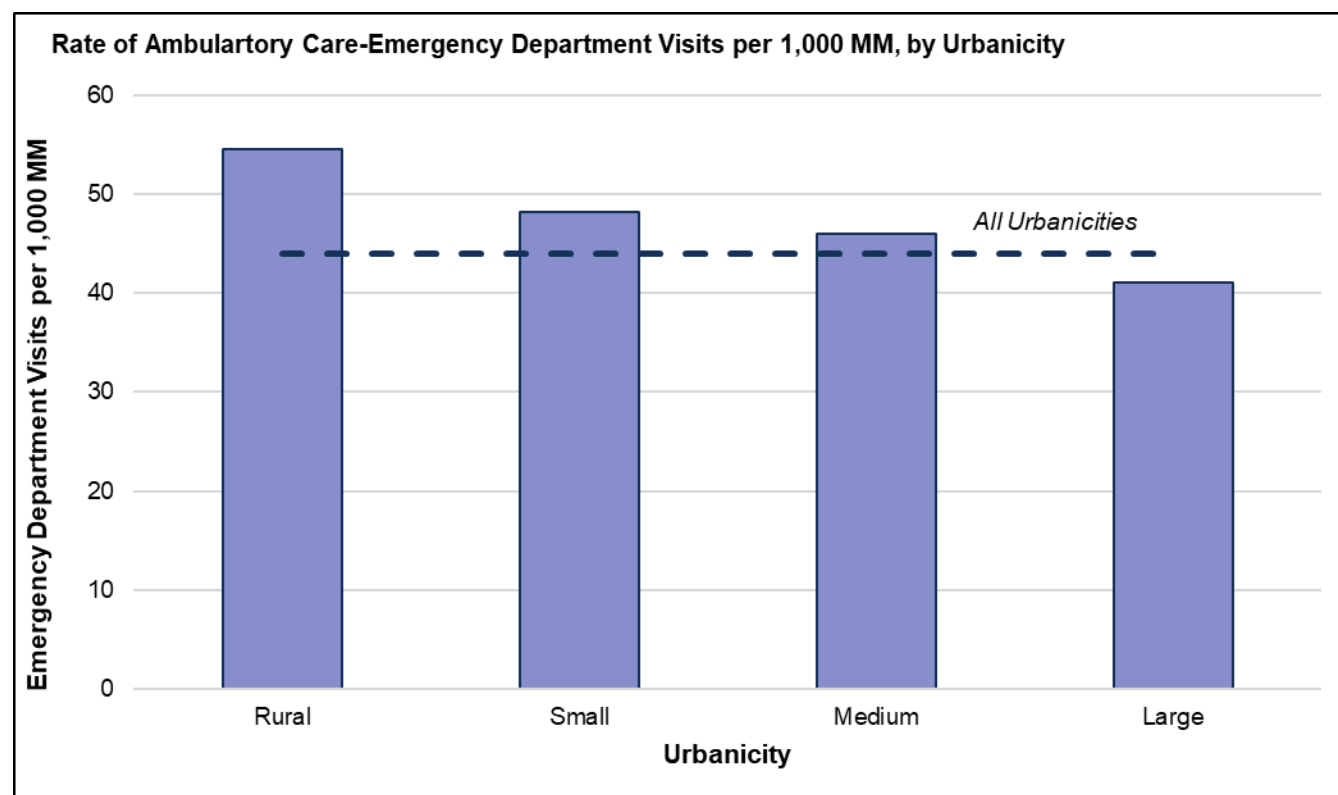
The key findings from Figure 5.55 are listed below:

♦ Statewide, the rate of ambulatory emergency department visits decreased as urbanicity increased. This general trend was also evident in the emergency department utilization measure described above.

♦ The low statewide ambulatory emergency department visit rate for large urbanicity areas was driven by low rates for MCPs that exclusively serve these areas, such as Kaiser SoCal, CalOptima, SFHP, and SCFHP.

Appendix D contains detailed ambulatory care rates for emergency department visits, by MCP and urbanicity.

Ambulatory Care—Outpatient Visits: Figure 5.56 displays rates of outpatient visits per 1,000 MM, by MCP and beneficiary age.

Figure 5.56—Rate of Ambulatory Care—Outpatient Visits per 1,000 MM, by MCP and Beneficiary Age

Rate of Ambulatory Care - Outpatient Visits Per 1,000 MM, by MCP and Beneficiary Age
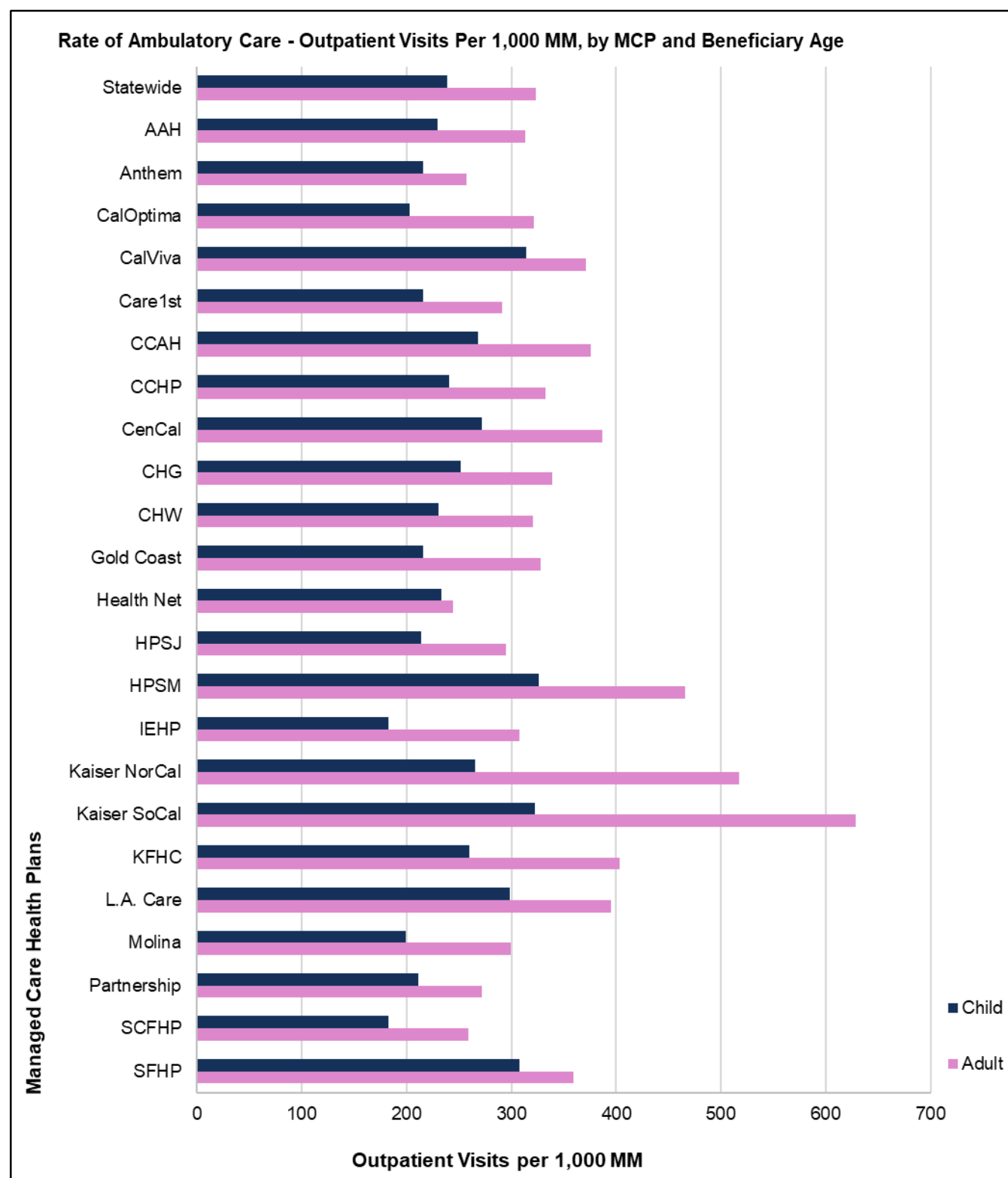
The key findings from Figure 5.56 are listed below:

♦ Ambulatory outpatient visits were consistently lower for children than adults across all MCPs.

♦ One MCP (Kaiser SoCal) had very high outpatient utilization. Two additional MCPs (HPSM and Kaiser NorCal) had particularly high outpatient utilization compared to other MCPs.

♦ Two MCPs (IEHP and SCFHP) had particularly low outpatient utilization for children.

♦ Two MCPs (Health Net and Anthem) had similar rates between children and adults.

Appendix D contains detailed ambulatory care rates for outpatient visits, by MCP and beneficiary age.

Figure 5.57 displays the ambulatory care rates for outpatient visits, by MCP and beneficiary urbanicity.

Figure 5.57—Rate of Ambulatory Care—Outpatient Visits per 1,000 MM, by Urbanicity
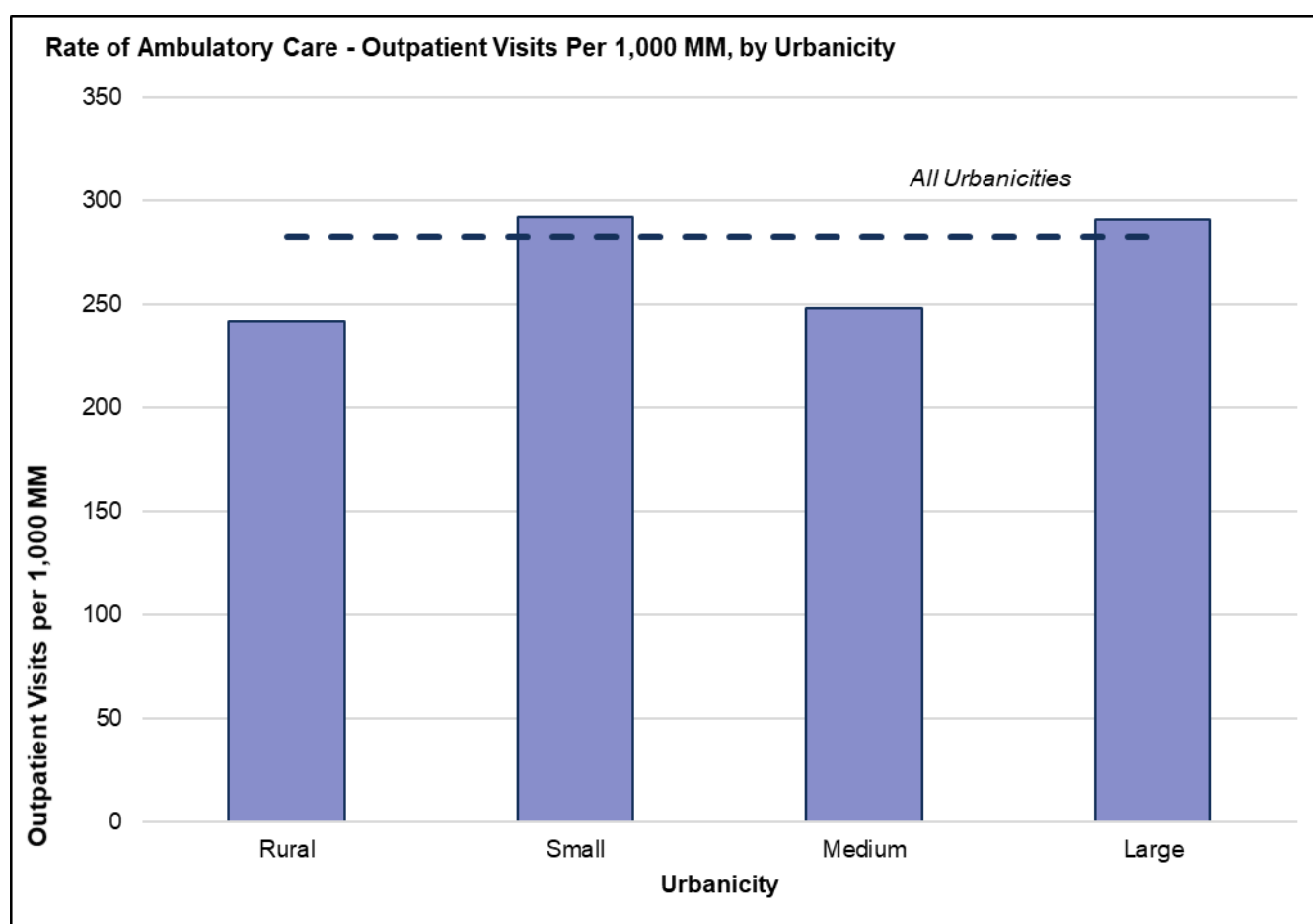
The key finding from Figure 5.57 is listed below:

♦ Statewide, outpatient rates were similar for rural and medium density areas, and small and large areas had similar rates.

Appendix D contains detailed ambulatory care rates for outpatient visits, by MCP and urbanicity.

Children and Adolescents' Access to Primary Care Practitioners (CAP): Figure 5.58 displays the percentage of children ages 12 months to 19 years who had a visit with a PCP.

Figure 5.58—Percentage of Children Ages 12 Months to 19 Years Who Had a Visit with a PCP

Percentage of Children Ages 12 Months to 19 Years of Age Who Had a Visit with a PCP, by MCP
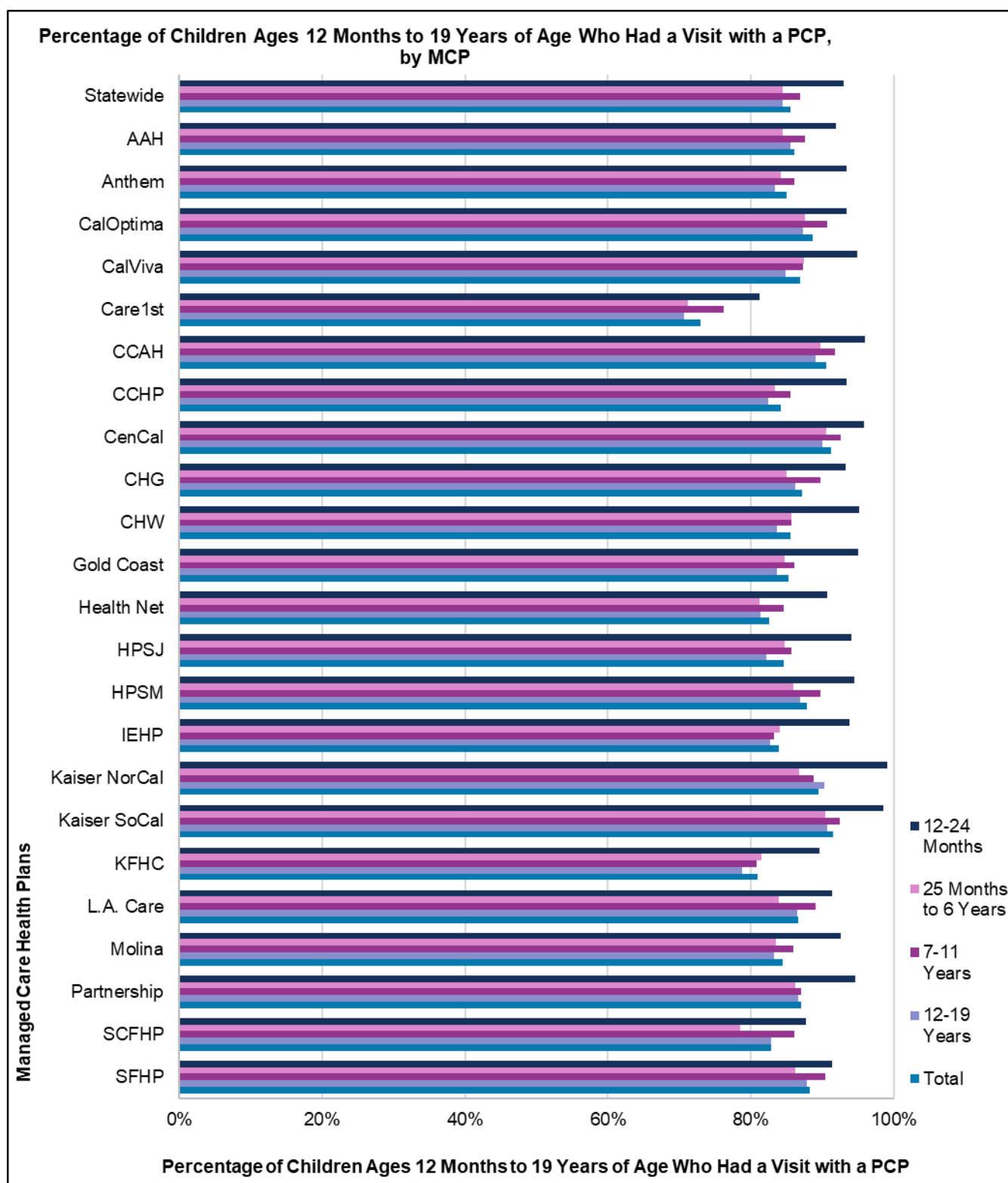
The key findings from Figure 5.58 are listed below:

♦ Children in the youngest age bracket (i.e. between 12 and 24 months) had the highest rates among all MCPs.

♦ One MCP (Care1st) had noticeably lower rates than did other MCPs.

Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC-Pre): Figure 5.59 displays the percentage of deliveries that received a timely prenatal visit, by MCP, as well as the DHCS minimum performance level and high performance level for the measure.

Figure 5.59—Percentage of Deliveries That Received a Timely Prenatal Visit (PPC-Pre), by MCP
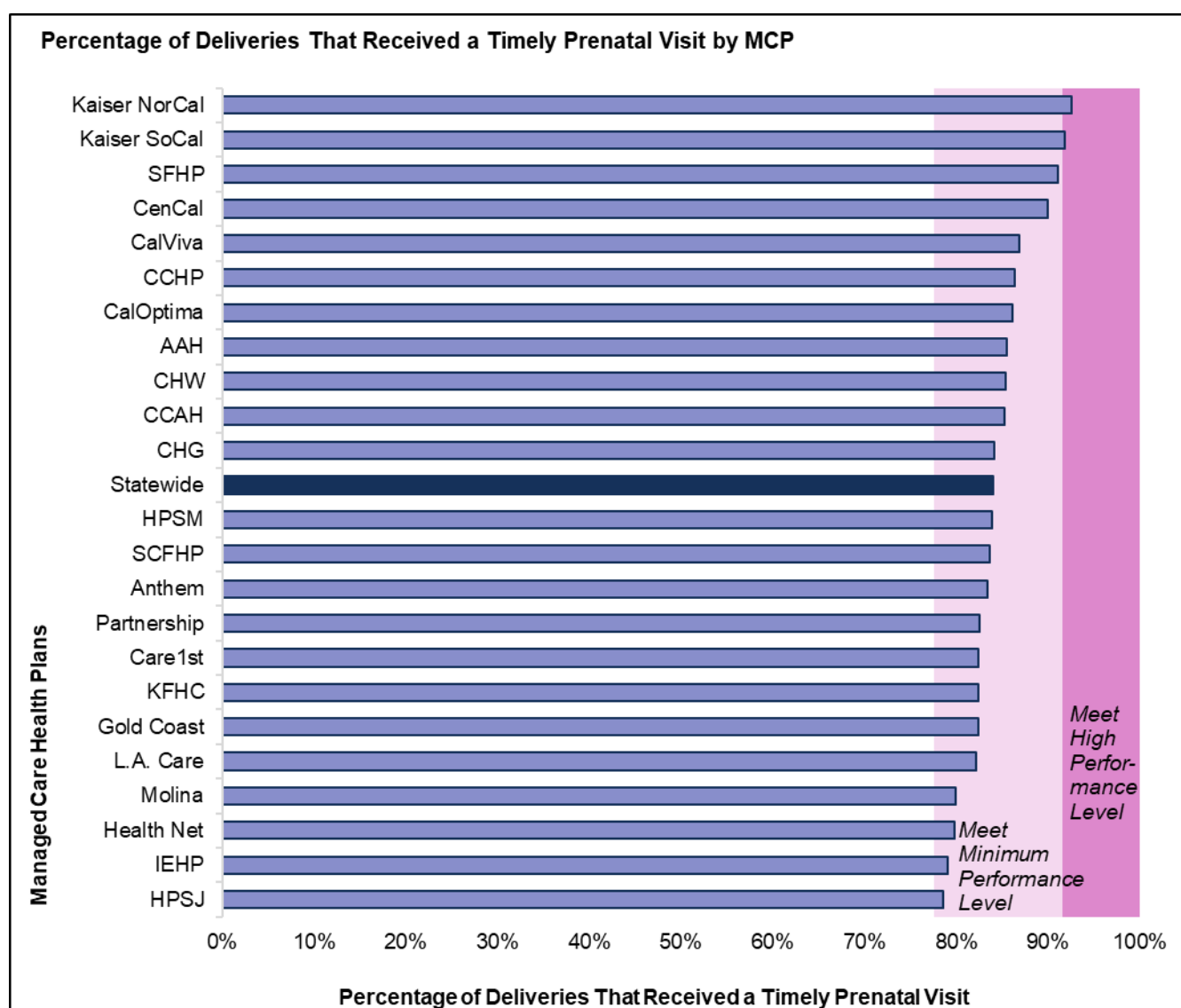
The key findings from Figure 5.59 are listed below:

♦ Two MCPs' rates (Kaiser NorCal and Kaiser SoCal) were above the high performance level.

♦ All MCPs rates met the minimum performance level, with rates of at least 77.7 percent.

Appendix D contains detailed *PPC-Pre* rates, by MCP and beneficiary age.

Figure 5.60 displays the percentage of deliveries that received a timely prenatal visit, by beneficiary urbanicity.

Figure 5.60—Percentage of Deliveries That Received a Timely Prenatal Visit (PPC-Pre), by Urbanicity
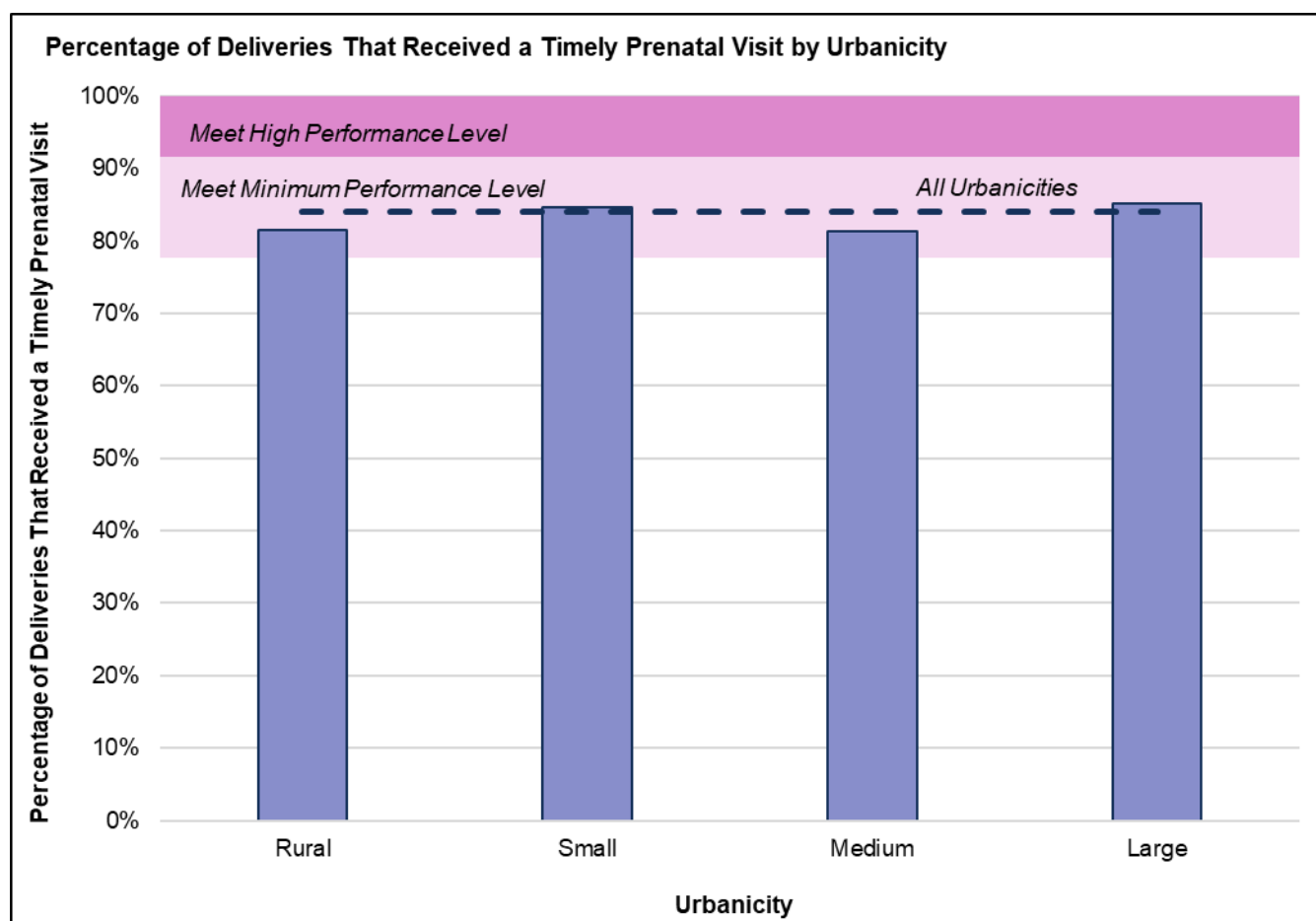
The key findings from Figure 5.60 are listed below:

♦ All urbanicities met the minimum performance level, although rates for prenatal screening were not correlated with urbanicity at the statewide level.

Appendix D contains detailed *PPC-Pre* rates, by MCP and urbanicity.

Prenatal and Postpartum Care—Postpartum Care (PPC-Post): Figure 5.61 displays the percentage of deliveries that had a postpartum visit, by MCP, as well as the DHCS minimum performance level and high performance level for the measure.

Figure 5.61—Percentage of Deliveries That Received a Postpartum Visit (PPC-Post), by MCP
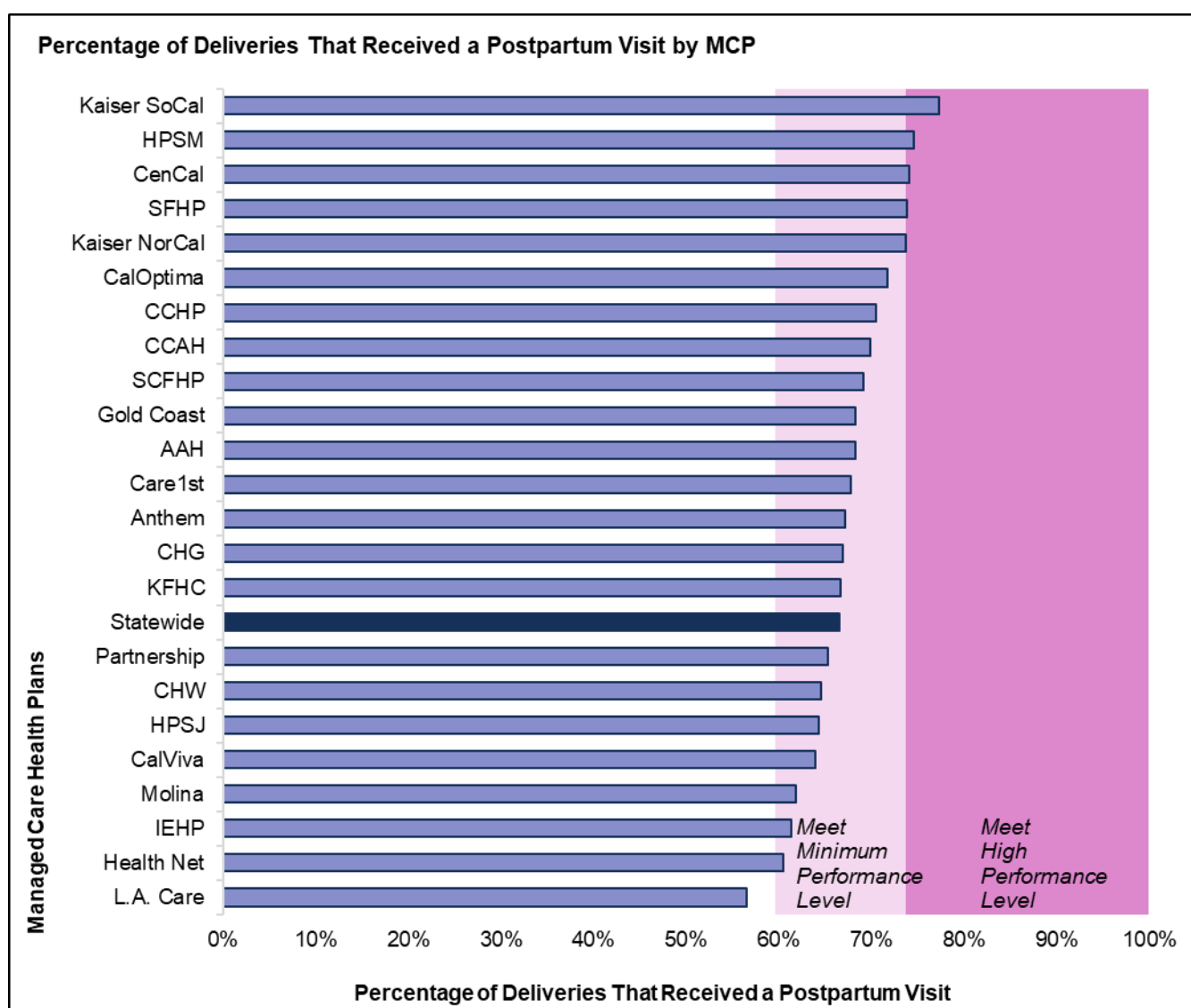
The key findings from Figure 5.61 are listed below:

♦ Five MCPs' rates (Kaiser SoCal, HPSM, CenCal, SFHP, and Kaiser NorCal) met the high performance level of 73.7 percent.

♦ One MCP's rate (L.A. Care) fell below the minimum performance level of 59.6 percent.

Appendix D contains detailed *PPC-Post* rates, by MCP and beneficiary age.

Figure 5.62 displays the percentage of deliveries that had a postpartum visit, by beneficiary urbanicity.

Figure 5.62—Percentage of Deliveries That Received a Postpartum Visit (PPC-Post), by Urbanicity
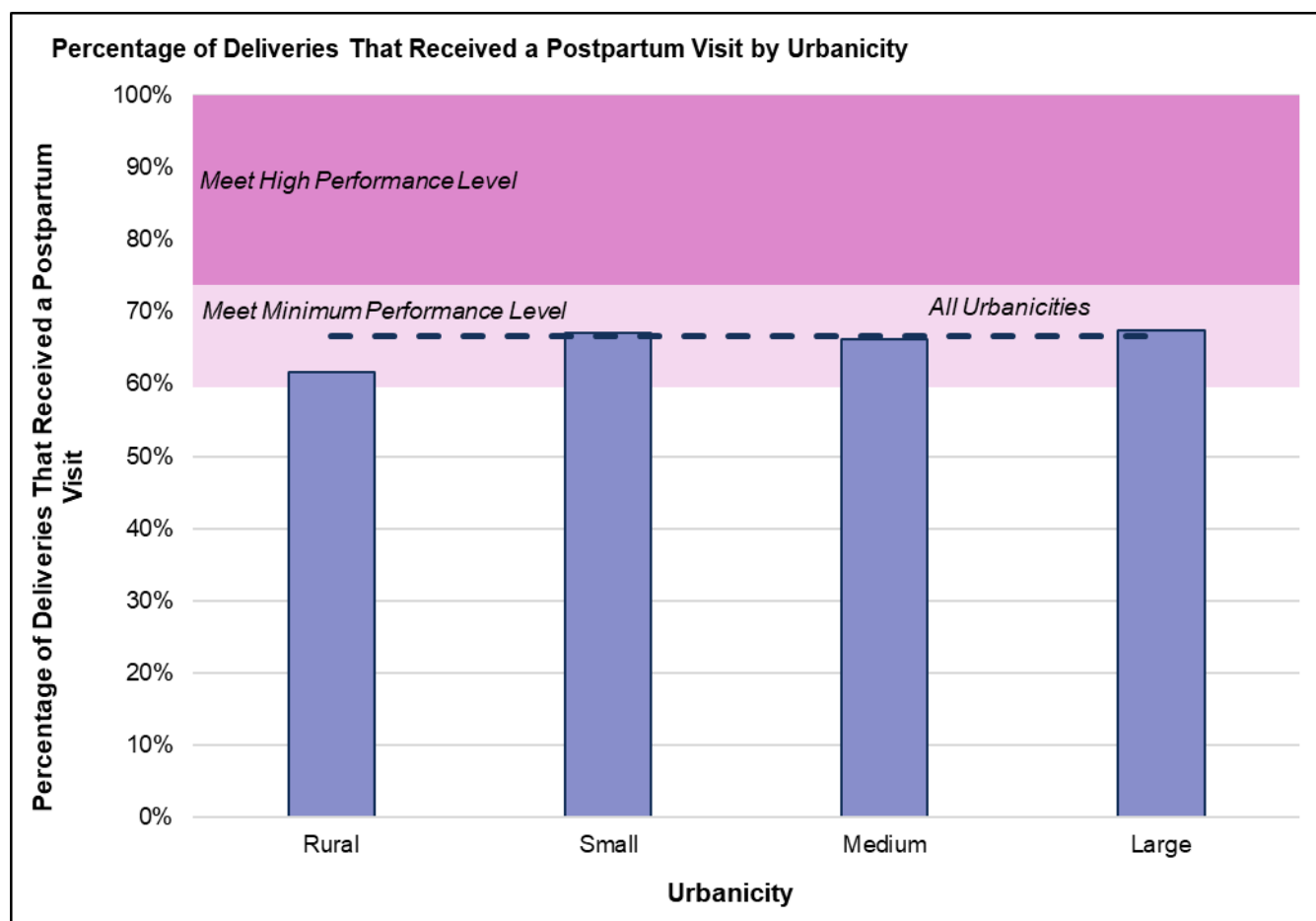
The key finding from Figure 5.62 is listed below:

♦ Statewide, rural areas had lower rates of postpartum care than non-rural areas.

Appendix D contains detailed *PPC-Post* rates, by MCP and urbanicity.

Appointment Availability

HSAG used call data provided by DHCS to assess the first, second, and third available appointments for regular and urgent PCP visits, new and established specialists, and prenatal specialists. The time to appointment was calculated as business days or calendar days based on the established standard for the type of appointment. Appointment data were available for only a limited number of MCPs. Data availability varied across the specific type of appointment, even among included MCPs.

Table 5.15 displays the average number of business days to an appointment and the percentage of appointment availability calls meeting the standard (10 business days) for non-urgent PCP appointments, by MCP, for 2017.

Table 5.15—2017 Appointment Availability—PCP (Regular), by MCP

*The Percent Meeting Standard was calculated for the third available appointment.

— Indicates that the rate was not available.

MCP	PCP (Regular)			
	1st Available	2nd Available	3rd Available	Percent Meeting Standard*
CalOptima	2.8	3.2	3.8	100%
Care1st	1.6	—	—	—
CHG	3.2	4.4	6.8	80%
CCHP	5.8	6.4	6.4	80%
Health Net	2.2	7.6	9.2	80%
IEHP	5	6	7	80%
KFHC	5	7	8.6	80%
SFHP	1.2	2.2	3	100%
SCFHP	7	10.8	11.6	60%

The key findings from Table 5.15 are listed below:

♦ Two MCPs met the 10 business days standard 100 percent of the time, five MCPs met the 10 business days standard 80 percent of the time, and one MCP met the 10 business days standard 60 percent of the time.

♦ The two MCPs that met the standard 100 percent of the time had the lowest mean number of days across the first, second, and third available appointments.

Table 5.16 displays the average number of calendar days to an appointment and the percentage of appointment availability calls meeting the standard (48 hours) for urgent PCP appointments, by MCP, for 2017.

Table 5.16—2017 Appointment Availability—PCP (Urgent), by MCP

*The Percent Meeting Standard was calculated for the third available appointment.

— Indicates that the rate was not available.

MCP	PCP (Urgent)			
	1st Available	2nd Available	3rd Available	Percent Meeting Standard*
CalOptima	—	—	—	—
Care1st	0	0	0	100%
CHG	0	0	0	100%
CCHP	7.2	7.2	7.6	40%
Health Net	0	0	0	100%
IEHP	1	1	1	100%
KFHC	0	0	0	100%
SFHP	5.2	5.6	22.6	47%
SCFHP	1.6	6.2	6.8	67%

The key findings from Table 5.16 are listed below:

♦ Five MCPs met the standard (48 hours) 100 percent of the time, one MCP met the standard over 50 percent of the time, and two MCPs met the standard less than 50 percent of the time.

♦ SFHP's average number of days to the third available appointment was nearly 23 days.

Table 5.17 displays the average number of business days to an appointment and the percentage of appointment availability calls meeting the standard (15 business days) for new patient appointments with specialists, by MCP, for 2017.

Table 5.17—2017 Appointment Availability—Specialist (New Patient), by MCP

*The Percent Meeting Standard was calculated for the third available appointment.

— Indicates that the rate was not available.

MCP	Specialist (New Patient)			
	1st Available	2nd Available	3rd Available	Percent Meeting Standard*
CalOptima	4	5.4	6.2	80%
Care1st	7	—	—	—
CHG	11.2	14.2	16.2	60%
CCHP	7.4	7.4	9.4	60%
Health Net	—	—	—	—
IEHP	—	—	—	—
KFHC	17.8	21.4	24	60%
SFHP	12.4	14.4	18	40%
SCFHP	6.2	6.8	8	80%

The key findings from Table 5.17 are listed below:

♦ Two MCPs met the 15-business-day standard for new patient appointments with specialists 80 percent of the time, three MCPs met the standard 60 percent of the time, and one MCP met the standard 40 percent of the time.

♦ Three MCPs reported an average number of days to first, second, and third available new patient appointments with specialists within the 15-business-day standard.

Table 5.18 displays the average number of business days to an appointment and the percentage of appointment availability calls meeting the standard (15 business days) for established patient appointments with specialists, by MCP, for 2017.

Table 5.18—2017 Appointment Availability—Specialist (Established Patient), by MCP

*The Percent Meeting Standard was calculated for the third available appointment.

— Indicates that the rate was not available.

MCP	Specialist (Established Patient)			
	1st Available	2nd Available	3rd Available	Percent Meeting Standard*
CalOptima	3	4	4.8	100%
Care1st	7	—	—	—
CHG	24	29	30.5	0%
CCHP	5.4	6.2	6.2	100%
Health Net	2.33	4.33	5.33	100%
IEHP	8.2	9	10.4	80%
KFHC	7.6	10.4	13	80%
SFHP	6.4	9.4	11.2	60%
SCFHP	3	4.8	6.2	100%

The key findings from Table 5.18 are listed below:

♦ Four MCPs met the 15-business-day standard for established patient appointments with specialists 100 percent of the time, two MCPs met the standard 80 percent of the time, and one MCP met the standard 60 percent of the time.

♦ Seven MCPs reported an average number of days to first, second, and third available established patient appointments with specialists within the 15-business-day standard.

Table 5.19 displays the average number of calendar days to an appointment and the percentage of appointment availability calls meeting the standard (two weeks) for appointments with prenatal care providers, by MCP, for 2017.

Table 5.19—2017 Appointment Availability—Specialist (Prenatal), by MCP

*The Percent Meeting Standard was calculated for the third available appointment.

**Calculations were based on a 10-business-day requirement for CalOptima and a two-week requirement for all other MCPs.

— Indicates that the rate was not available.

MCP	Prenatal			
	1st Available	2nd Available	3rd Available	Percent Meeting Standard*
CalOptima**	2.38	2.63	3.5	100%
Care1st	3.2	—	—	—
CHG	13.8	17.8	19.4	40%
CCHP	19.4	20.8	22.2	0%
Health Net	7	10.25	11.75	75%
IEHP	4	4.2	5.8	100%
KFHC	14.2	17.8	20.8	40%
SFHP	15.67	17.17	17.67	83%
SCFHP	11.8	14.2	17.4	60%

The key finding from Table 5.19 is listed below:

♦ Two MCPs met the two-week standard for appointments with prenatal providers 100 percent of the time, three MCPs met the standard between 60 and 83 percent of the time, two MCPs met the standard 40 percent of the time, and one MCP met the standard 0 percent of the time.

Since data were only available for nine MCPs from CY 2017, summary results from the CY 2016 post-audit verification appointment availability studies are available in Appendix D.

Access to Care Monitoring

As part of the DHCS Access Assessment, HSAG conducted a comparative desk review of California's existing network requirements, standards, and monitoring program relative to the Medicaid and CHIP revised final rule for Medicaid managed care (42 CFR §438). HSAG conducted a comprehensive desk review of the KKA and MCMC boilerplate contracts,[28] the Medicaid and CHIP revised final rule for Medicaid managed care, and the additional documentation that outlines DHCS' proposed approach to implementing CMS' final rule (*DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards* revised March 26, 2018). HSAG identified differences across these source documents and summarized any gaps. This qualitative approach identified differences between the State's current network monitoring program and the requirements outlined in the Medicaid and CHIP managed care final rule (42 CFR §438).

Methodology for Gap Identification

HSAG used the 2016 Medicaid and CHIP revised final rule for Medicaid managed care as the basis for conducting the desk review. The rule's most recent revisions were finalized in 2016; therefore, this version of the rule was the most current final rule available at the time of the desk review. To assess the extent to which DHCS' proposed approach to implementing the final rule supports network adequacy and timely access, HSAG compared 42 CFR §438.68 Network adequacy standards, 42 CFR §438.206 Availability of services, and 42 CFR §438.207 Assurances of adequate capacity and services to the *DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards*, KKA, and the MCMC boilerplate contracts (i.e., source documents).

When evaluating these source documents, HSAG used the following scale:

♦ **Exact Match:** Language was identified that exactly matched the Medicaid managed care final rule with no opportunities to enhance or improve the language.
♦ **Partial Match:** Language was identified that partially matched or showed intent to align with the Medicaid managed care final rule, which DHCS may consider revising to strengthen alignment with the rule.
♦ **No Match:** No language was identified as related to the Medicaid managed care final rule, and DHCS should consider adding language to align with the rule.

HSAG identified DHCS rule implementation gaps only for those areas of the CFR that did not have an "Exact Match" identified within at least one of the source documents. If an "Exact Match" was identified within only one source document, HSAG considered the State's current network monitoring program to sufficiently address the requirements outlined in the CHIP and

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[28] Contracts used are available at:
https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx. Accessed on: Mar 14, 2019.

Medicaid managed care final rule. The State may still elect to update language in the source documents listed as a "Partial Match" or "No Match" to further increase contractor accountability for compliance with the applicable CFR.

Findings

Table 5.20 displays an overview of each CFR area and the general findings based on the source document review. While each associated part and subpart of all applicable rules was reviewed in full, the CFR areas displayed in Table 5.20 are summarized to provide a concise display of the findings.

Table 5.20—Comparison of CFR to Source Documents

*Indicates CFR areas with no "Exact Match" findings for any of the assessed standards.

CFR Area	DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards	KKA	MCMC Boilerplate Contracts
42 CFR §438.68 Network adequacy standards			
Provider type-specific network adequacy time and distance standards	Exact Match	Partial Match	Partial Match
Scope of network adequacy standards	Exact Match	Partial Match	Partial Match
Development of network adequacy standards	Exact Match	Partial Match	Partial Match
Consideration for development of LTSS standards*	Partial Match	No Match	No Match
Exceptions process*	Partial Match	No Match	No Match
Publication of network adequacy standards	Exact Match	Partial Match	No Match
42 CFR §438.206 Availability of services			
State plan services are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner, and networks meet network adequacy standards*	Partial Match	Partial Match	Partial Match

CFR Area	DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards	KKA	MCMC Boilerplate Contracts
Maintains and monitors a network that is sufficient to provide access to all enrollees for all contracted services	Exact Match	Partial Match	Partial Match
Direct access to women's health specialist for female enrollees	No Match	Exact Match	Exact Match
Second opinion at no cost	Partial Match	Exact Match	Partial Match[29]
Access to out-of-network providers in a timely manner when services are not available in network	Exact Match	No Match	Exact Match
Out-of-network providers coordinate with the plan for payment, and cost does not exceed in-network cost	No Match	No Match	Exact Match
Credentialing of in-network providers	Exact Match	Partial Match	Exact Match
Access to family planning providers	No Match	No Match	Exact Match
Network must meet timely access standards and consider urgency	Exact Match	Exact Match	Exact Match
Network hours of operation are no less than those offered to commercial enrollees or are comparable to Medicaid FFS	Partial Match	No Match	Exact Match

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[29] The overall intent of the rule appears to have been met; however, this item was identified as a partial match since there was no specification of making arrangements for a member to obtain services out of network.

CFR Area	DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards	KKA	MCMC Boilerplate Contracts
Contracted services are available 24 hours/day, 7 days/week when medically necessary*	Partial Match	Partial Match	Partial Match
Mechanisms to ensure network provider compliance	Exact Match	Exact Match	Exact Match
Monitor network providers to determine compliance	Exact Match	Exact Match	Exact Match
Take corrective action if network provider fails to comply	Exact Match	Partial Match	Partial Match
Access and cultural considerations	Exact Match	Partial Match	Exact Match
Accessibility considerations	Exact Match	Partial Match	Exact Match
Applicability date	Exact Match	Partial Match	Not Applicable[30]
42 CFR §438.207 Assurances of adequate capacity and services			
Assurances of capacity to serve the expected enrollment according to State standards	Exact Match	No Match	Partial Match
Nature of supporting documentation	Exact Match	Partial Match	Exact Match
Timing of documentation	Exact Match	Partial Match	Partial Match
CMS' right to inspect documentation	Exact Match	No Match	Exact Match
Applicability date	Exact Match	No Match	Not Applicable[29]

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[30] Applicability date does not pertain to the 2014 boilerplate contracts since the rule applies to the rating period for contracts with MCOs, PIHPs, and PAHPs beginning on or after July 1, 2018. Until that applicability date, states are required to continue to comply with §438.206 contained in 42 CFR parts 430 to 481, edition revised as of October 1, 2015.

While some CFR areas are listed as "No Match" or "Partial Match" for multiple source documents, only four CFR areas had no source documents with an "Exact Match," demonstrating four gaps in DHCS' proposed approach for implementing the Medicaid and CHIP revised final rule for Medicaid managed care, specific to network adequacy and availability of services. These four areas are shaded in light red in the associated cells in Table 5.20 and described in detail in the Key Themes and Considerations section of this report.

6. Key Themes and Considerations

While there were a few areas in which individual MCPs did not meet standards, the results of the 2017–18 Access Assessment suggest there are no systemwide critical access issues requiring immediate attention. However, some areas, particularly in rural regions, may have access issues. Several themes emerged from the assessment and are described below.

The measurement period for the Access Assessment generally covered 2017. It should be stressed that the Access Assessment provides a snapshot of access and availability of services to Medi-Cal beneficiaries for that time period. Since 2017, DHCS has revised and implemented policies and procedures impacting the reporting of data as well as the accessibility and availability of services for Medi-Cal beneficiaries.

In general, areas with rural urbanicity showed more challenges with access to care. There was significantly greater utilization of telehealth services in rural areas; however, given the relatively small utilization rate for adult telehealth services and the nearly non-existent use of telehealth services for pediatric services, it is unclear whether telehealth services were sufficient to compensate for some of the challenges associated with health care in rural regions of the State.

Results indicated unused provider capacity that can be leveraged both within the pool of providers contracted with MCPs and within the pool of physicians licensed to practice within California, although this may not hold for specific types of specialty providers or all urbanicity regions.

The results of the analyses suggest a number of opportunities and considerations:

- In general, MCPs can increase the number of non-physician medical practitioners and still be well within the physician to non-physician medical practitioner ratio requirements.
- Increases in telehealth services may serve to enhance access for beneficiaries in rural regions, particularly to specialized services, although additional, more focused research may be necessary to fully understand the extent to which this is feasible and effective.
- Approximately 36 percent of physicians licensed to practice in California were not contracted with an MCP, which presents an opportunity to expand or enhance MCP physician networks. However, it should be noted that data available for this analysis were insufficient to determine available capacity in rural regions of the State.
- For non-facility-based providers statewide, between 48 and 62 percent of providers contracted with a given MCP had provided services to an MCP beneficiary for which they were contracted. The active rate for facility-based providers was 20 percent. Greater engagement of contracted providers could expand and/or enhance MCMC beneficiaries' access to services.
- Both DHCS and MCPs should consider partnerships with HRSA or HRSA grantees to implement and ensure compliance with rural health best practices.

While the results of the assessment provide insight into the current state of access to care for MCMC beneficiaries, there are also areas of future research that may provide additional insight and improve access:

♦ The data used for this assessment were generally collected for purposes substantially different from assessing access to care. Given the disparate uses for which the data were collected and the necessary limitations inherent in using data for other purposes, the use of a greater proportion of data sources designed and collected to assess accessibility of care in a broader context that includes commercial patients in a provider panel would likely provide a more detailed, accurate picture of access to care for Medi-Cal beneficiaries.

♦ Use of grievance and complaint data provides an avenue to identify unmet needs but relies on beneficiary self-selection, producing results that are likely to be biased. The inclusion of survey data, such as CAHPS, may help to enhance future access assessments or related research.

♦ A follow-up study examining the use of telehealth services in less densely populated regions to determine the extent to which telehealth services are sufficiently allowing beneficiaries in rural and small urbanicity regions to obtain necessary specialist services could provide a quantitative estimate of this relationship.

Using the results of telehealth research, DHCS may want to consider development of specific measures and corresponding standards for the provision of telehealth services in rural and small urbanicity regions of the State that would reasonably be expected to ensure adequate access to Medi-Cal services.

Access to Care Monitoring

Based on HSAG's review of the available source documents, DHCS demonstrated an overall well-defined, compliant approach to implementing the final rule in support of network adequacy and timely access standards. DHCS' website included the published network adequacy standards and exceptions as well as the DHCS proposal which explained its approach in an easily understandable manner for public view.[31] While language contained in the published MCMC boilerplate contracts could be updated to show a clearer association with DHCS' approach, DHCS generally had documentation to support CFR alignment when combined with other available source documents. DHCS also showed robust stakeholder engagement in its implementation strategy, which is a commendable step to ensuring network and managed care plan compliance.

HSAG identified four gaps in DHCS' proposed approach for implementing the final rule as related to 42 CFR §438.68 Network adequacy standards and 42 CFR §438.206 Availability of services. These gaps are related to the following topics:

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[31] Assembly Bill (AB) 205 (Chapter 738, Statutes of 2017) codified and amended California's network adequacy standards.

1. Development of LTSS standards
2. Exceptions process
3. State plan services availability and accessibility
4. Contracted services availability

Details about each gap are presented below.

Development of LTSS Standards

While the *DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards* source document outlined the details of the process by which DHCS developed the LTSS network adequacy standards, no language was identified in any source documents which acknowledged that the enrollee's choice of provider was considered in the development of the LTSS standards. Additionally, no source document language outlined LTSS network standards development strategies that would ensure the health and welfare of the enrollee and support community integration of the enrollee. Although DHCS will operationalize these state-specific standards in WIC §14197, DHCS could reduce ambiguity in this area by formally documenting that the enrollee's choice of provider was considered in development of the LTSS network adequacy standards and by documenting which LTSS network adequacy development strategies it used to ensure the health and welfare of the enrollee and support of the enrollee's community integration.

This gap resulted from missing language specific to 42 CFR §438.68(b)(3)(c)(2)(i-iv):

♦ States developing standards consistent with paragraph (b)(2) of this section (i.e., LTSS standards) must consider the following:
   ■ All elements in paragraphs (c)(1)(i) through (ix) of this section
   ■ Elements that would support an enrollee's choice of provider
   ■ Strategies that would ensure the health and welfare of the enrollee and support community integration of the enrollee
   ■ Other considerations that are in the best interest of enrollees that need LTSS

Exceptions Process

While Section 4.10 Alternative Access Standards of the *DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards* source document contained language to describe the process by which exceptions to the established network adequacy standards would be considered, and the DHCS website included the publication of the network adequacy standard exceptions and annual report to CMS, the boilerplate contract source documents did not contain language that specified the exceptions process as required by the CFR. DHCS could close this gap by ensuring all MCO, PIHP, or PAHP contracts include language that specifies the standard by which any provider-specific network standard exceptions will be evaluated and

approved. DHCS has indicated that an updated contract version which addresses this requirement is under review by CMS.

This gap resulted from missing language specific to CFR §438.68(d)(1)(i):

♦ To the extent the State permits an exception to any of the provider-specific network standards developed under this section, the standard by which the exception will be evaluated and approved must be:

   ▪ Specified in the MCO, PIHP, or PAHP contract.

State Plan Services Availability and Accessibility

Although the source documents all included detailed descriptions of the covered services and network adequacy standards expectations, and the *DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards* source document acknowledged that State plan services should be available and accessible to MCO, PIHP, and PAHP enrollees, a gap still exists as source documents did not contain an explicit statement indicating that the services available to MCO, PIHP, and PAHP enrollees include all State plan services. DHCS could consider closing this gap by adding a statement to at least one source document to clearly explain that the services covered under the State plan are included in the definition of "covered services" and are made available and accessible to all plan enrollees in compliance with standards developed by the State. This type of definitive statement would provide assurances that DHCS ensures all State plan covered services are available to MCO, PIHP, and PAHP enrollees in a timely manner. DHCS has indicated that an updated contract version which addresses this requirement is under review by CMS.

This gap resulted from missing language specific to 42 CFR §438.206(a):

♦ Basic rule. Each State must ensure that all services covered under the State plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner. The State must also ensure that MCO, PIHP, and PAHP provider networks for services covered under the contract meet the standards developed by the State in accordance with §438.68.

Contracted Services Availability

While source documents demonstrated a reference to the availability of emergency services 24 hours a day, seven days a week, these documents did not include language indicating whether emergency services are the only contracted services expected to be made available 24 hours a day, seven days a week. DHCS could add clarity in this area by adding language to specify if there are additional medically necessary services under its contracts which the plans should ensure are available 24 hours a day, seven days a week, or if the list of these services only includes emergency services. DHCS has indicated that this requirement will be addressed in the 2019–20 contract amendment.

This gap resulted from missing language specific to 42 CFR §438.206(c)(1)(iii):

♦ Furnishing of services. The State must ensure that each contract with a MCO, PIHP, and PAHP complies with the following requirements.
  ▪ (1) Timely access. Each MCO, PIHP, and PAHP must do the following:
    ○ (iii) Make services included in the contract available 24 hours a day, seven days a week, when medically necessary.

Assurances of Adequate Capacity and Services

No gaps were identified related to 42 CFR §438.207 Assurances of adequate capacity and services. A review of all source documents demonstrated that all elements of the applicable CFR were met in this area.

Public Comment Period

HSAG received feedback from five individuals during the 30-day public comment period. Feedback was primarily related to data limitations, study methodology, and DHCS Medi-Cal policies. To address these questions and comments, HSAG added language to this report, where appropriate. HSAG also submitted all public comments to DHCS for review and action, as applicable.

2017–18 Access Assessment Final Report, Appendices

Managed Care Quality and Monitoring Division
California Department of Health Care Services

October 2019

<div style="background-color:#1F3864; color:white; text-align:right; font-weight:bold; font-size:2em;">Table of Contents</div>

Table of Figures

Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **CBAS**—Community Based Adult Services
- **CNM**—certified nurse midwife
- **CNP**—certified nurse practitioner
- **COHS**—County Organized Health System
- **CP**—commercial plan
- **DHCS**—California Department of Health Care Services
- **DO**—doctor of osteopathic medicine
- **ENT**—Ophthalmology, Otolaryngology, Rhinology
- **FTE**—full-time equivalent
- **FQHC**—federally qualified health center
- **GMC**—Geographic Managed Care
- **ICF**—intermediate care facility
- **KKA**—Knox-Keene Health Plan Service Act of 1975
- **LCSW**—licensed clinical social worker
- **LICSW**—licensed independent clinical social worker
- **LSW**—licensed social worker
- **MCP**—managed care health plan
- **MD**—medical doctor
- **NP**—nurse practitioner
- **PA**—physician assistant
- **PCP**—primary care physician
- **RHC**—rural health clinic
- **SNF**—skilled nursing facility

Appendix A. Medi-Cal Managed Care Health Plan Reporting Unit and Urbanicity

Table A.1—Medi-Cal Managed Care Health Plan Reporting Unit and Urbanicity

*Urbanicity is based on the criteria defined by DHCS' final Network Adequacy Policy. The categories of counties are based on population count: Rural—fewer than 50 people per square mile, Small—51–200 people per square mile, Medium—201–600 people per square mile, and Large—more than 600 people per square mile.

**Region 1 includes Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties. Region 2 includes Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties. KP North includes Amador, El Dorado, Placer, and Sacramento counties.

MCP Name	MCP Abbreviation	MCP County/ Reporting Unit	Model	Urbanicity*
Alameda Alliance for Health	AAH	Alameda	Local Initiative	Large
Anthem Blue Cross Partnership Plan	Anthem	Alameda	CP	Large
		Contra Costa	CP	Large
		Fresno	CP	Small
		Kings	CP	Small
		Madera	CP	Small
		Sacramento	GMC	Large
		San Francisco	CP	Large
		Santa Clara	CP	Large
		Tulare	Local Initiative	Small
		Region 1**	Regional	Rural to Small
		Region 2**	Regional	Rural to Medium
		San Benito	San Benito	Rural
California Health & Wellness Plan	CHW	Imperial	Imperial	Rural
		Region 1**	Regional	Rural to Small
		Region 2**	Regional	Rural to Medium
CalOptima	CalOptima	Orange	COHS	Large

MCP Name	MCP Abbreviation	MCP County/ Reporting Unit	Model	Urbanicity*
CalViva Health	CalViva	Fresno	Local Initiative	Small
		Kings	Local Initiative	Small
		Madera	Local Initiative	Small
Care1st Partner Plan	Care1st	San Diego	GMC	Large
CenCal Health	CenCal	Santa Barbara	COHS	Small
		San Luis Obispo	COHS	Small
Central California Alliance for Health	CCAH	Merced	COHS	Small
		Monterey	COHS	Small
		Santa Cruz	COHS	Medium
Community Health Group Partnership Plan	CHG	San Diego	GMC	Large
Contra Costa Health Plan	CCHP	Contra Costa	Local Initiative	Large
Gold Coast Health Plan	Gold Coast	Ventura	COHS	Medium
Health Net Community Solutions, Inc.	Health Net	Kern	CP	Small
		Los Angeles	CP	Large
		Sacramento	GMC	Large
		San Diego	GMC	Large
		San Joaquin	CP	Medium
		Stanislaus	CP	Medium
		Tulare	CP	Small
Health Plan of San Joaquin	HPSJ	San Joaquin	Local Initiative	Medium
		Stanislaus	Local Initiative	Medium
Health Plan of San Mateo	HPSM	San Mateo	COHS	Large
Inland Empire Health Plan	IEHP IEHP	Riverside	Local Initiative	Medium
		San Bernardino	Local Initiative	Small

MCP Name	MCP Abbreviation	MCP County/ Reporting Unit	Model	Urbanicity*
Kaiser NorCal	Kaiser NorCal	KP North**	GMC and Regional	Small to Large
Kaiser SoCal	Kaiser SoCal	San Diego	GMC	Large
Kern Family Health Care	KFHC	Kern	Local Initiative	Small
L.A. Care Health Plan	L.A. Care	Los Angeles	Local Initiative	Large
Molina Healthcare of California Partner Plan, Inc.	Molina	Riverside	CP	Medium
		Sacramento	GMC	Large
		San Bernardino	CP	Small
		San Diego	GMC	Large
		Imperial	Imperial	Rural
Partnership HealthPlan of California	Partnership	Southwest (Marin, Mendocino, Sonoma, and Lake counties)	COHS	Rural to Medium
		Southeast (Napa, Solano, and Yolo counties)	COHS	Small to Medium
		Northwest (Del Norte and Humboldt counties)	COHS	Rural
		Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties)	COHS	Rural
San Francisco Health Plan	SFHP	San Francisco	Local Initiative	Large
Santa Clara Family Health Plan	SCFHP	Santa Clara	Local Initiative	Large

Appendix B. Network Capacity Supplemental Tables

Beneficiary Counts

Table B.1—Beneficiary Age Distribution

MCP	Adult	Child	Total
AAH	162,857	103,206	266,063
Anthem	443,482	338,413	781,895
CalOptima	442,933	327,385	770,318
CalViva	185,765	178,515	364,280
Care1st	64,695	20,970	85,665
CCAH	179,981	171,772	351,753
CCHP	107,916	76,011	183,927
CenCal	94,635	85,776	180,411
CHG	159,538	123,018	282,556
CHW	109,899	84,162	194,061
Gold Coast	110,088	93,846	203,934
Health Net	880,326	614,042	1,494,368
HPSJ	182,377	167,531	349,908
HPSM	63,005	47,685	110,690
IEHP	653,747	577,747	1,231,494
Kaiser NorCal	46,311	47,424	93,735
Kaiser SoCal	29,901	22,402	52,303
KFHC	120,384	128,503	248,887
L.A. Care	1,239,706	824,314	2,064,020
Molina	276,049	194,579	470,628
Partnership	347,937	222,655	570,592
SCFHP	153,732	106,645	260,377
SFHP	94,354	40,299	134,653
Statewide	**6,149,618**	**4,596,900**	**10,746,518**

Table B.2—Beneficiary Race/Ethnicity Distribution

MCP	Alaskan Native or American Indian	Asian or Pacific Islander	Black	Hispanic	Other/ Unknown	White	Total
AAH	728	69,026	48,581	75,293	44,156	28,279	266,063
Anthem	5,404	92,599	65,927	293,574	122,807	201,584	781,895
CalOptima	1,297	156,945	13,830	355,152	104,341	138,754	770,319
CalViva	2,104	20,270	19,870	222,803	52,857	46,376	364,280
Care1st	380	7,464	6,172	29,658	18,794	23,197	85,665
CCAH	772	13,727	8,658	235,497	32,533	60,566	351,753
CCHP	491	20,582	26,025	66,894	36,151	33,784	183,927
CenCal	819	4,306	2,775	45,724	21,764	105,023	180,411
CHG	777	26,036	16,585	135,650	55,470	48,038	282,556
CHW	2,163	7,202	2,713	85,871	16,686	79,426	194,061
Gold Coast	486	8,571	3,253	117,827	26,261	47,536	203,934
Health Net	3,509	164,985	132,013	795,562	156,616	241,683	1,494,368
HPSJ	904	41,682	25,572	169,731	40,059	71,960	349,908
HPSM	204	23,245	3,563	49,264	18,539	15,875	110,690
IEHP	2,693	52,574	115,253	704,489	131,093	225,392	1,231,494
Kaiser NorCal	543	11,642	14,785	21,339	19,329	26,097	93,735
Kaiser SoCal	153	4,220	3,617	18,594	10,964	14,755	52,303
KFHC	571	8,830	16,536	158,033	19,224	45,693	248,887
L.A. Care	2,675	193,262	226,739	1,158,651	175,044	307,649	2,064,020
Molina	1,535	36,423	38,474	221,578	87,201	85,417	470,628
Partnership	14,341	32,964	33,497	164,391	77,760	247,639	570,592
SCFHP	861	80,540	8,845	106,463	32,135	31,533	260,377
SFHP	392	54,034	13,040	25,681	27,974	13,532	134,653
Statewide	**43,802**	**1,131,129**	**846,323**	**5,257,719**	**1,327,758**	**2,139,788**	**10,746,519**

Table B.3—Beneficiary Preferred Language Distribution

MCP	English	Spanish	Other/Unknown	Total
AAH	163,549	51,393	51,121	266,063
Anthem	566,167	141,671	74,057	781,895
CalOptima	440,396	216,222	113,701	770,319
CalViva	243,806	106,111	14,363	364,280
Care1st	61,616	17,542	6,507	85,665
CCAH	204,971	139,004	7,778	351,753
CCHP	124,596	46,218	13,113	183,927
CenCal	117,451	60,514	2,446	180,411
CHG	162,749	89,568	30,239	282,556
CHW	141,175	49,242	3,644	194,061
Gold Coast	125,498	73,394	5,042	203,934
Health Net	921,841	420,744	151,783	1,494,368
HPSJ	258,025	78,401	13,482	349,908
HPSM	63,942	35,594	11,154	110,690
IEHP	933,718	274,288	23,488	1,231,494
Kaiser NorCal	77,390	8,839	7,506	93,735
Kaiser SoCal	42,104	8,005	2,194	52,303
KFHC	174,941	71,856	2,090	248,887
L.A. Care	1,242,171	630,603	191,246	2,064,020
Molina	296,117	131,405	43,106	470,628
Partnership	448,268	102,062	20,262	570,592
SCFHP	137,369	61,500	61,508	260,377
SFHP	65,042	19,755	49,856	134,653
Statewide	**7,012,902**	**2,833,931**	**899,686**	**10,746,519**

Table B.4—Beneficiary Urbanicity Distribution

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	——	——	—	265,750	265,750
Anthem	44,186	336,814	29,978	368,789	779,767
CalOptima	—	—	—	768,919	768,919
CalViva	—	363,972	—	—	363,972
Care1st	—	—	—	85,573	85,573
CCAH	—	280,902	68,011	—	348,913
CCHP	—	—	—	183,695	183,695
CenCal	—	179,369	—	—	179,369
CHG	—	—	—	282,395	282,395
CHW	99,245	84,980	9,018	—	193,243
Gold Coast	—	—	202,491	—	202,491
Health Net	—	190,103	95,713	1,206,199	1,492,015
HPSJ	—	—	349,137	—	349,137
HPSM	—	—	—	110,372	110,372
IEHP	—	622,375	600,542	—	1,222,917
Kaiser NorCal	—	1,949	6,747	84,873	93,569
Kaiser SoCal	—	—	—	52,280	52,280
KFHC	—	248,494	—	—	248,494
L.A. Care	—	—	—	2,061,703	2,061,703
Molina	15,133	74,856	87,591	290,507	468,087
Partnership	193,157	111,631	260,014	—	564,802
SCFHP	—	—	—	260,169	260,169
SFHP	—	—	—	134,553	134,553
Statewide	**351,721**	**2,495,445**	**1,709,242**	**6,155,777**	**10,712,185**

Provider Counts

Table B.5—Distribution of Adult PCPs, by MCP and Provider Category

MCP	Family Medicine	General Practice	Internal Medicine	Obstetrics & Gynecology	Preventive Medicine	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
AAH	1,028	37	2,223	826	75	4,163	4,189	1.01
Anthem	1,252	43	829	175	2,490	4,167	4,789	1.15
CalOptima	869	55	897	384	9	2,202	2,214	1.01
CalViva	1,025	31	1,138	695	106	2,961	2,995	1.01
Care1st	138	30	99	127	0	393	394	1.00
CCAH	358	17	262	147	3	786	787	1.00
CCHP	2,781	0	1,296	696	108	4,818	4,881	1.01
CenCal	167	3	216	92	8	485	486	1.00
CHG	363	29	457	152	14	999	1,015	1.02
CHW	709	124	1,525	385	30	2,635	2,773	1.05
Gold Coast	2,258	998	1,834	690	78	5,683	5,858	1.03
Health Net	1,455	649	1,649	616	13	4,170	4,382	1.05
HPSJ	253	11	241	133	13	631	651	1.03
HPSM	262	16	691	223	11	1,196	1,203	1.01
IEHP	2,817	299	2,779	1,177	122	6,433	7,194	1.12
Kaiser NorCal	1,158	0	1,288	694	107	3,186	3,247	1.02

MCP	Family Medicine	General Practice	Internal Medicine	Obstetrics & Gynecology	Preventive Medicine	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
Kaiser SoCal	2,060	6	1,653	599	78	4,251	4,396	1.03
KFHC	2,136	29	1,764	659	79	4,522	4,667	1.03
L.A. Care	3,983	1,023	2,914	1,129	87	8,288	9,136	1.10
Molina	684	171	641	318	14	1,816	1,828	1.01
Partnership	1,720	1	1,486	1,112	139	4,346	4,458	1.03
SCFHP	460	39	872	347	21	1,726	1,739	1.01
SFHP	1,393	10	1,838	807	116	4,102	4,164	1.02
Statewide	**29,329**	**3,621**	**28,592**	**12,183**	**3,721**	**73,959**	**77,446**	**1.05**

Table B.6—Distribution of Adult PCPs, by MCP and Provider Status

MCP	All PCP Providers	Active PCP Providers	Percent Active
AAH	4,163	2,323	55.8%
Anthem	4,167	3,141	75.4%
CalOptima	2,202	1,275	57.9%
CalViva	2,961	560	18.9%
Care1st	393	326	83.0%
CCAH	786	583	74.2%
CCHP	4,818	2,659	55.2%

MCP	All PCP Providers	Active PCP Providers	Percent Active
CenCal	485	378	77.9%
CHG	999	892	89.3%
CHW	2,635	1,455	55.2%
Gold Coast	5,683	1,126	19.8%
Health Net	4,170	3,818	91.6%
HPSJ	631	579	91.8%
HPSM	1,196	824	68.9%
IEHP	6,433	4,552	70.8%
Kaiser NorCal	3,186	1,481	46.5%
Kaiser SoCal	4,251	1,195	28.1%
KFHC	4,522	610	13.5%
L.A. Care	8,288	7,044	85.0%
Molina	1,816	1,491	82.1%
Partnership	4,346	1,480	34.1%
SCFHP	1,726	1,429	82.8%
SFHP	4,102	1,419	34.6%
Statewide	**73,959**	**40,640**	**54.9%**

Table B.7—Distribution of Adult Core Specialties, by MCP

MCP	Cardiology/ Interventional Cardiology	Dermatology	Endocrinology	Gastroenterology	General Surgery	Hematology & Oncology	Infectious Disease
AAH	256	235	62	153	598	170	75
Anthem	656	366	9	36	200	7	21
CalOptima	162	104	33	103	370	121	39
CalViva	221	198	60	191	496	164	64
Care1st	86	58	37	61	133	70	44
CCAH	60	43	23	33	86	33	18
CCHP	185	190	46	171	417	134	54
CenCal	37	20	9	26	75	24	11
CHG	74	53	35	60	155	67	46
CHW	196	91	69	122	405	185	108
Gold Coast	311	244	70	280	733	226	75
Health Net	438	156	99	264	770	243	115
HPSJ	55	48	12	29	111	27	9
HPSM	152	170	37	83	309	107	41
IEHP	700	387	341	617	1,010	347	176
Kaiser NorCal	182	188	47	164	402	134	55
Kaiser SoCal	288	206	57	264	599	127	64
KFHC	303	229	65	266	640	134	71

MCP	Cardiology/ Interventional Cardiology	Dermatology	Endocrinology	Gastroenterology	General Surgery	Hematology & Oncology	Infectious Disease
L.A. Care	582	301	161	425	1,137	324	200
Molina	197	108	53	123	388	114	57
Partnership	438	355	126	281	864	317	131
SCFHP	179	102	46	129	369	128	51
SFHP	231	270	83	201	583	186	83
Statewide	**5,989**	**4,122**	**1,580**	**4,082**	**10,850**	**3,389**	**1,608**

Table B.8—Distribution of Adult Core Specialties, by MCP (Continued)

MCP	Mental Health Outpatient Services	Nephrology	Neurology	Obstetrics & Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology/ENT
AAH	2,314	140	251	897	358	312	191
Anthem	574	68	22	181	171	416	30
CalOptima	883	88	153	437	252	131	102
CalViva	1,785	107	147	746	278	246	165
Care1st	419	72	89	140	120	60	36
CCAH	494	21	49	152	57	67	24
CCHP	1,737	81	122	742	256	226	153
CenCal	297	16	26	103	52	69	21

MCP	Mental Health Outpatient Services	Nephrology	Neurology	Obstetrics & Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology/ENT
CHG	399	73	88	170	112	94	46
CHW	478	160	165	398	209	225	95
Gold Coast	1,831	372	210	764	626	125	165
Health Net	2,962	280	223	672	583	374	164
HPSJ	496	31	26	134	61	52	29
HPSM	385	44	137	262	159	135	92
IEHP	2,001	576	542	1,236	620	484	368
Kaiser NorCal	1,694	83	121	742	233	221	148
Kaiser SoCal	1,337	359	191	655	259	95	151
KFHC	1,396	363	197	715	565	112	160
L.A. Care	3,849	513	380	1,179	822	353	257
Molina	909	137	130	348	261	214	81
Partnership	3,302	202	409	1,198	737	488	276
SCFHP	287	68	142	385	165	118	120
SFHP	1,962	124	232	873	624	295	184
Statewide	**31,791**	**3,978**	**4,052**	**13,129**	**7,580**	**4,912**	**3,058**

Table B.9—Distribution of Adult Core Specialties, by MCP (Continued)

MCP	Physical Medicine & Rehabilitation	Psychiatry	Pulmonary Disease	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
AAH	147	631	107	6,867	6,897	1.00
Anthem	7	125	5	2,782	2,894	1.04
CalOptima	49	162	58	3,240	3,247	1.00
CalViva	154	349	68	5,414	5,439	1.00
Care1st	14	186	55	1,677	1,680	1.00
CCAH	37	26	28	1,248	1,251	1.00
CCHP	134	361	53	5,040	5,062	1.00
CenCal	36	23	16	856	861	1.01
CHG	24	167	67	1,716	1,730	1.01
CHW	54	152	171	3,152	3,283	1.04
Gold Coast	169	430	181	6,789	6,812	1.00
Health Net	107	330	192	7,921	7,972	1.01
HPSJ	22	84	17	1,223	1,243	1.02
HPSM	43	271	48	2,333	2,475	1.06
IEHP	293	574	507	7,917	10,779	1.36
Kaiser NorCal	133	347	51	4,925	4,945	1.00
Kaiser SoCal	159	379	164	5,333	5,354	1.00
KFHC	172	408	168	5,939	5,964	1.00

MCP	Physical Medicine & Rehabilitation	Psychiatry	Pulmonary Disease	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
L.A. Care	232	749	305	11,590	11,769	1.02
Molina	58	200	114	3,486	3,492	1.00
Partnership	179	511	162	9,927	9,976	1.00
SCFHP	49	207	63	2,596	2,608	1.00
SFHP	146	466	79	6,602	6,622	1.00
Statewide	**2,418**	**7,138**	**2,679**	**108,573**	**112,355**	**1.03**

Table B.10—Distribution of Adult Core Speciality Providers, by MCP and Provider Status

MCP	All Core Specialty Providers	Active Core Specialty Providers	Percent Active
AAH	6,867	3,240	47.2%
Anthem	2,782	2,215	79.6%
CalOptima	3,240	1,802	55.6%
CalViva	5,414	854	15.8%
Care1st	1,677	1,141	68.0%
CCAH	1,248	828	66.3%
CCHP	5,040	1,864	37.0%
CenCal	856	695	81.2%
CHG	1,716	1,441	84.0%
CHW	3,152	1,958	62.1%
Gold Coast	6,789	1,197	17.6%
Health Net	7,921	5,508	69.5%
HPSJ	1,223	863	70.6%
HPSM	2,333	1,495	64.1%
IEHP	7,917	4,672	59.0%
Kaiser NorCal	4,925	1,659	33.7%
Kaiser SoCal	5,333	1,046	19.6%
KFHC	5,939	762	12.8%
L.A. Care	11,590	8,326	71.8%
Molina	3,486	2,475	71.0%
Partnership	9,927	4,003	40.3%
SCFHP	2,596	1,965	75.7%
SFHP	6,602	1,850	28.0%
Statewide	**108,573**	**51,859**	**47.8%**

Table B.11—Distribution of Pediatric PCPs, by MCP and Provider Category

Note: No pediatric PCPs specialize in preventive medicine.

MCP	Family Medicine	Obstetrics & Gynecology	Pediatrics	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
AAH	1,001	826	1,495	3,318	3,322	1.00
Anthem	1,252	175	160	1,547	1,587	1.03
CalOptima	837	384	607	1,824	1,828	1.00
CalViva	994	695	1,010	2,685	2,699	1.01
Care1st	138	127	79	343	344	1.00
CCAH	354	147	307	806	808	1.00
CCHP	2,731	696	896	4,286	4,323	1.01
CenCal	162	92	126	380	380	1.00
CHG	357	152	533	1,038	1,042	1.00
CHW	705	385	621	1,695	1,711	1.01
Gold Coast	2,181	690	978	3,845	3,849	1.00
Health Net	1,459	616	1,587	3,638	3,662	1.01
HPSJ	246	133	211	584	590	1.01
HPSM	253	223	1,334	1,784	1,810	1.01
IEHP	2,687	1,177	1,278	4,915	5,142	1.05
Kaiser NorCal	1,108	694	889	2,660	2,691	1.01

MCP	Family Medicine	Obstetrics & Gynecology	Pediatrics	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
Kaiser SoCal	1,983	599	735	3,315	3,317	1.00
KFHC	2,059	659	786	3,501	3,504	1.00
L.A. Care	3,909	1,129	1,588	6,450	6,626	1.03
Molina	674	318	695	1,687	1,687	1.00
Partnership	1,670	1,112	1,077	3,789	3,859	1.02
SCFHP	445	347	649	1,435	1,441	1.00
SFHP	1,334	807	1,141	3,250	3,282	1.01
Statewide	**28,539**	**12,183**	**18,782**	**58,775**	**59,504**	**1.01**

Table B.12—Distribution of Pediatric PCPs, by MCP and Provider Category, Excluding OB/GYN Providers

Note: No pediatric PCPs specialize in preventive medicine.

MCP	Family Medicine	Pediatrics	Total Unduplicated Providers (Excluding OB/GYN)	Total Reported Specialties (Excluding OB/GYN)	Specialties per Provider (Excluding OB/GYN)
AAH	1,001	1,495	2,493	2,496.00	1.00
Anthem	1,252	160	1,389	1,412.00	1.02
CalOptima	837	607	1,442	1,444.00	1.00
CalViva	994	1,010	1,998	2,004.00	1.00
Care1st	138	79	217	217.00	1.00
CCAH	354	307	661	661.00	1.00
CCHP	2,731	896	3,607	3,627.00	1.01
CenCal	162	126	288	288.00	1.00
CHG	357	533	887	890.00	1.00
CHW	705	621	1,318	1,326.00	1.01
Gold Coast	2,181	978	3,155	3,159.00	1.00
Health Net	1,459	1,587	3,027	3,046.00	1.01
HPSJ	246	211	456	457.00	1.00
HPSM	253	1,334	1,581	1,587.00	1.00
IEHP	2,687	1,278	3,848	3,965.00	1.03
Kaiser NorCal	1,108	889	1,981	1,997.00	1.01

MCP	Family Medicine	Pediatrics	Total Unduplicated Providers (Excluding OB/GYN)	Total Reported Specialties (Excluding OB/GYN)	Specialties per Provider (Excluding OB/GYN)
Kaiser SoCal	1,983	735	2,716	2,718.00	1.00
KFHC	2,059	786	2,842	2,845.00	1.00
L.A. Care	3,909	1,588	5,366	5,497.00	1.02
Molina	674	695	1,369	1,369.00	1.00
Partnership	1,670	1,077	2,729	2,747.00	1.01
SCFHP	445	649	1,090	1,094.00	1.00
SFHP	1,334	1,141	2,458	2,475.00	1.01
Statewide	**28,539**	**18,782**	**46,918**	**47,321.00**	**1.01**

Table B.13—Distribution of Active Pediatric PCPs, by MCP

MCP	All PCP Providers	Active PCP Providers	Percent Active
AAH	3,318	1,940	58.5%
Anthem	1,547	1,257	81.3%
CalOptima	1,824	1,070	58.7%
CalViva	2,685	541	20.1%
Care1st	343	295	86.0%
CCAH	806	580	72.0%
CCHP	4,286	2,566	59.9%
CenCal	380	275	72.4%
CHG	1,038	960	92.5%
CHW	1,695	963	56.8%
Gold Coast	3,845	670	17.4%
Health Net	3,638	3,292	90.5%
HPSJ	584	538	92.1%
HPSM	1,784	1,062	59.5%
IEHP	4,915	3,728	75.8%
Kaiser NorCal	2,660	1,423	53.5%
Kaiser SoCal	3,315	1,031	31.1%
KFHC	3,501	526	15.0%
L.A. Care	6,450	5,637	87.4%
Molina	1,687	1,408	83.5%
Partnership	3,789	1,596	42.1%
SCFHP	1,435	1,134	79.0%
SFHP	3,250	1,035	31.8%
Statewide	**58,775**	**33,527**	**57.0%**

Table B.14—Distribution of Active Pediatric PCPs, by MCP, Excluding OB/GYN Providers

MCP	All PCP Providers	Active PCP Providers	Percent Active
AAH	2,493	1,426	57.2%
Anthem	1,389	1,148	82.6%
CalOptima	1,442	884	61.3%
CalViva	1,998	430	21.5%
Care1st	217	197	90.8%
CCAH	661	467	70.7%
CCHP	3,607	2,210	61.3%
CenCal	288	199	69.1%
CHG	887	820	92.4%
CHW	1,318	734	55.7%
Gold Coast	3,155	563	17.8%
Health Net	3,027	2,745	90.7%
HPSJ	456	415	91.0%
HPSM	1,581	916	57.9%
IEHP	3,848	2,912	75.7%
Kaiser NorCal	1,981	1,103	55.7%
Kaiser SoCal	2,716	889	32.7%
KFHC	2,842	405	14.3%
L.A. Care	5,366	4,723	88.0%
Molina	1,369	1,150	84.0%
Partnership	2,729	1,217	44.6%
SCFHP	1,090	850	78.0%
SFHP	2,458	776	31.6%
Statewide	**46,918**	**27,179**	**57.9%**

Table B.15—Distribution of Pediatric Core Specialties, by MCP

— Indicates that the rate was not available.

MCP	Cardiology/ Interventional Cardiology	Dermatology	Endo-crinology	Gastro-enterology	General Surgery	Hematology & Oncology	Infectious Disease
AAH	87	6	29	35	20	84	30
Anthem	6	—	2	—	1	3	—
CalOptima	23	—	13	15	11	19	14
CalViva	26	1	19	19	22	24	12
Care1st	29	5	11	19	9	20	8
CCAH	18	—	5	8	5	7	—
CCHP	13	1	14	12	10	19	9
CenCal	1	1	3	5	2	2	—
CHG	29	7	12	23	7	20	10
CHW	47	9	21	28	13	21	15
Gold Coast	35	1	37	32	22	70	25
Health Net	95	2	24	33	33	33	15
HPSJ	12	6	8	4	—	5	1
HPSM	60	3	17	19	10	35	15
IEHP	165	2	36	173	14	24	23
Kaiser NorCal	13	1	14	11	9	18	9

MCP	Cardiology/ Interventional Cardiology	Dermatology	Endo-crinology	Gastro-enterology	General Surgery	Hematology & Oncology	Infectious Disease
Kaiser SoCal	13	—	21	13	8	18	16
KFHC	14	—	21	14	8	18	16
L.A. Care	71	1	35	40	31	55	32
Molina	37	—	13	15	11	21	5
Partnership	103	6	54	53	37	92	40
SCFHP	51	4	20	23	15	38	22
SFHP	32	1	21	15	12	32	11
Statewide	**980**	**57**	**450**	**609**	**310**	**678**	**328**

Table B.16—Distribution of Pediatric Core Specialties, by MCP (Continued)

— Indicates that the rate was not available.

MCP	Mental Health Specialist	Nephr-ology	Neur-ology	OB/GYN	Orthopedic Surgery	Otolaryn-gology/ENT	Physical Medicine & Rehabilitation	Psychiatry
AAH	66	17	30	826	7	12	4	102
Anthem	—	—	—	175	—	—	—	6
CalOptima	10	5	11	384	5	4	1	31
CalViva	—	6	16	695	3	5	—	64
Care1st	3	7	22	127	18	—	—	20
CCAH	—	4	3	147	4	1	1	4
CCHP	—	4	—	696	1	5	1	89
CenCal	2	1	1	92	1	1	—	3
CHG	9	9	17	152	1	6	4	24
CHW	2	8	31	385	26	7	2	27
Gold Coast	6	12	20	690	4	3	1	106
Health Net	—	5	37	616	16	6	—	23
HPSJ	3	1	4	133	—	—	—	12
HPSM	21	10	15	223	4	3	2	25
IEHP	1	139	160	1,177	6	2	91	109
Kaiser NorCal	—	4	—	694	—	2	—	73

MCP	Mental Health Specialist	Nephr-ology	Neur-ology	OB/GYN	Orthopedic Surgery	Otolaryn-gology/ENT	Physical Medicine & Rehabilitation	Psychiatry
Kaiser SoCal	—	6	2	599	—	—	—	97
KFHC	—	7	2	659	—	—	—	98
L.A. Care	13	16	29	1,129	14	—	—	122
Molina	—	3	18	318	—	9	—	5
Partnership	6	21	59	1,112	—	8	4	91
SCFHP	—	11	26	347	—	—	—	19
SFHP	13	7	11	807	2	4	1	83
Statewide	**155**	**303**	**514**	**12,183**	**112**	**78**	**112**	**1,233**

Table B.17—Distribution of Pediatric Core Specialties, by MCP (Continued)

— Indicates that the rate was not available.

MCP	Pulmonary Disease	Total Un-duplicated Providers	Total Unduplicated Providers (Excluding OB/GYN)	Total Reported Specialties	Total Reported Specialties (Excluding OB/GYN)	Specialties per Provider	Specialties per Provider (Excluding OB/GYN)
AAH	25	1,380	554	1,380	554	1.00	1.00
Anthem	—	193	18	193	18	1.00	1.00
CalOptima	11	557	173	557	173	1.00	1.00
CalViva	18	929	234	930	235	1.00	1.00
Care1st	12	310	183	310	183	1.00	1.00
CCAH	3	210	63	210	63	1.00	1.00
CCHP	7	880	184	881	185	1.00	1.01
CenCal	1	116	24	116	24	1.00	1.00
CHG	11	341	189	341	189	1.00	1.00
CHW	16	647	265	658	273	1.02	1.03
Gold Coast	15	1,079	389	1,079	389	1.00	1.00
Health Net	19	957	341	957	341	1.00	1.00
HPSJ	3	191	58	192	59	1.01	1.02
HPSM	18	480	257	480	257	1.00	1.00
IEHP	137	1,590	543	2,259	1,082	1.42	1.99
Kaiser NorCal	7	854	160	855	161	1.00	1.01

MCP	Pulmonary Disease	Total Un-duplicated Providers	Total Unduplicated Providers (Excluding OB/GYN)	Total Reported Specialties	Total Reported Specialties (Excluding OB/GYN)	Specialties per Provider	Specialties per Provider (Excluding OB/GYN)
Kaiser SoCal	4	797	198	797	198	1.00	1.00
KFHC	4	861	202	861	202	1.00	1.00
L.A. Care	18	1,601	472	1,606	477	1.00	1.01
Molina	9	464	146	464	146	1.00	1.00
Partner-ship	39	1,724	612	1,725	613	1.00	1.00
SCFHP	13	589	242	589	242	1.00	1.00
SFHP	13	1,064	257	1,065	258	1.00	1.00
Statewide	**403**	**17,814**	**5,764**	**18,505**	**6,322**	**1.04**	**1.10**

Table B.18—Distribution of Pediatric Core Specialty Providers, by MCP and Active Provider Status

MCP	All Core Specialty Providers	Active Core Specialty Providers	Percent Active
AAH	1,380	781	56.6%
Anthem	193	137	71.0%
CalOptima	557	301	54.0%
CalViva	929	200	21.5%
Care1st	310	245	79.0%
CCAH	210	169	80.5%
CCHP	880	463	52.6%
CenCal	116	96	82.8%
CHG	341	307	90.0%
CHW	647	414	64.0%
Gold Coast	1,079	248	23.0%
Health Net	957	835	87.3%
HPSJ	191	178	93.2%
HPSM	480	332	69.2%
IEHP	1,590	1,224	77.0%
Kaiser NorCal	854	405	47.4%
Kaiser SoCal	797	192	24.1%
KFHC	861	168	19.5%
L.A. Care	1,601	1,340	83.7%
Molina	464	370	79.7%
Partnership	1,724	799	46.3%
SCFHP	589	462	78.4%
SFHP	1,064	377	35.4%
Statewide	**17,814**	**10,043**	**56.4%**

Table B.19—Distribution of Pediatric Core Specialty Providers, by MCP and Active Provider Status, Excluding OB/GYN

MCP	All Core Specialty Providers	Active Core Specialty Providers	Percent Active
AAH	554	266	48.0%
Anthem	18	13	72.2%
CalOptima	173	113	65.3%
CalViva	234	89	38.0%
Care1st	183	146	79.8%
CCAH	63	55	87.3%
CCHP	184	93	50.5%
CenCal	24	20	83.3%
CHG	189	166	87.8%
CHW	265	183	69.1%
Gold Coast	389	141	36.2%
Health Net	341	284	83.3%
HPSJ	58	51	87.9%
HPSM	257	173	67.3%
IEHP	543	441	81.2%
Kaiser NorCal	160	79	49.4%
Kaiser SoCal	198	50	25.3%
KFHC	202	47	23.3%
L.A. Care	472	383	81.1%
Molina	146	112	76.7%
Partnership	612	381	62.3%
SCFHP	242	176	72.7%
SFHP	257	113	44.0%
Statewide	**5,764**	**3,575**	**62.0%**

Table B.20—Distribution of Facility-Based and Speciality Providers, by Provider Category and MCP

MCP	CBAS	FQHC	Home Health	Hospital, Inpatient	Hospital, Outpatient	ICF	RHC	SNF	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
AAH	7	46	67	47	251	1	0	55	458	474	1.03
Anthem	31	246	75	80	712	0	156	180	1,146	1,480	1.29
CalOptima	22	12	47	47	93	3	0	93	317	317	1.00
CalViva	4	34	22	65	114	0	54	133	405	426	1.05
Care1st	6	40	28	16	238	0	0	50	350	378	1.08
CCAH	4	27	13	20	178	1	17	30	280	290	1.04
CCHP	0	12	85	61	54	0	0	143	344	355	1.03
CenCal	2	25	14	10	45	15	0	22	132	133	1.01
CHG	9	57	25	15	59	0	0	51	212	216	1.02
CHW	13	83	47	46	807	0	74	124	1,185	1,194	1.01
Gold Coast	1	26	27	107	2,134	1	0	24	2,317	2,320	1.00
Health Net	164	351	242	106	541	0	49	462	1,868	1,915	1.03
HPSJ	0	55	11	13	178	0	22	15	269	294	1.09
HPSM	8	6	31	14	108	1	0	80	245	248	1.01
IEHP	14	51	109	138	306	25	8	172	720	823	1.14
Kaiser NorCal	0	0	62	55	16	0	0	128	256	261	1.02
Kaiser SoCal	0	0	9	103	16	1	0	20	148	149	1.01
KFHC	0	35	9	104	1,796	1	5	20	1,968	1,970	1.00

MCP	CBAS	FQHC	Home Health	Hospital, Inpatient	Hospital, Outpatient	ICF	RHC	SNF	Total Unduplicated Providers	Total Reported Specialties	Specialties per Provider
L.A. Care	1	54	104	168	2,234	2	0	73	2,625	2,636	1.00
Molina	31	64	113	53	542	0	5	147	936	955	1.02
Partnership	10	87	108	119	1,932	0	12	201	2,449	2,469	1.01
SCFHP	5	0	36	10	104	0	0	52	207	207	1.00
SFHP	9	28	67	79	1,817	0	0	175	2,170	2,175	1.00
Statewide	**341**	**1,339**	**1,351**	**1,476**	**14,275**	**51**	**402**	**2,450**	**21,007**	**21,685**	**1.03**

Table B.21—Distribution of Facility-Based and Specialty Providers, by Active Provider Status and MCP

MCP	All Facility-Based & Specialty Providers	Active Facility-Based & Specialty Providers	Percent Active
AAH	458	129	28.2%
Anthem	1,146	255	22.3%
CalOptima	317	109	34.4%
CalViva	405	145	35.8%
Care1st	350	150	42.9%
CCAH	280	142	50.7%
CCHP	344	14	4.1%
CenCal	132	52	39.4%
CHG	212	16	7.5%
CHW	1,185	163	13.8%

MCP	All Facility-Based & Specialty Providers	Active Facility-Based & Specialty Providers	Percent Active
Gold Coast	2,317	105	4.5%
Health Net	1,868	655	35.1%
HPSJ	269	54	20.1%
HPSM	245	80	32.7%
IEHP	720	201	27.9%
Kaiser NorCal	256	3	1.2%
Kaiser SoCal	148	4	2.7%
KFHC	1,968	80	4.1%
L.A. Care	2,625	958	36.5%
Molina	936	328	35.0%
Partnership	2,449	449	18.3%
SCFHP	207	80	38.6%
SFHP	2,170	60	2.8%
Statewide	**21,007**	**4,232**	**20.1%**

Table B.22—Comparison of Active PCPs Identified Using PCP Flag or Taxonomy Codes, by MCP

MCP	Active PCP (PCP Flag)	Active PCP (Taxonomy)
AAH	2,337	3,224
Anthem	2,505	3,238
CalOptima	1,127	1,652
CalViva	329	785
Care1st	292	401
CCAH	396	766
CCHP	1,931	3,163
CenCal	245	455
CHG	754	1,358
CHW	1,024	1,790
Gold Coast	538	1,341
Health Net	4,072	5,183
HPSJ	474	767
HPSM	907	1,543
IEHP	3,334	5,412
Kaiser NorCal	1,812	1,978
Kaiser SoCal	920	1,412
KFHC	668	767
L.A. Care	8,700	8,300
Molina	1,426	2,064

MCP	Active PCP (PCP Flag)	Active PCP (Taxonomy)
Partnership	1,847	1,922
SCFHP	758	1,914
SFHP	1,390	1,849
Statewide	**37,786**	**51,284**

Table B.23—Comparison of Facility-Based and Specialty Providers by Active Status and MCP

MCP	All Core Specialty Providers	Active Core Specialty Providers	Percent Active
AAH	458	129	28.2%
Anthem	1,146	255	22.3%
CalOptima	317	109	34.4%
CalViva	405	145	35.8%
Care1st	350	150	42.9%
CCAH	280	142	50.7%
CCHP	344	14	4.1%
CenCal	132	52	39.4%
CHG	212	16	7.5%
CHW	1,185	163	13.8%
Gold Coast	2,317	105	4.5%
Health Net	1,868	655	35.1%
HPSJ	269	54	20.1%

MCP	All Core Specialty Providers	Active Core Specialty Providers	Percent Active
HPSM	245	80	32.7%
IEHP	720	201	27.9%
Kaiser NorCal	256	3	1.2%
Kaiser SoCal	148	4	2.7%
KFHC	1,968	80	4.1%
L.A. Care	2,625	958	36.5%
Molina	936	328	35.0%
Partnership	2,449	449	18.3%
SCFHP	207	80	38.6%
SFHP	2,170	60	2.8%
Statewide	**21,007**	**4,232**	**20.1%**

Provider-to-Beneficiary Ratios

Table B.24—Distribution of Ratios of PCPs-to-Beneficiaries, by MCP and Provider Active Status, Using Equal FTE Adjustments

Note: The network standard for the PCP-to-beneficiary ratio is 1:2,000.

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)
AAH	2,189.31	266,063	121.53	1,797.71	266,063	148.00
Anthem	3,319.83	781,895	235.52	2,472.70	781,895	316.21
CalOptima	1,787.51	770,319	430.95	1,384.97	770,319	556.20
CalViva	1,069.50	364,280	340.61	589.96	364,280	617.47
Care1st	176.73	85,665	484.72	152.48	85,665	561.81
CCAH	861.92	351,753	408.10	670.15	351,753	524.89
CCHP	2,210.51	183,927	83.21	1,885.65	183,927	97.54
CenCal	557.75	180,411	323.46	437.43	180,411	412.43
CHG	786.83	282,556	359.11	766.48	282,556	368.64
CHW	2,174.56	194,061	89.24	1,276.42	194,061	152.04
Gold Coast	2,410.02	203,934	84.62	973.41	203,934	209.50
Health Net	3,112.70	1,494,368	480.09	2,941.99	1,494,368	507.94

MCP	Equal FTE Adjustment					
	All Providers			Active Providers		
	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)
HPSJ	389.50	349,908	898.35	446.02	349,908	784.51
HPSM	1,671.37	110,690	66.23	1,114.09	110,690	99.35
IEHP	2,896.34	1,231,494	425.19	3,157.62	1,231,494	390.01
Kaiser NorCal	693.51	93,735	135.16	962.33	93,735	97.40
Kaiser SoCal	958.05	52,303	54.59	636.35	52,303	82.19
KFHC	1,173.00	248,887	212.18	399.63	248,887	622.79
L.A. Care	3,941.40	2,064,020	523.68	4,838.46	2,064,020	426.59
Molina	1,299.49	470,628	362.16	1,077.63	470,628	436.73
Partnership	1,785.32	570,592	319.60	1,331.08	570,592	428.67
SCFHP	1,298.98	260,377	200.45	1,396.22	260,377	186.49
SFHP	1,430.90	134,653	94.10	938.23	134,653	143.52

Table B.25—Distribution of PCP-to-Beneficiary Ratios, by MCP and Provider Active Status, Using Proportional FTE Adjustments

Note: The network standard for the PCP-to-beneficiary ratio is 1:2,000.

| MCP | Proportional FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)
AAH	2,153.86	266,063	123.53	1,903.75	266,063	139.76
Anthem	3,704.71	781,895	211.05	2,777.42	781,895	281.52
CalOptima	1,762.35	770,319	437.10	1,335.32	770,319	576.88
CalViva	1,227.52	364,280	296.76	575.08	364,280	633.44
Care1st	72.58	85,665	1,180.28	57.77	85,665	1,482.86
CCAH	875.80	351,753	401.64	674.29	351,753	521.66
CCHP	1,965.34	183,927	93.59	1,792.08	183,927	102.63
CenCal	548.42	180,411	328.97	434.16	180,411	415.54
CHG	725.45	282,556	389.49	693.27	282,556	407.57
CHW	1,848.35	194,061	104.99	1,092.81	194,061	177.58
Gold Coast	1,618.60	203,934	125.99	809.68	203,934	251.87
Health Net	3,434.36	1,494,368	435.12	3,134.23	1,494,368	476.79
HPSJ	337.12	349,908	1,037.93	411.73	349,908	849.85

MCP	All Providers			Active Providers		
	Proportional FTE Adjustment					
	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per PCP (Taxonomy)
HPSM	1,453.91	110,690	76.13	997.34	110,690	110.99
IEHP	3,659.25	1,231,494	336.54	3,251.21	1,231,494	378.78
Kaiser NorCal	245.81	93,735	381.33	673.36	93,735	139.20
Kaiser SoCal	65.95	52,303	793.07	217.73	52,303	240.22
KFHC	473.49	248,887	525.64	236.74	248,887	1,051.31
L.A. Care	5,925.41	2,064,020	348.33	5,865.65	2,064,020	351.88
Molina	1,162.93	470,628	404.69	937.07	470,628	502.23
Partnership	2,642.58	570,592	215.92	1,553.69	570,592	367.25
SCFHP	1,366.06	260,377	190.60	1,479.54	260,377	175.99
SFHP	925.14	134,653	145.55	743.07	134,653	181.21

Table B.26—Distribution of Ratios of Total Physicians-to-Beneficiaries, by MCP and Provider Active Status, Using Equal FTE Adjustments

Note: The network standard for the total physicians-to-beneficiary ratio is 1:1,200.

MCP	Equal FTE Adjustment					
	All Providers			Active Providers		
	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)
AAH	2,865.91	266,063	92.84	2,657.93	266,063	100.10
Anthem	3,709.43	781,895	210.79	2,845.22	781,895	274.81
CalOptima	4,309.59	770,319	178.75	3,377.71	770,319	228.06
CalViva	2,459.47	364,280	148.11	1,246.20	364,280	292.31
Care1st	791.56	85,665	108.22	604.71	85,665	141.66
CCAH	1,672.66	351,753	210.30	1,386.75	351,753	253.65
CCHP	3,035.21	183,927	60.60	2,858.47	183,927	64.34
CenCal	1,415.63	180,411	127.44	1,188.79	180,411	151.76
CHG	1,254.65	282,556	225.21	1,238.74	282,556	228.10
CHW	4,057.87	194,061	47.82	2,448.57	194,061	79.25
Gold Coast	4,272.25	203,934	47.73	1,797.91	203,934	113.43
Health Net	6,490.06	1,494,368	230.25	5,825.24	1,494,368	256.53
HPSJ	614.48	349,908	569.44	786.07	349,908	445.14

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)
HPSM	3,849.76	110,690	28.75	2,580.82	110,690	42.89
IEHP	4,509.23	1,231,494	273.11	5,080.55	1,231,494	242.39
Kaiser NorCal	1,635.58	93,735	57.31	2,115.62	93,735	44.31
Kaiser SoCal	2,085.94	52,303	25.07	1,300.19	52,303	40.23
KFHC	2,626.90	248,887	94.75	932.77	248,887	266.83
L.A. Care	6,716.35	2,064,020	307.31	8,633.78	2,064,020	239.06
Molina	2,821.91	470,628	166.78	2,384.77	470,628	197.35
Partnership	6,655.35	570,592	85.73	4,986.56	570,592	114.43
SCFHP	4,470.16	520,754	116.50	5,116.50	520,754	101.78
SFHP	3,212.15	134,653	41.92	2,146.35	134,653	62.74

Table B.27—Distribution of Ratio of Total Physicians-to-Beneficiaries, by MCP and Provider Active Status, Using Proportional FTE Adjustments

Note: The network standard for the total physicians-to-beneficiary ratio is 1:1,200.

| MCP | Proportional FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)
AAH	2,680.29	266,063	99.27	2,780.38	266,063	95.69
Anthem	4,711.45	781,895	165.96	3,668.68	781,895	213.13
CalOptima	4,310.03	770,319	178.73	3,254.86	770,319	236.67
CalViva	2,847.51	364,280	127.93	1,196.37	364,280	304.49
Care1st	359.92	85,665	238.01	238.61	85,665	359.02
CCAH	1,678.11	351,753	209.61	1,379.22	351,753	255.04
CCHP	2,448.22	183,927	75.13	2,584.97	183,927	71.15
CenCal	1,382.71	180,411	130.48	1,172.66	180,411	153.85
CHG	1,144.83	282,556	246.81	1,116.38	282,556	253.10
CHW	3,177.51	194,061	61.07	1,872.76	194,061	103.62
Gold Coast	2,321.54	203,934	87.84	1,266.06	203,934	161.08

| MCP | Proportional FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)	Number of Total Physicians (Taxonomy)	Number of Beneficiaries	Number of Beneficiaries per Physician (Taxonomy)
Health Net	7,445.36	1,494,368	200.71	6,429.39	1,494,368	232.43
HPSJ	525.80	349,908	665.48	738.03	349,908	474.11
HPSM	3,174.32	110,690	34.87	2,161.08	110,690	51.22
IEHP	6,120.67	1,231,494	201.20	5,309.48	1,231,494	231.94
Kaiser NorCal	574.10	93,735	163.27	1,442.73	93,735	64.97
Kaiser SoCal	143.66	52,303	364.07	461.24	52,303	113.40
KFHC	1,080.24	248,887	230.40	540.78	248,887	460.24
L.A. Care	11,175.06	2,064,020	184.70	10,903.31	2,064,020	189.30
Molina	2,649.61	470,628	177.62	2,183.71	470,628	215.52
Partnership	9,103.82	570,592	62.68	5,966.15	570,592	95.64
SCFHP	4,648.64	520,754	112.02	5,482.04	520,754	94.99
SFHP	1,917.92	134,653	70.21	1,574.11	134,653	85.54

Table B.28—Distribution of PCP-to-NPs, by MCP and Provider Active Status, Using Equal FTE Adjustments

Note: The network standard for the PCP-to-NP ratio is 1:4.

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)
AAH	2,188.31	371	0.17	1,797.38	267	0.15
Anthem	3,295.85	28	0.01	2,454.87	21	0.01
CalOptima	1,782.18	331	0.19	1,383.47	49	0.04
CalViva	1,069.33	166	0.16	589.96	44	0.08
Care1st	176.73	54	0.31	152.48	43	0.28
CCAH	861.92	181	0.21	670.15	7	0.01
CCHP	2,192.51	86	0.04	1,871.82	87	0.05
CenCal	557.75	1	0.00	437.43	1	0.00
CHG	782.00	281	0.36	765.81	189	0.25
CHW	2,127.08	430	0.20	1,265.92	37	0.03
Gold Coast	2,401.54	312	0.13	971.41	62	0.06
Health Net	3,094.03	733	0.24	2,926.91	376	0.13
HPSJ	385.50	87	0.23	444.02	29	0.07
HPSM	1,486.37	389	0.26	1,105.09	143	0.13
IEHP	2,670.20	569	0.21	3,007.71	414	0.14

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)
Kaiser NorCal	693.34	89	0.13	961.83	100	0.10
Kaiser SoCal	955.57	96	0.10	636.01	68	0.11
KFHC	1,170.52	217	0.19	398.63	150	0.38
L.A. Care	3,870.67	870	0.22	4,798.04	740	0.15
Molina	1,277.74	79	0.06	1,057.05	37	0.03
Partnership	1,784.15	737	0.41	1,330.58	351	0.26
SCFHP	1,295.98	13	0.01	1,393.22	36	0.03
SFHP	1,430.73	260	0.18	938.23	161	0.17

Table B.29—Distribution of PCP-to-NPs, by MCP and Provider Active Status, Using Proportional FTE Adjustments

Note: The network standard for the PCP-to-NP ratio is 1:4.

| MCP | Proportional FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)
AAH	2,152.78	366	0.17	1,903.53	282	0.15
Anthem	3,675.18	27.8	0.01	2,755.27	21	0.01
CalOptima	1,757.10	331	0.19	1,334.05	49	0.04
CalViva	1,227.29	190	0.15	575.08	46	0.08
Care1st	72.58	26	0.36	57.77	34	0.59
CCAH	875.80	180	0.21	674.29	7	0.01
CCHP	1,951.10	59	0.03	1,781.99	83	0.05
CenCal	548.42	1	0.00	434.16	1	0.00
CHG	721.06	272	0.38	692.98	189	0.27
CHW	1,804.57	366	0.20	1,082.61	34	0.03
Gold Coast	1,611.92	236	0.15	807.68	52	0.06
Health Net	3,414.87	834	0.24	3,119.16	383	0.12
HPSJ	333.12	79	0.24	409.73	31	0.07
HPSM	1,269.95	335	0.26	988.34	141	0.14

MCP	Proportional FTE Adjustment					
	All Providers			Active Providers		
	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of NPs	Number of NPs per PCP (Taxonomy)
IEHP	3,422.79	640	0.19	3,093.68	411	0.13
Kaiser NorCal	245.75	31	0.13	673.03	74	0.11
Kaiser SoCal	65.77	7	0.10	217.72	36	0.17
KFHC	472.67	129	0.27	235.74	125	0.53
L.A. Care	5,846.96	1,062	0.18	5,822.65	819	0.14
Molina	1,151.09	81	0.07	925.55	38	0.04
Partnership	2,641.08	900	0.34	1,553.38	366	0.24
SCFHP	1,363.06	12	0.01	1,476.54	38	0.03
SFHP	925.06	212	0.23	743.07	153	0.21

Table B.30—Distribution of PCP-to-Pas, by MCP and Provider Active Status, Using Equal FTE Adjustments

Note: The network standard for the PCP-to-PA ratio is 1:4.

— Indicates that the rate was not available.

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)
AAH	2,188.31	122	0.06	1,797.38	96	0.05
Anthem	3,295.85	—	—	2,454.87	—	—
CalOptima	1,782.18	222	0.12	1,383.47	54	0.04
CalViva	1,069.33	134	0.13	589.96	47	0.08
Care1st	176.73	23	0.13	152.48	15	0.10
CCAH	861.92	216	0.25	670.15	11	0.02
CCHP	2,192.51	67	0.03	1,871.82	49	0.03
CenCal	557.75	2	0.00	437.43	1	0.00
CHG	782.00	175	0.22	765.81	95	0.12
CHW	2,127.08	526	0.25	1,265.92	38	0.03
Gold Coast	2,401.54	222	0.09	971.41	65	0.07
Health Net	3,094.03	629	0.20	2,926.91	323	0.11
HPSJ	385.50	43	0.11	444.02	24	0.05
HPSM	1,486.37	154	0.10	1,105.09	59	0.05

| MCP | Equal FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)
IEHP	2,670.20	560	0.21	3,007.71	459	0.15
Kaiser NorCal	693.34	71	0.10	961.83	71	0.07
Kaiser SoCal	955.57	111	0.12	636.01	81	0.13
KFHC	1,170.52	194	0.17	398.63	103	0.26
L.A. Care	3,870.67	199	0.05	4,798.04	287	0.06
Molina	1,277.74	41	0.03	1,057.05	19	0.02
Partnership	1,784.15	509	0.29	1,330.58	231	0.17
SCFHP	1,295.98	14	0.01	1,393.22	60	0.04
SFHP	1,430.73	92	0.06	938.23	38	0.04

Table B.31—Distribution of PCP-to-PAs, by MCP and Provider Active Status, Using Proportional FTE Adjustments

Note: The network standard for the PCP-to-PA ratio is 1:4.

— Indicates that the rate was not available.

| MCP | Proportional FTE Adjustment | | | | | |
| | All Providers | | | Active Providers | | |
	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)
AAH	2,152.78	120	0.06	1,903.53	99	0.05
Anthem	3,675.18	—	—	2,755.27	—	—
CalOptima	1,757.10	227	0.13	1,334.05	53	0.04
CalViva	1,227.29	150	0.12	575.08	47	0.08
Care1st	72.58	13	0.18	57.77	12	0.20
CCAH	875.80	216	0.25	674.29	11	0.02
CCHP	1,951.10	46	0.02	1,781.99	47	0.03
CenCal	548.42	2	0.00	434.16	1	0.00
CHG	721.06	173	0.24	692.98	95	0.14
CHW	1,804.57	455	0.25	1,082.61	37	0.03
Gold Coast	1,611.92	139	0.09	807.68	53	0.07
Health Net	3,414.87	683	0.20	3,119.16	333	0.11
HPSJ	333.12	39	0.12	409.73	23	0.06

MCP		Proportional FTE Adjustment				
	All Providers			Active Providers		
	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)	Number of PCPs (Taxonomy)	Number of PAs	Number of PAs per PCP (Taxonomy)
HPSM	1,269.95	143	0.11	988.34	58	0.06
IEHP	3,422.79	642	0.19	3,093.68	452	0.15
Kaiser NorCal	245.75	25	0.10	673.03	68	0.10
Kaiser SoCal	65.77	8	0.12	217.72	32	0.15
KFHC	472.67	109	0.23	235.74	88	0.37
L.A. Care	5,846.96	396	0.07	5,822.65	369	0.06
Molina	1,151.09	36	0.03	925.55	17	0.02
Partnership	2,641.08	635	0.24	1,553.38	231	0.15
SCFHP	1,363.06	14	0.01	1,476.54	60	0.04
SFHP	925.06	56	0.06	743.07	38	0.05

Beneficiary and Provider Urbanicity Distribution

Table B.32—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult PCPs

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	15.38%	31.20%	14.29%	78.51%	1.39
Anthem All Providers	26.69%	32.88%	18.48%	80.54%	1.59
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	68.10%	34.99%	—	1.03
CCAH All Providers	—	71.25%	32.19%	—	1.03
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	73.61%	54.09%	22.06%	—	1.50
CHW All Providers	96.17%	54.12%	25.24%	—	1.76
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	7.81%	6.00%	86.28%	1.00
Health Net All Providers	—	8.03%	6.69%	85.52%	1.00
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	82.03%	82.67%	—	1.65
IEHP All Providers	—	100.00%	99.95%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	19.11%	29.84%	96.15%	1.45
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00

MCP	Rural	Small	Medium	Large	Regions per Provider
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	2.28%	38.16%	38.36%	46.48%	1.25
Molina All Providers	2.31%	49.34%	45.43%	45.87%	1.43
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	28.04%	35.74%	67.97%	—	1.32
Partnership All Providers	18.59%	89.42%	91.53%	—	2.00
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.33—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	36.04%	74.07%	35.56%	50.84%	1.97
Anthem All Providers	65.93%	84.68%	49.71%	51.58%	2.52
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	71.21%	31.38%	—	1.03
CCAH All Providers	—	75.31%	28.04%	—	1.03
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	79.85%	46.94%	19.73%	—	1.47
CHW All Providers	96.76%	48.14%	22.83%	—	1.68

MCP	Rural	Small	Medium	Large	Regions per Provider
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	8.78%	7.44%	83.96%	1.00
Health Net All Providers	—	8.74%	8.11%	83.56%	1.00
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	83.13%	83.72%	—	1.67
IEHP All Providers	—	100.00%	99.98%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	22.28%	31.76%	96.70%	1.51
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	1.92%	34.30%	36.79%	51.14%	1.24
Molina All Providers	2.02%	45.17%	42.56%	50.68%	1.40
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	25.13%	37.28%	68.48%	—	1.31
Partnership All Providers	20.06%	87.31%	89.65%	—	1.97
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.34—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric PCPs, Excluding OB/GYN Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	35.37%	77.61%	38.50%	51.83%	2.03
Anthem All Providers	65.87%	89.63%	53.92%	51.98%	2.61
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	69.59%	32.55%	—	1.02
CCAH All Providers	—	74.74%	28.59%	—	1.03
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	78.47%	47.14%	18.66%	—	1.44
CHW All Providers	97.42%	46.66%	21.32%	—	1.65
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	8.23%	6.63%	85.32%	1.00
Health Net All Providers	—	8.23%	7.40%	84.67%	1.00
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	83.07%	83.41%	—	1.66
IEHP All Providers	—	100.00%	99.97%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	22.57%	31.46%	96.55%	1.51
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00

MCP	Rural	Small	Medium	Large	Regions per Provider
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	1.74%	35.30%	37.74%	49.65%	1.24
Molina All Providers	1.90%	46.38%	43.68%	49.60%	1.42
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	21.94%	34.10%	65.32%	—	1.21
Partnership All Providers	13.59%	83.51%	86.77%	—	1.84
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.35—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using PCP Flag

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	12.10%	40.32%	15.41%	65.59%	1.33
Anthem All Providers	18.05%	49.58%	20.86%	61.97%	1.50
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	59.09%	42.93%	—	1.02
CCAH All Providers	—	62.08%	41.52%	—	1.04
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	74.32%	51.76%	18.85%	—	1.45

MCP	Rural	Small	Medium	Large	Regions per Provider
CHW All Providers	97.53%	48.94%	20.56%	—	1.67
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	7.64%	4.91%	87.50%	1.00
Health Net All Providers	—	7.66%	5.24%	87.23%	1.00
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	83.14%	83.32%	—	1.66
IEHP All Providers	—	99.90%	99.95%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	20.58%	30.24%	96.30%	1.47
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	2.95%	37.31%	38.22%	44.95%	1.23
Molina All Providers	3.29%	46.86%	43.69%	46.37%	1.40
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	21.77%	27.18%	60.15%	—	1.09
Partnership All Providers	9.84%	78.52%	83.41%	—	1.72
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.36—Beneficiary and Provider Distribution, by MCP and Urbanicity, for PCPs Identified Using Taxonomy Codes

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	15.78%	31.72%	14.33%	78.04%	1.40
Anthem All Providers	27.42%	33.50%	18.72%	79.98%	1.60
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	71.15%	31.33%	—	1.02
CCAH All Providers	—	75.46%	27.48%	—	1.03
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	76.42%	50.17%	20.95%	—	1.48
CHW All Providers	96.70%	49.70%	23.62%	—	1.70
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	7.87%	6.00%	86.26%	1.00
Health Net All Providers	—	7.93%	6.63%	85.74%	1.00
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	82.69%	83.65%	—	1.66
IEHP All Providers	—	100.00%	99.96%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	20.37%	30.18%	96.41%	1.47
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00

MCP	Rural	Small	Medium	Large	Regions per Provider
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	1.99%	36.34%	37.35%	49.03%	1.25
Molina All Providers	2.11%	47.49%	44.34%	48.29%	1.42
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	24.30%	36.42%	68.57%	—	1.29
Partnership All Providers	16.27%	89.30%	91.59%	—	1.97
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.37—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Non-Physician Medical Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	19.05%	0.00%	0.00%	80.95%	1.00
Anthem All Providers	25.00%	14.29%	0.00%	75.00%	1.14
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	60.00%	40.00%	—	1.00
CCAH All Providers	—	64.03%	38.12%	—	1.02
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	60.87%	39.13%	19.57%	—	1.20

MCP	Rural	Small	Medium	Large	Regions per Provider
CHW All Providers	97.87%	48.93%	25.94%	—	1.73
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	13.03%	2.39%	84.69%	1.00
Health Net All Providers	—	16.09%	6.00%	78.53%	1.01
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	80.00%	81.97%	—	1.62
IEHP All Providers	—	100.00%	99.86%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	16.09%	24.29%	99.05%	1.39
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	0.00%	20.79%	17.82%	64.36%	1.03
Molina All Providers	2.99%	28.21%	27.78%	47.44%	1.06
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	42.61%	33.33%	52.90%	—	1.29
Partnership All Providers	46.09%	82.51%	84.16%	—	2.13
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.38—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Adult Core Specialty Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	20.45%	40.14%	13.41%	65.91%	1.40
Anthem All Providers	62.58%	46.66%	22.18%	68.40%	2.00
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	64.13%	40.94%	—	1.05
CCAH All Providers	—	58.65%	45.59%	—	1.04
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	77.12%	45.45%	19.00%	—	1.42
CHW All Providers	95.91%	43.91%	23.95%	—	1.64
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	7.93%	7.14%	85.38%	1.00
Health Net All Providers	—	7.16%	6.40%	87.22%	1.01
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	80.18%	83.39%	—	1.64
IEHP All Providers	—	100.00%	99.99%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	24.83%	34.78%	95.48%	1.55
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00

MCP	Rural	Small	Medium	Large	Regions per Provider
Molina Active Providers	2.67%	32.24%	34.71%	53.98%	1.24
Molina All Providers	2.67%	43.52%	42.71%	46.16%	1.35
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	45.34%	44.32%	73.92%	—	1.64
Partnership All Providers	50.88%	97.58%	97.58%	—	2.46
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.39—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialty Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	44.53%	48.91%	15.33%	44.53%	1.53
Anthem All Providers	70.47%	50.26%	21.24%	50.26%	1.92
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	84.02%	21.30%	—	1.05
CCAH All Providers	—	83.33%	21.43%	—	1.05
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	89.37%	33.09%	17.39%	—	1.40
CHW All Providers	96.60%	38.49%	21.79%	—	1.57

MCP	Rural	Small	Medium	Large	Regions per Provider
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	8.26%	9.58%	83.23%	1.01
Health Net All Providers	—	7.94%	9.40%	84.22%	1.02
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	82.52%	87.34%	—	1.70
IEHP All Providers	—	100.00%	100.00%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	26.42%	36.79%	97.04%	1.60
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	2.43%	30.81%	32.43%	59.73%	1.25
Molina All Providers	2.16%	40.30%	38.58%	57.33%	1.38
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	46.93%	55.94%	82.60%	—	1.85
Partnership All Providers	51.33%	97.33%	97.27%	—	2.46
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.40—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Pediatric Core Specialty Providers, Excluding OB/GYN Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	53.85%	92.31%	53.85%	61.54%	2.62
Anthem All Providers	83.33%	83.33%	38.89%	55.56%	2.61
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	96.36%	10.91%	—	1.07
CCAH All Providers	—	95.24%	12.70%	—	1.08
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	95.63%	16.94%	10.38%	—	1.23
CHW All Providers	99.62%	16.23%	12.45%	—	1.28
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	1.41%	5.99%	95.42%	1.03
Health Net All Providers	—	1.47%	5.57%	95.60%	1.03
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	84.81%	93.42%	—	1.78
IEHP All Providers	—	100.00%	100.00%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	45.57%	51.90%	96.20%	1.94
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00

MCP	Rural	Small	Medium	Large	Regions per Provider
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	1.79%	33.04%	32.14%	64.29%	1.31
Molina All Providers	1.37%	41.10%	40.41%	61.64%	1.45
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	55.91%	65.09%	89.50%	—	2.10
Partnership All Providers	75.33%	100.00%	100.00%	—	2.75
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Table B.41—Beneficiary and Provider Distribution, by MCP and Urbanicity, for Facility-Based and Specialty Providers

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Regions per Provider
Anthem Active Providers	12.94%	58.43%	10.20%	45.49%	1.27
Anthem All Providers	66.49%	63.61%	27.75%	56.89%	2.15
Anthem Beneficiaries	5.67%	43.19%	3.84%	47.29%	1.00
CCAH Active Providers	—	64.79%	37.32%	—	1.02
CCAH All Providers	—	73.21%	28.57%	—	1.02
CCAH Beneficiaries	—	80.51%	19.49%	—	1.00
CHW Active Providers	73.62%	61.96%	12.88%	—	1.48

MCP	Rural	Small	Medium	Large	Regions per Provider
CHW All Providers	94.51%	50.04%	23.12%	—	1.68
CHW Beneficiaries	51.36%	43.98%	4.67%	—	1.00
Health Net Active Providers	—	14.05%	10.69%	76.64%	1.01
Health Net All Providers	—	10.65%	9.10%	82.07%	1.02
Health Net Beneficiaries	—	12.74%	6.42%	80.84%	1.00
IEHP Active Providers	—	75.62%	80.60%	—	1.56
IEHP All Providers	—	100.00%	99.86%	—	2.00
IEHP Beneficiaries	—	50.89%	49.11%	—	1.00
Kaiser NorCal Active Providers	—	0.00%	0.00%	100.00%	1.00
Kaiser NorCal All Providers	—	100.00%	100.00%	100.00%	3.00
Kaiser NorCal Beneficiaries	—	2.08%	7.21%	90.71%	1.00
Molina Active Providers	2.74%	28.35%	32.62%	56.40%	1.20
Molina All Providers	6.09%	39.74%	40.06%	53.85%	1.40
Molina Beneficiaries	3.23%	15.99%	18.71%	62.06%	1.00
Partnership Active Providers	56.57%	55.68%	67.93%	—	1.80
Partnership All Providers	91.47%	99.02%	99.02%	—	2.90
Partnership Beneficiaries	34.20%	19.76%	46.04%	—	1.00

Appendix C. Geographic Distribution Supplemental Tables

Compliance with Time/Distance Standards

Table C.1—Percentage of Beneficiaries with Access to PCPs and Hospitals within KKA Time/Distance Standards, by MCP

 = Indicates that fewer than 99.0 percent of beneficiaries had access to the provider group for the indicated MCP.

MCP	Adult PCP	Pediatric PCP	Pediatric PCP, Excluding OB/GYN	PCP (All)	Hospital, Inpatient	Hospital, Outpatient
AAH	99.9	99.9	99.9	99.9	99.9	99.9
Anthem	99.2	99.2	99.2	99.3	99.0	99.9
CalOptima	99.9	99.9	99.9	99.9	99.9	99.9
CalViva	99.9	99.9	99.9	99.9	96.4	99.9
Care1st	99.9	99.9	99.9	99.9	99.2	99.9
CCAH	99.8	99.9	99.9	99.9	99.7	99.8
CCHP	99.9	99.9	99.9	99.9	99.9	99.9
CenCal	99.6	99.6	99.6	99.6	99.6	99.6
CHG	99.9	99.9	99.9	99.9	99.0	99.3
CHW	99.9	99.9	99.9	99.9	98.1	98.4
Gold Coast	99.9	99.9	99.9	99.9	99.9	99.9
Health Net	99.9	99.9	99.9	99.9	99.6	99.9
HPSJ	99.9	99.9	99.9	99.9	99.0	99.9
HPSM	99.9	99.9	99.9	99.9	99.9	99.9
Kaiser NorCal	99.8	99.8	99.8	99.8	99.4	99.8
Kaiser SoCal	99.9	99.8	99.8	99.9	99.5	99.8
KFHC	99.9	99.9	99.9	99.9	95.9	97.0
LA Care	99.9	99.9	99.9	99.9	99.9	99.9
Molina	99.9	99.9	99.9	99.9	99.2	99.9

MCP	Adult PCP	Pediatric PCP	Pediatric PCP, Excluding OB/GYN	PCP (All)	Hospital, Inpatient	Hospital, Outpatient
Partnership	99.8	99.8	99.8	99.8	97.6	99.3
SCFHP	99.9	99.9	99.9	99.9	99.9	99.9
SFHP	99.9	99.9	99.9	99.9	99.9	99.9

Table C.2—Percentage of Beneficiaries with Access to All PCPs and PCPs Identified as Accepting New Patients, within KKA Time/Distance Standards, by MCP

▒ = Indicates that fewer than 99.0 percent of beneficiaries had access to the provider group for the indicated MCP.

MCP	Adult Primary Care		Pediatric Primary Care		Pediatric Primary Care, Excluding OB/GYN		PCP (All)	
	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients
AAH	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Anthem	99.2	93.9	99.2	94.4	99.2	94.4	99.3	95.7
CalOptima	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CalViva	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Care1st	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CCAH	99.8	99.8	99.9	99.8	99.9	99.8	99.9	99.8
CCHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CenCal	99.6	99.6	99.6	99.6	99.6	99.6	99.6	99.6
CHG	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
CHW	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Gold Coast	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Health Net	99.9	99.9	99.9	99.8	99.9	99.8	99.9	99.9
HPSJ	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
HPSM	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9

MCP	Adult Primary Care		Pediatric Primary Care		Pediatric Primary Care, Excluding OB/GYN		PCP (All)	
	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients	All PCPs	Accepting New Patients
Kaiser NorCal	99.8	99.8	99.8	99.8	99.8	99.8	99.8	99.8
Kaiser SoCal	99.9	99.7	99.8	99.5	99.8	99.5	99.9	99.8
KFHC	99.9	95.9	99.9	95.3	99.9	95.3	99.9	96.2
L.A. Care	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Molina	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Partnership	99.8	99.8	99.8	99.8	99.8	99.8	99.8	99.8
SCFHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
SFHP	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9

Time to the Nearest Provider

Table C.3—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in AAH (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.9	1.0	1.1	1.5	1.7	1.8
Pediatric Primary Care	0.8	0.9	1.0	1.3	1.6	1.6
Primary Care Physicians	0.7	0.8	0.9	1.3	1.4	1.6
Non-Physician Medical Practitioners						
Physician Assistant	1.3	1.7	1.9	2.2	2.9	3.1
Nurse Practitioner	0.9	1.0	1.1	1.5	1.7	1.9
Certified Nurse Midwife	1.9	2.2	2.2	3.1	3.5	3.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	1.8	2.2	2.6	3.1	3.6	4.2
Dermatology	2.2	3.0	3.3	3.6	4.9	5.5
Endocrinology	2.2	3.2	4.2	3.7	5.5	7.1
Gastroenterology	1.9	2.8	3.1	3.2	4.5	5.1
General Surgery	1.7	1.8	1.9	2.8	3.0	3.1
Hematology & Oncology	1.8	2.1	2.4	3.0	3.4	3.9
Infectious Disease	2.4	2.9	3.1	3.9	4.9	5.3
Mental Health Outpatient Services	0.8	0.9	1.0	1.4	1.6	1.7
Nephrology	1.6	2.1	2.4	2.6	3.5	3.9
Neurology	1.9	2.2	2.8	3.2	3.7	4.8
Obstetrics & Gynecology	1.2	1.4	1.5	2.1	2.3	2.6
Ophthalmology	1.7	1.8	1.9	2.7	3.1	3.1
Orthopedic Surgery	1.7	1.8	2.1	2.8	3.0	3.4
Otolaryngology/ENT	2.0	2.5	2.8	3.3	4.2	4.7
Physical Medicine & Rehabilitation	1.8	2.1	2.6	3.0	3.5	4.5
Psychiatry	1.5	1.9	2.1	2.6	3.1	3.6
Pulmonary Disease	2.2	2.8	3.4	3.6	4.4	5.6
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	3.1	6.2	8.7	5.2	10.2	13.5
Dermatology	9.7	16.7	22.1	15.9	27.1	30.4
Endocrinology	4.6	6.0	6.6	7.2	9.8	10.7
Gastroenterology	10.1	11.7	12.4	16.2	18.3	19.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	7.4	9.2	9.6	11.2	14.1	15.6
Hematology & Oncology	4.9	9.5	11.5	8.2	16.0	18.6
Infectious Disease	3.1	6.0	8.1	4.9	9.9	13.4
Mental Health Specialist	2.0	3.3	4.1	3.3	5.3	6.6
Nephrology	4.9	8.4	10.6	8.1	14.0	17.1
Neurology	12.9	12.9	13.0	19.8	19.8	19.8
Obstetrics & Gynecology	1.2	1.4	1.6	2.1	2.4	2.6
Orthopedic Surgery	12.8	13.1	13.2	19.6	20.1	20.1
Otolaryngology/ENT	7.5	10.1	11.9	12.3	16.4	18.4
Physical Medicine & Rehabilitation	12.0	12.8	15.6	22.1	23.4	28.4
Psychiatry	2.2	2.6	3.3	3.6	4.4	5.6
Pulmonary Disease	4.5	7.3	10.5	7.4	11.8	17.5
Facility-Based and Specialty Providers						
CBAS	5.7	10.3	12.9	10.3	18.8	23.7
FQHC	1.4	2.2	3.0	2.3	3.7	5.0
Home Health	2.1	3.0	3.8	3.6	5.1	6.5
Hospital, Inpatient	2.5	3.5	4.5	4.2	5.7	7.3
Hospital, Outpatient	0.8	1.2	1.5	1.4	2.1	2.5
ICF	16.5	—	—	25.7	—	—
RHC	—	—	—	—	—	—
SNF	1.7	2.2	3.0	2.8	3.7	5.1

Table C.4—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Anthem (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.6	1.8	2.2	2.7	3.1	3.6
Pediatric Primary Care	2.0	2.5	3.1	3.4	4.1	5.0
Primary Care Physicians	1.5	1.8	2.1	2.7	3.1	3.6
Non-Physician Medical Practitioners						
Physician Assistant	—	—	—	—	—	—
Nurse Practitioner	51.3	54.9	54.9	79.2	86.0	86.0
Certified Nurse Midwife	—	—	—	—	—	—
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.7	4.1	4.2	6.5	7.1	7.5
Dermatology	7.5	13.4	38.7	12.9	21.8	60.7
Endocrinology	26.9	50.5	50.5	43.7	68.7	68.7
Gastroenterology	9.2	10.1	10.6	16.9	18.5	19.4
General Surgery	4.3	5.4	6.3	7.4	9.3	10.9
Hematology & Oncology	30.1	46.9	47.5	47.7	76.0	81.9
Infectious Disease	51.2	51.3	51.6	97.1	97.2	97.9
Mental Health Outpatient Services	2.1	3.0	3.5	3.7	5.2	6.2
Nephrology	5.6	6.8	8.4	9.9	12.3	14.7
Neurology	6.2	9.0	12.5	10.4	15.8	21.6
Obstetrics & Gynecology	3.8	4.9	5.8	6.5	8.7	10.2
Ophthalmology	3.3	4.1	4.7	5.9	7.1	8.2
Orthopedic Surgery	4.2	5.1	6.1	7.3	8.9	10.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	12.5	28.2	34.8	19.5	40.0	51.2
Physical Medicine & Rehabilitation	20.8	68.2	96.9	38.6	110.9	158.3
Psychiatry	4.3	6.2	7.9	7.2	10.5	13.4
Pulmonary Disease	42.2	52.5	57.4	66.4	94.0	109.3
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	21.3	43.4	43.5	39.4	81.7	81.8
Dermatology	—	—	—	—	—	—
Endocrinology	55.4	55.7	63.8	105.2	105.8	121.0
Gastroenterology	—	—	—	—	—	—
General Surgery	146.1	—	—	277.6	—	—
Hematology & Oncology	43.4	43.4	43.4	81.6	81.6	81.6
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	—	—	—	—	—	—
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	4.0	5.0	6.0	6.9	8.8	10.5
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	143.9	143.9	143.9	273.5	273.5	273.5
Pulmonary Disease	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	4.9	7.6	10.3	8.2	12.6	17.1
FQHC	2.5	3.4	4.6	4.2	5.8	7.9
Home Health	3.9	6.0	7.5	6.6	10.1	12.6
Hospital, Inpatient	4.7	8.0	9.5	8.4	13.7	16.3
Hospital, Outpatient	1.0	1.2	1.3	1.7	2.0	2.3
ICF	—	—	—	—	—	—
RHC	41.3	49.3	50.7	56.4	67.1	68.9
SNF	2.5	3.6	4.8	4.3	6.2	8.2

Table C.5—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Anthem (Medium Counties)

— Indicates that the rate was not available

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	2.8	2.9	3.7	3.6	3.6	4.6
Pediatric Primary Care	2.6	3.6	4.4	3.3	4.5	5.3
Primary Care Physicians	2.7	2.7	3.6	3.4	3.5	4.5
Non-Physician Medical Practitioners						
Physician Assistant	—	—	—	—	—	—
Nurse Practitioner	84.3	84.3	84.3	100.7	100.7	100.7
Certified Nurse Midwife	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	13.9	13.9	13.9	18.8	18.8	18.8
Dermatology	19.8	29.9	78.8	25.4	45.9	118.2
Endocrinology	41.6	44.8	44.8	49.1	52.7	52.7
Gastroenterology	26.5	26.5	26.5	37.8	37.8	37.8
General Surgery	7.4	7.6	8.1	9.6	9.9	10.5
Hematology & Oncology	76.2	107.0	107.0	100.2	146.2	154.8
Infectious Disease	99.5	99.6	100.0	157.9	158.0	158.7
Mental Health Outpatient Services	2.9	4.2	4.4	3.6	5.2	5.4
Nephrology	15.5	16.3	18.8	20.5	22.0	23.1
Neurology	7.8	18.1	19.5	9.5	22.9	24.7
Obstetrics & Gynecology	9.3	14.6	15.0	13.1	20.0	20.4
Ophthalmology	9.2	13.6	13.6	12.7	18.3	18.4
Orthopedic Surgery	8.2	10.1	10.7	10.1	13.2	14.0
Otolaryngology/ENT	19.6	55.6	71.3	25.2	66.7	87.1
Physical Medicine & Rehabilitation	25.0	41.5	79.0	34.9	53.1	126.5
Psychiatry	12.3	12.6	12.7	15.4	16.4	16.5
Pulmonary Disease	80.6	99.5	115.6	96.5	157.9	183.6
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	31.9	32.0	32.0	49.1	49.1	49.2
Dermatology	—	—	—	—	—	—
Endocrinology	99.8	99.8	109.4	157.9	158.0	173.5
Gastroenterology	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	163.0	—	—	259.9	—	—
Hematology & Oncology	31.0	31.0	31.0	47.6	47.6	47.6
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	—	—	—	—	—	—
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	9.3	14.8	15.1	13.1	20.1	20.5
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	162.1	162.4	162.4	258.5	258.8	258.8
Pulmonary Disease	—	—	—	—	—	—
Facility-Based and Specialty Providers						
CBAS	20.1	24.2	27.0	28.6	31.6	36.0
FQHC	5.6	8.6	12.5	7.8	12.2	17.2
Home Health	12.3	17.8	20.8	16.8	22.3	28.2
Hospital, Inpatient	6.1	12.6	17.3	8.3	16.7	22.5
Hospital, Outpatient	2.0	2.7	3.0	2.4	3.2	3.6
ICF	—	—	—	—	—	—
RHC	21.5	28.8	31.9	26.2	34.8	38.3
SNF	5.9	7.7	8.2	7.5	9.8	10.5

Table C.6—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Anthem (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	2.7	3.3	3.8	3.3	4.0	4.6
Pediatric Primary Care	2.9	4.1	4.5	3.5	4.9	5.4
Primary Care Physicians	2.7	3.2	3.7	3.2	3.8	4.5
Non-Physician Medical Practitioners						
Physician Assistant	—	—	—	—	—	—
Nurse Practitioner	109.3	109.3	109.3	129.4	129.4	129.4
Certified Nurse Midwife	—	—	—	—	—	—
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	12.8	17.6	21.6	15.9	21.7	26.7
Dermatology	15.9	18.0	21.9	20.9	24.0	29.5
Endocrinology	32.6	36.9	61.2	37.2	42.8	72.7
Gastroenterology	16.2	21.8	25.4	19.9	26.7	30.5
General Surgery	7.9	11.4	12.8	9.6	13.9	15.5
Hematology & Oncology	66.5	119.9	120.2	81.8	148.9	150.2
Infectious Disease	60.7	157.9	158.1	82.2	245.2	245.6
Mental Health Outpatient Services	7.0	7.7	8.6	8.4	9.2	10.3
Nephrology	14.8	16.1	17.3	17.6	19.3	21.1
Neurology	13.3	27.1	32.4	16.6	32.5	38.9
Obstetrics & Gynecology	10.1	13.6	14.8	11.7	16.1	17.7
Ophthalmology	12.4	20.2	22.9	14.8	23.4	26.3
Orthopedic Surgery	13.8	28.0	29.5	17.3	33.2	34.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	19.3	31.2	42.3	22.7	37.9	57.0
Physical Medicine & Rehabilitation	29.7	51.3	140.3	36.5	64.2	201.4
Psychiatry	26.6	29.0	29.1	36.8	40.3	40.5
Pulmonary Disease	115.6	136.1	147.6	175.5	210.3	227.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	39.8	150.7	151.1	57.5	232.1	232.7
Dermatology	—	—	—	—	—	—
Endocrinology	164.1	164.1	171.5	251.2	251.2	262.7
Gastroenterology	—	—	—	—	—	—
General Surgery	74.4	—	—	107.2	—	—
Hematology & Oncology	150.3	150.3	150.3	231.4	231.4	231.4
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	—	—	—	—	—	—
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	10.0	13.4	14.6	11.5	15.9	17.3
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	73.9	75.1	75.1	106.4	108.3	108.3
Pulmonary Disease	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	36.6	38.9	40.6	42.9	52.3	56.7
FQHC	2.4	3.2	4.4	2.8	3.8	5.2
Home Health	11.0	17.5	21.2	13.5	21.4	25.5
Hospital, Inpatient	6.1	14.4	21.0	7.4	17.1	25.0
Hospital, Outpatient	1.7	1.9	2.3	1.9	2.3	2.7
ICF	—	—	—	—	—	—
RHC	4.0	7.1	9.4	5.0	8.5	11.5
SNF	6.4	9.2	13.0	7.4	10.8	15.5

Table C.7—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Anthem (Rural Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	13.0	13.3	13.5	14.1	14.4	14.6
Pediatric Primary Care	11.9	12.4	12.9	13.0	13.5	14.1
Primary Care Physicians	12.4	12.6	12.8	13.5	13.7	13.9
Non-Physician Medical Practitioners						
Physician Assistant	—	—	—	—	—	—
Nurse Practitioner	91.8	93.1	93.1	115.0	115.0	115.0
Certified Nurse Midwife	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	41.0	52.8	52.9	46.0	61.7	62.4
Dermatology	53.6	54.8	58.4	69.0	73.6	76.1
Endocrinology	81.1	91.1	95.0	91.1	101.1	104.9
Gastroenterology	51.5	68.9	69.0	65.5	84.4	84.9
General Surgery	33.4	35.6	42.3	37.5	42.7	50.2
Hematology & Oncology	97.1	113.8	115.9	114.4	143.2	146.8
Infectious Disease	117.9	129.0	129.5	159.7	182.1	182.9
Mental Health Outpatient Services	15.6	21.9	23.5	17.0	23.8	25.6
Nephrology	51.4	53.3	62.9	56.1	58.3	73.1
Neurology	39.9	55.1	57.8	45.3	60.2	63.4
Obstetrics & Gynecology	25.5	46.1	47.1	28.2	58.8	60.7
Ophthalmology	28.6	37.9	43.9	31.3	42.0	51.5
Orthopedic Surgery	36.7	46.2	54.2	42.2	54.2	64.8
Otolaryngology/ENT	45.0	55.8	66.8	52.3	69.2	79.2
Physical Medicine & Rehabilitation	63.5	79.3	99.1	83.7	94.4	123.3
Psychiatry	39.2	40.6	45.1	43.8	47.8	54.6
Pulmonary Disease	74.2	120.6	136.7	98.0	169.8	192.7
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	88.0	99.1	104.4	124.2	139.9	147.4
Dermatology	—	—	—	—	—	—
Endocrinology	126.7	126.7	133.4	178.8	178.8	188.3
Gastroenterology	—	—	—	—	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	164.5	—	—	232.2	—	—
Hematology & Oncology	104.5	104.5	104.5	147.4	147.4	147.4
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	—	—	—	—	—	—
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	24.7	45.8	46.2	27.5	58.8	59.9
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	162.8	163.4	163.4	229.8	230.6	230.6
Pulmonary Disease	—	—	—	—	—	—
Facility-Based and Specialty Providers						
CBAS	76.0	77.8	79.7	89.3	95.0	102.4
FQHC	7.5	14.3	18.3	8.1	15.5	20.0
Home Health	39.9	49.2	54.3	45.4	58.9	64.3
Hospital, Inpatient	10.0	30.3	39.9	10.9	33.8	45.3
Hospital, Outpatient	3.9	4.8	5.3	4.2	5.1	5.7
ICF	—	—	—	—	—	—
RHC	4.7	12.0	16.1	5.1	13.1	17.5
SNF	26.2	35.1	41.2	29.0	39.1	47.0

Table C.8—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CalOptima (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.8	0.9	1.1	1.5	1.7	1.9
Pediatric Primary Care	0.8	0.9	1.0	1.4	1.7	1.9
Primary Care Physicians	0.7	0.9	1.0	1.4	1.6	1.8
Non-Physician Medical Practitioners						
Physician Assistant	1.3	1.7	1.8	2.4	3.1	3.4
Nurse Practitioner	1.3	1.6	1.8	2.4	2.9	3.4
Certified Nurse Midwife	4.0	4.3	4.4	7.6	7.8	8.0
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	1.9	2.2	2.4	3.5	4.1	4.4
Dermatology	2.3	3.0	3.4	4.3	5.6	6.4
Endocrinology	3.3	4.2	5.2	6.2	7.8	9.2
Gastroenterology	2.1	2.5	3.0	3.9	4.6	5.4
General Surgery	1.9	2.3	2.5	3.5	4.3	4.6
Hematology & Oncology	2.6	3.0	3.2	5.0	5.7	6.0
Infectious Disease	3.6	4.6	5.2	6.8	8.2	9.3
Mental Health Outpatient Services	1.3	1.6	1.8	2.4	3.0	3.4
Nephrology	2.2	2.7	3.1	4.0	4.9	5.7
Neurology	2.6	3.5	4.1	5.0	6.7	7.9
Obstetrics & Gynecology	1.4	1.9	2.1	2.7	3.5	4.0
Ophthalmology	1.7	1.9	2.2	3.2	3.6	4.2
Orthopedic Surgery	2.3	2.9	3.5	4.2	5.3	6.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	2.8	3.9	4.2	5.3	7.4	7.9
Physical Medicine & Rehabilitation	2.6	3.2	3.9	4.9	6.1	7.3
Psychiatry	2.1	2.7	2.9	4.0	5.0	5.4
Pulmonary Disease	2.3	2.9	3.5	4.2	5.5	6.5
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	2.7	3.6	4.3	5.2	6.9	8.2
Dermatology	—	—	—	—	—	—
Endocrinology	2.9	3.8	4.9	5.4	7.4	9.3
Gastroenterology	2.8	3.2	3.3	5.4	6.2	6.2
General Surgery	5.3	5.7	5.7	10.2	10.7	10.7
Hematology & Oncology	3.2	4.4	4.9	6.1	8.4	9.3
Infectious Disease	2.9	3.8	4.9	5.5	7.2	9.2
Mental Health Specialist	5.0	7.2	7.7	9.5	13.6	14.8
Nephrology	6.2	7.9	9.2	11.1	15.2	17.7
Neurology	7.3	8.2	8.6	14.1	15.9	16.6
Obstetrics & Gynecology	1.4	1.9	2.2	2.6	3.5	4.1
Orthopedic Surgery	5.6	7.2	7.3	11.0	14.1	14.3
Otolaryngology/ENT	6.8	6.9	9.3	12.1	12.4	15.9
Physical Medicine & Rehabilitation	9.1	9.2	—	17.7	17.9	—
Psychiatry	2.9	3.5	3.8	5.5	6.7	7.2
Pulmonary Disease	4.2	5.5	6.9	8.0	10.1	13.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	3.6	5.8	7.2	6.9	11.1	13.6
FQHC	4.7	6.3	7.3	9.0	12.0	14.0
Home Health	2.8	3.9	4.7	5.3	7.5	9.0
Hospital, Inpatient	2.3	3.2	4.0	4.3	6.0	7.4
Hospital, Outpatient	1.5	2.2	2.6	2.8	4.0	4.9
ICF	7.2	10.0	33.5	14.1	19.3	66.2
RHC	—	—	—	—	—	—
SNF	2.2	2.8	3.4	4.0	5.2	6.3

Table C.9—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CalViva (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.4	1.6	1.8	1.9	2.2	2.5
Pediatric Primary Care	1.4	1.7	1.8	2.0	2.3	2.5
Primary Care Physicians	1.3	1.5	1.7	1.8	2.1	2.3
Non-Physician Medical Practitioners						
Physician Assistant	2.0	2.6	3.3	2.9	3.5	4.5
Nurse Practitioner	2.1	2.7	3.5	2.9	3.6	4.6
Certified Nurse Midwife	10.1	14.2	30.7	13.5	18.2	38.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	5.4	6.4	7.3	7.1	8.4	9.7
Dermatology	6.7	7.3	7.7	8.9	9.7	10.3
Endocrinology	6.9	10.2	10.7	8.9	13.3	14.1
Gastroenterology	5.7	6.9	7.6	7.4	9.0	9.9
General Surgery	4.7	5.7	5.9	6.0	7.4	7.7
Hematology & Oncology	8.9	8.9	10.3	11.8	11.9	13.7
Infectious Disease	8.3	11.2	12.2	10.9	15.6	16.9
Mental Health Outpatient Services	2.2	3.2	4.0	3.0	4.1	5.1
Nephrology	5.9	6.5	6.8	7.8	8.7	9.1
Neurology	5.7	6.9	8.5	7.4	9.1	11.3
Obstetrics & Gynecology	4.1	5.4	5.9	5.4	6.9	7.6
Ophthalmology	5.7	5.9	6.4	7.7	7.9	8.4
Orthopedic Surgery	4.5	5.4	7.5	6.6	7.5	9.9
Otolaryngology/ENT	7.3	11.8	12.4	9.7	16.0	16.7
Physical Medicine & Rehabilitation	8.7	10.3	12.6	11.7	13.8	17.4
Psychiatry	5.3	5.7	8.8	7.0	7.7	11.5
Pulmonary Disease	6.7	8.9	9.2	8.5	11.6	12.0
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	13.6	14.2	14.6	18.4	19.4	20.0
Dermatology	144.3	151.7	—	200.1	255.8	—
Endocrinology	15.4	15.9	16.7	20.7	21.3	22.4
Gastroenterology	16.9	17.6	18.6	22.4	23.0	23.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	14.2	17.5	20.4	19.6	23.1	23.7
Hematology & Oncology	20.4	20.4	20.4	23.7	23.7	23.7
Infectious Disease	20.4	20.4	20.4	23.7	23.7	23.7
Mental Health Specialist	—	—	—	—	—	—
Nephrology	15.9	18.0	20.8	21.3	23.4	26.8
Neurology	13.7	14.4	14.7	18.8	19.7	20.0
Obstetrics & Gynecology	4.2	5.5	6.0	5.5	7.0	7.7
Orthopedic Surgery	20.4	20.4	20.4	23.7	23.7	23.7
Otolaryngology/ENT	20.4	20.4	20.4	23.7	23.7	23.7
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	15.5	16.4	18.3	23.0	24.6	27.8
Pulmonary Disease	17.0	17.4	18.0	22.5	22.6	23.0
Facility-Based and Specialty Providers						
CBAS	13.3	16.4	17.4	16.5	24.2	25.9
FQHC	3.0	4.5	6.8	4.3	6.7	9.5
Home Health	10.6	13.9	14.3	14.5	20.6	21.3
Hospital, Inpatient	6.4	9.2	12.6	8.7	12.8	16.8
Hospital, Outpatient	1.3	1.4	1.7	1.7	2.0	2.3
ICF	—	—	—	—	—	—
RHC	2.3	3.8	5.0	3.2	5.3	6.8
SNF	5.7	7.0	9.7	7.4	9.1	12.4

Table C.10—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Care1st (Large Counties)

— Indicates that the rate was not available

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.7	1.9	2.2	2.6	2.9	3.4
Pediatric Primary Care	1.5	1.8	2.0	2.4	2.8	3.1
Primary Care Physicians	1.6	1.8	1.9	2.5	2.8	3.0
Non-Physician Medical Practitioners						
Physician Assistant	3.6	4.4	4.9	5.7	7.1	8.0
Nurse Practitioner	2.2	2.9	3.4	3.5	4.5	5.3
Certified Nurse Midwife	—	—	—	—	—	—
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.4	4.1	4.5	5.6	6.8	7.5
Dermatology	4.0	4.4	5.1	6.8	7.5	8.5
Endocrinology	4.5	5.7	7.3	7.5	9.6	12.7
Gastroenterology	3.8	4.2	4.5	6.2	7.0	7.5
General Surgery	4.2	4.4	4.7	6.9	7.4	7.8
Hematology & Oncology	4.4	4.6	4.7	7.5	7.9	8.2
Infectious Disease	7.5	9.0	9.4	12.5	14.8	15.3
Mental Health Outpatient Services	1.6	2.0	2.2	2.5	3.1	3.5
Nephrology	4.0	4.4	4.6	6.6	7.4	7.8
Neurology	3.8	4.3	4.8	6.3	7.1	8.0
Obstetrics & Gynecology	2.5	2.8	3.1	3.9	4.4	4.9
Ophthalmology	2.8	3.4	3.7	4.6	5.6	6.2
Orthopedic Surgery	5.3	5.6	6.0	8.7	9.1	9.7

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	4.5	4.9	5.6	7.5	8.3	9.6
Physical Medicine & Rehabilitation	5.2	6.4	6.9	8.6	10.6	11.8
Psychiatry	2.2	2.4	2.6	3.3	3.7	4.2
Pulmonary Disease	8.1	9.6	10.1	11.9	13.7	14.5
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	9.9	11.3	11.3	17.8	19.5	19.5
Dermatology	11.4	11.4	11.4	19.8	19.8	19.8
Endocrinology	9.5	12.2	12.2	16.6	20.7	20.7
Gastroenterology	9.7	9.8	9.9	17.5	17.7	17.7
General Surgery	11.3	12.3	12.3	19.5	20.8	20.8
Hematology & Oncology	12.2	17.0	17.1	20.6	30.6	30.6
Infectious Disease	16.3	16.4	16.5	29.1	29.2	29.5
Mental Health Specialist	11.5	12.9	13.4	20.0	22.7	23.6
Nephrology	17.5	17.6	17.6	31.4	31.6	31.6
Neurology	7.3	7.3	11.2	12.8	12.9	19.5
Obstetrics & Gynecology	2.5	2.8	3.1	4.0	4.4	4.9
Orthopedic Surgery	11.2	11.2	11.3	19.4	19.4	19.5
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	2.8	3.4	4.0	4.6	5.5	6.5
Pulmonary Disease	17.5	17.5	17.6	31.3	31.4	31.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	6.3	13.2	16.2	10.0	22.4	26.7
FQHC	3.3	5.0	6.0	5.2	8.0	10.0
Home Health	7.1	7.5	9.2	12.1	12.9	15.4
Hospital, Inpatient	4.3	6.8	8.5	7.3	10.8	13.6
Hospital, Outpatient	1.3	1.9	2.4	2.1	3.0	3.6
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	3.3	4.2	5.1	5.5	7.1	8.7

Table C.11—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CCAH (Large Counties)

— Indicates that the rate was not available

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.2	1.3	1.4	1.5	1.5
Pediatric Primary Care	1.0	1.1	1.1	1.2	1.2	1.3
Primary Care Physicians	1.1	1.2	1.2	1.3	1.4	1.4
Non-Physician Medical Practitioners						
Physician Assistant	1.2	1.3	1.6	1.4	1.5	1.8
Nurse Practitioner	1.6	1.7	1.8	1.9	1.9	2.0
Certified Nurse Midwife	2.8	3.6	4.1	3.1	4.1	4.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.2	3.3	3.3	3.7	3.9	3.9
Dermatology	3.1	3.3	4.3	3.9	4.3	5.0
Endocrinology	3.6	3.6	9.1	4.1	4.1	12.2
Gastroenterology	3.1	3.4	4.2	3.9	4.7	5.9
General Surgery	3.0	3.6	3.7	3.6	4.0	4.2
Hematology & Oncology	9.4	9.4	9.5	10.6	10.6	10.7
Infectious Disease	4.1	7.7	17.2	5.5	9.7	22.7
Mental Health Outpatient Services	1.0	1.2	1.3	1.1	1.4	1.5
Nephrology	4.1	15.4	20.5	5.5	18.6	27.5
Neurology	3.5	3.6	3.9	4.0	4.0	4.5
Obstetrics & Gynecology	2.4	2.8	3.1	2.7	3.1	3.6
Ophthalmology	3.2	3.2	3.3	3.9	3.9	4.0
Orthopedic Surgery	2.7	3.0	3.1	3.2	3.4	3.5
Otolaryngology/ENT	3.4	3.7	9.0	4.3	4.5	10.3
Physical Medicine & Rehabilitation	3.5	3.8	9.3	4.1	4.2	10.4
Psychiatry	2.0	2.2	2.7	2.4	2.5	3.0
Pulmonary Disease	3.1	3.7	4.2	3.8	5.0	5.7
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	3.8	9.1	10.7	5.0	11.2	15.7
Dermatology	—	—	—	—	—	—
Endocrinology	27.4	78.2	78.2	42.0	119.3	119.3
Gastroenterology	8.3	16.4	23.9	10.0	19.5	34.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	29.1	29.1	78.3	44.0	44.1	119.3
Hematology & Oncology	57.3	70.1	74.0	66.1	80.7	85.3
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	28.4	78.3	115.8	36.2	119.3	133.5
Neurology	23.1	25.3	30.8	29.4	35.0	37.5
Obstetrics & Gynecology	2.3	2.6	2.9	2.5	2.9	3.3
Orthopedic Surgery	78.2	115.8	115.8	119.3	133.5	133.5
Otolaryngology/ENT	3.1	15.7	—	3.9	20.1	—
Physical Medicine & Rehabilitation	78.2	115.8	—	119.3	133.5	—
Psychiatry	10.4	11.8	22.1	15.0	16.7	28.8
Pulmonary Disease	10.7	57.1	78.3	15.8	65.8	96.5
Facility-Based and Specialty Providers						
CBAS	11.6	31.6	79.3	13.1	40.6	91.7
FQHC	8.1	8.6	9.4	9.6	9.9	11.0
Home Health	9.7	10.0	21.8	14.0	14.5	29.8
Hospital, Inpatient	3.7	10.3	15.4	4.1	11.5	17.6
Hospital, Outpatient	1.0	1.3	1.5	1.2	1.6	1.8
ICF	28.2	—	—	43.0	—	—
RHC	48.4	56.0	58.3	56.1	64.9	67.5
SNF	2.9	3.2	3.7	3.9	4.3	5.0

Table C.12—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CCAH (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.4	1.5	1.6	1.7	1.9	2.0
Pediatric Primary Care	1.4	1.5	1.8	1.8	1.9	2.2
Primary Care Physicians	1.4	1.5	1.5	1.7	1.9	1.9
Non-Physician Medical Practitioners						
Physician Assistant	1.6	2.5	3.1	2.1	3.1	3.8
Nurse Practitioner	1.8	2.1	2.4	2.3	2.7	3.0
Certified Nurse Midwife	13.1	48.0	48.1	15.6	54.5	54.6
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.4	3.8	4.6	4.2	4.7	5.6
Dermatology	8.0	10.7	25.0	9.3	12.7	33.1
Endocrinology	11.5	26.2	40.7	13.4	36.1	46.6
Gastroenterology	7.2	7.4	9.5	8.8	9.0	11.2
General Surgery	3.2	4.3	4.9	3.9	5.2	6.0
Hematology & Oncology	11.2	11.6	16.3	13.5	14.1	20.7
Infectious Disease	6.3	9.1	12.1	7.6	10.9	14.2
Mental Health Outpatient Services	2.9	3.2	3.4	3.4	3.8	4.0
Nephrology	6.1	7.8	10.5	7.4	9.4	13.0
Neurology	3.7	7.4	9.2	4.6	8.7	10.8
Obstetrics & Gynecology	2.3	2.8	3.3	2.8	3.5	4.0
Ophthalmology	4.6	9.0	9.7	5.6	10.5	11.2
Orthopedic Surgery	3.8	4.8	5.1	4.6	5.8	6.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	10.8	11.0	12.5	12.9	13.1	14.7
Physical Medicine & Rehabilitation	23.2	33.5	39.9	30.7	39.5	45.6
Psychiatry	10.9	11.1	11.3	12.7	13.2	14.1
Pulmonary Disease	4.9	9.3	19.4	5.8	10.7	22.0
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	19.4	21.2	23.2	25.8	28.2	30.9
Dermatology	—	—	—	—	—	—
Endocrinology	26.0	66.6	66.6	36.3	99.8	99.8
Gastroenterology	7.5	21.4	30.2	8.7	28.3	35.0
General Surgery	50.4	50.4	74.0	77.2	77.2	104.1
Hematology & Oncology	39.0	54.0	60.2	48.5	66.9	74.0
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	—	—	—	—	—	—
Nephrology	31.1	74.7	85.9	42.0	104.2	104.7
Neurology	32.6	43.6	50.9	37.4	57.9	64.1
Obstetrics & Gynecology	2.2	2.8	3.2	2.8	3.5	4.0
Orthopedic Surgery	66.6	85.9	85.9	99.8	104.7	104.7
Otolaryngology/ENT	47.6	58.7	—	65.1	74.7	—
Physical Medicine & Rehabilitation	66.6	86.7	—	99.8	115.6	—
Psychiatry	11.3	14.6	42.6	14.5	18.4	56.9
Pulmonary Disease	25.6	49.2	66.2	38.9	62.0	87.7

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	12.4	32.2	81.7	15.1	38.7	99.2
FQHC	3.8	6.2	8.6	4.7	8.3	11.1
Home Health	9.8	26.0	35.4	11.1	35.5	46.7
Hospital, Inpatient	6.3	8.2	17.7	7.7	10.3	22.8
Hospital, Outpatient	2.6	3.7	4.3	3.2	4.4	5.3
ICF	54.0	—	—	79.8	—	—
RHC	12.1	18.6	25.0	15.4	23.4	31.4
SNF	5.7	11.1	12.3	7.0	13.4	14.7

Table C.13—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CCHP (Large Counties)

— Indicates that the rate was not available

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.0	1.1	1.3	1.4	1.6	1.8
Pediatric Primary Care	0.9	1.0	1.3	1.3	1.5	1.8
Primary Care Physicians	0.9	1.1	1.3	1.4	1.5	1.8
Non-Physician Medical Practitioners						
Physician Assistant	5.4	5.4	5.4	7.5	7.5	7.5
Nurse Practitioner	3.3	3.4	3.4	4.9	4.9	4.9
Certified Nurse Midwife	3.4	3.4	3.4	5.0	5.0	5.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.3	4.7	5.5	4.8	7.0	7.9
Dermatology	3.8	3.8	3.8	5.5	5.5	5.5
Endocrinology	3.8	4.1	4.1	5.5	5.9	6.0
Gastroenterology	3.7	4.4	4.4	5.4	6.6	6.6
General Surgery	3.7	4.0	4.6	5.2	5.7	6.4
Hematology & Oncology	4.1	6.1	6.3	6.0	8.5	9.3
Infectious Disease	4.1	5.8	5.8	6.0	8.0	8.0
Mental Health Outpatient Services	1.7	2.1	2.4	2.4	3.1	3.6
Nephrology	4.1	4.1	4.5	6.0	6.0	6.6
Neurology	3.2	4.1	4.5	4.7	6.1	6.6
Obstetrics & Gynecology	2.9	3.3	3.3	4.1	4.9	4.9
Ophthalmology	2.4	2.9	3.7	3.5	4.1	5.4
Orthopedic Surgery	3.2	3.4	3.9	4.8	5.0	5.7
Otolaryngology/ENT	4.7	5.1	6.1	6.6	7.2	8.9
Physical Medicine & Rehabilitation	4.1	5.7	5.8	5.9	7.9	8.0
Psychiatry	2.7	3.2	3.4	3.9	4.6	4.9
Pulmonary Disease	4.1	5.5	6.7	6.0	7.8	9.9
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	6.4	6.4	6.4	9.3	9.3	9.3
Dermatology	28.9	33.1	—	45.0	51.5	—
Endocrinology	6.3	11.4	11.4	9.3	18.9	18.9
Gastroenterology	9.3	11.5	11.5	12.8	17.2	19.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	19.8	19.8	19.8	27.9	27.9	27.9
Hematology & Oncology	10.3	19.8	19.8	14.2	27.8	27.9
Infectious Disease	3.4	3.9	4.6	5.0	5.7	6.9
Mental Health Specialist	—	—	—	—	—	—
Nephrology	19.7	19.7	23.5	27.6	27.6	37.2
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	2.9	3.3	3.3	4.1	4.9	4.9
Orthopedic Surgery	23.0	—	—	39.0	—	—
Otolaryngology/ENT	16.0	22.2	23.1	20.0	31.2	33.7
Physical Medicine & Rehabilitation	21.8	—	—	36.9	—	—
Psychiatry	2.6	4.1	4.5	3.7	5.8	6.3
Pulmonary Disease	10.5	18.1	18.1	13.3	26.7	26.7
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	2.9	4.2	7.7	4.3	5.8	10.7
Home Health	5.1	8.4	9.4	7.5	12.6	14.1
Hospital, Inpatient	4.0	9.3	9.9	6.0	13.2	14.5
Hospital, Outpatient	1.7	2.4	2.7	2.4	3.4	3.9
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	3.1	4.3	6.9	4.6	6.6	10.1

Table C.14—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CenCal (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.5	1.7	1.8	1.7	1.9	2.1
Pediatric Primary Care	1.4	1.6	1.8	1.6	1.9	2.0
Primary Care Physicians	1.4	1.5	1.7	1.6	1.7	1.9
Non-Physician Medical Practitioners						
Physician Assistant	33.8	42.5	44.8	39.9	50.1	52.6
Nurse Practitioner	55.5	58.4	—	69.2	86.1	—
Certified Nurse Midwife	—	—	—	—	—	—
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	6.6	7.0	7.1	7.3	7.8	7.9
Dermatology	7.5	8.3	10.2	8.4	9.3	11.5
Endocrinology	8.5	10.8	12.9	9.8	12.4	14.7
Gastroenterology	5.3	5.8	9.5	6.1	6.7	10.7
General Surgery	3.9	4.6	4.8	4.4	5.2	5.4
Hematology & Oncology	5.0	10.0	10.0	5.7	11.2	11.2
Infectious Disease	18.3	21.9	40.3	20.6	24.9	45.4
Mental Health Outpatient Services	1.6	1.9	2.2	1.8	2.2	2.6
Nephrology	5.5	7.5	9.8	6.4	8.7	11.1
Neurology	9.3	14.3	15.1	10.5	16.0	16.9
Obstetrics & Gynecology	3.5	3.7	4.1	3.9	4.1	4.7
Ophthalmology	4.2	4.4	4.5	4.8	5.0	5.2
Orthopedic Surgery	3.8	4.2	6.4	4.3	4.8	7.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	5.3	6.0	10.2	6.1	6.9	11.8
Physical Medicine & Rehabilitation	3.6	3.9	4.0	4.0	4.4	4.5
Psychiatry	5.9	8.3	9.4	6.7	9.3	10.7
Pulmonary Disease	7.8	8.0	15.1	8.7	9.0	17.0
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	58.5	—	—	66.2	—	—
Dermatology	41.3	—	—	48.6	—	—
Endocrinology	55.5	56.1	59.3	66.1	70.4	70.7
Gastroenterology	55.9	56.1	56.1	69.5	70.4	70.4
General Surgery	56.1	56.1	—	70.4	70.4	—
Hematology & Oncology	56.1	127.6	—	70.4	146.2	—
Infectious Disease	—	—	—	—	—	—
Mental Health Specialist	39.1	58.1	69.7	46.2	68.4	83.5
Nephrology	56.1	—	—	70.4	—	—
Neurology	54.1	—	—	63.6	—	—
Obstetrics & Gynecology	3.3	3.5	4.0	3.8	4.0	4.6
Orthopedic Surgery	127.6	131.7	—	192.6	198.8	—
Otolaryngology/ENT	25.5	63.6	—	29.1	79.6	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	20.1	25.3	44.3	24.0	30.0	51.8
Pulmonary Disease	26.2	—	—	30.7	—	—

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	16.5	66.7	—	18.9	83.0	—
FQHC	2.6	6.4	7.5	3.0	7.5	8.7
Home Health	9.1	22.1	23.3	10.4	25.2	26.9
Hospital, Inpatient	5.0	14.8	17.7	5.8	17.1	20.5
Hospital, Outpatient	3.2	3.8	4.9	3.6	4.3	5.6
ICF	8.3	22.1	29.5	9.5	26.2	34.7
RHC	—	—	—	—	—	—
SNF	3.5	5.4	7.2	4.0	6.0	8.1

Table C.15—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CHG (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.3	1.5	1.9	2.1	2.4
Pediatric Primary Care	1.2	1.3	1.4	1.8	2.0	2.2
Primary Care Physicians	1.1	1.3	1.3	1.8	2.0	2.1
Non-Physician Medical Practitioners						
Physician Assistant	1.7	2.0	2.4	2.6	3.1	3.8
Nurse Practitioner	1.3	1.6	1.9	2.1	2.5	3.0
Certified Nurse Midwife	3.2	4.1	5.0	5.3	6.8	8.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.4	3.9	4.8	5.5	6.4	7.7
Dermatology	4.8	5.1	5.3	8.2	8.8	9.0
Endocrinology	6.5	9.5	9.8	11.0	16.3	16.5
Gastroenterology	4.8	5.2	5.8	7.4	8.5	9.6
General Surgery	3.5	4.0	4.4	5.8	6.6	7.3
Hematology & Oncology	4.6	5.3	6.0	7.8	9.2	10.6
Infectious Disease	7.5	8.1	11.7	11.9	13.1	20.3
Mental Health Outpatient Services	1.6	1.9	2.1	2.6	3.0	3.3
Nephrology	4.4	4.5	4.8	7.2	7.6	8.1
Neurology	3.6	4.7	5.4	5.9	7.8	9.1
Obstetrics & Gynecology	2.4	2.9	3.0	3.8	4.6	4.8
Ophthalmology	3.0	3.6	3.7	5.0	6.0	6.2
Orthopedic Surgery	4.3	4.9	5.0	7.1	8.1	8.3
Otolaryngology/ENT	4.6	5.5	6.0	7.6	9.1	10.2
Physical Medicine & Rehabilitation	4.9	5.5	5.6	7.9	9.1	9.3
Psychiatry	2.2	2.5	2.9	3.3	3.8	4.5
Pulmonary Disease	6.8	7.7	8.0	10.3	11.7	12.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	9.7	11.3	11.3	16.8	19.5	19.5
Dermatology	9.3	11.4	11.5	16.3	19.8	20.0
Endocrinology	12.9	12.9	17.4	21.6	21.7	30.7
Gastroenterology	6.6	6.7	8.7	11.4	11.6	15.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	10.3	12.9	14.2	18.4	21.9	24.1
Hematology & Oncology	6.8	12.8	17.4	11.8	21.9	30.7
Infectious Disease	13.9	16.3	16.6	24.0	28.6	29.1
Mental Health Specialist	5.8	8.6	10.0	9.3	13.8	16.2
Nephrology	10.6	13.4	17.5	17.9	23.5	30.9
Neurology	9.2	10.3	10.4	16.3	18.3	18.6
Obstetrics & Gynecology	2.4	2.9	3.0	3.8	4.5	4.7
Orthopedic Surgery	17.5	—	—	30.9	—	—
Otolaryngology/ENT	10.3	11.3	12.9	18.4	19.5	21.9
Physical Medicine & Rehabilitation	16.9	17.5	17.5	29.7	30.8	30.8
Psychiatry	3.8	5.5	7.2	6.3	9.3	12.3
Pulmonary Disease	14.9	16.4	17.4	26.1	28.7	30.7
Facility-Based and Specialty Providers						
CBAS	5.7	10.9	14.6	9.0	18.7	25.3
FQHC	2.4	3.5	5.2	3.7	5.4	8.1
Home Health	5.1	7.6	9.1	8.7	13.2	16.0
Hospital, Inpatient	3.9	5.0	6.1	6.4	8.5	10.2
Hospital, Outpatient	2.6	3.4	4.3	4.2	5.6	7.1
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	3.1	4.1	4.7	5.0	6.7	7.8

Table C.16—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CHW (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	2.4	2.9	3.4	3.1	3.8	4.5
Pediatric Primary Care	2.8	3.3	4.3	3.6	4.2	5.6
Primary Care Physicians	2.2	2.7	3.2	2.8	3.4	4.2
Non-Physician Medical Practitioners						
Physician Assistant	3.7	4.3	4.6	4.9	5.6	6.0
Nurse Practitioner	3.2	4.4	4.8	4.2	5.7	6.2
Certified Nurse Midwife	21.3	28.2	31.6	28.3	37.9	43.0
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	7.5	10.9	11.7	9.6	14.0	15.4
Dermatology	8.2	12.3	13.0	10.3	15.1	16.3
Endocrinology	10.9	12.4	13.3	14.0	16.1	18.3
Gastroenterology	9.3	11.1	13.9	11.9	14.5	18.4
General Surgery	4.8	5.7	6.7	6.4	7.6	8.9
Hematology & Oncology	8.0	10.9	11.9	10.0	14.2	15.7
Infectious Disease	15.1	16.1	16.5	18.9	20.9	21.6
Mental Health Outpatient Services	2.5	3.2	3.8	3.0	4.0	4.7
Nephrology	11.2	11.8	12.2	14.8	15.6	16.4
Neurology	8.5	10.6	11.5	10.2	13.3	14.4
Obstetrics & Gynecology	4.5	5.4	7.9	6.0	7.1	9.9
Ophthalmology	5.2	8.8	9.4	6.4	10.5	11.2
Orthopedic Surgery	5.8	8.8	9.2	7.4	11.3	11.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	9.6	11.4	12.7	12.3	14.9	16.6
Physical Medicine & Rehabilitation	8.6	11.7	16.8	10.6	14.9	22.8
Psychiatry	5.2	6.5	7.3	6.6	8.2	9.2
Pulmonary Disease	8.5	9.0	9.6	10.7	11.6	12.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	22.2	22.6	33.5	28.9	31.2	46.3
Dermatology	79.8	428.6	430.0	93.9	567.0	569.0
Endocrinology	29.8	30.2	31.7	44.6	45.2	47.5
Gastroenterology	80.3	372.0	432.5	127.5	492.1	572.3
General Surgery	69.0	75.0	430.7	88.1	107.5	564.0
Hematology & Oncology	81.0	114.4	479.2	128.6	136.1	762.4
Infectious Disease	35.9	296.6	300.1	54.3	353.0	357.1
Mental Health Specialist	84.8	481.2	—	100.8	765.4	—
Nephrology	34.2	475.0	479.0	51.5	755.7	762.0
Neurology	17.7	25.1	33.3	22.1	36.7	50.1
Obstetrics & Gynecology	4.5	5.5	7.8	5.9	7.2	9.9
Orthopedic Surgery	26.2	37.6	37.8	39.2	57.0	57.4
Otolaryngology/ENT	431.1	431.3	431.4	570.4	570.6	570.8
Physical Medicine & Rehabilitation	481.7	481.9	—	766.3	766.5	—
Psychiatry	21.9	25.8	28.7	29.0	31.4	35.2
Pulmonary Disease	12.2	33.5	35.9	17.1	49.9	54.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	25.1	33.7	39.9	36.5	43.6	60.9
FQHC	5.1	11.1	12.4	6.7	14.2	15.9
Home Health	6.7	11.8	15.2	8.7	15.2	20.3
Hospital, Inpatient	14.1	18.1	22.8	18.0	24.7	30.8
Hospital, Outpatient	2.4	3.9	4.5	2.9	4.8	5.6
ICF	—	—	—	—	—	—
RHC	13.0	21.0	24.3	16.0	25.3	29.3
SNF	5.3	8.1	10.1	6.9	10.4	13.0

Table C.17—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CHW (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.6	1.8	1.3	1.7	2.0
Pediatric Primary Care	1.3	1.8	2.0	1.5	1.9	2.2
Primary Care Physicians	1.2	1.5	1.7	1.3	1.6	1.8
Non-Physician Medical Practitioners						
Physician Assistant	2.1	2.7	3.2	2.3	2.9	3.6
Nurse Practitioner	1.6	2.1	2.4	1.8	2.3	2.7
Certified Nurse Midwife	15.5	19.2	25.6	18.9	23.0	30.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.3	4.3	4.9	3.7	4.7	5.5
Dermatology	9.0	14.6	15.7	10.3	16.6	18.2
Endocrinology	14.1	17.2	32.8	16.1	19.6	38.4
Gastroenterology	8.4	10.9	12.1	9.2	12.0	13.3
General Surgery	3.1	3.7	4.2	3.4	4.1	4.7
Hematology & Oncology	5.2	6.8	9.6	5.7	7.5	10.6
Infectious Disease	13.1	15.4	16.6	15.5	19.8	21.1
Mental Health Outpatient Services	1.8	2.6	3.0	1.9	2.8	3.2
Nephrology	9.1	11.6	12.9	10.3	13.3	14.9
Neurology	4.4	8.7	11.1	4.8	9.5	12.3
Obstetrics & Gynecology	3.2	3.9	4.5	3.5	4.3	5.0
Ophthalmology	4.3	6.5	7.6	4.8	7.2	8.3
Orthopedic Surgery	3.3	4.1	5.1	3.6	4.6	5.6
Otolaryngology/ENT	4.7	11.8	13.5	5.3	13.1	15.0
Physical Medicine & Rehabilitation	8.4	12.7	16.0	10.3	14.8	18.7
Psychiatry	3.2	4.8	6.6	3.6	5.3	7.5
Pulmonary Disease	4.6	7.6	11.7	5.1	8.4	13.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	17.1	27.7	30.4	21.3	35.2	38.4
Dermatology	107.8	458.4	459.8	120.1	561.0	562.8
Endocrinology	55.6	55.8	56.3	81.2	81.4	82.2
Gastroenterology	48.8	401.9	462.3	68.9	492.0	565.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	97.0	102.9	460.5	114.6	141.1	559.0
Hematology & Oncology	49.4	85.8	509.1	69.7	94.5	736.5
Infectious Disease	59.5	326.9	328.9	86.8	363.1	365.3
Mental Health Specialist	109.4	511.0	—	121.9	739.3	—
Nephrology	56.8	504.9	508.8	82.9	730.4	736.1
Neurology	48.0	53.8	56.4	59.6	78.2	82.2
Obstetrics & Gynecology	3.1	4.0	4.6	3.4	4.3	5.1
Orthopedic Surgery	56.6	60.1	60.3	73.3	87.5	87.9
Otolaryngology/ENT	460.9	461.1	461.2	564.1	564.4	564.5
Physical Medicine & Rehabilitation	511.5	511.7	—	740.1	740.3	—
Psychiatry	21.8	47.5	56.3	26.0	56.3	65.9
Pulmonary Disease	49.5	57.3	59.5	66.1	79.0	86.3
Facility-Based and Specialty Providers						
CBAS	29.4	58.1	61.1	39.5	73.9	89.1
FQHC	5.3	10.9	13.7	6.0	12.4	15.1
Home Health	5.3	17.8	23.1	5.8	19.8	25.7
Hospital, Inpatient	7.3	11.7	15.7	8.0	12.8	17.3
Hospital, Outpatient	1.6	2.3	2.8	1.7	2.4	3.1
ICF	—	—	—	—	—	—
RHC	6.7	9.3	11.4	7.5	10.3	12.7
SNF	5.0	8.5	16.9	5.7	9.6	19.5

Table C.18—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in CHW (Rural Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.8	2.3	1.3	2.0	2.5
Pediatric Primary Care	1.5	2.1	2.5	1.6	2.3	2.7
Primary Care Physicians	1.1	1.6	2.1	1.2	1.8	2.3
Non-Physician Medical Practitioners						
Physician Assistant	3.8	6.1	7.0	4.2	6.6	7.7
Nurse Practitioner	2.6	3.5	4.5	2.8	3.8	4.9
Certified Nurse Midwife	71.1	72.4	81.2	81.6	100.0	111.9
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	5.6	7.8	8.5	6.1	8.6	9.2
Dermatology	12.1	13.9	16.9	13.2	15.3	18.6
Endocrinology	18.6	70.6	75.7	20.2	83.0	89.7
Gastroenterology	8.5	12.2	14.3	9.3	13.5	15.8
General Surgery	5.1	6.7	8.5	5.5	7.3	9.2
Hematology & Oncology	11.0	12.1	13.9	12.8	13.9	16.0
Infectious Disease	14.3	18.5	22.5	16.6	21.9	26.2
Mental Health Outpatient Services	3.3	4.8	7.0	3.6	5.1	7.6
Nephrology	8.2	13.3	15.1	8.9	14.5	16.5
Neurology	9.4	13.4	17.8	10.3	14.8	19.5
Obstetrics & Gynecology	4.3	5.4	6.0	4.7	5.9	6.5
Ophthalmology	8.7	11.5	13.5	9.5	13.1	15.4
Orthopedic Surgery	5.0	7.2	9.2	5.4	8.0	10.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	13.5	15.0	16.5	15.1	16.7	18.4
Physical Medicine & Rehabilitation	11.5	14.8	18.3	12.5	16.3	20.4
Psychiatry	5.8	9.6	11.7	6.3	10.4	12.8
Pulmonary Disease	13.3	14.8	17.4	14.5	16.3	19.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	19.9	25.0	77.5	23.2	30.2	90.1
Dermatology	105.2	226.9	227.6	121.6	272.8	273.7
Endocrinology	42.7	90.8	93.0	57.9	118.7	121.8
Gastroenterology	85.7	203.8	226.9	110.7	247.9	273.8
General Surgery	99.4	103.9	228.0	116.3	129.5	272.0
Hematology & Oncology	87.3	97.2	246.3	121.1	128.6	347.7
Infectious Disease	94.8	178.9	180.9	132.2	214.4	217.7
Mental Health Specialist	104.0	478.1	—	132.8	581.6	—
Nephrology	95.9	244.5	246.1	135.4	345.2	347.4
Neurology	35.3	38.3	45.3	41.1	51.7	59.1
Obstetrics & Gynecology	4.5	5.6	6.5	4.9	6.1	7.1
Orthopedic Surgery	93.0	95.2	95.6	113.1	122.0	123.1
Otolaryngology/ENT	174.9	175.8	226.8	209.1	210.1	272.2
Physical Medicine & Rehabilitation	248.1	248.5	—	350.2	350.8	—
Psychiatry	18.5	25.0	43.8	20.2	27.8	50.5
Pulmonary Disease	88.9	90.9	91.9	119.8	125.9	128.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	25.2	43.3	49.4	32.9	53.7	64.7
FQHC	13.0	16.1	18.8	14.1	17.5	20.5
Home Health	14.1	18.5	69.1	15.4	20.4	81.7
Hospital, Inpatient	11.2	16.0	61.5	12.2	17.4	85.1
Hospital, Outpatient	3.8	5.9	6.7	4.2	6.4	7.3
ICF	—	—	—	—	—	—
RHC	5.9	8.0	12.3	6.4	8.7	13.4
SNF	16.2	64.8	67.9	17.8	76.7	81.3

Table C.19—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Gold Coast (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.9	1.1	1.2	1.2	1.4	1.5
Pediatric Primary Care	0.9	1.0	1.2	1.2	1.4	1.6
Primary Care Physicians	0.9	1.0	1.1	1.2	1.3	1.4
Non-Physician Medical Practitioners						
Physician Assistant	1.4	1.7	1.9	1.8	2.2	2.6
Nurse Practitioner	1.2	1.4	1.6	1.6	1.9	2.1
Certified Nurse Midwife	4.5	4.7	4.8	5.9	6.2	6.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.5	3.4	3.7	3.4	4.7	5.0
Dermatology	4.3	5.6	7.5	5.7	7.7	10.7
Endocrinology	3.5	4.1	6.6	4.7	5.5	8.8
Gastroenterology	3.9	4.4	5.2	5.1	5.9	6.9
General Surgery	2.2	3.0	4.6	3.0	3.9	6.1
Hematology & Oncology	5.1	5.5	6.7	7.2	7.8	9.3
Infectious Disease	5.6	5.7	7.0	7.8	8.0	9.7
Mental Health Outpatient Services	1.0	1.1	1.2	1.3	1.5	1.6
Nephrology	3.2	3.4	4.2	4.2	4.4	5.4
Neurology	3.0	4.0	5.6	4.2	5.5	7.6
Obstetrics & Gynecology	1.4	2.2	2.7	1.8	2.8	3.7
Ophthalmology	4.7	4.8	5.5	6.0	6.3	7.2
Orthopedic Surgery	4.5	5.4	7.6	5.8	7.0	9.5
Otolaryngology/ENT	3.7	7.0	7.9	4.9	9.3	10.6
Physical Medicine & Rehabilitation	6.5	6.8	7.0	8.9	9.3	9.5
Psychiatry	1.7	2.3	2.6	2.2	3.0	3.4
Pulmonary Disease	5.4	5.5	6.2	7.4	7.6	8.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	6.2	8.2	9.9	8.3	11.1	13.3
Dermatology	14.0	—	—	18.7	—	—
Endocrinology	5.5	7.6	8.6	7.4	10.5	11.6
Gastroenterology	8.1	12.0	12.6	11.0	16.7	17.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	12.8	13.9	13.9	17.7	18.7	18.7
Hematology & Oncology	12.0	12.0	30.9	16.7	16.8	50.0
Infectious Disease	31.6	31.6	31.7	52.2	52.2	52.4
Mental Health Specialist	37.7	49.3	49.7	62.4	81.3	82.0
Nephrology	12.0	30.9	32.7	16.7	50.0	53.5
Neurology	8.5	13.2	14.9	11.6	17.9	19.9
Obstetrics & Gynecology	1.3	2.1	2.6	1.7	2.7	3.5
Orthopedic Surgery	49.7	49.7	49.7	82.0	82.0	82.0
Otolaryngology/ENT	14.0	49.7	49.7	18.7	82.0	82.0
Physical Medicine & Rehabilitation	49.7	—	—	82.0	—	—
Psychiatry	2.6	5.8	6.8	3.4	7.6	9.0
Pulmonary Disease	49.4	49.4	49.6	81.6	81.6	81.8
Facility-Based and Specialty Providers						
CBAS	10.9	—	—	16.9	—	—
FQHC	1.9	4.4	6.1	2.6	5.8	8.0
Home Health	8.1	8.6	18.0	10.8	11.6	24.4
Hospital, Inpatient	10.8	13.6	19.0	14.3	17.8	24.6
Hospital, Outpatient	1.3	1.8	2.5	1.8	2.5	3.4
ICF	32.5	—	—	53.7	—	—
RHC	—	—	—	—	—	—
SNF	11.4	33.1	36.9	15.5	52.5	55.9

Table C.20—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Health Net (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.8	0.9	1.1	1.4	1.7	1.9
Pediatric Primary Care	0.9	1.0	1.1	1.5	1.8	2.0
Primary Care Physicians	0.8	0.9	1.0	1.3	1.5	1.7
Non-Physician Medical Practitioners						
Physician Assistant	1.5	1.8	2.1	2.5	3.1	3.8
Nurse Practitioner	1.3	1.6	1.9	2.3	2.9	3.4
Certified Nurse Midwife	11.3	14.3	37.0	21.0	26.2	60.0
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.3	2.7	3.0	4.2	4.8	5.4
Dermatology	3.1	3.8	4.4	5.6	7.0	8.0
Endocrinology	3.8	4.6	5.3	7.0	8.4	9.7
Gastroenterology	2.4	3.0	3.2	4.3	5.3	5.8
General Surgery	1.8	2.4	2.6	3.3	4.3	4.7
Hematology & Oncology	2.8	3.2	3.6	5.2	5.9	6.6
Infectious Disease	3.8	4.8	6.5	6.8	8.6	11.3
Mental Health Outpatient Services	1.1	1.4	1.5	2.0	2.5	2.8
Nephrology	2.7	3.3	3.8	5.0	6.0	6.7
Neurology	2.7	3.2	3.7	4.9	5.8	6.8
Obstetrics & Gynecology	1.7	2.0	2.3	2.9	3.6	4.2
Ophthalmology	1.8	2.1	2.3	3.2	3.8	4.1
Orthopedic Surgery	2.3	2.7	3.0	4.2	5.0	5.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	2.8	3.5	3.9	5.1	6.4	7.2
Physical Medicine & Rehabilitation	3.4	4.4	5.3	6.3	8.1	9.5
Psychiatry	2.2	2.8	3.2	4.0	5.1	5.8
Pulmonary Disease	3.4	4.1	4.4	6.1	7.4	8.1
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	4.2	4.6	5.3	7.7	8.5	9.8
Dermatology	50.8	146.4	—	97.0	282.2	—
Endocrinology	9.5	11.6	15.5	16.9	21.5	29.0
Gastroenterology	11.4	15.2	43.0	21.3	28.6	68.8
General Surgery	7.7	11.3	12.1	13.9	20.4	21.9
Hematology & Oncology	11.6	47.4	47.8	21.5	90.3	91.1
Infectious Disease	29.2	51.6	52.2	44.6	97.7	99.0
Mental Health Specialist	—	—	—	—	—	—
Nephrology	19.2	57.5	57.5	35.7	109.3	109.3
Neurology	7.2	8.6	9.7	12.8	15.4	17.5
Obstetrics & Gynecology	1.7	2.1	2.4	2.9	3.6	4.3
Orthopedic Surgery	12.3	12.9	14.2	23.0	24.0	25.6
Otolaryngology/ENT	38.3	52.5	56.0	63.6	100.6	107.3
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	6.5	10.1	16.8	12.2	18.2	30.4
Pulmonary Disease	15.9	45.5	47.1	29.9	86.7	89.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	2.5	3.6	4.7	4.4	6.4	8.5
FQHC	1.9	2.3	3.2	3.3	4.2	5.7
Home Health	2.9	3.7	4.3	5.2	6.8	8.0
Hospital, Inpatient	3.1	4.8	6.1	5.6	8.7	11.2
Hospital, Outpatient	0.7	0.8	0.9	1.2	1.4	1.5
ICF	—	—	—	—	—	—
RHC	76.6	81.2	85.3	105.9	112.6	118.0
SNF	1.8	2.4	3.0	3.1	4.3	5.3

Table C.21—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Health Net (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.5	1.8	2.2	2.1	2.6	3.2
Pediatric Primary Care	1.4	1.8	2.1	2.1	2.6	3.1
Primary Care Physicians	1.4	1.6	2.0	2.0	2.4	2.9
Non-Physician Medical Practitioners						
Physician Assistant	2.4	4.0	4.6	3.3	5.7	6.7
Nurse Practitioner	3.1	3.6	4.2	4.2	5.0	5.8
Certified Nurse Midwife	67.3	67.3	161.3	115.5	115.5	203.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.4	4.2	4.6	5.1	6.4	7.1
Dermatology	6.3	7.1	7.4	9.8	11.0	11.6
Endocrinology	6.7	7.6	25.1	10.5	11.9	33.8
Gastroenterology	4.4	5.6	6.5	6.4	8.3	9.4
General Surgery	4.0	4.8	5.0	5.9	7.3	7.6
Hematology & Oncology	4.6	5.4	5.8	7.2	8.3	9.0
Infectious Disease	6.4	14.3	18.0	9.8	23.6	29.1
Mental Health Outpatient Services	1.6	2.4	2.9	2.3	3.5	4.3
Nephrology	5.0	5.5	5.5	7.9	8.7	8.7
Neurology	4.7	7.1	7.5	7.4	10.8	11.3
Obstetrics & Gynecology	2.6	3.0	4.5	3.7	4.4	6.3
Ophthalmology	5.0	5.0	5.0	7.3	7.4	7.4
Orthopedic Surgery	4.7	6.3	6.3	7.4	9.8	9.8
Otolaryngology/ENT	6.7	7.8	8.3	9.4	11.6	12.4
Physical Medicine & Rehabilitation	6.2	7.0	8.1	9.7	11.1	12.1
Psychiatry	6.3	7.4	7.9	9.2	11.8	12.3
Pulmonary Disease	6.6	7.8	9.2	10.3	11.9	14.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	7.9	8.0	31.6	12.6	12.8	48.1
Dermatology	295.4	406.7	—	508.1	699.4	—
Endocrinology	33.8	71.8	71.8	57.7	123.0	123.0
Gastroenterology	8.2	36.1	279.6	13.2	61.7	394.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	12.4	69.1	70.1	20.3	118.4	120.1
Hematology & Oncology	68.9	294.2	294.2	118.1	506.2	506.2
Infectious Disease	137.6	295.4	295.4	173.5	508.1	508.1
Mental Health Specialist	—	—	—	—	—	—
Nephrology	71.1	295.4	295.4	121.8	508.1	508.1
Neurology	31.8	71.1	71.1	54.3	121.8	121.8
Obstetrics & Gynecology	2.6	3.1	4.6	3.8	4.5	6.4
Orthopedic Surgery	12.4	68.6	68.6	20.3	117.5	117.5
Otolaryngology/ENT	197.0	295.4	297.0	277.9	508.1	510.9
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	11.1	13.3	62.7	18.1	22.0	107.4
Pulmonary Disease	12.6	283.9	294.2	20.6	488.4	506.2
Facility-Based and Specialty Providers						
CBAS	64.7	66.1	67.9	92.4	103.0	111.3
FQHC	2.1	2.8	3.5	3.1	4.1	5.0
Home Health	5.5	6.7	8.7	8.2	10.2	14.1
Hospital, Inpatient	5.0	7.2	9.0	7.6	10.8	13.6
Hospital, Outpatient	1.9	2.4	2.9	2.9	3.6	4.3
ICF	—	—	—	—	—	—
RHC	10.8	14.6	16.6	14.2	20.3	22.1
SNF	2.8	4.7	5.9	3.9	6.7	8.7

Table C.22—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Health Net (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.7	2.3	2.7	1.9	2.6	3.1
Pediatric Primary Care	1.9	2.3	2.8	2.2	2.6	3.2
Primary Care Physicians	1.6	2.1	2.5	1.8	2.4	2.8
Non-Physician Medical Practitioners						
Physician Assistant	2.2	3.1	3.6	2.6	3.6	4.2
Nurse Practitioner	2.0	2.5	3.4	2.3	2.9	3.9
Certified Nurse Midwife	35.5	36.3	140.7	41.4	42.3	208.9
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	5.6	6.3	6.8	6.4	7.2	7.6
Dermatology	7.4	10.5	10.9	8.7	12.8	13.5
Endocrinology	10.3	14.0	15.6	11.9	16.0	18.1
Gastroenterology	7.9	10.2	10.9	9.0	11.8	12.5
General Surgery	4.9	5.8	5.9	5.6	6.6	6.7
Hematology & Oncology	9.1	10.0	12.9	10.3	11.3	15.2
Infectious Disease	8.8	11.6	14.6	9.9	13.3	16.6
Mental Health Outpatient Services	2.8	4.9	5.1	3.1	5.5	5.8
Nephrology	5.5	7.2	8.2	6.2	8.2	9.3
Neurology	7.4	9.1	9.4	8.4	10.4	10.8
Obstetrics & Gynecology	3.6	5.2	5.4	4.1	5.8	6.1
Ophthalmology	6.8	8.4	9.2	7.7	9.7	10.5
Orthopedic Surgery	6.4	7.6	9.8	7.3	8.6	11.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	8.1	9.2	12.2	9.2	10.5	13.9
Physical Medicine & Rehabilitation	9.8	13.7	14.3	11.3	16.2	16.8
Psychiatry	7.5	9.1	10.9	8.8	10.5	12.9
Pulmonary Disease	9.5	9.6	10.4	10.7	10.9	12.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	12.4	30.8	32.9	13.9	36.3	38.6
Dermatology	139.2	248.7	—	205.2	368.6	—
Endocrinology	108.4	133.3	138.3	134.8	155.3	197.8
Gastroenterology	116.4	126.3	130.0	153.5	178.8	188.0
General Surgery	108.3	117.3	121.6	138.1	149.0	151.0
Hematology & Oncology	138.3	138.4	139.2	203.8	204.0	205.2
Infectious Disease	35.7	139.2	139.2	42.0	205.2	205.2
Mental Health Specialist	—	—	—	—	—	—
Nephrology	139.1	139.2	139.2	205.1	205.2	205.2
Neurology	119.8	121.6	125.4	150.9	151.0	156.7
Obstetrics & Gynecology	3.4	5.0	5.2	3.8	5.6	5.9
Orthopedic Surgery	117.5	129.2	130.3	142.8	176.4	191.8
Otolaryngology/ENT	45.8	139.0	139.9	55.9	204.9	206.4
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	105.9	116.9	121.1	134.7	144.2	145.4
Pulmonary Disease	118.4	134.5	138.8	174.8	198.3	204.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	26.5	54.3	107.0	29.8	66.0	129.5
FQHC	2.7	4.3	5.9	3.1	5.0	6.9
Home Health	41.3	42.7	43.8	46.1	48.7	53.8
Hospital, Inpatient	7.2	15.2	23.5	8.0	17.1	26.3
Hospital, Outpatient	1.7	2.2	2.9	1.9	2.5	3.3
ICF	—	—	—	—	—	—
RHC	7.2	11.1	15.9	8.6	13.1	18.8
SNF	8.2	10.2	11.4	9.5	12.0	13.4

Table C.23—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in HPSJ (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.3	1.6	1.7	1.9	2.2	2.4
Pediatric Primary Care	1.5	1.7	1.9	2.1	2.4	2.6
Primary Care Physicians	1.3	1.5	1.7	1.8	2.1	2.4
Non-Physician Medical Practitioners						
Physician Assistant	1.9	2.9	3.2	2.7	4.0	4.4
Nurse Practitioner	1.7	1.9	2.2	2.2	2.6	3.0
Certified Nurse Midwife	6.8	7.0	7.1	9.5	9.8	10.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.6	2.9	3.0	3.7	4.2	4.5
Dermatology	6.2	7.9	8.1	8.7	11.1	11.4
Endocrinology	5.1	6.6	7.1	7.7	9.9	10.7
Gastroenterology	4.0	4.3	4.5	5.6	6.3	6.5
General Surgery	2.3	2.9	3.2	3.3	4.0	4.7
Hematology & Oncology	3.9	4.0	4.6	5.9	6.0	6.8
Infectious Disease	4.0	6.0	8.5	6.1	8.6	12.3
Mental Health Outpatient Services	1.5	1.7	2.0	2.1	2.4	2.9
Nephrology	3.2	3.3	4.1	4.8	5.0	6.0
Neurology	4.6	4.8	5.9	7.0	7.3	8.9
Obstetrics & Gynecology	2.7	2.7	3.3	3.9	4.0	4.8
Ophthalmology	4.2	4.3	4.4	6.0	6.2	6.2
Orthopedic Surgery	3.6	3.7	5.3	5.3	5.6	7.8
Otolaryngology/ENT	5.0	5.7	6.1	7.2	8.3	9.1
Physical Medicine & Rehabilitation	4.5	5.4	5.9	6.8	8.2	8.7
Psychiatry	4.5	4.9	5.4	6.9	7.6	8.0
Pulmonary Disease	4.2	6.0	7.0	6.5	9.1	10.3
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.6	7.0	8.4	8.6	9.8	11.9
Dermatology	13.1	18.7	18.7	17.3	23.3	23.3
Endocrinology	8.4	10.0	10.0	12.0	14.3	14.3
Gastroenterology	20.4	20.4	20.4	34.1	34.1	34.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	—	—	—	—	—	—
Hematology & Oncology	19.1	23.9	30.8	27.0	38.8	42.9
Infectious Disease	57.1	—	—	96.7	—	—
Mental Health Specialist	8.1	20.0	24.0	13.0	28.7	32.4
Nephrology	24.3	24.3	24.3	41.0	41.0	41.0
Neurology	8.4	18.9	34.4	13.6	31.6	58.4
Obstetrics & Gynecology	2.7	2.8	3.3	3.9	4.0	4.8
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	5.8	6.2	6.5	8.8	9.5	9.9
Pulmonary Disease	20.4	20.4	20.4	34.1	34.1	34.1
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	2.1	3.6	4.4	3.1	5.2	6.1
Home Health	5.2	7.8	10.5	8.0	12.0	15.5
Hospital, Inpatient	4.6	7.1	7.9	6.7	10.3	11.4
Hospital, Outpatient	1.4	1.7	2.1	2.0	2.4	3.0
ICF	—	—	—	—	—	—
RHC	7.2	10.2	19.6	10.4	13.7	25.3
SNF	4.6	7.8	8.7	6.8	12.0	13.8

Table C.24—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in HPSM (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.4	1.5	2.2	2.5	2.6
Pediatric Primary Care	1.0	1.2	1.2	1.7	2.0	2.1
Primary Care Physicians	1.0	1.2	1.3	1.8	2.1	2.2
Non-Physician Medical Practitioners						
Physician Assistant	2.1	3.0	3.3	3.7	5.3	5.9
Nurse Practitioner	2.1	2.2	2.5	3.7	3.7	4.4
Certified Nurse Midwife	9.5	9.7	9.7	18.1	18.3	18.3
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.0	2.1	2.3	3.5	3.6	4.0
Dermatology	3.1	3.2	3.3	5.6	5.8	5.9
Endocrinology	2.6	3.4	4.3	4.5	6.0	7.8
Gastroenterology	2.4	2.8	3.2	4.2	5.1	5.7
General Surgery	1.9	2.1	2.3	3.4	3.6	3.8
Hematology & Oncology	2.9	3.1	3.1	5.0	5.3	5.3
Infectious Disease	3.2	3.2	4.3	5.6	5.6	7.4
Mental Health Outpatient Services	1.1	1.4	1.7	2.0	2.5	3.0
Nephrology	2.5	2.7	3.1	4.3	4.7	5.5
Neurology	2.3	3.0	3.3	4.0	5.3	5.7
Obstetrics & Gynecology	1.9	2.1	2.1	3.2	3.6	3.6
Ophthalmology	2.3	2.4	2.4	3.9	4.1	4.1
Orthopedic Surgery	2.3	2.5	2.6	3.9	4.3	4.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	2.5	3.0	3.3	4.4	5.4	5.9
Physical Medicine & Rehabilitation	2.3	3.4	3.5	4.0	6.0	6.1
Psychiatry	2.9	3.4	3.4	5.2	6.0	6.1
Pulmonary Disease	2.8	3.4	4.6	4.8	6.0	8.2
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.2	5.7	6.4	9.2	9.9	11.3
Dermatology	12.6	15.9	15.9	19.5	21.9	21.9
Endocrinology	3.8	6.4	8.3	6.3	10.3	13.8
Gastroenterology	6.2	6.3	6.4	9.9	9.9	9.9
General Surgery	5.4	9.1	13.9	8.8	14.6	20.7
Hematology & Oncology	9.2	9.2	15.9	14.6	14.6	21.9
Infectious Disease	6.3	9.3	16.0	9.9	14.7	22.0
Mental Health Specialist	5.5	6.1	6.1	10.1	10.6	10.6
Nephrology	6.2	9.3	11.6	10.7	15.2	19.2
Neurology	5.9	7.0	9.4	10.5	12.4	15.3
Obstetrics & Gynecology	2.0	2.1	2.1	3.3	3.6	3.6
Orthopedic Surgery	7.5	12.6	12.6	12.8	19.5	19.5
Otolaryngology/ENT	16.0	16.0	16.0	22.0	22.0	22.0
Physical Medicine & Rehabilitation	5.7	11.3	17.9	10.4	19.5	28.7
Psychiatry	3.2	3.2	5.4	5.4	5.5	8.4
Pulmonary Disease	4.8	6.9	8.5	8.7	12.3	14.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	8.9	11.0	12.2	14.5	20.7	22.6
FQHC	5.9	11.3	12.6	9.4	17.1	18.9
Home Health	4.9	5.8	6.2	8.6	9.9	11.0
Hospital, Inpatient	1.7	2.6	3.1	3.0	4.6	5.5
Hospital, Outpatient	1.0	1.4	1.6	1.6	2.4	2.7
ICF	11.5	—	—	22.0	—	—
RHC	—	—	—	—	—	—
SNF	2.5	3.6	5.2	4.5	6.5	9.5

Table C.25—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in IEHP (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.4	1.5	1.6	1.8	2.0	2.1
Pediatric Primary Care	1.4	1.6	1.6	1.9	2.1	2.1
Primary Care Physicians	1.4	1.5	1.6	1.8	1.9	2.0
Non-Physician Medical Practitioners						
Physician Assistant	1.7	2.0	2.2	2.2	2.6	2.9
Nurse Practitioner	1.9	2.2	2.5	2.4	2.9	3.2
Certified Nurse Midwife	5.3	6.7	7.2	6.9	8.7	9.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.4	2.6	3.0	3.1	3.4	3.9
Dermatology	2.7	3.0	3.8	3.6	4.0	5.0
Endocrinology	3.7	4.1	4.8	4.9	5.5	6.2
Gastroenterology	3.2	3.4	3.6	4.3	4.5	4.8
General Surgery	2.6	3.5	3.7	3.3	4.5	4.8
Hematology & Oncology	3.9	4.2	4.3	5.1	5.4	5.6
Infectious Disease	3.0	3.6	4.4	4.0	4.7	5.7
Mental Health Outpatient Services	2.2	2.5	2.8	2.8	3.2	3.6
Nephrology	3.5	3.7	4.0	4.6	5.0	5.4
Neurology	3.4	4.0	4.4	4.4	5.2	5.8
Obstetrics & Gynecology	1.9	2.0	2.2	2.4	2.7	2.8
Ophthalmology	2.7	3.1	3.2	3.6	4.1	4.1
Orthopedic Surgery	3.4	4.0	4.2	4.5	5.4	5.7
Otolaryngology/ENT	3.5	4.2	4.4	4.5	5.4	5.8
Physical Medicine & Rehabilitation	4.1	4.9	5.2	5.3	6.3	6.7
Psychiatry	2.5	3.1	3.8	3.3	4.1	5.1
Pulmonary Disease	3.4	3.9	4.3	4.5	5.1	5.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	9.4	15.3	16.8	11.5	19.0	20.8
Dermatology	31.5	374.2	395.1	50.9	454.2	644.6
Endocrinology	8.0	8.0	13.8	10.3	10.3	18.1
Gastroenterology	4.3	6.4	11.3	5.7	8.2	14.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	7.8	11.2	13.9	9.8	15.2	19.0
Hematology & Oncology	22.0	22.0	26.9	29.8	29.8	36.4
Infectious Disease	7.5	13.5	20.4	9.4	17.6	25.6
Mental Health Specialist	33.6	—	—	45.7	—	—
Nephrology	15.0	19.5	21.9	18.7	25.0	30.1
Neurology	8.1	17.0	20.0	10.5	21.5	26.2
Obstetrics & Gynecology	1.9	2.0	2.3	2.4	2.6	3.0
Orthopedic Surgery	22.2	26.5	30.8	27.2	38.6	42.0
Otolaryngology/ENT	33.4	35.5	52.1	46.1	56.0	84.4
Physical Medicine & Rehabilitation	6.2	6.3	12.7	7.8	8.0	15.8
Psychiatry	7.0	7.4	7.5	8.9	9.3	9.4
Pulmonary Disease	15.1	19.5	21.9	18.7	25.0	30.0
Facility-Based and Specialty Providers						
CBAS	18.2	31.5	36.1	24.9	43.7	53.6
FQHC	3.0	5.7	7.9	4.1	7.5	10.6
Home Health	5.1	7.6	10.9	6.8	9.9	14.7
Hospital, Inpatient	4.7	6.0	7.8	6.2	8.0	10.0
Hospital, Outpatient	1.8	2.5	3.0	2.4	3.3	4.0
ICF	13.2	15.7	16.7	16.7	20.4	21.9
RHC	28.7	34.3	35.6	34.7	41.4	43.1
SNF	4.2	5.6	6.9	5.7	7.5	9.3

Table C.26—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in IEHP (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.1	1.3	1.4	1.6	1.9	2.0
Pediatric Primary Care	1.3	1.5	1.6	1.8	2.1	2.3
Primary Care Physicians	1.1	1.3	1.4	1.6	1.8	1.9
Non-Physician Medical Practitioners						
Physician Assistant	1.6	2.0	2.7	2.3	2.8	3.7
Nurse Practitioner	1.6	1.9	2.1	2.3	2.7	3.0
Certified Nurse Midwife	3.3	3.6	3.8	4.4	5.0	5.2
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	2.4	2.9	3.6	3.4	4.1	4.9
Dermatology	3.0	3.9	3.9	4.1	5.2	5.4
Endocrinology	3.8	4.0	4.2	5.1	5.5	5.7
Gastroenterology	2.8	3.5	3.7	3.9	4.7	5.0
General Surgery	2.5	2.9	3.1	3.5	4.1	4.4
Hematology & Oncology	2.9	3.2	3.5	4.2	4.6	4.9
Infectious Disease	3.9	4.2	4.5	5.3	5.8	6.2
Mental Health Outpatient Services	2.0	2.6	2.9	2.8	3.7	4.0
Nephrology	2.7	3.2	3.5	3.7	4.5	4.9
Neurology	3.2	4.0	4.1	4.5	5.4	5.6
Obstetrics & Gynecology	2.0	2.1	2.2	2.7	2.9	3.1
Ophthalmology	3.0	3.7	3.8	4.2	5.1	5.2
Orthopedic Surgery	2.9	3.8	4.4	4.1	5.4	6.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	3.8	4.1	4.3	5.2	5.6	5.9
Physical Medicine & Rehabilitation	3.6	3.9	4.4	5.0	5.4	6.0
Psychiatry	2.6	3.1	3.4	3.7	4.4	4.8
Pulmonary Disease	2.8	3.9	4.0	3.9	5.2	5.5
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.3	6.0	6.4	7.4	8.4	9.2
Dermatology	19.3	339.7	361.3	32.5	433.3	629.9
Endocrinology	4.7	4.8	4.9	6.5	6.7	6.8
Gastroenterology	4.1	4.6	4.7	5.6	6.4	6.5
General Surgery	4.4	5.1	5.1	6.2	7.1	7.1
Hematology & Oncology	4.8	4.8	5.0	6.7	6.7	7.1
Infectious Disease	4.7	10.5	11.7	6.5	14.1	15.9
Mental Health Specialist	50.7	—	—	71.5	—	—
Nephrology	4.6	7.1	11.0	6.3	9.5	14.8
Neurology	5.5	6.0	6.8	7.7	8.5	9.7
Obstetrics & Gynecology	2.0	2.1	2.3	2.7	2.9	3.2
Orthopedic Surgery	11.4	13.9	17.2	15.7	19.8	24.7
Otolaryngology/ENT	15.9	17.9	48.6	23.8	27.9	82.4
Physical Medicine & Rehabilitation	8.4	9.8	10.4	12.4	15.8	16.5
Psychiatry	4.7	5.0	5.0	6.6	7.0	7.0
Pulmonary Disease	4.5	4.8	4.9	6.2	6.6	6.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	13.2	23.8	26.3	18.0	38.3	42.2
FQHC	4.3	6.5	11.7	6.1	9.4	17.2
Home Health	3.8	5.1	5.9	5.3	7.3	8.5
Hospital, Inpatient	3.7	5.8	7.0	5.4	8.2	10.1
Hospital, Outpatient	1.8	2.5	2.9	2.5	3.5	4.2
ICF	10.0	12.5	14.8	13.0	17.3	20.8
RHC	22.7	23.9	25.9	29.1	30.6	33.0
SNF	2.7	3.7	5.0	3.8	5.4	7.2

Table C.27—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in KFHC (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.5	1.6	1.5	1.8	1.9
Pediatric Primary Care	1.3	1.4	1.9	1.6	1.7	2.3
Primary Care Physicians	1.2	1.3	1.5	1.4	1.6	1.8
Non-Physician Medical Practitioners						
Physician Assistant	2.0	2.2	2.8	2.4	2.7	3.5
Nurse Practitioner	1.6	1.8	2.0	1.9	2.1	2.4
Certified Nurse Midwife	75.3	75.3	75.3	99.4	99.4	99.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.9	5.8	6.1	4.8	6.8	7.1
Dermatology	10.5	10.6	11.6	13.5	13.7	15.0
Endocrinology	7.6	8.3	10.0	8.9	10.5	12.6
Gastroenterology	9.1	9.7	10.9	10.7	11.5	13.9
General Surgery	5.5	6.0	6.1	6.4	7.0	7.2
Hematology & Oncology	10.2	10.6	11.0	11.9	12.4	12.9
Infectious Disease	7.1	11.3	11.7	8.5	13.2	14.3
Mental Health Outpatient Services	4.0	4.2	5.3	4.7	5.0	6.1
Nephrology	6.6	6.6	6.8	7.7	7.8	8.1
Neurology	9.6	10.4	10.8	11.0	12.0	12.4
Obstetrics & Gynecology	2.7	3.0	3.2	3.2	3.5	3.7
Ophthalmology	10.2	10.7	11.0	11.8	12.8	13.2
Orthopedic Surgery	7.6	11.2	11.7	9.0	12.7	13.2
Otolaryngology/ENT	7.6	10.8	10.8	9.0	12.4	12.5
Physical Medicine & Rehabilitation	10.4	10.9	11.2	12.0	12.9	13.4
Psychiatry	2.7	5.2	5.9	3.3	6.0	6.8
Pulmonary Disease	11.0	11.5	12.2	12.9	14.7	15.3
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	15.4	16.2	86.0	17.5	18.5	113.2
Dermatology	—	—	—	—	—	—
Endocrinology	14.0	14.2	78.3	20.5	20.7	102.5
Gastroenterology	14.0	15.7	16.0	17.0	17.8	21.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	101.8	101.8	101.8	159.8	159.9	159.9
Hematology & Oncology	89.9	89.9	90.7	141.2	141.5	142.6
Infectious Disease	80.5	88.2	88.2	104.8	105.7	106.6
Mental Health Specialist	—	—	—	—	—	—
Nephrology	14.9	89.8	90.5	16.9	141.3	142.5
Neurology	92.1	106.4	151.1	145.0	167.7	238.4
Obstetrics & Gynecology	2.6	2.9	3.1	3.1	3.4	3.6
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	11.1	12.2	12.7	13.9	17.5	18.0
Pulmonary Disease	101.8	101.8	101.8	159.9	160.3	160.3
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	2.3	5.2	6.9	2.8	6.2	8.4
Home Health	81.0	81.3	86.0	107.3	107.6	113.8
Hospital, Inpatient	7.0	11.9	13.0	8.1	13.9	15.3
Hospital, Outpatient	3.7	5.6	7.0	4.3	6.5	8.2
ICF	89.7	—	—	141.9	—	—
RHC	29.7	42.9	50.5	35.8	50.9	59.6
SNF	78.3	83.0	86.1	103.4	109.3	113.9

Table C.28—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Kaiser NorCal (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	3.9	3.9	3.9	7.1	7.1	7.1
Pediatric Primary Care	4.0	4.0	4.0	7.2	7.2	7.2
Primary Care Physicians	4.0	4.0	4.0	7.2	7.2	7.2
Non-Physician Medical Practitioners						
Physician Assistant	3.8	4.2	4.6	6.9	7.6	8.5
Nurse Practitioner	3.8	4.0	4.0	6.9	7.2	7.2
Certified Nurse Midwife	4.4	4.4	4.4	8.1	8.1	8.1
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	4.4	5.0	5.0	8.0	9.1	9.2
Dermatology	4.0	4.4	4.4	7.3	8.2	8.2
Endocrinology	4.8	5.1	5.3	8.8	9.4	9.7
Gastroenterology	4.9	5.1	5.1	9.0	9.4	9.4
General Surgery	4.0	4.1	4.5	7.3	7.4	8.3
Hematology & Oncology	4.7	4.7	5.0	8.6	8.6	9.1
Infectious Disease	4.6	4.9	4.9	8.4	8.9	9.1
Mental Health Outpatient Services	3.9	3.9	3.9	7.1	7.1	7.1
Nephrology	4.7	5.0	5.3	8.7	9.1	9.7
Neurology	4.4	5.0	5.2	8.0	9.3	9.6
Obstetrics & Gynecology	4.3	4.3	4.3	8.0	8.0	8.0
Ophthalmology	4.0	4.0	4.1	7.4	7.4	7.5
Orthopedic Surgery	4.4	4.7	4.9	8.1	8.5	9.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	4.5	4.7	4.7	8.2	8.7	8.7
Physical Medicine & Rehabilitation	4.2	4.7	5.3	7.6	8.7	9.7
Psychiatry	4.0	4.0	4.4	7.4	7.4	8.1
Pulmonary Disease	5.3	5.3	5.7	9.7	9.7	10.6
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.2	5.2	5.4	9.6	9.6	9.9
Dermatology	80.3	81.5	—	124.7	152.3	—
Endocrinology	5.2	5.8	7.9	9.5	10.7	14.6
Gastroenterology	8.2	8.6	8.7	15.0	15.8	16.1
General Surgery	8.2	8.2	8.2	15.0	15.0	15.0
Hematology & Oncology	5.0	5.5	5.9	9.2	10.0	10.8
Infectious Disease	5.0	5.3	6.1	9.2	9.7	11.2
Mental Health Specialist	—	—	—	—	—	—
Nephrology	7.7	7.7	8.4	14.2	14.2	15.5
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	4.4	4.4	4.4	8.0	8.0	8.0
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	8.2	8.9	9.4	15.0	16.3	17.2
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	4.5	4.7	4.7	8.3	8.6	8.6
Pulmonary Disease	5.1	5.6	5.9	9.3	10.4	10.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	—	—	—	—	—	—
Home Health	4.3	7.1	7.9	7.9	12.8	14.4
Hospital, Inpatient	4.4	5.9	8.9	8.0	10.6	15.6
Hospital, Outpatient	3.7	4.9	5.6	6.6	8.9	10.2
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	3.7	5.8	6.7	6.4	10.2	11.9

Table C.29—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Kaiser NorCal (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	4.3	4.8	4.8	5.6	6.3	6.3
Pediatric Primary Care	4.0	4.5	4.5	5.2	6.0	6.0
Primary Care Physicians	4.1	4.6	4.7	5.4	6.1	6.1
Non-Physician Medical Practitioners						
Physician Assistant	6.8	7.3	7.3	9.9	10.8	10.8
Nurse Practitioner	4.1	4.1	6.1	5.4	5.4	8.7
Certified Nurse Midwife	5.2	5.2	7.4	6.9	6.9	10.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	5.7	7.0	7.2	8.4	10.5	10.8
Dermatology	6.9	7.4	7.4	10.4	11.1	11.1
Endocrinology	6.9	7.4	7.4	10.4	11.1	11.1
Gastroenterology	7.4	7.4	7.4	11.1	11.1	11.1
General Surgery	5.6	5.7	5.8	8.0	8.1	8.3
Hematology & Oncology	6.9	6.9	6.9	10.0	10.0	10.4
Infectious Disease	6.8	6.9	6.9	10.2	10.4	10.4
Mental Health Outpatient Services	4.8	4.8	4.9	6.3	6.3	6.4
Nephrology	6.9	6.9	7.4	10.4	10.4	11.1
Neurology	4.9	7.2	7.4	6.5	10.5	11.1
Obstetrics & Gynecology	5.2	5.2	5.2	6.9	6.9	6.9
Ophthalmology	4.9	4.9	4.9	6.4	6.4	6.4
Orthopedic Surgery	5.6	6.7	7.0	8.0	9.7	10.2
Otolaryngology/ENT	7.2	7.3	7.3	10.6	10.7	10.7
Physical Medicine & Rehabilitation	6.9	7.4	7.4	10.0	10.8	11.1
Psychiatry	4.3	4.8	5.0	5.6	6.3	6.6
Pulmonary Disease	7.4	7.4	7.4	11.1	11.1	11.1
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	7.4	7.4	7.4	11.2	11.2	11.2
Dermatology	95.7	97.8	—	132.5	156.6	—
Endocrinology	6.9	7.4	7.4	10.5	11.2	11.2
Gastroenterology	7.4	7.4	7.4	11.2	11.2	11.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	7.4	7.4	7.4	10.8	10.8	10.8
Hematology & Oncology	7.4	7.4	7.4	11.2	11.2	11.2
Infectious Disease	7.4	7.4	7.7	11.2	11.2	11.7
Mental Health Specialist	—	—	—	—	—	—
Nephrology	6.9	6.9	7.4	10.5	10.5	11.2
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	5.0	5.0	5.0	6.7	6.7	6.7
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	7.4	7.4	7.7	10.9	11.2	11.6
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	7.3	7.3	7.3	10.8	10.8	10.8
Pulmonary Disease	7.4	7.4	7.4	11.2	11.2	11.2
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	—	—	—	—	—	—
Home Health	5.5	10.3	12.7	7.9	15.5	18.8
Hospital, Inpatient	11.0	14.4	16.6	16.4	19.6	23.3
Hospital, Outpatient	4.1	6.2	7.0	5.4	8.9	10.3
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	5.8	6.2	10.8	8.3	8.9	16.2

Table C.30—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Kaiser NorCal (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	13.8	13.8	13.8	16.2	16.2	16.2
Pediatric Primary Care	13.5	13.5	13.5	15.9	15.9	15.9
Primary Care Physicians	13.6	13.7	13.7	16.0	16.0	16.0
Non-Physician Medical Practitioners						
Physician Assistant	13.9	14.0	14.1	16.7	16.7	16.9
Nurse Practitioner	13.6	13.6	14.6	16.0	16.0	17.6
Certified Nurse Midwife	14.7	14.7	15.0	17.2	17.2	18.1
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	20.3	20.5	20.5	28.6	28.9	28.9
Dermatology	20.2	20.3	20.3	28.1	28.6	28.6
Endocrinology	20.5	20.5	20.5	28.9	28.9	28.9
Gastroenterology	20.4	20.5	20.5	28.7	28.9	28.9
General Surgery	14.2	14.2	14.2	17.1	17.1	17.1
Hematology & Oncology	14.3	14.3	20.5	17.1	17.1	28.9
Infectious Disease	20.5	20.5	20.5	28.9	28.9	28.9
Mental Health Outpatient Services	14.5	14.5	14.5	17.0	17.0	17.0
Nephrology	20.4	20.5	20.5	28.7	28.9	28.9
Neurology	14.6	20.4	20.5	17.3	28.0	28.9
Obstetrics & Gynecology	14.0	14.0	14.0	16.4	16.4	16.4
Ophthalmology	13.9	13.9	13.9	16.4	16.4	16.4
Orthopedic Surgery	14.2	14.2	14.3	17.1	17.1	17.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	14.2	14.3	14.3	17.1	17.1	17.1
Physical Medicine & Rehabilitation	14.1	15.0	20.3	16.9	18.1	28.4
Psychiatry	14.6	14.6	14.6	17.3	17.3	17.3
Pulmonary Disease	20.5	20.5	20.5	28.9	28.9	28.9
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	20.3	20.3	20.3	28.6	28.6	28.6
Dermatology	103.6	104.2	—	124.9	146.3	—
Endocrinology	20.3	20.4	20.5	28.6	28.7	28.9
Gastroenterology	20.5	20.5	20.6	29.0	29.0	29.0
General Surgery	13.9	13.9	13.9	16.7	16.7	16.7
Hematology & Oncology	20.3	20.3	20.4	28.6	28.6	28.7
Infectious Disease	20.1	20.3	20.5	28.0	28.6	28.9
Mental Health Specialist	—	—	—	—	—	—
Nephrology	20.1	20.1	20.3	28.0	28.0	28.1
Neurology	—	—	—	—	—	—
Obstetrics & Gynecology	13.8	13.8	13.8	16.1	16.1	16.1
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	14.7	20.6	20.7	17.7	29.1	29.1
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	14.5	14.6	14.6	17.5	17.7	17.7
Pulmonary Disease	20.1	20.3	20.3	28.0	28.6	28.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	—	—	—	—	—	—
Home Health	18.2	20.5	22.2	22.0	26.6	28.6
Hospital, Inpatient	14.6	15.1	22.8	17.5	18.1	32.1
Hospital, Outpatient	13.6	14.7	19.8	16.0	17.8	27.1
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	10.5	18.7	20.1	12.3	24.1	25.8

Table C.31—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Kaiser SoCal (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	3.3	3.5	3.8	5.3	5.7	6.2
Pediatric Primary Care	3.7	3.7	3.8	5.9	6.0	6.1
Primary Care Physicians	3.2	3.4	3.8	5.3	5.6	6.1
Non-Physician Medical Practitioners						
Physician Assistant	3.7	3.7	3.7	6.0	6.0	6.1
Nurse Practitioner	3.7	3.7	3.7	6.0	6.0	6.0
Certified Nurse Midwife	5.9	5.9	5.9	9.5	9.5	9.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	4.4	5.6	6.2	7.1	9.0	10.1
Dermatology	7.4	7.5	7.5	12.9	13.0	13.0
Endocrinology	7.3	7.3	7.3	11.4	11.4	11.4
Gastroenterology	5.9	6.8	6.9	9.8	11.3	11.4
General Surgery	6.7	6.9	6.9	10.8	11.0	11.0
Hematology & Oncology	7.4	7.4	7.8	12.1	12.1	12.7
Infectious Disease	9.5	9.5	9.5	16.4	16.4	16.4
Mental Health Outpatient Services	3.8	3.8	3.9	6.1	6.1	6.4
Nephrology	4.1	5.0	5.3	7.0	8.7	9.1
Neurology	6.6	6.7	6.7	10.9	11.0	11.0
Obstetrics & Gynecology	4.7	5.6	5.6	7.8	9.1	9.1
Ophthalmology	6.0	6.0	6.0	10.1	10.1	10.1
Orthopedic Surgery	6.3	7.5	7.6	10.1	12.0	12.4
Otolaryngology/ENT	7.4	9.6	9.6	12.8	16.5	16.6
Physical Medicine & Rehabilitation	5.3	5.9	5.9	8.6	9.6	9.6
Psychiatry	4.2	4.6	4.9	6.9	7.7	8.1
Pulmonary Disease	6.2	6.4	6.7	9.8	10.3	10.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	65.6	70.0	74.0	87.0	97.6	100.2
Dermatology	—	—	—	—	—	—
Endocrinology	4.0	5.2	6.3	6.5	8.4	10.4
Gastroenterology	5.2	7.8	11.1	8.5	12.5	18.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	9.9	14.6	14.6	16.9	25.8	25.8
Hematology & Oncology	6.9	6.9	14.3	11.0	11.0	24.3
Infectious Disease	15.5	16.9	22.7	27.4	29.2	40.9
Mental Health Specialist	—	—	—	—	—	—
Nephrology	16.9	16.9	76.9	30.0	30.0	101.8
Neurology	67.5	111.7	128.8	124.0	205.0	236.3
Obstetrics & Gynecology	4.7	5.6	5.6	7.8	9.2	9.2
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	5.3	5.4	5.5	8.9	9.1	9.3
Pulmonary Disease	70.8	76.9	83.3	101.8	129.3	132.1
Facility-Based and Specialty Providers						
CBAS	—	—	—	—	—	—
FQHC	—	—	—	—	—	—
Home Health	115.4	117.3	130.5	210.0	211.6	215.2
Hospital, Inpatient	5.8	9.8	12.1	9.9	16.6	20.4
Hospital, Outpatient	3.9	5.8	7.4	6.2	9.6	12.2
ICF	131.1	—	—	241.2	—	—
RHC	—	—	—	—	—	—
SNF	11.4	20.7	25.0	19.2	34.0	43.2

Table C.32—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in L.A. Care (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.6	0.8	0.8	1.1	1.3	1.5
Pediatric Primary Care	0.7	0.8	0.9	1.2	1.5	1.6
Primary Care Physicians	0.6	0.7	0.8	1.1	1.3	1.4
Non-Physician Medical Practitioners						
Physician Assistant	1.6	2.0	2.3	2.8	3.6	4.2
Nurse Practitioner	0.9	1.2	1.3	1.7	2.1	2.4
Certified Nurse Midwife	3.4	3.8	4.0	5.8	6.7	7.2
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	1.8	2.0	2.3	3.2	3.8	4.2
Dermatology	2.3	2.6	2.9	4.2	4.7	5.3
Endocrinology	2.4	2.9	3.2	4.4	5.3	5.8
Gastroenterology	1.8	2.1	2.3	3.3	3.9	4.3
General Surgery	1.5	1.8	2.0	2.8	3.3	3.7
Hematology & Oncology	2.1	2.3	2.6	3.9	4.3	4.9
Infectious Disease	2.2	2.5	3.1	4.0	4.6	5.7
Mental Health Outpatient Services	0.9	1.0	1.2	1.6	1.9	2.1
Nephrology	1.9	2.1	2.3	3.5	3.9	4.4
Neurology	2.3	2.6	2.9	4.3	4.8	5.4
Obstetrics & Gynecology	1.2	1.5	1.7	2.2	2.6	3.0
Ophthalmology	1.5	1.7	1.9	2.8	3.1	3.4
Orthopedic Surgery	2.0	2.3	2.5	3.6	4.2	4.7

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	2.3	2.9	3.1	4.3	5.3	5.7
Physical Medicine & Rehabilitation	2.4	2.8	3.0	4.4	5.3	5.7
Psychiatry	1.2	1.6	1.8	2.2	2.8	3.3
Pulmonary Disease	2.2	2.5	2.7	4.0	4.6	5.0
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	3.3	3.7	4.4	6.1	6.9	8.1
Dermatology	15.2	20.8	—	25.7	35.2	—
Endocrinology	4.6	6.0	7.1	8.7	11.3	12.9
Gastroenterology	4.9	6.3	8.7	8.8	11.7	15.4
General Surgery	7.7	8.4	10.5	13.1	14.4	18.2
Hematology & Oncology	7.4	8.8	9.6	13.1	15.8	17.4
Infectious Disease	4.4	7.0	8.5	8.1	13.0	15.7
Mental Health Specialist	7.5	11.1	13.3	12.9	19.4	24.1
Nephrology	6.7	9.0	9.9	12.5	15.6	17.4
Neurology	5.5	7.0	8.1	10.1	12.8	14.8
Obstetrics & Gynecology	1.2	1.5	1.7	2.2	2.6	3.0
Orthopedic Surgery	9.6	11.8	12.4	15.7	20.9	22.4
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	3.1	3.7	3.9	5.6	6.7	7.2
Pulmonary Disease	9.6	12.3	13.3	17.5	22.6	24.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	22.7	—	—	35.0	—	—
FQHC	3.0	4.4	5.3	5.5	8.2	10.0
Home Health	3.4	5.6	6.5	6.0	9.2	11.0
Hospital, Inpatient	2.5	3.7	5.6	4.4	6.5	9.5
Hospital, Outpatient	0.9	1.1	1.4	1.6	2.0	2.4
ICF	13.6	31.0	—	25.3	59.5	—
RHC	—	—	—	—	—	—
SNF	3.1	5.9	7.0	5.6	10.4	12.7

Table C.33—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Molina (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.3	1.5	1.7	2.0	2.4	2.7
Pediatric Primary Care	1.2	1.4	1.6	2.0	2.2	2.6
Primary Care Physicians	1.1	1.3	1.4	1.8	2.1	2.3
Non-Physician Medical Practitioners						
Physician Assistant	4.9	7.2	9.5	7.9	10.9	15.6
Nurse Practitioner	3.4	4.3	5.3	5.7	7.3	8.9
Certified Nurse Midwife	88.3	96.0	97.0	135.9	137.9	160.7

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.6	4.4	5.2	6.2	7.5	8.7
Dermatology	4.2	4.8	5.8	7.3	8.3	10.1
Endocrinology	7.8	86.5	88.3	13.4	130.2	136.7
Gastroenterology	4.2	5.6	6.0	7.2	9.2	9.9
General Surgery	3.5	4.1	4.8	5.8	6.9	8.1
Hematology & Oncology	4.8	7.1	7.4	8.5	12.5	13.2
Infectious Disease	6.8	7.6	8.7	11.9	13.3	15.4
Mental Health Outpatient Services	1.9	2.5	3.0	3.1	4.1	4.9
Nephrology	3.9	5.0	6.1	6.6	8.5	10.3
Neurology	4.6	6.2	8.3	7.8	10.5	13.8
Obstetrics & Gynecology	2.5	2.8	3.2	4.1	4.5	5.1
Ophthalmology	3.0	3.5	3.7	5.1	5.9	6.5
Orthopedic Surgery	4.3	5.0	5.1	7.1	8.2	8.4
Otolaryngology/ENT	5.5	6.5	7.2	9.5	11.0	12.1
Physical Medicine & Rehabilitation	5.7	7.5	11.6	9.8	12.6	19.1
Psychiatry	3.1	3.9	4.3	5.1	6.5	7.2
Pulmonary Disease	5.8	8.4	9.0	9.5	13.1	13.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	7.6	10.7	10.9	13.5	18.9	19.2
Dermatology	—	—	—	—	—	—
Endocrinology	11.3	13.6	15.6	19.4	24.3	27.8
Gastroenterology	11.6	81.6	82.1	20.3	129.7	129.7

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	11.6	15.1	15.1	20.2	26.9	27.0
Hematology & Oncology	8.2	12.6	15.1	14.7	22.0	27.0
Infectious Disease	15.1	85.9	100.1	27.0	164.3	191.8
Mental Health Specialist	—	—	—	—	—	—
Nephrology	85.1	141.7	142.1	135.5	218.6	248.2
Neurology	8.7	11.5	11.9	14.7	20.1	20.7
Obstetrics & Gynecology	2.5	2.8	3.3	4.1	4.6	5.4
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	79.8	81.0	81.6	126.8	145.7	145.7
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	79.8	85.0	96.7	142.3	162.3	164.6
Pulmonary Disease	83.0	85.8	85.9	122.8	136.4	164.3
Facility-Based and Specialty Providers						
CBAS	4.6	7.4	10.6	7.5	11.9	18.1
FQHC	1.7	2.2	2.7	2.8	3.6	4.4
Home Health	5.1	6.4	7.5	9.1	11.2	13.3
Hospital, Inpatient	4.7	7.6	10.1	8.1	13.1	17.5
Hospital, Outpatient	1.1	1.5	1.7	1.8	2.3	2.7
ICF	—	—	—	—	—	—
RHC	176.6	176.9	177.0	239.9	240.3	240.5
SNF	3.6	4.3	5.0	6.1	7.5	8.7

Table C.34—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Molina (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.6	1.8	2.0	2.0	2.4	2.6
Pediatric Primary Care	1.6	2.0	2.2	2.0	2.6	2.9
Primary Care Physicians	1.5	1.7	1.9	1.9	2.2	2.4
Non-Physician Medical Practitioners						
Physician Assistant	5.6	7.3	10.2	7.3	9.5	13.2
Nurse Practitioner	4.0	5.7	7.9	5.1	7.6	10.3
Certified Nurse Midwife	23.2	41.4	44.4	33.8	52.9	57.0
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.8	4.6	5.1	5.1	6.2	6.7
Dermatology	4.8	5.4	5.9	6.4	7.2	7.7
Endocrinology	9.5	17.2	21.7	12.1	22.6	28.6
Gastroenterology	4.7	7.0	8.2	6.3	9.3	11.2
General Surgery	3.9	4.6	4.8	5.3	6.0	6.2
Hematology & Oncology	5.4	6.4	7.9	7.0	8.6	11.2
Infectious Disease	13.1	18.9	21.5	19.2	26.3	32.2
Mental Health Outpatient Services	2.3	3.3	3.7	3.1	4.5	5.1
Nephrology	4.3	5.3	6.6	6.0	7.3	9.1
Neurology	5.5	6.3	7.6	7.2	8.2	9.9
Obstetrics & Gynecology	3.3	3.9	4.6	4.2	5.0	5.9
Ophthalmology	3.7	4.3	5.3	5.0	5.7	6.8
Orthopedic Surgery	4.6	5.3	5.5	6.1	6.9	7.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	5.8	9.6	11.9	7.6	12.8	15.7
Physical Medicine & Rehabilitation	6.6	10.3	12.9	8.8	13.8	16.8
Psychiatry	4.8	5.9	7.1	6.5	8.1	9.8
Pulmonary Disease	5.5	10.7	11.6	7.3	13.9	15.3
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	7.7	11.7	13.0	9.5	14.9	16.6
Dermatology	—	—	—	—	—	—
Endocrinology	24.7	27.7	28.8	33.0	38.7	43.9
Gastroenterology	24.2	28.2	28.6	32.7	38.5	39.1
General Surgery	27.7	28.8	29.1	42.7	46.1	46.6
Hematology & Oncology	26.0	28.2	28.8	36.1	39.2	42.6
Infectious Disease	28.8	74.8	74.8	46.2	122.7	122.7
Mental Health Specialist	—	—	—	—	—	—
Nephrology	28.0	29.0	29.9	38.6	42.4	46.4
Neurology	13.8	26.4	27.7	19.1	36.3	38.0
Obstetrics & Gynecology	3.2	3.9	4.5	4.1	4.9	5.9
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	27.6	29.9	31.6	40.3	43.2	46.6
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	24.2	31.9	56.4	36.5	50.3	80.2
Pulmonary Disease	23.1	28.9	29.3	29.7	41.7	46.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	15.5	15.5	24.6	20.7	20.8	32.3
FQHC	3.1	4.7	5.6	4.4	6.6	7.5
Home Health	5.6	8.5	10.2	7.4	11.4	13.2
Hospital, Inpatient	5.1	9.2	12.3	6.7	11.7	16.2
Hospital, Outpatient	1.3	1.5	1.7	1.7	1.9	2.1
ICF	—	—	—	—	—	—
RHC	112.3	112.6	112.6	136.6	137.0	137.0
SNF	5.3	7.5	9.4	7.2	10.2	12.4

Table C.35—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Molina (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.2	1.4	1.6	1.8	2.1	2.4
Pediatric Primary Care	1.4	1.5	1.8	2.0	2.3	2.7
Primary Care Physicians	1.2	1.3	1.5	1.8	2.0	2.3
Non-Physician Medical Practitioners						
Physician Assistant	3.3	4.2	4.8	5.0	6.3	7.3
Nurse Practitioner	3.5	5.1	9.0	5.0	7.4	12.1
Certified Nurse Midwife	15.6	60.4	62.9	26.2	77.3	80.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	4.0	4.4	5.1	5.8	6.6	8.0
Dermatology	4.4	5.7	6.0	6.5	8.2	8.8
Endocrinology	4.6	5.1	5.8	6.9	7.6	9.1
Gastroenterology	4.0	4.5	4.8	5.8	6.7	7.0
General Surgery	3.8	4.3	4.6	5.7	6.3	6.8
Hematology & Oncology	4.9	5.3	6.0	7.3	8.2	9.3
Infectious Disease	10.3	12.2	14.8	15.2	19.3	23.8
Mental Health Outpatient Services	2.2	2.9	3.2	3.4	4.5	5.1
Nephrology	3.6	4.2	4.5	5.4	6.5	6.8
Neurology	4.3	5.4	5.7	6.4	7.9	8.3
Obstetrics & Gynecology	3.0	3.2	3.7	4.3	4.6	5.5
Ophthalmology	3.2	3.8	4.0	4.7	5.6	5.9
Orthopedic Surgery	4.1	4.5	5.0	6.1	6.8	7.5
Otolaryngology/ENT	4.9	5.4	9.4	7.2	7.9	12.9
Physical Medicine & Rehabilitation	4.1	5.2	10.4	6.2	7.7	15.1
Psychiatry	3.7	4.0	4.4	5.8	6.3	6.9
Pulmonary Disease	5.5	5.9	6.1	8.2	8.8	9.0
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.3	6.0	9.2	8.0	9.1	13.8
Dermatology	—	—	—	—	—	—
Endocrinology	14.0	18.6	19.2	20.6	28.6	29.9
Gastroenterology	15.6	17.8	18.0	23.8	25.3	26.6

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	16.1	19.3	19.3	27.6	33.2	33.3
Hematology & Oncology	13.9	18.2	19.0	21.2	26.0	28.8
Infectious Disease	19.3	100.1	100.1	33.2	175.5	175.5
Mental Health Specialist	—	—	—	—	—	—
Nephrology	15.3	18.1	19.2	21.4	25.7	33.1
Neurology	11.0	12.6	15.3	15.8	19.5	23.0
Obstetrics & Gynecology	3.1	3.3	3.8	4.5	4.9	5.7
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	15.9	17.5	19.8	24.4	28.1	33.5
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	18.0	29.1	79.8	30.8	49.9	114.4
Pulmonary Disease	17.9	19.3	19.3	25.3	33.2	33.3
Facility-Based and Specialty Providers						
CBAS	6.8	16.7	21.6	10.0	23.6	30.3
FQHC	12.5	13.0	13.5	17.9	19.1	19.6
Home Health	3.8	5.1	5.7	5.8	7.5	8.4
Hospital, Inpatient	4.7	6.4	7.7	7.1	9.8	12.4
Hospital, Outpatient	1.1	1.2	1.3	1.6	1.8	1.9
ICF	—	—	—	—	—	—
RHC	140.3	140.5	140.5	180.0	180.2	180.3
SNF	3.2	4.2	5.0	4.7	6.4	7.6

Table C.36—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Molina (Rural Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	3.1	3.9	3.9	3.3	4.2	4.2
Pediatric Primary Care	3.6	4.9	5.2	3.9	5.3	5.6
Primary Care Physicians	3.3	4.2	4.3	3.5	4.6	4.6
Non-Physician Medical Practitioners						
Physician Assistant	75.9	83.2	83.4	91.1	98.8	98.8
Nurse Practitioner	4.8	7.2	13.0	5.2	7.8	14.2
Certified Nurse Midwife	16.4	93.8	95.0	17.9	107.9	111.1
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	4.9	5.0	5.3	5.5	5.7	6.0
Dermatology	8.3	11.0	11.2	9.1	12.1	12.2
Endocrinology	83.4	85.1	88.0	98.1	105.1	109.4
Gastroenterology	4.9	5.7	10.8	5.4	6.3	11.8
General Surgery	8.0	8.1	8.4	8.9	8.9	9.2
Hematology & Oncology	11.4	78.8	79.0	12.7	92.1	92.5
Infectious Disease	10.6	76.6	81.3	11.6	91.9	98.7
Mental Health Outpatient Services	7.6	10.0	10.0	8.4	11.1	11.1
Nephrology	8.8	9.0	9.2	9.9	9.9	10.0
Neurology	10.7	80.3	82.0	11.9	95.9	98.5
Obstetrics & Gynecology	4.2	5.5	5.8	4.5	6.2	6.5
Ophthalmology	7.3	7.9	7.9	7.9	8.8	8.8
Orthopedic Surgery	5.0	7.9	8.9	5.5	8.7	9.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	11.8	80.1	81.6	13.0	95.5	97.5
Physical Medicine & Rehabilitation	8.7	19.3	73.9	9.4	21.0	80.6
Psychiatry	5.1	5.6	8.4	5.5	6.1	9.1
Pulmonary Disease	7.9	11.1	11.5	8.6	12.1	12.5
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	88.3	92.7	92.7	106.7	106.7	106.7
Dermatology	—	—	—	—	—	—
Endocrinology	96.8	97.0	97.0	125.1	136.5	136.6
Gastroenterology	94.3	94.3	94.3	113.1	113.1	113.1
General Surgery	94.3	97.0	97.0	113.1	137.0	137.0
Hematology & Oncology	88.3	95.0	96.8	113.1	125.5	136.4
Infectious Disease	97.0	97.2	97.2	137.0	137.1	137.2
Mental Health Specialist	—	—	—	—	—	—
Nephrology	97.1	133.5	133.6	136.6	162.1	166.7
Neurology	11.4	15.1	86.7	12.7	16.5	104.1
Obstetrics & Gynecology	4.5	6.0	6.3	4.8	6.8	7.1
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	13.6	94.2	94.3	14.8	113.0	113.2
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	92.7	96.0	97.1	113.3	133.3	137.0
Pulmonary Disease	93.5	97.1	97.1	126.3	135.0	137.0

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	6.3	15.7	22.4	6.9	17.1	24.4
FQHC	4.7	7.6	12.8	5.1	8.2	13.9
Home Health	8.4	11.5	12.2	9.1	12.7	13.4
Hospital, Inpatient	8.9	18.9	80.4	10.1	20.6	97.9
Hospital, Outpatient	3.0	3.4	3.9	3.2	3.6	4.2
ICF	—	—	—	—	—	—
RHC	6.1	6.3	6.8	6.6	6.8	7.4
SNF	16.5	78.5	79.1	18.4	89.2	94.6

Table C.37—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Partnership (Medium Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.6	1.7	1.8	2.2	2.4	2.5
Pediatric Primary Care	1.5	1.6	1.6	2.0	2.2	2.2
Primary Care Physicians	1.4	1.6	1.7	2.0	2.1	2.2
Non-Physician Medical Practitioners						
Physician Assistant	2.3	2.7	3.3	3.0	3.5	4.3
Nurse Practitioner	1.7	1.9	2.3	2.3	2.5	3.0
Certified Nurse Midwife	3.7	4.4	4.8	5.0	6.0	6.4

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.1	3.6	3.6	4.1	4.9	4.9
Dermatology	4.1	4.3	4.8	5.3	5.6	6.1
Endocrinology	3.8	4.3	5.2	5.0	5.7	6.6
Gastroenterology	3.6	4.0	4.4	4.7	5.2	5.6
General Surgery	3.2	3.4	3.5	4.2	4.5	4.6
Hematology & Oncology	4.2	4.5	5.6	5.5	5.9	7.4
Infectious Disease	3.7	3.9	4.9	5.1	5.3	6.6
Mental Health Outpatient Services	1.1	1.4	1.4	1.5	1.9	1.9
Nephrology	3.7	4.0	4.5	5.0	5.4	6.0
Neurology	3.1	3.6	3.8	4.1	4.8	4.9
Obstetrics & Gynecology	2.6	2.8	3.1	3.5	3.8	4.2
Ophthalmology	2.9	3.2	3.7	3.7	4.1	4.6
Orthopedic Surgery	3.2	3.3	3.5	4.4	4.6	4.9
Otolaryngology/ENT	4.4	4.5	5.2	5.8	5.9	6.6
Physical Medicine & Rehabilitation	4.3	4.9	6.2	5.5	6.3	8.2
Psychiatry	2.3	2.6	3.4	3.0	3.5	4.6
Pulmonary Disease	3.6	4.0	4.8	4.6	5.4	6.6
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	22.4	23.2	23.2	29.2	30.1	30.1
Dermatology	41.5	43.3	44.1	66.2	68.1	69.1
Endocrinology	6.8	7.7	11.3	8.9	10.1	16.9
Gastroenterology	15.1	16.8	32.3	23.3	25.1	45.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	34.2	34.2	34.2	46.8	46.8	46.8
Hematology & Oncology	29.2	33.8	33.9	40.2	46.4	46.4
Infectious Disease	13.8	14.4	14.9	18.5	18.8	19.3
Mental Health Specialist	8.4	18.1	29.0	10.7	23.2	38.1
Nephrology	33.8	33.8	37.0	44.9	44.9	56.8
Neurology	37.7	37.7	37.7	61.3	61.3	61.3
Obstetrics & Gynecology	2.6	2.8	3.1	3.4	3.7	4.1
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	16.7	26.8	35.8	20.7	34.2	50.0
Physical Medicine & Rehabilitation	39.1	39.1	46.5	63.3	63.3	75.9
Psychiatry	5.3	6.5	6.8	6.9	8.5	8.9
Pulmonary Disease	30.5	33.8	33.8	39.7	45.0	46.4
Facility-Based and Specialty Providers						
CBAS	17.8	25.0	34.8	23.1	33.4	48.9
FQHC	2.5	4.8	6.3	3.4	6.6	8.6
Home Health	4.5	6.5	8.7	6.0	8.8	12.0
Hospital, Inpatient	3.6	6.4	10.1	5.0	8.6	13.5
Hospital, Outpatient	1.7	2.3	3.0	2.2	3.0	3.9
ICF	—	—	—	—	—	—
RHC	44.8	54.0	58.6	55.4	66.7	72.4
SNF	3.0	4.1	5.6	4.0	5.4	7.6

Table C.38—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Partnership (Small Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	2.1	2.4	2.5	2.4	2.7	2.7
Pediatric Primary Care	1.9	2.2	2.5	2.1	2.5	2.8
Primary Care Physicians	2.0	2.2	2.4	2.2	2.5	2.7
Non-Physician Medical Practitioners						
Physician Assistant	2.4	2.9	3.2	2.6	3.2	3.6
Nurse Practitioner	2.4	2.6	2.8	2.6	2.9	3.1
Certified Nurse Midwife	3.5	5.8	7.3	4.0	6.5	8.1
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.6	3.7	5.2	4.5	4.5	6.4
Dermatology	3.7	3.9	6.9	4.5	4.9	8.4
Endocrinology	3.8	4.9	7.0	4.7	5.8	8.4
Gastroenterology	3.8	4.3	5.1	4.7	5.2	6.1
General Surgery	3.8	3.8	4.2	4.3	4.3	5.1
Hematology & Oncology	3.7	4.7	6.6	4.6	5.7	7.7
Infectious Disease	4.7	5.5	7.9	5.8	6.7	10.0
Mental Health Outpatient Services	1.6	2.1	2.3	1.8	2.4	2.5
Nephrology	5.1	6.7	10.3	6.0	7.9	11.8
Neurology	3.2	3.9	4.1	3.6	4.8	5.0
Obstetrics & Gynecology	3.1	3.1	3.8	3.5	3.6	4.5
Ophthalmology	4.2	5.5	8.6	5.0	6.5	9.8
Orthopedic Surgery	3.8	4.2	4.2	4.6	5.1	5.1

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	4.1	4.6	5.9	5.0	5.5	7.0
Physical Medicine & Rehabilitation	4.3	6.1	9.1	5.2	7.2	10.6
Psychiatry	2.9	3.6	4.3	3.3	4.1	5.1
Pulmonary Disease	4.3	8.7	12.5	5.4	10.6	15.5
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	19.6	27.8	27.8	24.0	33.3	33.3
Dermatology	67.1	68.8	70.5	91.6	93.9	93.9
Endocrinology	20.1	20.5	21.3	25.6	26.0	28.2
Gastroenterology	22.5	24.1	34.0	30.0	30.8	43.5
General Surgery	34.2	34.2	34.2	43.2	43.2	43.2
Hematology & Oncology	34.3	35.3	35.4	43.2	44.7	44.8
Infectious Disease	23.4	24.7	25.2	31.1	31.4	32.2
Mental Health Specialist	19.4	35.2	42.4	22.0	39.9	48.3
Nephrology	37.7	37.7	41.1	47.9	47.9	53.4
Neurology	36.0	36.0	36.0	51.0	51.0	51.0
Obstetrics & Gynecology	3.1	3.2	3.9	3.6	3.6	4.5
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	23.3	29.1	36.2	28.1	35.2	45.8
Physical Medicine & Rehabilitation	62.8	62.8	70.6	91.7	91.7	103.1
Psychiatry	4.5	10.3	16.5	5.2	13.4	20.6
Pulmonary Disease	34.3	35.4	35.8	41.7	44.7	45.2

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	20.3	27.8	33.2	22.3	32.1	39.7
FQHC	6.2	12.6	17.4	6.9	14.3	20.2
Home Health	5.0	11.7	13.2	5.7	14.6	17.0
Hospital, Inpatient	4.5	11.0	17.4	5.4	12.9	21.4
Hospital, Outpatient	2.7	3.8	5.8	3.0	4.2	6.6
ICF	—	—	—	—	—	—
RHC	35.4	45.0	51.5	40.0	50.7	57.9
SNF	3.7	7.3	9.2	4.2	8.2	10.6

Table C.39—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in Partnership (Rural Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	3.2	3.6	3.8	3.5	4.0	4.2
Pediatric Primary Care	3.1	3.5	3.6	3.4	3.9	4.0
Primary Care Physicians	3.1	3.5	3.7	3.4	3.9	4.1
Non-Physician Medical Practitioners						
Physician Assistant	4.0	4.7	5.3	4.4	5.3	5.8
Nurse Practitioner	3.4	4.7	5.1	3.8	5.2	5.6
Certified Nurse Midwife	32.7	34.3	47.9	36.0	37.8	52.9

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	8.5	9.4	12.0	9.5	10.5	13.2
Dermatology	11.0	11.6	11.7	12.4	13.1	13.2
Endocrinology	14.0	14.1	14.1	15.7	15.8	15.8
Gastroenterology	9.0	10.9	11.7	9.9	12.3	13.2
General Surgery	5.9	6.5	7.1	6.7	7.4	8.0
Hematology & Oncology	9.8	14.1	17.0	11.1	15.9	19.5
Infectious Disease	9.1	9.3	9.4	10.3	10.5	10.7
Mental Health Outpatient Services	3.5	4.9	5.5	3.9	5.5	6.1
Nephrology	9.9	11.1	17.8	10.9	12.5	19.8
Neurology	9.9	9.9	10.0	10.9	10.9	11.0
Obstetrics & Gynecology	8.2	9.2	9.4	9.1	10.2	10.4
Ophthalmology	15.5	15.6	15.6	17.0	17.1	17.2
Orthopedic Surgery	6.7	7.3	7.8	7.4	8.1	8.6
Otolaryngology/ENT	11.1	11.6	12.7	12.2	13.1	14.2
Physical Medicine & Rehabilitation	14.1	20.3	23.6	15.8	22.5	26.3
Psychiatry	12.5	18.3	20.4	13.8	20.5	23.4
Pulmonary Disease	9.2	13.4	17.5	10.1	15.1	19.6
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	37.3	65.7	65.7	42.3	75.4	75.4
Dermatology	203.2	203.4	203.4	254.8	254.8	254.8
Endocrinology	148.0	148.1	148.1	182.9	183.4	187.9
Gastroenterology	148.1	148.7	165.7	188.7	189.7	226.3

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	165.8	165.8	165.8	213.3	213.3	213.3
Hematology & Oncology	164.8	165.8	165.9	223.3	226.3	226.3
Infectious Disease	148.1	148.1	148.8	186.1	188.7	189.4
Mental Health Specialist	116.4	150.0	150.3	130.1	167.7	168.1
Nephrology	165.6	165.6	167.1	205.0	205.0	206.1
Neurology	165.9	170.0	170.0	234.9	240.3	240.3
Obstetrics & Gynecology	8.1	9.1	9.3	9.0	10.1	10.3
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	156.8	159.7	166.0	184.7	191.5	215.2
Physical Medicine & Rehabilitation	200.5	200.5	203.6	292.7	292.7	297.2
Psychiatry	23.4	76.5	87.6	25.6	85.9	98.2
Pulmonary Disease	165.7	165.9	165.9	203.5	215.3	226.3
Facility-Based and Specialty Providers						
CBAS	40.3	77.0	103.3	45.1	88.0	130.0
FQHC	13.4	23.7	29.3	14.8	26.3	32.5
Home Health	20.9	29.4	47.3	23.5	33.3	55.6
Hospital, Inpatient	7.9	19.8	26.4	8.8	22.6	29.9
Hospital, Outpatient	4.4	7.4	11.0	4.9	8.1	12.1
ICF	—	—	—	—	—	—
RHC	48.4	52.0	71.1	54.4	58.3	80.0
SNF	8.4	16.7	26.1	9.3	18.5	29.1

Table C.40—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in SCFHP (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	1.1	1.2	1.3	1.8	2.0	2.2
Pediatric Primary Care	1.1	1.2	1.4	1.9	2.1	2.3
Primary Care Physicians	1.0	1.1	1.2	1.8	1.9	2.1
Non-Physician Medical Practitioners						
Physician Assistant	5.3	7.7	8.0	9.3	14.0	14.4
Nurse Practitioner	4.8	4.9	4.9	8.3	8.4	8.4
Certified Nurse Midwife	7.7	7.7	7.8	14.0	14.0	14.0
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	3.0	3.0	3.4	5.0	5.1	5.8
Dermatology	3.8	3.8	3.8	6.7	6.7	6.7
Endocrinology	4.2	5.1	6.1	7.2	8.9	10.6
Gastroenterology	4.7	4.7	4.9	7.9	8.2	8.3
General Surgery	2.5	3.3	3.4	4.4	6.0	6.1
Hematology & Oncology	4.5	4.7	4.8	7.8	8.1	8.2
Infectious Disease	4.9	5.7	5.7	8.5	10.0	10.0
Mental Health Outpatient Services	2.7	2.9	2.9	5.0	5.3	5.3
Nephrology	3.1	3.3	3.6	5.5	5.9	6.5
Neurology	4.5	4.7	4.8	7.7	8.0	8.2
Obstetrics & Gynecology	1.7	2.3	2.5	3.0	3.9	4.4
Ophthalmology	3.6	3.7	4.3	6.0	6.3	7.4
Orthopedic Surgery	4.5	4.5	4.6	7.6	7.6	7.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Otolaryngology/ENT	3.1	4.8	4.9	5.6	8.3	8.4
Physical Medicine & Rehabilitation	4.1	4.3	5.4	6.9	7.4	9.5
Psychiatry	2.0	2.2	2.3	3.6	4.0	4.2
Pulmonary Disease	3.9	4.9	5.1	6.4	8.5	8.8
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	5.8	5.8	7.1	9.9	9.9	12.4
Dermatology	10.7	24.2	24.2	18.3	32.2	32.2
Endocrinology	5.9	7.1	8.4	10.0	12.4	14.7
Gastroenterology	6.8	7.1	9.0	11.9	12.4	15.5
General Surgery	9.0	9.0	9.0	15.6	15.6	15.6
Hematology & Oncology	11.7	11.7	11.7	20.7	20.7	20.7
Infectious Disease	6.3	7.1	9.0	10.8	12.4	15.5
Mental Health Specialist	—	—	—	—	—	—
Nephrology	7.1	10.1	12.1	12.4	17.7	21.3
Neurology	9.4	9.4	9.4	16.2	16.2	16.2
Obstetrics & Gynecology	1.7	2.3	2.5	3.0	3.9	4.3
Orthopedic Surgery	—	—	—	—	—	—
Otolaryngology/ENT	—	—	—	—	—	—
Physical Medicine & Rehabilitation	—	—	—	—	—	—
Psychiatry	5.5	7.2	8.4	8.9	12.0	14.0
Pulmonary Disease	7.1	10.5	14.2	12.4	18.3	24.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Facility-Based and Specialty Providers						
CBAS	9.7	11.0	12.5	14.5	16.5	21.9
FQHC	—	—	—	—	—	—
Home Health	3.0	4.0	6.1	5.3	7.1	10.6
Hospital, Inpatient	5.6	8.6	11.2	10.2	14.4	18.2
Hospital, Outpatient	1.5	2.4	2.8	2.7	4.0	4.8
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	2.0	3.5	4.2	3.6	5.9	7.2

Table C.41—Average Distances and Times to the First, Second, and Third Nearest Providers for Beneficiaries Enrolled in SFHP (Large Counties)

— Indicates that the rate was not available.

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Primary Care Providers						
Adult Primary Care	0.5	0.6	0.7	1.0	1.1	1.4
Pediatric Primary Care	0.6	0.7	0.7	1.1	1.3	1.4
Primary Care Physicians	0.5	0.6	0.6	1.0	1.1	1.2
Non-Physician Medical Practitioners						
Physician Assistant	1.3	1.6	1.9	2.5	3.1	3.7
Nurse Practitioner	0.7	0.9	1.0	1.5	1.7	2.0
Certified Nurse Midwife	2.1	2.3	2.4	4.1	4.5	4.8

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Adult Core Specialty Providers						
Cardiology/Interventional Cardiology	1.4	1.5	1.7	2.7	3.0	3.4
Dermatology	1.5	1.7	1.8	3.0	3.4	3.5
Endocrinology	1.2	1.7	1.8	2.4	3.4	3.6
Gastroenterology	1.4	1.6	1.6	2.7	3.1	3.2
General Surgery	1.4	1.5	1.6	2.8	3.0	3.1
Hematology & Oncology	1.7	1.8	2.0	3.4	3.5	3.9
Infectious Disease	1.6	1.7	2.0	3.2	3.4	4.0
Mental Health Outpatient Services	0.6	0.7	0.8	1.2	1.3	1.6
Nephrology	1.6	1.7	1.9	3.2	3.4	3.8
Neurology	1.6	1.7	1.8	3.2	3.5	3.6
Obstetrics & Gynecology	1.1	1.1	1.6	2.2	2.2	3.1
Ophthalmology	1.4	1.6	1.6	2.8	3.1	3.3
Orthopedic Surgery	1.3	1.5	1.6	2.6	2.9	3.2
Otolaryngology/ENT	1.1	1.6	1.7	2.1	3.2	3.4
Physical Medicine & Rehabilitation	1.5	1.9	2.0	2.9	3.8	4.0
Psychiatry	0.9	1.2	1.5	1.8	2.4	3.0
Pulmonary Disease	1.9	1.9	2.1	3.7	3.7	4.1
Pediatric Core Specialty Providers						
Cardiology/Interventional Cardiology	2.3	2.3	2.6	4.6	4.6	5.2
Dermatology	11.2	12.2	13.6	22.3	24.3	25.3
Endocrinology	2.5	3.1	3.4	5.1	6.2	6.9
Gastroenterology	2.6	2.6	3.2	5.1	5.1	6.5

Provider Category	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
General Surgery	3.0	3.3	3.6	6.0	6.6	7.3
Hematology & Oncology	2.6	2.9	2.9	5.3	5.8	5.9
Infectious Disease	2.5	2.9	3.1	5.0	5.7	6.1
Mental Health Specialist	2.6	2.8	2.8	5.3	5.6	5.6
Nephrology	2.5	3.2	3.6	5.0	6.3	7.2
Neurology	2.7	3.1	3.2	5.3	6.2	6.3
Obstetrics & Gynecology	1.1	1.1	1.6	2.2	2.3	3.2
Orthopedic Surgery	4.0	4.0	—	8.1	8.1	—
Otolaryngology/ENT	2.5	3.5	4.6	5.0	7.0	9.1
Physical Medicine & Rehabilitation	4.2	—	—	8.3	—	—
Psychiatry	2.2	2.2	3.0	4.3	4.4	6.0
Pulmonary Disease	3.0	3.5	4.3	6.1	6.9	8.7
Facility-Based and Specialty Providers						
CBAS	2.3	2.8	3.3	4.6	5.6	6.5
FQHC	0.8	1.2	1.6	1.6	2.4	3.1
Home Health	2.7	3.1	3.7	5.4	6.3	7.3
Hospital, Inpatient	1.0	1.7	2.0	2.0	3.3	3.9
Hospital, Outpatient	0.6	1.0	1.2	1.2	2.0	2.4
ICF	—	—	—	—	—	—
RHC	—	—	—	—	—	—
SNF	1.3	1.8	2.4	2.5	3.6	4.8

Table C.42—Average Time and Distances to the First, Second, and Third Nearest Adult PCP, by MCP

MCP	Adult PCPs					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	0.9	1.0	1.1	1.5	1.7	1.8
Anthem	2.7	3.1	3.5	3.6	4.1	4.7
CalOptima	0.8	1.0	1.1	1.5	1.7	1.9
CalViva	1.4	1.6	1.8	1.9	2.2	2.5
Care1st	1.7	1.9	2.2	2.6	2.9	3.4
CCAH	1.4	1.5	1.6	1.7	1.8	1.9
CCHP	1.0	1.1	1.3	1.4	1.6	1.8
CenCal	1.5	1.7	1.9	1.8	2.0	2.1
CHG	1.2	1.3	1.5	1.9	2.1	2.4
CHW	1.3	1.8	2.2	1.4	2.0	2.4
Gold Coast	0.9	1.1	1.2	1.2	1.4	1.5
Health Net	0.9	1.1	1.3	1.5	1.8	2.1
HPSJ	1.3	1.6	1.7	1.9	2.2	2.4
HPSM	1.2	1.4	1.5	2.2	2.5	2.6
IEHP	1.3	1.4	1.5	1.7	1.9	2.0
Kaiser NorCal	4.2	4.2	4.2	7.2	7.3	7.3
Kaiser SoCal	3.3	3.5	3.8	5.3	5.7	6.2
KFHC	1.2	1.5	1.6	1.5	1.8	1.9
L.A. Care	0.6	0.8	0.8	1.1	1.3	1.5
Molina	1.4	1.6	1.8	2.1	2.4	2.7
Partnership	2.3	2.6	2.7	2.7	3.0	3.2
SCFHP	1.1	1.2	1.3	1.8	2.0	2.3
SFHP	0.5	0.6	0.7	1.0	1.1	1.4

Table C.43—Average Time and Distances to the First, Second, and Third Nearest Pediatric PCP, by MCP

MCP	Pediatric PCPs, Including OB/GYNs						Pediatric PCPs, Excluding OB/GYNs					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	0.8	0.9	1.0	1.3	1.6	1.6	0.8	0.8	0.9	1.3	1.4	1.6
Anthem	3.1	3.9	4.4	4.0	5.1	5.8	3.1	3.4	4.0	4.0	4.4	5.2
CalOptima	0.8	0.9	1.0	1.4	1.7	1.9	0.8	0.8	0.9	1.4	1.5	1.7
CalViva	1.5	1.7	1.8	2.0	2.3	2.5	1.5	1.5	1.7	2.0	2.0	2.3
Care1st	1.6	1.8	2.0	2.4	2.8	3.2	1.6	1.6	1.8	2.4	2.5	2.8
CCAH	1.4	1.5	1.7	1.7	1.8	2.1	1.4	1.4	1.5	1.7	1.7	1.8
CCHP	0.9	1.0	1.3	1.3	1.5	1.8	0.9	0.9	1.0	1.3	1.3	1.5
CenCal	1.4	1.6	1.8	1.6	1.9	2.0	1.4	1.4	1.6	1.6	1.6	1.9
CHG	1.2	1.3	1.4	1.8	2.0	2.2	1.2	1.2	1.3	1.8	1.8	2.0
CHW	1.5	2.0	2.4	1.6	2.2	2.6	1.2	1.6	1.9	1.3	1.8	2.1
Gold Coast	0.9	1.0	1.2	1.2	1.4	1.6	0.9	1.0	1.0	1.2	1.3	1.4
Health Net	1.1	1.2	1.5	1.6	1.9	2.2	1.1	1.1	1.3	1.6	1.7	1.9
HPSJ	1.5	1.7	1.9	2.1	2.4	2.6	1.5	1.5	1.7	2.1	2.1	2.4
HPSM	1.0	1.2	1.2	1.7	2.0	2.1	1.0	1.0	1.2	1.7	1.8	2.0
IEHP	1.4	1.5	1.6	1.8	2.1	2.2	1.4	1.4	1.5	1.8	1.9	2.1

| MCP | Pediatric PCPs, Including OB/GYNs | | | | | | Pediatric PCPs, Excluding OB/GYNs | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
Kaiser NorCal	4.2	4.2	4.2	7.2	7.3	7.3	4.2	4.2	4.2	7.2	7.2	7.3
Kaiser SoCal	3.7	3.7	3.8	5.9	6.0	6.1	3.7	3.7	3.7	5.9	5.9	6.0
KFHC	1.3	1.4	1.9	1.7	1.7	2.3	1.3	1.4	1.4	1.7	1.7	1.8
L.A. Care	0.7	0.8	0.9	1.2	1.5	1.6	0.7	0.7	0.8	1.2	1.2	1.5
Molina	1.4	1.6	1.9	2.1	2.4	2.7	1.4	1.4	1.6	2.1	2.1	2.4
Partnership	2.1	2.3	2.4	2.5	2.8	2.9	2.1	2.1	2.3	2.5	2.5	2.8
SCFHP	1.1	1.2	1.4	1.9	2.1	2.3	1.1	1.2	1.2	1.9	2.0	2.1
SFHP	0.6	0.7	0.7	1.1	1.3	1.4	0.6	0.6	0.7	1.1	1.1	1.3

Table C.44—Average Time and Distances to the First, Second, and Third Nearest Cardiology/Interventional Cardiology Providers, by MCP

— Indicates that the rate was not available.

MCP	Cardiology/Interventional Cardiology						Pediatric Cardiology/Interventional Cardiology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.8	2.2	2.6	3.1	3.6	4.2	3.1	6.2	8.7	5.2	10.2	13.5
Anthem	9.8	12.5	14.3	12.9	16.4	18.6	34.5	96.8	97.4	53.5	154.6	155.4
CalOptima	1.9	2.2	2.4	3.5	4.1	4.4	2.8	3.6	4.3	5.2	7.0	8.2
CalViva	5.4	6.4	7.3	7.1	8.4	9.7	13.6	14.2	14.6	18.4	19.4	20.0
Care1st	3.4	4.1	4.5	5.6	6.8	7.5	9.9	11.3	11.3	17.8	19.5	19.5
CCAH	3.4	3.7	4.3	4.2	4.6	5.3	16.9	19.3	21.2	22.5	25.5	28.5
CCHP	3.3	4.8	5.5	4.8	7.0	7.9	6.4	6.4	6.4	9.3	9.3	9.3
CenCal	6.6	7.1	7.2	7.4	7.9	8.0	58.5	—	—	66.2	—	—
CHG	3.4	3.9	4.8	5.5	6.4	7.7	9.7	11.3	11.3	16.8	19.5	19.5
CHW	4.7	6.4	7.0	5.2	7.1	7.9	18.9	26.1	56.3	22.6	32.3	67.0
Gold Coast	2.5	3.5	3.7	3.5	4.7	5.1	6.2	8.2	9.9	8.3	11.1	13.3
Health Net	2.8	3.2	3.5	4.5	5.2	5.7	5.7	8.7	11.3	9.0	12.9	16.8
HPSJ	2.6	2.9	3.0	3.7	4.3	4.5	5.7	7.0	8.5	8.6	9.8	11.9

MCP	Cardiology/Interventional Cardiology						Pediatric Cardiology/Interventional Cardiology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.0	2.1	2.3	3.5	3.6	4.0	5.2	5.7	6.4	9.1	9.9	11.3
IEHP	2.4	2.7	3.3	3.2	3.8	4.4	7.3	10.6	11.6	9.5	13.7	15.0
Kaiser NorCal	4.8	5.4	5.5	8.5	9.6	9.7	5.7	5.7	5.9	10.1	10.1	10.4
Kaiser SoCal	4.4	5.6	6.2	7.1	9.0	10.1	65.6	70.0	74.0	87.0	97.6	100.2
KFHC	3.9	5.8	6.1	4.8	6.8	7.1	15.4	16.3	86.0	17.5	18.5	113.2
L.A. Care	1.8	2.1	2.3	3.2	3.8	4.2	3.3	3.7	4.4	6.1	6.9	8.1
Molina	3.8	4.5	5.2	5.9	7.1	8.2	9.6	12.5	13.4	14.4	19.0	20.3
Partnership	5.2	5.7	7.0	6.1	6.9	8.2	26.5	37.5	37.5	32.2	45.0	45.0
SCFHP	3.0	3.0	3.4	5.0	5.1	5.8	5.8	5.8	7.1	9.9	9.9	12.4
SFHP	1.4	1.5	1.7	2.7	3.0	3.4	2.3	2.3	2.6	4.6	4.6	5.2

Table C.45—Average Time and Distances to the First, Second, and Third Nearest Dermatology Providers, by MCP

— Indicates that the rate was not available.

MCP	Dermatology						Pediatric Dermatology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.2	3.0	3.4	3.6	4.9	5.5	9.7	16.7	22.1	15.9	27.1	30.4
Anthem	13.8	18.1	34.5	19.6	26.4	51.0	—	—	—	—	—	—
CalOptima	2.3	3.0	3.4	4.4	5.7	6.4	—	—	—	—	—	—
CalViva	6.7	7.3	7.7	8.9	9.7	10.3	144.3	151.7	—	200.1	255.9	—
Care1st	4.0	4.4	5.1	6.8	7.5	8.5	11.4	11.4	11.4	19.8	19.8	19.8
CCAH	6.9	9.1	20.4	8.1	10.9	26.9	—	—	—	—	—	—
CCHP	3.8	3.8	3.8	5.5	5.5	5.5	28.9	33.1	—	45.0	51.5	—
CenCal	7.5	8.3	10.2	8.5	9.4	11.6	41.4	—	—	48.7	—	—
CHG	4.8	5.1	5.3	8.2	8.8	9.0	9.3	11.4	11.5	16.3	19.8	20.0
CHW	10.5	14.2	16.2	11.8	15.9	18.3	105.4	330.3	331.3	120.0	403.0	404.3
Gold Coast	4.3	5.6	7.5	5.7	7.7	10.7	14.1	—	—	18.8	—	—
Health Net	3.7	4.7	5.3	6.2	7.9	8.9	81.1	179.9	—	142.0	324.3	—
HPSJ	6.2	7.9	8.1	8.7	11.1	11.5	13.1	18.7	18.7	17.3	23.3	23.3

| MCP | Dermatology | | | | | | Pediatric Dermatology | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	3.1	3.2	3.3	5.7	5.8	5.9	12.6	15.9	15.9	19.5	21.9	21.9
IEHP	2.9	3.4	3.9	3.9	4.6	5.2	25.4	357.2	377.8	41.7	443.9	637.2
Kaiser NorCal	4.6	4.9	5.0	8.0	8.8	8.8	82.1	83.4	—	125.4	152.5	—
Kaiser SoCal	7.4	7.5	7.5	12.9	13.0	13.0	—	—	—	—	—	—
KFHC	10.5	10.6	11.6	13.5	13.7	15.0	—	—	—	—	—	—
L.A. Care	2.3	2.6	2.9	4.2	4.8	5.3	15.2	20.8	—	25.7	35.2	—
Molina	4.5	5.3	6.1	7.1	8.2	9.6	—	—	—	—	—	—
Partnership	6.5	6.9	7.7	7.7	8.2	9.1	97.6	98.8	99.6	130.6	132.0	132.5
SCFHP	3.8	3.8	3.8	6.7	6.7	6.7	10.7	24.2	24.2	18.3	32.2	32.2
SFHP	1.5	1.7	1.8	3.0	3.4	3.5	11.2	12.2	13.6	22.3	24.3	25.3

Table C.46—Average Time and Distances to the First, Second, and Third Nearest Endocrinology Providers, by MCP

MCP	Endocrinology						Pediatric Endocrinology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.2	3.2	4.2	3.7	5.5	7.1	4.6	6.0	6.6	7.2	9.8	10.7
Anthem	32.7	47.0	57.0	43.8	59.3	71.6	112.7	112.8	120.5	180.5	180.8	193.9
CalOptima	3.3	4.2	5.2	6.2	7.8	9.2	2.9	3.8	4.9	5.4	7.4	9.3
CalViva	6.9	10.2	10.7	8.9	13.3	14.1	15.4	15.9	16.7	20.7	21.3	22.4
Care1st	4.5	5.7	7.3	7.5	9.6	12.7	9.5	12.2	12.2	16.6	20.7	20.7
CCAH	9.8	21.2	33.7	11.4	29.0	39.0	26.3	68.5	68.5	37.3	102.9	102.9
CCHP	3.8	4.1	4.1	5.5	5.9	6.0	6.3	11.4	11.4	9.3	18.9	18.9
CenCal	8.5	10.9	12.9	9.9	12.5	14.8	55.5	56.1	59.3	66.1	70.4	70.7
CHG	6.5	9.5	9.8	11.0	16.3	16.5	12.9	12.9	17.4	21.6	21.7	30.7
CHW	16.2	42.9	52.5	18.1	50.2	62.2	47.6	74.1	75.6	67.2	100.6	102.7
Gold Coast	3.5	4.1	6.6	4.7	5.5	8.8	5.6	7.6	8.6	7.4	10.5	11.6
Health Net	4.7	5.8	7.6	7.7	9.5	12.1	25.9	33.9	37.7	37.3	48.5	60.7
HPSJ	5.1	6.6	7.1	7.7	9.9	10.7	8.4	10.0	10.0	12.0	14.3	14.3
HPSM	2.6	3.4	4.3	4.5	6.0	7.8	3.8	6.4	8.3	6.3	10.3	13.8

MCP	Endocrinology						Pediatric Endocrinology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	3.7	4.1	4.5	5.0	5.5	6.0	6.4	6.4	9.3	8.4	8.5	12.4
Kaiser NorCal	5.3	5.6	5.7	9.3	9.9	10.2	5.7	6.2	8.2	10.0	11.1	14.6
Kaiser SoCal	7.3	7.3	7.3	11.4	11.4	11.4	4.0	5.2	6.3	6.5	8.4	10.4
KFHC	7.6	8.3	10.0	8.9	10.5	12.6	14.0	14.2	78.2	20.5	20.7	102.5
L.A. Care	2.4	2.9	3.2	4.5	5.3	5.8	4.7	6.0	7.1	8.7	11.3	12.9
Molina	10.3	61.3	63.4	15.2	90.8	96.3	17.0	19.8	21.3	25.5	31.3	34.6
Partnership	7.5	8.0	8.8	8.9	9.4	10.3	53.9	54.4	56.3	67.0	67.8	72.9
SCFHP	4.2	5.1	6.1	7.2	8.9	10.6	5.9	7.1	8.4	10.0	12.4	14.7
SFHP	1.2	1.7	1.8	2.4	3.4	3.6	2.5	3.1	3.4	5.1	6.2	6.9

Table C.47—Average Time and Distances to the First, Second, and Third Nearest Gastroenterology Providers, by MCP

— Indicates that the rate was not available.

MCP	Gastroenterology						Pediatric Gastroenterology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.9	2.8	3.1	3.2	4.5	5.1	10.1	11.7	12.5	16.2	18.3	19.3
Anthem	14.9	18.6	20.3	21.5	26.1	28.1	—	—	—	—	—	—
CalOptima	2.1	2.5	3.0	3.9	4.6	5.4	2.8	3.3	3.3	5.4	6.2	6.2
CalViva	5.7	6.9	7.6	7.4	9.0	9.9	16.9	17.6	18.6	22.4	23.0	23.5
Care1st	3.8	4.2	4.5	6.2	7.0	7.5	9.8	9.9	9.9	17.5	17.7	17.7
CCAH	6.3	6.5	8.4	7.7	8.1	10.0	7.6	20.7	29.3	9.0	27.0	34.9
CCHP	3.7	4.4	4.5	5.4	6.6	6.6	9.3	11.5	11.5	12.8	17.2	19.0
CenCal	5.3	5.9	9.5	6.1	6.8	10.8	55.9	56.1	56.1	69.5	70.4	70.4
CHG	4.8	5.2	5.8	7.4	8.5	9.6	6.6	6.7	8.7	11.4	11.6	15.3
CHW	8.5	11.6	13.3	9.4	12.9	14.9	70.1	292.1	332.1	93.9	358.0	405.7
Gold Coast	3.9	4.4	5.2	5.1	5.9	6.9	8.1	12.0	12.6	11.0	16.7	17.4
Health Net	3.1	3.9	4.3	4.9	6.2	6.8	26.8	33.1	72.5	40.4	53.2	109.4
HPSJ	4.1	4.3	4.5	5.7	6.3	6.5	20.5	20.5	20.5	34.2	34.2	34.2

MCP	Gastroenterology						Pediatric Gastroenterology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.4	2.8	3.2	4.2	5.1	5.7	6.2	6.3	6.4	9.9	9.9	9.9
IEHP	3.0	3.5	3.6	4.1	4.6	4.9	4.2	5.5	8.0	5.6	7.3	10.5
Kaiser NorCal	5.4	5.6	5.6	9.5	10.0	10.0	8.4	8.8	8.9	15.0	15.8	16.0
Kaiser SoCal	5.9	6.8	6.9	9.8	11.3	11.4	5.2	7.8	11.1	8.5	12.5	18.8
KFHC	9.1	9.8	10.9	10.7	11.5	14.0	14.0	15.7	16.0	17.0	17.8	21.8
L.A. Care	1.8	2.1	2.3	3.3	3.9	4.3	4.9	6.3	8.7	8.9	11.7	15.4
Molina	4.3	5.7	6.4	6.8	8.7	9.7	17.3	59.7	60.1	26.2	92.0	92.3
Partnership	5.6	6.6	7.2	6.6	7.8	8.5	58.4	59.7	74.5	76.6	78.0	101.9
SCFHP	4.7	4.7	4.9	7.9	8.2	8.3	6.8	7.1	9.0	11.9	12.4	15.5
SFHP	1.4	1.6	1.6	2.7	3.1	3.2	2.6	2.6	3.2	5.1	5.1	6.5

Table C.48—Average Time and Distances to the First, Second, and Third Nearest General Surgery Providers, by MCP

— Indicates that the rate was not available.

MCP	General Surgery						Pediatric General Surgery					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.7	1.8	1.9	2.8	3.0	3.1	7.4	9.2	9.6	11.2	14.1	15.6
Anthem	7.4	9.5	10.9	10.0	13.0	14.9	114.2	—	—	194.0	—	—
CalOptima	1.9	2.3	2.5	3.5	4.4	4.6	5.3	5.7	5.7	10.2	10.7	10.7
CalViva	4.7	5.7	5.9	6.0	7.4	7.7	14.3	17.5	20.4	19.6	23.1	23.7
Care1st	4.2	4.4	4.7	6.9	7.4	7.8	11.3	12.3	12.3	19.5	20.8	20.9
CCAH	3.2	4.1	4.7	3.9	5.0	5.6	46.9	46.9	74.7	71.8	71.8	106.5
CCHP	3.7	4.0	4.6	5.2	5.7	6.4	19.8	19.8	19.8	27.9	27.9	27.9
CenCal	4.0	4.7	4.9	4.5	5.2	5.4	56.1	56.1	—	70.4	70.4	—
CHG	3.5	4.0	4.4	5.8	6.6	7.3	10.3	12.9	14.2	18.4	21.9	24.2
CHW	4.2	5.3	6.4	4.6	5.9	7.1	97.4	102.5	331.8	114.6	133.5	401.6
Gold Coast	2.2	3.0	4.6	3.0	3.9	6.1	12.8	14.0	14.0	17.8	18.7	18.7
Health Net	2.3	2.9	3.1	3.7	4.7	5.1	22.9	31.1	32.4	32.7	46.4	48.0
HPSJ	2.3	2.9	3.2	3.3	4.0	4.7	—	—	—	—	—	—

MCP	General Surgery						Pediatric General Surgery					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	1.9	2.1	2.3	3.4	3.6	3.8	5.4	9.1	13.9	8.8	14.6	20.7
IEHP	2.5	3.2	3.4	3.4	4.3	4.6	6.1	8.1	9.5	8.0	11.1	13.0
Kaiser NorCal	4.3	4.4	4.8	7.5	7.7	8.5	8.2	8.2	8.2	14.7	14.7	14.7
Kaiser SoCal	6.7	6.9	6.9	10.7	11.0	11.0	9.9	14.6	14.6	16.9	25.8	25.8
KFHC	5.5	6.0	6.1	6.4	7.0	7.2	101.7	101.8	101.8	159.8	159.8	159.8
L.A. Care	1.5	1.8	2.0	2.8	3.3	3.7	7.7	8.4	10.5	13.1	14.4	18.2
Molina	3.8	4.4	4.9	5.8	6.7	7.6	18.1	21.0	21.1	28.8	35.2	35.3
Partnership	4.3	4.6	5.0	5.2	5.5	6.0	75.5	75.5	75.5	98.4	98.4	98.4
SCFHP	2.5	3.4	3.4	4.4	6.0	6.1	9.0	9.0	9.0	15.6	15.6	15.6
SFHP	1.4	1.5	1.6	2.8	3.0	3.1	3.0	3.3	3.6	6.0	6.6	7.3

Table C.49—Average Time and Distances to the First, Second, and Third Nearest Hematology & Oncology Providers, by MCP

— Indicates that the rate was not available.

| MCP | Hematology & Oncology | | | | | | Pediatric Hematology & Oncology | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.8	2.1	2.4	3.0	3.4	3.9	4.9	9.5	11.5	8.2	16.0	18.6
Anthem	50.1	82.3	82.9	67.0	111.7	115.8	96.9	96.9	96.9	154.7	154.7	154.7
CalOptima	2.6	3.0	3.2	5.0	5.7	6.0	3.2	4.4	5.0	6.1	8.4	9.3
CalViva	8.9	8.9	10.3	11.8	11.9	13.7	20.4	20.4	20.4	23.7	23.7	23.7
Care1st	4.4	4.6	4.7	7.5	7.9	8.2	12.2	17.1	17.1	20.6	30.6	30.6
CCAH	10.8	11.1	14.8	12.9	13.3	18.5	41.9	56.6	62.4	51.4	69.1	75.8
CCHP	4.1	6.1	6.3	6.0	8.5	9.3	10.3	19.8	19.8	14.2	27.8	27.9
CenCal	5.1	10.0	10.0	5.8	11.2	11.2	56.1	127.6	—	70.4	146.2	—
CHG	4.6	5.3	6.0	7.8	9.2	10.6	6.9	12.8	17.4	11.8	21.9	30.7
CHW	8.2	9.6	11.8	9.5	11.0	13.5	71.3	93.1	363.8	100.0	114.6	524.0
Gold Coast	5.1	5.6	6.7	7.2	7.8	9.3	12.0	12.0	30.8	16.7	16.8	50.0
Health Net	3.6	4.1	4.7	5.9	6.6	7.7	34.5	78.2	78.7	55.3	136.4	137.2
HPSJ	3.9	4.1	4.6	5.9	6.0	6.8	19.1	23.9	30.8	27.0	38.8	42.9

| MCP | Hematology & Oncology | | | | | | Pediatric Hematology & Oncology | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.9	3.1	3.1	5.1	5.3	5.3	9.2	9.2	15.9	14.6	14.6	21.9
IEHP	3.4	3.7	3.9	4.6	5.0	5.2	13.4	13.4	15.9	18.2	18.2	21.7
Kaiser NorCal	5.0	5.0	5.4	8.8	8.8	9.6	5.5	5.9	6.3	9.8	10.5	11.2
Kaiser SoCal	7.4	7.4	7.8	12.1	12.1	12.7	6.9	6.9	14.3	11.0	11.0	24.3
KFHC	10.2	10.6	11.0	11.9	12.4	12.9	89.9	89.9	90.7	141.1	141.5	142.6
L.A. Care	2.1	2.3	2.6	3.9	4.3	4.9	7.4	8.8	9.6	13.1	15.8	17.4
Molina	5.2	9.2	9.8	8.2	14.0	15.0	15.2	19.2	21.0	23.1	29.3	33.7
Partnership	6.1	8.0	9.9	7.4	9.5	11.9	72.8	75.6	75.6	98.4	102.6	102.6
SCFHP	4.5	4.7	4.8	7.8	8.1	8.2	11.7	11.7	11.7	20.7	20.7	20.7
SFHP	1.7	1.8	2.0	3.4	3.5	3.9	2.6	2.9	2.9	5.3	5.8	5.9

Table C.50—Average Time and Distances to the First, Second, and Third Nearest Infectious Disease Providers, by MCP

— Indicates that the rate was not available.

| MCP | Infectious Disease | | | | | | Pediatric Infectious Disease | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.4	2.9	3.1	3.9	4.9	5.3	3.1	6.0	8.1	4.9	9.9	13.4
Anthem	60.4	100.4	100.7	96.7	163.9	164.5	—	—	—	—	—	—
CalOptima	3.6	4.6	5.2	6.8	8.2	9.3	2.9	3.8	4.9	5.5	7.2	9.2
CalViva	8.3	11.2	12.2	10.9	15.6	16.9	20.4	20.4	20.4	23.7	23.7	23.7
Care1st	7.5	9.0	9.4	12.5	14.8	15.3	16.3	16.4	16.5	29.1	29.3	29.5
CCAH	5.9	8.8	13.2	7.2	10.7	16.1	—	—	—	—	—	—
CCHP	4.1	5.8	5.8	6.0	8.0	8.1	3.4	3.9	4.6	5.0	5.7	6.9
CenCal	18.2	21.8	40.2	20.6	24.9	45.3	—	—	—	—	—	—
CHG	7.5	8.1	11.7	11.9	13.1	20.3	13.9	16.3	16.6	24.0	28.6	29.2
CHW	13.8	17.0	19.5	16.3	20.9	23.7	78.0	244.6	246.6	110.6	281.1	283.9
Gold Coast	5.6	5.7	7.0	7.8	8.0	9.7	31.6	31.6	31.7	52.2	52.2	52.3
Health Net	4.5	6.1	8.1	7.3	10.1	13.0	37.8	81.7	82.2	53.3	142.5	143.5
HPSJ	4.0	6.0	8.5	6.1	8.6	12.3	57.2	—	—	96.7	—	—

| MCP | Infectious Disease | | | | | | Pediatric Infectious Disease | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	3.2	3.2	4.3	5.6	5.6	7.4	6.3	9.3	16.0	9.9	14.7	22.0
IEHP	3.5	3.9	4.4	4.7	5.3	5.9	6.1	12.0	16.0	8.0	15.8	20.7
Kaiser NorCal	5.1	5.3	5.4	9.0	9.4	9.6	5.6	5.8	6.5	9.8	10.2	11.6
Kaiser SoCal	9.5	9.5	9.5	16.4	16.4	16.4	15.5	16.9	22.7	27.4	29.2	40.9
KFHC	7.1	11.3	11.8	8.5	13.2	14.3	80.5	88.1	88.1	104.7	105.7	106.6
L.A. Care	2.2	2.5	3.1	4.0	4.6	5.7	4.4	7.0	8.5	8.1	13.0	15.7
Molina	8.7	12.9	14.6	13.7	19.4	22.7	21.1	86.5	94.9	35.3	157.1	173.3
Partnership	5.9	6.2	7.2	7.1	7.5	8.8	57.9	58.5	59.1	73.7	74.7	75.4
SCFHP	4.9	5.7	5.7	8.5	10.0	10.0	6.3	7.1	9.0	10.8	12.4	15.5
SFHP	1.6	1.7	2.0	3.2	3.4	4.0	2.5	2.9	3.1	5.0	5.7	6.1

Table C.51—Average Time and Distances to the First, Second, and Third Nearest Mental Health Outpatient Services Providers, by MCP

— Indicates that the rate was not available.

MCP	Mental Health Outpatient Services						Pediatric Mental Health Specialists					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	0.8	0.9	1.0	1.4	1.6	1.7	2.0	3.3	4.1	3.3	5.3	6.6
Anthem	4.8	5.9	6.7	6.3	7.8	8.8	—	—	—	—	—	—
CalOptima	1.3	1.6	1.8	2.4	3.0	3.4	5.0	7.2	7.8	9.5	13.6	14.8
CalViva	2.2	3.2	4.0	3.0	4.2	5.1	—	—	—	—	—	—
Care1st	1.6	2.0	2.2	2.5	3.1	3.5	11.5	12.9	13.4	20.0	22.7	23.6
CCAH	2.5	2.8	3.0	2.9	3.3	3.5	—	—	—	—	—	—
CCHP	1.7	2.1	2.4	2.5	3.1	3.6	—	—	—	—	—	—
CenCal	1.7	2.0	2.3	1.9	2.3	2.6	39.1	58.1	69.8	46.2	68.5	83.5
CHG	1.6	1.9	2.1	2.6	3.0	3.3	5.8	8.6	10.0	9.3	13.8	16.2
CHW	2.6	3.7	5.0	2.8	4.0	5.5	105.5	491.8	—	127.1	653.6	—
Gold Coast	1.0	1.1	1.2	1.3	1.5	1.6	37.7	49.3	49.7	62.4	81.3	81.9
Health Net	1.3	1.8	2.0	2.2	2.9	3.2	—	—	—	—	—	—
HPSJ	1.5	1.8	2.0	2.1	2.4	2.9	8.1	20.0	24.0	13.0	28.7	32.4

MCP	Mental Health Outpatient Services						Pediatric Mental Health Specialists					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	1.2	1.5	1.8	2.0	2.6	3.0	5.5	6.1	6.1	10.1	10.6	10.6
IEHP	2.1	2.6	2.8	2.8	3.5	3.8	42.2	—	—	—	—	—
Kaiser NorCal	4.2	4.2	4.2	7.3	7.3	7.3	—	—	—	—	—	—
Kaiser SoCal	3.8	3.8	3.9	6.1	6.1	6.4	—	—	—	—	—	—
KFHC	4.0	4.2	5.3	4.7	5.0	6.1	—	—	—	—	—	—
L.A. Care	0.9	1.0	1.2	1.6	1.9	2.1	7.5	11.1	13.3	12.9	19.4	24.1
Molina	2.2	3.0	3.4	3.3	4.5	5.2	—	—	—	—	—	—
Partnership	2.1	2.8	3.1	2.4	3.3	3.6	44.6	63.0	69.9	50.6	72.0	81.1
SCFHP	2.7	2.9	2.9	5.0	5.3	5.3	—	—	—	—	—	—
SFHP	0.6	0.7	0.8	1.2	1.3	1.6	2.6	2.8	2.8	5.3	5.6	5.6

Table C.52—Average Time and Distances to the First, Second, and Third Nearest Nephrology Providers, by MCP

— Indicates that the rate was not available.

MCP	Nephrology						Pediatric Nephrology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.6	2.1	2.4	2.6	3.5	3.9	4.9	8.4	10.6	8.1	14.0	17.1
Anthem	12.1	13.4	15.3	15.9	17.9	20.7	—	—	—	—	—	—
CalOptima	2.2	2.7	3.1	4.0	4.9	5.7	6.2	7.9	9.2	11.1	15.3	17.7
CalViva	5.9	6.5	6.8	7.8	8.7	9.1	15.9	18.0	20.8	21.3	23.4	26.8
Care1st	4.0	4.4	4.6	6.6	7.4	7.8	17.5	17.6	17.6	31.5	31.7	31.7
CCAH	5.7	9.5	12.8	7.0	11.5	16.3	30.7	75.2	90.8	41.1	106.6	109.3
CCHP	4.1	4.1	4.5	6.0	6.0	6.6	19.7	19.7	23.4	27.6	27.6	37.2
CenCal	5.6	7.6	9.8	6.5	8.8	11.2	56.1	—	—	70.4	—	—
CHG	4.4	4.5	4.8	7.2	7.6	8.1	10.6	13.4	17.5	17.9	23.5	30.9
CHW	8.8	12.5	14.0	9.9	14.0	15.8	77.5	360.9	363.6	110.6	519.9	523.7
Gold Coast	3.2	3.4	4.2	4.2	4.4	5.4	12.0	30.8	32.7	16.7	50.0	53.5
Health Net	3.2	3.8	4.4	5.3	6.4	7.1	40.7	86.3	86.3	66.9	151.5	151.5
HPSJ	3.2	3.3	4.1	4.8	5.0	6.1	24.3	24.3	24.3	41.0	41.0	41.0

MCP	Nephrology						Pediatric Nephrology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.6	2.7	3.1	4.3	4.7	5.5	6.2	9.3	11.6	10.7	15.2	19.2
IEHP	3.1	3.5	3.8	4.2	4.7	5.1	9.8	13.3	16.4	12.5	17.2	22.4
Kaiser NorCal	5.2	5.4	5.7	9.2	9.6	10.2	7.9	7.9	8.6	14.2	14.2	15.4
Kaiser SoCal	4.1	5.0	5.3	7.0	8.7	9.1	16.9	16.9	76.9	30.0	30.0	101.8
KFHC	6.6	6.6	6.8	7.7	7.8	8.1	14.9	89.8	90.5	16.9	141.3	142.5
L.A. Care	1.9	2.1	2.4	3.5	3.9	4.4	6.7	9.0	9.9	12.5	15.6	17.4
Molina	4.1	5.1	6.1	6.4	8.1	9.5	61.3	96.4	97.0	95.4	146.5	166.2
Partnership	6.2	7.1	10.4	7.3	8.5	12.2	76.0	76.0	78.7	95.8	95.8	103.0
SCFHP	3.1	3.3	3.6	5.5	5.9	6.6	7.1	10.1	12.1	12.4	17.7	21.3
SFHP	1.6	1.7	1.9	3.2	3.4	3.8	2.5	3.2	3.6	5.0	6.3	7.2

Table C.53—Average Time and Distances to the First, Second, and Third Nearest Neurology Providers, by MCP

— Indicates that the rate was not available.

MCP	Neurology						Pediatric Neurology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.9	2.2	2.8	3.2	3.7	4.8	12.9	12.9	13.0	19.8	19.8	19.8
Anthem	10.9	19.1	23.2	14.8	25.2	30.9	—	—	—	—	—	—
CalOptima	2.6	3.5	4.2	5.0	6.7	7.9	7.4	8.3	8.6	14.1	15.9	16.7
CalViva	5.7	6.9	8.5	7.4	9.1	11.3	13.7	14.4	14.7	18.8	19.7	20.0
Care1st	3.9	4.3	4.8	6.3	7.1	8.0	7.3	7.3	11.2	12.8	12.9	19.5
CCAH	3.7	6.6	8.0	4.5	7.7	9.4	31.1	40.7	47.7	36.2	54.3	59.9
CCHP	3.2	4.1	4.5	4.8	6.1	6.6	—	—	—	—	—	—
CenCal	9.3	14.3	15.1	10.5	16.0	16.9	54.1	—	—	63.6	—	—
CHG	3.6	4.7	5.4	5.9	7.8	9.1	9.2	10.3	10.4	16.3	18.3	18.6
CHW	7.1	11.1	14.4	7.8	12.3	15.9	40.0	44.3	49.5	48.2	62.2	68.4
Gold Coast	3.0	4.0	5.6	4.2	5.5	7.7	8.5	13.2	14.9	11.6	18.0	20.0
Health Net	3.4	4.1	4.6	5.5	6.6	7.5	25.6	29.8	31.2	36.2	43.0	45.5
HPSJ	4.6	4.8	5.9	7.0	7.3	8.9	8.5	18.9	34.4	13.6	31.7	58.4

MCP	Neurology						Pediatric Neurology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.3	3.0	3.3	4.0	5.3	5.8	5.9	7.0	9.4	10.5	12.4	15.3
IEHP	3.3	4.0	4.3	4.5	5.3	5.7	6.8	11.5	13.4	9.1	15.0	17.9
Kaiser NorCal	4.7	5.5	5.7	8.1	9.7	10.1	—	—	—	—	—	—
Kaiser SoCal	6.6	6.7	6.7	10.9	11.0	11.0	67.5	111.7	128.8	124.0	205.0	236.3
KFHC	9.6	10.4	10.8	11.0	12.0	12.4	92.0	106.4	151.0	144.9	167.7	238.3
L.A. Care	2.3	2.6	2.9	4.3	4.8	5.4	5.5	7.1	8.1	10.1	12.8	14.8
Molina	4.9	8.7	10.4	7.6	12.7	15.2	10.2	14.9	17.9	15.7	23.2	27.1
Partnership	5.6	6.0	6.1	6.5	7.0	7.2	77.6	78.9	78.9	113.7	115.4	115.4
SCFHP	4.5	4.7	4.8	7.7	8.1	8.2	9.4	9.4	9.4	16.2	16.2	16.2
SFHP	1.6	1.7	1.8	3.2	3.5	3.6	2.7	3.1	3.2	5.3	6.2	6.3

Table C.54—Average Time and Distances to the First, Second, and Third Nearest Obstetrics & Gynecology Providers, by MCP

MCP	Obstetrics & Gynecology						Pediatric Obstetrics & Gynecology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.2	1.4	1.5	2.1	2.3	2.5	1.2	1.4	1.6	2.1	2.4	2.6
Anthem	7.6	10.9	12.0	9.9	14.7	16.2	7.9	11.2	12.3	10.3	15.1	16.6
CalOptima	1.5	1.9	2.2	2.7	3.5	4.0	1.4	1.9	2.2	2.7	3.5	4.1
CalViva	4.1	5.3	5.9	5.4	6.8	7.6	4.2	5.5	6.0	5.5	7.0	7.7
Care1st	2.5	2.8	3.1	3.9	4.4	4.9	2.5	2.8	3.1	4.0	4.4	4.9
CCAH	2.4	2.9	3.3	2.9	3.5	4.0	2.3	2.8	3.2	2.8	3.4	3.9
CCHP	2.9	3.3	3.3	4.1	4.9	4.9	2.9	3.3	3.3	4.1	4.9	4.9
CenCal	3.5	3.7	4.2	4.0	4.2	4.7	3.4	3.6	4.1	3.8	4.0	4.6
CHG	2.4	3.0	3.1	3.9	4.6	4.9	2.4	2.9	3.0	3.8	4.5	4.8
CHW	4.0	4.9	5.6	4.4	5.5	6.2	3.9	4.9	5.8	4.3	5.4	6.4
Gold Coast	1.4	2.2	2.8	1.8	2.9	3.7	1.3	2.1	2.6	1.8	2.7	3.5
Health Net	1.9	2.5	2.8	3.1	3.9	4.5	2.0	2.5	2.9	3.1	3.9	4.6
HPSJ	2.7	2.7	3.3	3.9	4.0	4.8	2.7	2.8	3.3	4.0	4.0	4.8
HPSM	1.9	2.1	2.1	3.3	3.6	3.7	2.0	2.2	2.2	3.4	3.6	3.7

MCP	Obstetrics & Gynecology						Pediatric Obstetrics & Gynecology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	1.9	2.1	2.2	2.6	2.8	3.0	1.9	2.1	2.3	2.6	2.8	3.1
Kaiser NorCal	4.6	4.6	4.6	8.0	8.0	8.0	4.6	4.6	4.6	8.1	8.1	8.1
Kaiser SoCal	4.7	5.6	5.6	7.8	9.1	9.1	4.7	5.6	5.6	7.8	9.2	9.2
KFHC	2.8	3.1	3.3	3.3	3.7	3.9	2.6	2.9	3.1	3.1	3.4	3.6
L.A. Care	1.2	1.5	1.7	2.2	2.6	3.0	1.2	1.5	1.7	2.2	2.6	3.0
Molina	2.8	3.2	3.6	4.2	4.7	5.4	2.8	3.2	3.7	4.2	4.8	5.6
Partnership	4.7	5.2	5.6	5.5	6.1	6.5	4.6	5.0	5.3	5.3	5.9	6.3
SCFHP	1.7	2.3	2.5	3.0	3.9	4.4	1.7	2.3	2.5	3.0	3.9	4.3
SFHP	1.1	1.1	1.5	2.1	2.2	3.0	1.1	1.1	1.6	2.2	2.3	3.2

Table C.55—Average Time and Distances to the First, Second, and Third Nearest Ophthalmology Providers, by MCP

MCP	Ophthalmology					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.7	1.9	1.9	2.7	3.1	3.1
Anthem	8.6	12.8	14.5	11.1	16.0	18.2
CalOptima	1.7	1.9	2.2	3.2	3.6	4.2
CalViva	5.7	5.9	6.4	7.7	7.9	8.4
Care1st	2.8	3.4	3.7	4.6	5.6	6.2
CCAH	4.3	7.8	8.3	5.3	9.1	9.7
CCHP	2.4	2.9	3.7	3.5	4.1	5.4
CenCal	4.2	4.4	4.6	4.8	5.1	5.3
CHG	3.0	3.6	3.8	5.0	6.0	6.2
CHW	6.5	9.1	10.6	7.2	10.2	11.9
Gold Coast	4.7	4.8	5.5	6.0	6.3	7.2
Health Net	2.6	3.0	3.3	4.0	4.7	5.1
HPSJ	4.2	4.3	4.4	6.0	6.2	6.2
HPSM	2.3	2.4	2.4	3.9	4.1	4.2
IEHP	2.9	3.4	3.5	3.9	4.6	4.7
Kaiser NorCal	4.3	4.3	4.3	7.5	7.6	7.6
Kaiser SoCal	6.0	6.0	6.0	10.1	10.1	10.1
KFHC	10.2	10.7	11.0	11.8	12.8	13.2
L.A. Care	1.5	1.7	1.9	2.8	3.1	3.4
Molina	3.3	3.8	4.2	5.1	6.0	6.6
Partnership	7.7	8.2	9.0	8.8	9.3	10.2
SCFHP	3.6	3.8	4.3	6.0	6.3	7.4
SFHP	1.4	1.6	1.6	2.8	3.1	3.3

Table C.56—Average Time and Distances to the First, Second, and Third Nearest Orthopedic Surgery Providers, by MCP

— Indicates that the rate was not available.

MCP	Orthopedic Surgery						Pediatric Orthopedic Surgery					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.7	1.8	2.1	2.8	3.0	3.4	12.8	13.2	13.2	19.6	20.1	20.1
Anthem	10.0	16.7	18.3	13.3	21.3	23.5	—	—	—	—	—	—
CalOptima	2.3	2.9	3.5	4.2	5.4	6.5	5.6	7.2	7.3	11.0	14.1	14.3
CalViva	4.5	5.4	7.5	6.6	7.5	9.9	20.4	20.4	20.4	23.7	23.7	23.7
Care1st	5.3	5.6	6.0	8.7	9.1	9.7	11.2	11.2	11.3	19.4	19.4	19.5
CCAH	3.6	4.4	4.7	4.4	5.3	5.6	68.5	90.8	90.8	102.9	109.3	109.3
CCHP	3.2	3.4	3.9	4.8	5.0	5.7	23.0	—	—	39.0	—	—
CenCal	3.9	4.3	6.4	4.4	4.8	7.3	127.6	131.7	—	192.6	198.8	—
CHG	4.3	4.9	5.0	7.1	8.1	8.3	17.5	—	—	30.9	—	—
CHW	4.3	5.9	7.3	4.7	6.6	8.1	75.5	78.5	78.9	93.9	105.4	106.1
Gold Coast	4.6	5.4	7.7	5.8	7.1	9.5	49.7	49.7	49.7	81.9	81.9	81.9
Health Net	2.9	3.5	4.0	4.7	5.7	6.4	27.9	34.0	35.2	40.6	53.2	56.7
HPSJ	3.6	3.8	5.3	5.3	5.6	7.8	—	—	—	—	—	—

MCP	Orthopedic Surgery						Pediatric Orthopedic Surgery					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.3	2.6	2.6	3.9	4.3	4.5	7.5	12.6	12.6	12.8	19.5	19.5
IEHP	3.1	3.9	4.3	4.3	5.4	5.9	16.8	20.2	23.9	21.4	29.2	33.3
Kaiser NorCal	4.7	5.0	5.3	8.3	8.8	9.3	—	—	—	—	—	—
Kaiser SoCal	6.3	7.5	7.6	10.1	12.0	12.4	—	—	—	—	—	—
KFHC	7.7	11.2	11.7	9.0	12.8	13.3	—	—	—	—	—	—
L.A. Care	2.0	2.3	2.6	3.6	4.2	4.7	9.6	11.8	12.4	15.7	20.9	22.5
Molina	4.4	5.1	5.3	6.7	7.8	8.1	—	—	—	—	—	—
Partnership	4.6	4.9	5.2	5.5	6.0	6.3	—	—	—	—	—	—
SCFHP	4.5	4.5	4.6	7.6	7.6	7.8	—	—	—	—	—	—
SFHP	1.3	1.5	1.6	2.6	2.9	3.2	4.0	4.0	—	8.1	8.1	—

Table C.57—Average Time and Distances to the First, Second, and Third Nearest Otolaryngology/ENT Providers, by MCP

— Indicates that the rate was not available.

MCP	Otolaryngology/ENT						Pediatric Otolaryngology/ENT					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.0	2.5	2.8	3.3	4.2	4.7	7.5	10.1	11.9	12.3	16.4	18.4
Anthem	17.2	31.9	40.9	22.8	41.7	56.4	—	—	—	—	—	—
CalOptima	2.8	3.9	4.2	5.3	7.4	7.9	6.8	6.9	9.3	12.1	12.4	15.9
CalViva	7.3	11.8	12.4	9.7	16.0	16.7	20.4	20.4	20.4	23.7	23.7	23.7
Care1st	4.5	4.9	5.6	7.5	8.3	9.6	—	—	—	—	—	—
CCAH	9.2	9.4	11.7	11.0	11.2	13.7	40.4	51.7	—	55.2	65.9	—
CCHP	4.7	5.1	6.1	6.6	7.2	8.9	16.0	22.2	23.1	20.0	31.2	33.7
CenCal	5.4	6.1	10.3	6.2	7.0	11.8	25.5	63.6	—	29.1	79.6	
CHG	4.6	5.5	6.0	7.6	9.1	10.2	10.3	11.3	12.9	18.4	19.6	21.9
CHW	9.3	13.4	15.0	10.5	15.0	16.8	302.9	303.5	331.5	369.5	370.2	404.2
Gold Coast	3.7	7.0	7.9	4.9	9.3	10.7	14.0	49.7	49.7	18.7	81.9	82.0
Health Net	3.6	4.4	5.1	5.8	7.1	8.2	50.6	82.4	85.4	77.6	144.7	150.4
HPSJ	5.0	5.7	6.1	7.2	8.3	9.2	—	—	—	—	—	—

| MCP | Otolaryngology/ENT | | | | | | Pediatric Otolaryngology/ENT | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.5	3.0	3.3	4.5	5.4	6.0	16.0	16.0	16.0	22.0	22.0	22.0
IEHP	3.6	4.1	4.3	4.9	5.5	5.8	24.7	26.7	50.3	35.0	41.9	83.3
Kaiser NorCal	4.9	5.1	5.1	8.6	9.0	9.0	8.3	9.0	9.5	14.7	16.2	17.0
Kaiser SoCal	7.4	9.6	9.6	12.8	16.5	16.6	—	—	—	—	—	—
KFHC	7.7	10.8	10.8	9.0	12.4	12.5	—	—	—	—	—	—
L.A. Care	2.3	2.9	3.1	4.3	5.3	5.7	—	—	—	—	—	—
Molina	5.7	9.5	11.0	9.0	13.9	15.9	55.8	59.7	60.8	87.6	102.8	104.5
Partnership	6.8	7.1	8.0	8.0	8.4	9.4	62.1	69.1	76.8	73.7	83.8	101.1
SCFHP	3.1	4.8	4.9	5.6	8.3	8.4	—	—	—	—	—	—
SFHP	1.1	1.6	1.7	2.1	3.2	3.4	2.5	3.5	4.6	5.0	7.0	9.1

Table C.58—Average Time and Distances to the First, Second, and Third Nearest Psychiatry Providers, by MCP

MCP	Psychiatry						Pediatric Psychiatry					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.5	1.9	2.1	2.6	3.1	3.6	2.2	2.6	3.3	3.6	4.4	5.6
Anthem	15.5	17.5	18.7	21.5	24.8	26.7	112.9	113.5	113.5	191.6	192.6	192.6
CalOptima	2.1	2.7	2.9	4.0	5.0	5.4	2.9	3.5	3.8	5.5	6.7	7.2
CalViva	5.3	5.7	8.8	7.0	7.7	11.5	15.5	16.4	18.3	23.0	24.6	27.8
Care1st	2.2	2.4	2.6	3.3	3.7	4.2	2.9	3.4	4.0	4.6	5.5	6.5
CCAH	8.9	9.2	9.4	10.4	10.9	11.7	11.2	14.2	39.3	14.6	18.2	52.4
CCHP	2.7	3.2	3.4	3.9	4.7	4.9	2.6	4.1	4.5	3.7	5.8	6.3
CenCal	6.0	8.3	9.4	6.7	9.3	10.7	20.1	25.4	44.3	24.0	30.1	51.9
CHG	2.2	2.5	2.9	3.3	3.8	4.5	3.8	5.5	7.2	6.3	9.3	12.3
CHW	4.6	7.3	9.2	5.1	8.0	10.2	20.0	34.4	48.5	22.9	39.8	56.4
Gold Coast	1.7	2.3	2.6	2.2	3.0	3.4	2.6	5.8	6.8	3.4	7.6	9.0
Health Net	3.1	3.8	4.4	4.8	6.1	7.0	21.6	26.1	35.5	30.8	37.1	52.9
HPSJ	4.5	4.9	5.4	6.9	7.6	8.0	5.8	6.2	6.5	8.8	9.5	9.9
HPSM	2.9	3.4	3.5	5.2	6.0	6.2	3.2	3.2	5.4	5.4	5.5	8.4

MCP	Psychiatry						Pediatric Psychiatry					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	2.6	3.1	3.6	3.5	4.2	4.9	5.9	6.2	6.2	7.8	8.1	8.2
Kaiser NorCal	4.3	4.3	4.6	7.5	7.6	8.2	5.0	5.1	5.1	8.7	9.0	9.0
Kaiser SoCal	4.2	4.6	4.9	6.9	7.7	8.1	5.3	5.4	5.5	8.9	9.1	9.3
KFHC	2.7	5.2	5.9	3.3	6.1	6.8	11.1	12.2	12.7	13.9	17.5	18.0
L.A. Care	1.2	1.6	1.8	2.2	2.8	3.3	3.1	3.7	3.9	5.6	6.7	7.2
Molina	3.6	4.3	5.0	5.5	6.7	7.7	57.8	64.6	85.5	100.0	118.6	137.7
Partnership	6.1	8.5	9.8	7.0	9.8	11.5	10.8	29.3	34.2	12.5	33.8	39.3
SCFHP	2.0	2.2	2.3	3.6	4.0	4.2	5.5	7.2	8.4	8.9	12.0	14.0
SFHP	0.9	1.2	1.5	1.8	2.4	3.0	2.2	2.2	3.0	4.3	4.4	6.0

Table C.59—Average Time and Distances to the First, Second, and Third Nearest Pulmonary Providers, by MCP

— Indicates that the rate was not available.

MCP	Pulmonary						Pediatric Pulmonary					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.2	2.8	3.4	3.6	4.4	5.6	4.5	7.3	10.5	7.4	11.8	17.5
Anthem	75.1	91.8	100.3	113.4	147.5	164.5	—	—	—	—	—	—
CalOptima	2.3	2.9	3.5	4.2	5.5	6.5	4.2	5.6	6.9	8.0	10.1	13.2
CalViva	6.7	8.9	9.2	8.5	11.6	12.0	17.0	17.4	18.0	22.5	22.6	23.1
Care1st	8.1	9.6	10.1	11.9	13.7	14.5	17.5	17.5	17.6	31.4	31.5	31.5
CCAH	4.5	8.1	16.1	5.4	9.5	18.4	23.2	50.5	68.1	35.1	62.6	89.1
CCHP	4.1	5.5	6.7	6.0	7.8	9.9	10.5	18.1	18.1	13.3	26.7	26.7
CenCal	7.9	8.1	15.1	8.8	9.0	17.0	26.2	—	—	30.8	—	—
CHG	6.8	7.7	8.0	10.3	11.7	12.3	14.9	16.4	17.4	26.1	28.7	30.7
CHW	9.1	11.2	14.4	10.0	12.5	16.4	69.8	74.9	76.5	93.9	103.7	108.3
Gold Coast	5.4	5.5	6.2	7.4	7.6	8.2	49.4	49.4	49.6	81.5	81.6	81.8
Health Net	4.3	4.9	5.4	6.8	8.1	9.0	30.9	75.4	78.1	50.8	131.5	136.1
HPSJ	4.2	6.0	7.1	6.5	9.1	10.3	20.5	20.5	20.5	34.2	34.2	34.2

| MCP | Pulmonary | | | | | | Pediatric Pulmonary | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.8	3.4	4.6	4.8	6.0	8.2	4.8	6.9	8.5	8.7	12.3	14.1
IEHP	3.1	3.9	4.2	4.2	5.2	5.6	9.8	12.1	13.4	12.5	15.8	18.4
Kaiser NorCal	5.7	5.7	6.2	10.2	10.2	11.0	5.6	6.1	6.4	9.9	10.8	11.4
Kaiser SoCal	6.2	6.4	6.7	9.8	10.3	10.8	70.8	76.9	83.3	101.8	129.3	132.1
KFHC	11.0	11.5	12.2	12.9	14.7	15.3	101.8	101.8	101.8	159.9	160.3	160.3
L.A. Care	2.2	2.5	2.7	4.0	4.6	5.0	9.6	12.3	13.3	17.5	22.6	24.4
Molina	5.8	8.5	9.1	8.9	12.6	13.3	59.5	62.7	62.8	86.5	98.6	116.1
Partnership	5.7	8.4	11.0	6.8	9.9	13.1	73.7	75.6	75.7	91.6	98.4	102.7
SCFHP	3.9	5.0	5.1	6.4	8.5	8.8	7.1	10.5	14.2	12.4	18.3	24.5
SFHP	1.9	1.9	2.1	3.7	3.7	4.1	3.0	3.5	4.3	6.1	6.9	8.7

Table C.60—Average Time and Distances to the First, Second, and Third Nearest Physical Medicine & Rehabilitation Providers, by MCP

— Indicates that the rate was not available.

MCP	Physical Medicine & Rehabilitation						Pediatric Physical Medicine & Rehabilitation					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.8	2.1	2.6	3.0	3.5	4.5	12.0	12.8	15.6	22.1	23.4	28.4
Anthem	26.8	61.0	114.0	40.0	88.9	172.7	—	—	—	—	—	—
CalOptima	2.6	3.2	3.9	4.9	6.1	7.3	9.1	9.2	—	17.7	17.9	—
CalViva	8.7	10.3	12.6	11.7	13.8	17.4	—	—	—	—	—	—
Care1st	5.2	6.4	6.9	8.6	10.6	11.8	—	—	—	—	—	—
CCAH	18.9	27.0	33.2	24.8	31.7	37.9	68.5	91.4	—	102.9	118.4	—
CCHP	4.1	5.7	5.8	5.9	7.9	8.0	21.8	—	—	36.9	—	—
CenCal	3.6	4.0	4.0	4.1	4.5	4.5	—	—	—	—	—	—
CHG	4.9	5.5	5.6	8.0	9.1	9.3	16.9	17.5	17.5	29.7	30.8	30.8
CHW	10.0	13.7	17.2	11.5	15.6	19.8	365.9	366.2	—	527.0	527.4	—
Gold Coast	6.5	6.8	7.0	8.9	9.4	9.5	49.7	—	—	81.9	—	—
Health Net	4.3	5.6	6.4	7.0	9.2	10.4	—	—	—	—	—	—
HPSJ	4.5	5.5	5.9	6.8	8.2	8.8	—	—	—	—	—	—

MCP	Physical Medicine & Rehabilitation						Pediatric Physical Medicine & Rehabilitation					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	2.3	3.4	3.5	4.1	6.0	6.2	5.7	11.3	17.9	10.4	19.5	28.7
IEHP	3.9	4.4	4.8	5.1	5.8	6.4	7.3	8.1	11.5	10.1	11.9	16.2
Kaiser NorCal	4.6	5.1	5.7	8.0	9.1	10.2	—	—	—	—	—	—
Kaiser SoCal	5.3	5.9	5.9	8.6	9.6	9.6	—	—	—	—	—	—
KFHC	10.4	10.9	11.3	12.0	12.9	13.4	—	—	—	—	—	—
L.A. Care	2.4	2.8	3.0	4.4	5.3	5.7	—	—	—	—	—	—
Molina	5.7	8.1	13.9	9.0	12.4	20.2	—	—	—	—	—	—
Partnership	7.9	10.7	13.1	9.2	12.4	15.3	94.6	94.6	100.8	141.2	141.2	151.0
SCFHP	4.1	4.3	5.4	6.9	7.4	9.5	—	—	—	—	—	—
SFHP	1.5	1.9	2.0	2.9	3.8	4.0	4.2	—	—	8.3	—	—

Table C.61—Average Time and Distances to the First, Second, and Third Nearest CBAS Providers for Adult and Child Beneficiaries, by MCP

— Indicates that the rate was not available.

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	5.6	10.0	12.6	10.1	18.2	23.0	5.9	10.8	13.4	10.7	19.8	24.7
Anthem	21.9	24.4	26.6	27.3	33.3	37.9	25.0	27.6	29.8	30.4	37.7	42.3
CalOptima	3.5	5.8	7.2	6.7	11.0	13.6	3.7	5.9	7.2	7.2	11.2	13.6
CalViva	12.8	15.8	16.8	15.9	23.5	25.2	13.9	17.0	17.9	17.1	25.0	26.7
Care1st	6.3	12.9	15.9	10.1	22.0	26.3	6.2	14.0	17.1	9.8	23.9	28.0
CCAH	11.6	31.3	81.6	13.9	38.2	97.8	13.0	32.9	80.9	15.6	40.0	97.8
CCHP	—	—	—	—	—	—	—	—	—	—	—	—
CenCal	17.8	67.6	—	20.3	83.8	—	15.2	65.8	—	17.4	82.2	—
CHG	5.7	10.6	14.1	9.0	18.3	24.4	5.8	11.3	15.3	9.1	19.4	26.4
CHW	27.5	50.2	54.9	36.8	63.4	76.7	26.4	48.3	53.2	35.1	60.6	73.6
Gold Coast	11.7	—	—	18.2	—	—	10.1	—	—	15.6	—	—
Health Net	8.8	12.8	19.6	12.3	18.6	27.7	10.6	15.9	24.9	14.6	22.5	34.4
HPSJ	—	—	—	—	—	—	—	—	—	—	—	—

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	9.0	11.1	12.2	14.7	21.0	22.8	8.8	10.8	12.2	14.3	20.3	22.4
IEHP	15.4	27.4	30.9	21.1	40.7	47.4	15.8	27.7	31.3	21.7	41.2	48.0
Kaiser NorCal	—	—	—	—	—	—	—	—	—	—	—	—
Kaiser SoCal	—	—	—	—	—	—	—	—	—	—	—	—
KFHC	—	—	—	—	—	—	—	—	—	—	—	—
L.A. Care	22.4	—	—	34.6	—	—	23.1	—	—	35.7	—	—
Molina	6.9	10.5	15.2	10.2	15.4	22.6	7.4	11.1	15.9	10.7	16.1	23.5
Partnership	26.5	44.3	59.4	31.0	52.8	76.5	25.3	42.1	55.9	29.8	50.6	72.5
SCFHP	9.3	10.7	12.2	14.1	16.1	21.4	10.2	11.5	12.9	15.1	17.0	22.5
SFHP	2.2	2.7	3.1	4.4	5.3	6.3	2.6	3.1	3.5	5.2	6.1	7.1

Table C.62—Average Time and Distances to the First, Second, and Third Nearest FQHC Providers for Adult and Child Beneficiaries, by MCP

— Indicates that the rate was not available.

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.5	2.3	3.1	2.5	3.8	5.1	1.3	2.1	3.0	2.2	3.6	4.9
Anthem	2.9	4.2	5.6	4.0	5.8	7.9	2.8	4.1	5.6	3.8	5.6	7.6
CalOptima	4.9	6.4	7.5	9.2	12.3	14.4	4.6	6.1	7.1	8.6	11.7	13.6
CalViva	3.0	4.6	6.6	4.4	6.9	9.3	3.0	4.5	7.0	4.2	6.6	9.6
Care1st	3.4	5.1	6.1	5.4	8.1	10.1	3.0	4.8	5.8	4.8	7.6	9.6
CCAH	5.3	7.2	9.2	6.5	9.3	11.7	3.9	6.2	8.4	4.9	8.0	10.6
CCHP	3.1	4.3	7.8	4.6	6.0	10.8	2.6	3.9	7.7	3.8	5.4	10.6
CenCal	2.9	6.7	7.8	3.4	7.8	9.1	2.4	6.2	7.2	2.8	7.1	8.3
CHG	2.5	3.5	5.1	3.8	5.5	7.9	2.4	3.4	5.5	3.6	5.3	8.3
CHW	9.5	13.9	16.6	10.5	15.6	18.4	8.9	13.1	15.8	9.8	14.6	17.4
Gold Coast	2.1	4.7	6.4	2.8	6.1	8.4	1.7	4.2	5.8	2.3	5.5	7.5
Health Net	2.0	2.6	3.6	3.3	4.4	5.9	2.0	2.6	3.6	3.2	4.2	5.7
HPSJ	2.1	3.5	4.3	3.1	5.1	6.0	2.1	3.7	4.5	3.1	5.3	6.3

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	6.0	11.1	12.5	9.7	17.0	18.9	5.8	11.7	12.9	9.1	17.3	19.0
IEHP	3.8	6.2	9.9	5.3	8.6	14.1	3.5	6.0	9.8	5.0	8.4	13.9
Kaiser NorCal	—	—	—	—	—	—	—	—	—	—	—	—
Kaiser SoCal	—	—	—	—	—	—	—	—	—	—	—	—
KFHC	2.4	5.2	7.0	2.9	6.2	8.5	2.2	5.2	6.9	2.7	6.3	8.3
L.A. Care	3.0	4.4	5.4	5.7	8.4	10.1	2.9	4.3	5.3	5.4	8.0	9.8
Molina	3.8	4.5	5.3	5.6	6.8	7.8	4.0	4.7	5.5	5.8	7.0	8.0
Partnership	7.3	13.4	16.9	8.4	15.4	19.7	6.5	12.2	15.6	7.5	14.1	18.3
SCFHP	—	—	—	—	—	—	—	—	—	—	—	—
SFHP	0.8	1.2	1.5	1.6	2.4	3.1	0.8	1.2	1.6	1.6	2.5	3.2

Table C.63—Average Time and Distances to the First, Second, and Third Nearest Home Health Providers for Adult and Child Beneficiaries, by MCP

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.1	3.0	3.9	3.6	5.1	6.5	2.1	3.0	3.8	3.7	5.1	6.3
Anthem	8.7	13.2	15.9	11.4	17.4	21.0	10.3	14.8	17.5	13.2	19.3	22.8
CalOptima	2.8	3.9	4.7	5.4	7.5	9.1	2.8	3.9	4.7	5.4	7.5	9.0
CalViva	10.1	13.4	13.8	13.9	19.8	20.5	11.2	14.5	14.9	15.2	21.4	22.1
Care1st	7.0	7.4	9.0	11.9	12.7	15.1	7.4	7.8	9.7	12.6	13.4	16.3
CCAH	9.5	22.6	32.9	11.4	31.2	44.1	10.2	23.4	32.7	12.1	31.9	42.9
CCHP	4.9	8.3	9.3	7.3	12.4	13.9	5.3	8.6	9.7	7.8	12.9	14.4
CenCal	9.5	20.7	22.0	10.8	23.6	25.4	8.9	23.5	24.7	10.1	26.9	28.6
CHG	5.2	7.6	9.2	8.9	13.3	16.1	5.0	7.5	9.1	8.5	13.0	15.8
CHW	9.8	18.0	45.0	10.8	20.0	52.5	10.0	17.8	48.1	11.0	19.8	56.3
Gold Coast	8.0	8.5	17.9	10.7	11.5	24.2	8.2	8.7	18.0	11.0	11.7	24.5
Health Net	7.1	8.0	8.7	9.6	11.3	13.0	9.1	10.1	10.9	12.0	13.8	15.8
HPSJ	5.1	7.6	10.5	7.9	11.7	15.4	5.3	8.0	10.6	8.1	12.3	15.7
HPSM	4.5	5.3	5.7	8.0	9.3	10.3	5.4	6.4	6.8	9.5	10.9	12.0

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	4.4	6.3	8.3	6.0	8.5	11.5	4.6	6.5	8.4	6.2	8.7	11.7
Kaiser NorCal	4.6	7.5	8.5	8.1	13.2	14.9	4.8	7.6	8.7	8.2	13.3	15.1
Kaiser SoCal	115.5	117.4	130.6	210.7	212.2	215.8	115.2	117.2	130.4	209.1	210.9	214.5
KFHC	80.9	81.1	85.8	107.7	108.0	114.2	81.1	81.4	86.1	106.9	107.2	113.4
L.A. Care	3.2	5.4	6.3	5.8	8.8	10.6	3.6	6.0	6.9	6.4	9.7	11.5
Molina	5.0	6.7	7.9	8.1	10.7	12.5	5.2	6.8	7.9	8.3	10.8	12.5
Partnership	10.6	15.9	23.7	12.3	18.9	29.0	9.7	14.7	21.5	11.4	17.6	26.4
SCFHP	3.0	4.0	5.9	5.4	7.1	10.2	3.1	4.0	6.5	5.3	7.0	11.0
SFHP	2.5	3.0	3.5	5.1	6.0	7.0	3.1	3.5	4.0	6.1	7.0	7.9

Table C.64—Average Time and Distances to the First, Second, and Third Nearest ICF Providers for Adult and Child Beneficiaries, by MCP

— Indicates that the rate was not available.

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	17.0	—	—	26.4	—	—	15.9	—	—	24.7	—	—
Anthem	—	—	—	—	—	—	—	—	—	—	—	—
CalOptima	7.5	10.2	33.6	14.6	19.9	66.2	6.9	9.6	33.5	13.5	18.7	66.1
CalViva	—	—	—	—	—	—	—	—	—	—	—	—
Care1st	—	—	—	—	—	—	—	—	—	—	—	—
CCAH	49.2	—	—	72.8	—	—	49.0	—	—	72.9	—	—
CCHP	—	—	—	—	—	—	—	—	—	—	—	—
CenCal	8.9	23.8	30.6	10.2	28.2	36.0	7.9	20.6	28.6	9.0	24.4	33.6
CHG	—	—	—	—	—	—	—	—	—	—	—	—
CHW	—	—	—	—	—	—	—	—	—	—	—	—
Gold Coast	32.0	—	—	52.8	—	—	33.0	—	—	54.6	—	—
Health Net	—	—	—	—	—	—	—	—	—	—	—	—
HPSJ	—	—	—	—	—	—	—	—	—	—	—	—

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	11.7	—	—	22.4	—	—	11.3	—	—	21.5	—	—
IEHP	11.3	13.8	15.5	14.4	18.5	21.1	11.9	14.3	15.9	15.2	19.1	21.6
Kaiser NorCal	—	—	—	—	—	—	—	—	—	—	—	—
Kaiser SoCal	131.2	—	—	241.9	—	—	131.0	—	—	240.3	—	—
KFHC	89.4	—	—	142.5	—	—	89.8	—	—	141.4	—	—
L.A. Care	13.4	30.5	—	25.1	58.6	—	14.0	31.7	—	25.8	60.8	—
Molina	—	—	—	—	—	—	—	—	—	—	—	—
Partnership	—	—	—	—	—	—	—	—	—	—	—	—
SCFHP	—	—	—	—	—	—	—	—	—	—	—	—
SFHP	—	—	—	—	—	—	—	—	—	—	—	—

Table C.65—Average Time and Distances to the First, Second, and Third Nearest Hospital (Inpatient) Providers for Adult and Child Beneficiaries, by MCP

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	2.5	3.5	4.4	4.1	5.6	7.2	2.6	3.5	4.6	4.3	5.8	7.5
Anthem	5.5	11.7	15.8	7.9	15.9	21.2	6.0	13.0	17.4	8.4	17.1	22.9
CalOptima	2.4	3.3	4.1	4.5	6.2	7.6	2.2	3.1	3.9	4.1	5.8	7.3
CalViva	6.3	9.1	12.3	8.6	12.7	16.5	6.5	9.3	13.0	8.8	12.8	17.1
Care1st	4.3	6.7	8.4	7.3	10.7	13.4	4.3	7.1	8.8	7.4	11.2	14.0
CCAH	5.7	8.6	17.7	6.9	10.5	22.5	5.9	8.7	16.8	7.2	10.6	21.3
CCHP	4.0	9.1	9.8	6.0	13.0	14.2	4.0	9.5	10.2	6.0	13.6	14.8
CenCal	5.2	13.8	16.9	6.1	16.0	19.6	4.8	15.9	18.6	5.6	18.4	21.6
CHG	4.0	5.1	6.1	6.5	8.6	10.3	3.9	5.0	6.0	6.3	8.4	10.1
CHW	9.4	14.0	37.9	10.5	15.6	50.5	9.8	14.4	41.5	10.9	15.9	55.6
Gold Coast	10.6	13.5	18.7	14.1	17.8	24.3	11.0	13.8	19.4	14.6	17.9	24.8
Health Net	3.6	6.0	8.2	5.9	9.7	12.9	3.9	6.6	9.0	6.2	10.2	13.7
HPSJ	4.5	7.0	7.8	6.6	10.2	11.3	4.8	7.2	8.0	6.9	10.5	11.5
HPSM	1.8	2.6	3.1	3.1	4.6	5.7	1.6	2.5	3.0	2.8	4.5	5.4

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	4.2	5.9	7.3	5.8	8.0	10.0	4.3	6.0	7.5	5.8	8.1	10.1
Kaiser NorCal	5.0	6.6	9.6	8.6	11.3	16.4	5.3	6.9	9.8	9.0	11.6	16.6
Kaiser SoCal	5.8	9.6	11.9	9.9	16.4	20.2	5.8	10.0	12.3	9.9	17.0	20.7
KFHC	6.7	11.4	12.7	7.8	13.3	14.9	7.3	12.3	13.4	8.4	14.4	15.7
L.A. Care	2.4	3.6	5.5	4.4	6.4	9.3	2.5	3.8	5.9	4.5	6.6	9.8
Molina	4.9	8.1	12.7	7.8	12.7	19.4	4.9	8.0	12.1	7.7	12.3	18.5
Partnership	5.3	12.3	17.6	6.5	14.6	21.1	5.1	11.4	16.5	6.2	13.7	20.0
SCFHP	5.7	8.3	10.9	10.3	14.0	17.7	5.6	9.0	11.8	10.2	15.0	18.9
SFHP	1.0	1.6	2.0	2.0	3.2	3.9	1.1	1.7	2.1	2.1	3.4	4.1

Table C.66—Average Time and Distances to the First, Second, and Third Nearest Hospital (Outpatient) Providers for Adult and Child Beneficiaries, by MCP

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	0.8	1.2	1.5	1.4	2.1	2.5	0.9	1.3	1.5	1.5	2.1	2.6
Anthem	1.5	1.8	2.0	2.0	2.4	2.7	1.5	1.8	2.1	2.0	2.3	2.7
CalOptima	1.6	2.2	2.7	2.9	4.1	5.0	1.5	2.1	2.6	2.8	4.0	4.9
CalViva	1.3	1.4	1.7	1.7	2.0	2.3	1.3	1.4	1.7	1.7	2.0	2.3
Care1st	1.4	2.0	2.4	2.1	3.0	3.7	1.3	1.9	2.3	2.0	2.9	3.6
CCAH	2.3	3.1	3.6	2.7	3.7	4.4	2.4	3.4	4.0	2.9	4.1	4.8
CCHP	1.7	2.4	2.7	2.4	3.4	3.9	1.7	2.4	2.7	2.4	3.4	3.9
CenCal	3.4	4.0	5.3	3.8	4.6	6.0	3.0	3.6	4.6	3.4	4.1	5.2
CHG	2.6	3.4	4.3	4.2	5.6	7.1	2.6	3.4	4.3	4.2	5.5	7.1
CHW	2.8	4.2	4.8	3.0	4.6	5.3	2.8	4.3	5.0	3.1	4.7	5.5
Gold Coast	1.4	1.8	2.5	1.8	2.5	3.3	1.3	1.8	2.5	1.7	2.6	3.4
Health Net	0.9	1.0	1.2	1.3	1.6	1.9	0.9	1.1	1.3	1.4	1.7	2.0
HPSJ	1.4	1.7	2.1	1.9	2.4	3.0	1.5	1.8	2.2	2.0	2.5	3.1
HPSM	1.0	1.5	1.7	1.7	2.4	2.8	0.9	1.4	1.6	1.6	2.3	2.7

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	1.8	2.5	3.0	2.5	3.4	4.1	1.8	2.5	3.0	2.4	3.4	4.0
Kaiser NorCal	3.9	5.1	5.9	6.7	9.0	10.5	4.0	5.2	6.0	6.8	9.2	10.6
Kaiser SoCal	3.9	5.8	7.3	6.3	9.6	12.1	3.9	5.9	7.4	6.1	9.6	12.2
KFHC	3.7	5.6	7.0	4.3	6.5	8.2	3.7	5.6	7.1	4.3	6.6	8.3
L.A. Care	0.9	1.1	1.3	1.6	2.0	2.4	0.9	1.2	1.4	1.5	2.0	2.5
Molina	1.2	1.5	1.7	1.8	2.2	2.5	1.2	1.5	1.7	1.8	2.2	2.5
Partnership	2.9	4.5	6.5	3.4	5.1	7.5	2.7	4.1	6.0	3.1	4.8	7.0
SCFHP	1.6	2.5	2.9	2.8	4.2	5.0	1.5	2.3	2.7	2.5	3.8	4.6
SFHP	0.6	1.0	1.2	1.2	1.9	2.3	0.6	1.0	1.3	1.2	2.1	2.6

Table C.67—Average Time and Distances to the First, Second, and Third Nearest RHC Providers for Adult and Child Beneficiaries, by MCP

— Indicates that the rate was not available.

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	—	—	—	—	—	—	—	—	—	—	—	—
Anthem	24.1	30.1	32.0	32.5	40.2	42.6	20.0	25.5	27.6	26.7	33.7	36.3
CalOptima	—	—	—	—	—	—	—	—	—	—	—	—
CalViva	2.3	3.8	5.0	3.3	5.3	6.8	2.3	3.8	5.1	3.2	5.2	6.8
Care1st	—	—	—	—	—	—	—	—	—	—	—	—
CCAH	20.5	27.0	32.5	24.8	32.6	39.4	17.7	24.6	30.4	21.7	30.2	37.3
CCHP	—	—	—	—	—	—	—	—	—	—	—	—
CenCal	—	—	—	—	—	—	—	—	—	—	—	—
CHG	—	—	—	—	—	—	—	—	—	—	—	—
CHW	6.8	9.5	12.7	7.6	10.6	14.1	6.4	8.9	12.2	7.1	9.8	13.5
Gold Coast	—	—	—	—	—	—	—	—	—	—	—	—
Health Net	64.4	68.9	73.0	88.9	95.2	100.6	62.4	66.8	70.8	85.8	92.1	97.2
HPSJ	7.2	10.2	19.4	10.4	13.6	25.2	7.3	10.3	19.8	10.4	13.7	25.5

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	—	—	—	—	—	—	—	—	—	—	—	—
IEHP	25.8	29.0	30.7	32.0	35.8	37.9	25.6	29.1	30.7	31.7	36.0	38.0
Kaiser NorCal	—	—	—	—	—	—	—	—	—	—	—	—
Kaiser SoCal	—	—	—	—	—	—	—	—	—	—	—	—
KFHC	29.8	42.6	50.1	36.1	50.7	59.3	29.5	43.1	50.9	35.5	50.9	59.8
L.A. Care	—	—	—	—	—	—	—	—	—	—	—	—
Molina	156.8	157.1	157.2	208.5	208.9	209.0	147.1	147.3	147.4	194.5	194.9	195.0
Partnership	44.3	51.6	62.0	52.1	60.7	72.7	44.0	51.5	60.8	51.9	60.8	71.5
SCFHP	—	—	—	—	—	—	—	—	—	—	—	—
SFHP	—	—	—	—	—	—	—	—	—	—	—	—

Table C.68—Average Time and Distances to the First, Second, and Third Nearest SNF Providers for Adult and Child Beneficiaries, by MCP

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.7	2.2	3.0	2.9	3.8	5.2	1.6	2.1	3.0	2.7	3.7	5.1
Anthem	5.4	7.6	10.0	6.9	9.9	13.0	6.0	8.4	11.3	7.5	10.6	14.4
CalOptima	2.2	2.9	3.5	4.1	5.4	6.5	2.1	2.7	3.3	3.9	5.1	6.1
CalViva	5.6	6.8	9.3	7.2	8.9	12.0	5.9	7.2	10.2	7.5	9.3	12.9
Care1st	3.4	4.3	5.2	5.5	7.2	8.8	3.3	4.1	4.9	5.3	6.9	8.4
CCAH	5.0	8.9	10.0	6.3	10.9	12.1	5.4	10.3	11.3	6.6	12.4	13.6
CCHP	3.0	4.3	6.9	4.6	6.7	10.1	3.1	4.2	7.0	4.7	6.6	10.2
CenCal	3.7	5.6	7.7	4.2	6.3	8.7	3.4	5.2	6.8	3.9	5.8	7.7
CHG	3.1	4.1	4.7	5.1	6.8	7.9	3.0	4.0	4.7	4.9	6.6	7.7
CHW	10.6	35.7	41.2	11.7	42.1	49.0	11.1	39.5	44.8	12.3	46.6	53.4
Gold Coast	11.6	32.6	36.3	15.8	51.5	55.0	11.2	33.6	37.5	15.2	53.5	56.7
Health Net	2.6	3.4	4.1	3.9	5.3	6.3	2.9	3.8	4.6	4.2	5.7	6.9
HPSJ	4.5	7.6	8.5	6.6	11.8	13.6	4.7	7.9	8.9	7.0	12.2	14.0
HPSM	2.5	3.5	5.2	4.4	6.4	9.5	2.6	3.7	5.2	4.7	6.7	9.4

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	3.4	4.6	5.9	4.7	6.4	8.1	3.5	4.7	6.0	4.8	6.5	8.3
Kaiser NorCal	4.0	6.1	7.3	6.6	10.4	12.5	4.1	6.1	7.4	6.8	10.4	12.6
Kaiser SoCal	11.1	20.4	24.8	18.8	33.6	42.7	11.7	21.1	25.4	19.6	34.6	43.8
KFHC	78.0	82.8	86.0	103.5	109.6	114.2	78.6	83.3	86.3	103.2	109.1	113.5
L.A. Care	3.1	5.7	6.8	5.6	10.2	12.4	3.2	6.2	7.3	5.7	10.8	13.1
Molina	4.3	7.5	8.5	6.6	10.8	12.3	4.3	7.1	8.1	6.5	10.2	11.8
Partnership	5.2	9.4	13.9	6.0	10.8	16.2	4.8	8.5	12.6	5.6	9.8	14.8
SCFHP	2.0	3.4	4.2	3.6	5.9	7.2	2.0	3.5	4.3	3.6	5.9	7.2
SFHP	1.2	1.8	2.3	2.4	3.5	4.6	1.4	1.9	2.5	2.8	3.7	5.0

Table C.69—Average Time and Distances to the First, Second, and Third Nearest PA Providers, by MCP

— Indicates that the rate was not available.

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.3	1.7	1.9	2.2	2.9	3.1	1.3	1.7	1.8	2.2	2.9	3.1
Anthem	—	—	—	—	—	—	—	—	—	—	—	—
CalOptima	1.4	1.8	1.9	2.5	3.2	3.5	1.3	1.6	1.7	2.3	3.0	3.2
CalViva	2.0	2.6	3.3	2.9	3.6	4.5	2.1	2.6	3.4	2.8	3.5	4.5
Care1st	3.6	4.5	5.0	5.8	7.2	8.1	3.5	4.2	4.7	5.5	6.8	7.5
CCAH	1.6	2.2	2.7	2.0	2.7	3.3	1.5	2.4	2.9	2.0	2.9	3.6
CCHP	5.4	5.4	5.4	7.5	7.5	7.5	5.5	5.5	5.5	7.5	7.6	7.6
CenCal	35.2	43.6	46.1	41.6	51.4	54.1	32.5	41.6	43.6	38.4	49.0	51.1
CHG	1.7	2.0	2.5	2.7	3.1	3.9	1.6	2.0	2.4	2.5	3.0	3.8
CHW	3.2	4.6	5.3	3.5	5.1	5.9	3.0	4.4	5.2	3.3	4.9	5.7
Gold Coast	1.4	1.7	2.0	1.9	2.3	2.7	1.3	1.6	1.9	1.7	2.1	2.5
Health Net	1.6	2.1	2.5	2.6	3.4	4.0	1.6	2.1	2.5	2.6	3.3	4.0
HPSJ	1.9	2.9	3.1	2.7	3.9	4.3	1.9	3.0	3.3	2.8	4.2	4.5
HPSM	2.2	3.1	3.4	3.9	5.5	6.2	2.1	2.8	3.1	3.5	5.0	5.6

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	1.7	2.0	2.5	2.3	2.7	3.3	1.6	2.0	2.5	2.2	2.6	3.3
Kaiser NorCal	4.2	4.6	4.9	7.2	8.0	8.7	4.3	4.7	5.1	7.4	8.2	8.9
Kaiser SoCal	3.7	3.7	3.8	6.0	6.0	6.1	3.7	3.7	3.7	6.0	6.0	6.0
KFHC	2.0	2.2	2.8	2.4	2.6	3.5	2.0	2.2	2.8	2.4	2.7	3.5
L.A. Care	1.6	2.0	2.4	2.9	3.6	4.3	1.5	1.9	2.3	2.7	3.4	4.1
Molina	7.3	9.2	11.4	10.3	12.8	16.8	6.8	9.2	11.1	9.7	12.7	16.1
Partnership	2.9	3.5	4.0	3.5	4.1	4.8	2.8	3.3	3.8	3.3	3.9	4.6
SCFHP	5.2	7.5	7.7	9.1	13.5	14.0	5.5	8.2	8.3	9.6	14.6	15.0
SFHP	1.3	1.5	1.8	2.5	3.0	3.6	1.3	1.6	2.0	2.6	3.2	4.0

Table C.70—Average Time and Distances to the First, Second, and Third Nearest Certified Nurse Midwife Providers, by MCP

— Indicates that the rate was not available.

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.9	2.2	2.2	3.1	3.5	3.6	1.8	2.1	2.1	3.0	3.4	3.5
Anthem	—	—	—	—	—	—	—	—	—	—	—	—
CalOptima	4.0	4.3	4.4	7.6	7.9	8.0	3.9	4.2	4.2	7.5	7.7	7.9
CalViva	10.0	14.0	30.6	13.3	18.0	38.4	11.3	15.4	31.6	14.5	19.7	39.0
Care1st	—	—	—	—	—	—	—	—	—	—	—	—
CCAH	10.8	38.2	38.4	12.8	43.4	43.6	12.5	40.3	40.5	14.8	45.9	46.1
CCHP	3.4	3.4	3.4	5.0	5.0	5.0	3.4	3.4	3.4	5.0	5.0	5.0
CenCal	—	—	—	—	—	—	—	—	—	—	—	—
CHG	3.3	4.1	5.0	5.4	6.8	8.6	3.2	4.0	5.0	5.1	6.6	8.5
CHW	42.2	45.0	52.8	49.1	60.3	70.5	47.7	50.1	57.9	55.3	67.9	77.9
Gold Coast	4.5	4.7	4.8	5.9	6.2	6.3	4.6	4.8	4.8	6.0	6.3	6.3
Health Net	17.4	19.9	56.8	28.9	33.3	86.2	18.3	20.8	60.6	29.7	34.2	91.1
HPSJ	6.8	7.0	7.1	9.5	9.8	10.0	6.8	7.0	7.1	9.5	9.7	10.0

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
HPSM	9.5	9.8	9.8	18.2	18.3	18.3	8.3	8.6	8.6	15.6	15.9	15.9
IEHP	4.2	5.1	5.4	5.6	6.8	7.2	4.1	5.0	5.3	5.5	6.7	7.1
Kaiser NorCal	4.7	4.7	4.8	8.2	8.2	8.5	4.7	4.7	4.9	8.2	8.2	8.6
Kaiser SoCal	5.9	5.9	5.9	9.5	9.5	9.5	6.1	6.1	6.1	9.8	9.8	9.8
KFHC	75.3	75.3	75.3	99.6	99.6	99.6	75.8	75.8	75.8	98.9	98.9	98.9
L.A. Care	3.4	3.8	4.0	5.8	6.7	7.2	3.4	3.8	4.0	5.8	6.6	7.2
Molina	66.9	85.1	86.8	102.5	118.3	135.3	54.7	74.0	75.7	84.1	102.6	115.7
Partnership	14.2	15.5	20.9	16.1	17.6	23.5	12.3	13.5	18.1	14.0	15.4	20.5
SCFHP	7.7	7.7	7.7	14.0	14.0	14.0	8.3	8.3	8.3	14.8	14.8	14.9
SFHP	2.0	2.2	2.4	4.0	4.4	4.7	2.1	2.3	2.5	4.2	4.6	4.9

Table C.71—Average Time and Distances to the First, Second, and Third Nearest NP Providers, by MCP

— Indicates that the rate was not available.

MCP	Adult Beneficiaries						Child Beneficiaries					
	Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers			Average Distance (in Miles) to the Nearest Providers			Average Time (in Minutes) to the Nearest Providers		
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
AAH	1.9	2.2	2.2	3.1	3.5	3.6	1.8	2.1	2.1	3.0	3.4	3.5
Anthem	0.9	1.1	1.2	1.5	1.8	1.9	0.8	1.0	1.1	1.4	1.6	1.8
CalOptima	—	—	—	—	—	—	—	—	—	—	—	—
CalViva	76.9	79.0	79.0	101.2	104.9	104.9	84.0	85.4	85.4	107.1	109.7	109.7
Care1st	4.0	4.3	4.4	7.6	7.9	8.0	3.9	4.1	4.2	7.4	7.6	7.8
CCAH	1.4	1.6	1.8	2.5	3.0	3.4	1.3	1.5	1.8	2.3	2.8	3.3
CCHP	10.0	14.0	30.6	13.3	18.0	38.4	11.0	15.1	31.5	14.3	19.4	39.0
CenCal	2.1	2.7	3.4	2.9	3.6	4.6	2.1	2.7	3.6	2.9	3.6	4.7
CHG	—	—	—	—	—	—	—	—	—	—	—	—
CHW	2.3	3.0	3.5	3.6	4.7	5.5	2.0	2.7	3.2	3.2	4.2	5.0
Gold Coast	10.8	38.2	38.4	12.8	43.4	43.6	12.0	39.4	39.7	14.3	45.0	45.3
Health Net	1.9	2.1	2.3	2.3	2.6	2.9	1.8	2.0	2.3	2.2	2.5	2.8
HPSJ	3.4	3.4	3.4	5.0	5.0	5.0	3.4	3.4	3.4	5.0	5.0	5.0
HPSM	3.3	3.4	3.4	4.9	4.9	4.9	3.4	3.4	3.4	4.9	4.9	4.9

| MCP | Adult Beneficiaries | | | | | | Child Beneficiaries | | | | | |
| | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | | Average Distance (in Miles) to the Nearest Providers | | | Average Time (in Minutes) to the Nearest Providers | | |
	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest	1st Nearest	2nd Nearest	3rd Nearest
IEHP	—	—	—	—	—	—	—	—	—	—	—	—
Kaiser NorCal	54.5	57.4	—	67.8	84.2	—	56.4	59.3	—	70.7	87.9	—
Kaiser SoCal	3.3	4.1	5.0	5.4	6.8	8.6	3.2	4.0	4.9	5.1	6.6	8.4
KFHC	1.4	1.6	2.0	2.2	2.6	3.1	1.3	1.6	1.9	2.0	2.5	3.0
L.A. Care	42.2	45.0	52.8	49.1	60.3	70.5	45.8	48.3	56.2	53.2	65.3	75.3
Molina	2.3	3.0	3.7	2.5	3.3	4.1	2.1	2.8	3.5	2.3	3.1	3.8
Partnership	4.5	4.7	4.8	5.9	6.2	6.3	4.7	4.9	4.9	6.1	6.4	6.5
SCFHP	1.3	1.5	1.7	1.7	2.0	2.2	1.2	1.3	1.5	1.6	1.8	2.0
SFHP	17.4	19.9	56.8	28.9	33.3	86.2	18.5	21.1	64.4	29.9	34.4	96.5

Appendix D. Availability of Services Supplemental Tables

Access-Related Complaints, Grievances, and Appeals

Note the following regarding Table D.1:

♦ Rates were calculated per 1,000 MM. Each rolling "quarter" consists of four reporting quarters (e.g., Q1 2017 = Q2 2016, Q3 2016, Q4 2016, and Q1 2017).

♦ Kaiser NorCal and Kaiser SoCal rates were combined for the Kaiser rate.

♦ To satisfy the HIPAA Privacy Rule's de-identification standard, Gold Coast's rates have been suppressed (indicated by "S") because the numerator for this indicator was less than 11.

Table D.1—12-Month Grievance Rates, by Rolling Quarter

MCP	Q1 2017	Q2 2017	Q3 2017	Q4 2017
AAH	0.11	0.12	0.10	0.15
Anthem	0.12	0.13	0.15	0.09
CalOptima	0.02	0.02	0.02	0.06
CalViva	0.05	0.05	0.07	0.06
Care1st	0.25	0.40	0.55	0.43
CCAH	0.05	0.04	0.04	0.04
CCHP	0.02	0.01	0.01	0.01
CenCal	0.02	0.02	0.02	0.02
CHG	0.03	0.02	0.01	0.01
CHW	0.02	0.02	0.02	0.02
Gold Coast	S	S	S	S
Health Net	0.05	0.06	0.06	0.06
HPSJ	0.09	0.11	0.12	0.13
HPSM	0.12	0.11	0.11	0.10
IEHP	0.06	0.07	0.10	0.12
Kaiser (Kaiser NorCal and Kaiser SoCal Combined)	0.10	0.10	0.09	0.10
KFHC	0.02	0.02	0.02	0.03
L.A. Care	0.11	0.11	0.10	0.11

MCP	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Molina	0.15	0.13	0.12	0.09
Partnership	0.01	0.03	0.07	0.09
SCFHP	0.06	0.08	0.08	0.08
SFHP	0.04	0.03	0.03	0.03
Statewide	**0.07**	**0.08**	**0.08**	**0.08**

Service Utilization

Table D.2—Emergency Department Visits Utilization, by Age Category

Note that rates are per 1,000 MM.

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	113,007	58.50	44,784	36.28	157,791	49.84
Anthem	340,937	63.69	168,031	40.84	508,968	53.76
CCAH	142,359	65.55	90,476	43.54	232,835	54.79
CCHP	86,238	67.01	37,197	40.67	123,435	56.06
CHG	103,229	53.70	61,367	41.09	164,596	48.18
CHW	94,845	73.17	46,823	46.74	141,668	61.65
CalOptima	242,285	45.75	134,851	34.00	377,136	40.72
CalViva	139,071	62.39	109,579	51.24	248,650	56.93
Care1st	44,797	58.70	9,859	38.93	54,656	53.78
CenCal	82,980	73.98	42,002	40.76	124,982	58.07
Gold Coast	80,042	60.35	39,809	35.11	119,851	48.72
HPSJ	165,076	75.86	79,793	39.94	244,869	58.67
HPSM	45,804	60.08	22,530	38.73	68,334	50.84
Health Net	511,413	48.61	254,483	34.31	765,896	42.70
IEHP	486,690	61.89	257,698	36.83	744,388	50.09
KFHC	90,154	62.80	55,517	36.09	145,671	48.99
Kaiser NorCal	37,823	68.92	21,121	37.22	58,944	52.81

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
Kaiser SoCal	17,082	47.78	6,404	23.41	23,486	37.21
L.A. Care	776,364	53.00	374,801	38.11	1,151,165	47.02
Molina	196,532	59.29	90,494	38.29	287,026	50.55
Partnership	464,395	111.27	117,030	43.55	581,425	84.75
SCFHP	87,205	46.31	46,486	35.49	133,691	41.87
SFHP	63,740	55.67	15,862	32.35	79,602	48.68
Statewide	**4,412,068**	**60.01**	**2,126,997**	**38.38**	**6,539,065**	**50.71**

Table D.3—Urgent Care Visits Utilization, by Age Category

Note that rates are per 1,000 MM.

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	6,122	3.17	2,120	1.72	8,242	2.60
Anthem	23,944	4.47	17,574	4.27	41,518	4.39
CCAH	108	0.05	27	0.01	135	0.03
CCHP	8,426	6.55	5,152	5.63	13,578	6.17
CHG	1,842	0.96	4,855	3.25	6,697	1.96
CHW	6,930	5.35	4,443	4.43	11,373	4.95
CalOptima	81,238	15.34	80,358	20.26	161,596	17.45
CalViva	14,813	6.65	11,034	5.16	25,847	5.92
Care1st	4,672	6.12	3,515	13.88	8,187	8.06
CenCal	8,090	7.21	4,575	4.44	12,665	5.88
Gold Coast	7,924	5.97	15,172	13.38	23,096	9.39
HPSJ	76,244	35.04	54,109	27.08	130,353	31.23
HPSM	72	0.09	23	0.04	95	0.07
Health Net	78,141	7.43	57,434	7.74	135,575	7.56
IEHP	252,711	32.13	265,689	37.98	518,400	34.88

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
KFHC	49,791	34.68	64,134	41.70	113,925	38.31
Kaiser NorCal	78	0.14	35	0.06	113	0.10
Kaiser SoCal	147	0.41	108	0.39	255	0.40
L.A. Care	86,505	5.91	50,469	5.13	136,974	5.59
Molina	41,977	12.66	28,490	12.05	70,467	12.41
Partnership	21,086	5.05	15,164	5.64	36,250	5.28
SCFHP	791	0.42	1,427	1.09	2,218	0.69
SFHP	242	0.21	29	0.06	271	0.17
Statewide	**771,894**	**10.50**	**685,936**	**12.38**	**1,457,830**	**11.31**

Table D.4—Inpatient Admissions Utilization, by Age Category

Note that rates are per 1,000 MM.

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	27,679	14.33	9,188	7.44	36,867	11.65
Anthem	83,245	15.55	19,444	4.73	102,689	10.85
CCAH	50,805	23.39	9,339	4.49	60,144	14.15
CCHP	16,176	12.57	6,174	6.75	22,350	10.15
CHG	24,347	12.66	3,717	2.49	28,064	8.22
CHW	20,058	15.47	5,910	5.90	25,968	11.30
CalOptima	99,542	18.80	11,438	2.88	110,980	11.98
CalViva	30,696	13.77	8,274	3.87	38,970	8.92
Care1st	33,319	43.66	568	2.24	33,887	33.34
CenCal	65,918	58.77	6,832	6.63	72,750	33.80
Gold Coast	43,921	33.12	7,159	6.31	51,080	20.76
HPSJ	32,989	15.16	6,289	3.15	39,278	9.41
HPSM	14,217	18.65	2,871	4.93	17,088	12.71

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
Health Net	126,989	12.07	35,275	4.76	162,264	9.05
IEHP	114,089	14.51	30,584	4.37	144,673	9.74
KFHC	18,111	12.62	3,028	1.97	21,139	7.11
Kaiser NorCal	6,142	11.19	1,568	2.76	7,710	6.91
Kaiser SoCal	5,658	15.83	533	1.95	6,191	9.81
L.A. Care	456,586	31.17	57,268	5.82	513,854	20.99
Molina	47,938	14.46	7,860	3.33	55,798	9.83
Partnership	227,691	54.55	11,354	4.23	239,045	34.84
SCFHP	34,788	18.47	2,652	2.02	37,440	11.73
SFHP	20,320	17.75	2,770	5.65	23,090	14.12
Statewide	**1,601,224**	**21.78**	**250,095**	**4.51**	**1,851,319**	**14.36**

Table D.5—Outpatient Visits Utilization, by Age Category

Note that rates are per 1,000 MM.

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	2,649,135	1371.44	1,029,979	834.50	3,679,114	1162.11
Anthem	6,619,119	1236.60	2,939,570	714.54	9,558,689	1009.73
CCAH	3,231,190	1487.86	1,504,051	723.77	4,735,241	1114.23
CCHP	1,434,864	1114.89	647,790	708.22	2,082,654	945.94
CHG	2,492,428	1296.47	1,082,271	724.62	3,574,699	1046.44
CHW	1,961,377	1513.17	863,505	861.90	2,824,882	1229.24
CalOptima	5,768,115	1089.12	3,107,336	783.46	8,875,451	958.23
CalViva	2,880,588	1292.34	1,454,135	680.01	4,334,723	992.52
Care1st	946,326	1240.10	195,420	771.64	1,141,746	1123.37
CenCal	1,916,211	1708.34	900,851	874.25	2,817,062	1308.98
Gold Coast	1,959,385	1477.38	957,741	844.73	2,917,126	1185.81

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
HPSJ	2,884,266	1325.45	1,231,316	616.31	4,115,582	986.02
HPSM	1,044,102	1369.51	428,760	736.99	1,472,862	1095.75
Health Net	12,091,604	1149.43	4,264,515	574.98	16,356,119	911.89
IEHP	7,924,807	1007.71	3,986,752	569.84	11,911,559	801.56
KFHC	1,865,359	1299.35	939,380	610.73	2,804,739	943.17
Kaiser NorCal	692,328	1261.61	427,633	753.55	1,119,961	1003.32
Kaiser SoCal	420,770	1176.93	214,195	782.83	634,965	1006.07
L.A. Care	16,567,765	1131.03	6,703,473	681.64	23,271,238	950.52
Molina	4,402,649	1328.09	1,445,210	611.49	5,847,859	1029.83
Partnership	5,877,470	1408.24	2,248,170	836.62	8,125,640	1184.36
SCFHP	2,244,193	1191.70	1,087,505	830.22	3,331,698	1043.41
SFHP	1,916,964	1674.18	372,807	760.41	2,289,771	1400.23
Statewide	**89,791,015**	**1221.19**	**38,032,365**	**686.31**	**127,823,380**	**991.32**

Table D.6—Mental Health Outpatient Visits Utilization, by Age Category

Note that rates are per 1,000 MM.

MCP	Adult		Child		All Members	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
AAH	65,189	33.75	14,493	11.74	79,682	25.17
Anthem	120,529	22.52	33,299	8.09	153,828	16.25
CCAH	71,177	32.77	26,226	12.62	97,403	22.92
CCHP	30,377	23.60	11,402	12.47	41,779	18.98
CHG	68,108	35.43	14,399	9.64	82,507	24.15
CHW	42,227	32.58	15,727	15.70	57,954	25.22
CalOptima	150,806	28.47	41,482	10.46	192,288	20.76
CalViva	34,359	15.41	17,769	8.31	52,128	11.94
Care1st	24,730	32.41	2,443	9.65	27,173	26.74

MCP	Adult		Child		All Members	
	Number	Rate	Number	Rate	Number	Rate
CenCal	44,851	39.99	26,076	25.31	70,927	32.96
Gold Coast	42,084	31.73	17,262	15.23	59,346	24.12
HPSJ	51,394	23.62	25,214	12.62	76,608	18.35
HPSM	23,972	31.44	14,180	24.37	38,152	28.38
Health Net	149,647	14.23	11,734	1.58	161,381	9.00
IEHP	91,729	11.66	33,949	4.85	125,678	8.46
KFHC	19,398	13.51	6,386	4.15	25,784	8.67
Kaiser NorCal	13,685	24.94	6,598	11.63	20,283	18.17
Kaiser SoCal	12,348	34.54	4,980	18.20	17,328	27.46
L.A. Care	310,334	21.19	45,863	4.66	356,197	14.55
Molina	92,364	27.86	12,649	5.35	105,013	18.49
Partnership	262,828	62.97	83,403	31.04	346,231	50.47
SCFHP	10,243	5.44	6,863	5.24	17,106	5.36
SFHP	21,703	18.95	2,305	4.70	24,008	14.68
Statewide	**1,754,082**	**23.86**	**474,702**	**8.57**	**2,228,784**	**17.29**

Table D.7—Rate of Emergency Department Visits Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Emergency Department Visits				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	49.84	49.84
Anthem	57.57	51.15	51.84	55.88	53.76
CalOptima	—	—	—	40.72	40.72
CalViva	—	56.93	—	—	56.93
Care1st	—	—	—	53.78	53.78
CCAH	—	56.16	49.14	—	54.79
CCHP	—	—	—	56.06	56.06
CenCal	—	58.07	—	—	58.07
CHG	—	—	—	48.18	48.18
CHW	62.99	60.14	60.96	—	61.65
Gold Coast	—	—	48.72	—	48.72
Health Net	—	45.32	55.95	41.20	42.70
HPSJ	—	—	58.67	—	58.67
HPSM	—	—	—	50.84	50.84
IEHP	—	52.78	47.29	—	50.09
Kaiser NorCal	—	37.29	37.51	54.33	52.81
Kaiser SoCal	—	—	—	37.21	37.21
KFHC	—	48.99	—	—	48.99
L.A. Care	—	—	—	47.02	47.02
Molina	57.97	46.21	42.83	53.70	50.55
Partnership	92.37	79.91	81.21	—	84.75
SCFHP	—	—	—	41.87	41.87
SFHP	—	—	—	48.68	48.68
Statewide	**78.23**	**54.23**	**55.39**	**46.38**	**50.71**

Table D.8—Rate of Urgent Care Visits Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Urgent Care Visits				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	2.60	2.60
Anthem	0.75	4.58	3.58	4.72	4.39
CalOptima	—	—	—	17.45	17.45
CalViva	—	5.92	—	—	5.92
Care1st	—	—	—	8.06	8.06
CCAH	—	0.03	0.03	—	0.03
CCHP	—	—	—	6.17	6.17
CenCal	—	5.88	—	—	5.88
CHG	—	—	—	1.96	1.96
CHW	0.36	10.24	5.90	—	4.95
Gold Coast	—	—	9.39	—	9.39
Health Net	—	10.66	8.22	7.01	7.56
HPSJ	—	—	31.23	—	31.23
HPSM	—	—	—	0.07	0.07
IEHP	—	34.72	35.06	—	34.88
Kaiser NorCal	—	S	0.22	0.09	S
Kaiser SoCal	—	—	—	0.40	0.40
KFHC	—	38.31	—	—	38.31
L.A. Care	—	—	—	5.59	5.59
Molina	0.98	18.33	16.42	10.20	12.41
Partnership	5.47	7.87	4.04	—	5.28
SCFHP	—	—	—	0.69	0.69
SFHP	—	—	—	0.17	0.17
Statewide	**3.25**	**16.45**	**21.74**	**6.73**	**11.31**

Table D.9—Rate of Inpatient Admissions Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Inpatient Admissions				
	Rural	Small	Medium	Large	Total
AAH	—	—	—	11.65	11.65
Anthem	5.71	9.28	10.11	12.99	10.85
CalOptima	—	—	—	11.98	11.98
CalViva	—	8.92	—	—	8.92
Care1st	—	—	—	33.34	33.34
CCAH	—	12.97	19.00	—	14.15
CCHP	—	—	—	10.15	10.15
CenCal	—	33.80	—	—	33.80
CHG	—	—	—	8.22	8.22
CHW	9.64	13.01	13.43	—	11.30
Gold Coast	—	—	20.76	—	20.76
Health Net	—	6.50	6.58	9.65	9.05
HPSJ	—	—	9.41	—	9.41
HPSM	—	—	—	12.71	12.71
IEHP	—	10.40	9.04	—	9.74
Kaiser NorCal	—	5.02	5.38	7.07	6.91
Kaiser SoCal	—	—	—	9.81	9.81
KFHC	—	7.11	—	—	7.11
L.A. Care	—	—	—	20.99	20.99
Molina	12.83	8.93	8.91	10.19	9.83
Partnership	34.69	27.27	38.20	—	34.84
SCFHP	—	—	—	11.73	11.73
SFHP	—	—	—	14.12	14.12
Statewide	**23.05**	**12.17**	**15.25**	**14.51**	**14.36**

Table D.10—Rate of Outpatient Visits Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Outpatient Visits				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	1162.11	1162.11
Anthem	949.27	1002.52	988.21	1025.54	1009.73
CalOptima	—	—	—	958.23	958.23
CalViva	—	992.52	—	—	992.52
Care1st	—	—	—	1123.37	1123.37
CCAH	—	1041.12	1414.24	—	1114.23
CCHP	—	—	—	945.94	945.94
CenCal	—	1308.98	—	—	1308.98
CHG	—	—	—	1046.44	1046.44
CHW	1171.19	1320.20	1024.82	—	1229.24
Gold Coast	—	—	1185.81	—	1185.81
Health Net	—	979.33	760.61	913.49	911.89
HPSJ	—	—	986.02	—	986.02
HPSM	—	—	—	1095.75	1095.75
IEHP	—	763.05	841.71	—	801.56
Kaiser NorCal	—	901.69	975.45	1007.76	1003.32
Kaiser SoCal	—	—	—	1006.07	1006.07
KFHC	—	943.17	—	—	943.17
L.A. Care	—	—	—	950.52	950.52
Molina	1242.08	735.10	731.96	1189.62	1029.83
Partnership	1266.85	1160.49	1133.92	—	1184.36
SCFHP	—	—	—	1043.41	1043.41
SFHP	—	—	—	1400.23	1400.23
Statewide	**1198.63**	**968.90**	**973.09**	**993.71**	**991.32**

Table D.11—Rate of Mental Health Outpatient Visits Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Mental Health Outpatient Visits				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	25.17	25.17
Anthem	19.09	16.20	37.07	14.21	16.25
CalOptima	—	—	—	20.76	20.76
CalViva	—	11.94	—	—	11.94
Care1st	—	—	—	26.74	26.74
CCAH	—	11.52	69.68	—	22.92
CCHP	—	—	—	18.98	18.98
CenCal	—	32.96	—	—	32.96
CHG	—	—	—	24.15	24.15
CHW	12.94	40.19	20.38	—	25.22
Gold Coast	—	—	24.12	—	24.12
Health Net	—	3.20	5.77	10.18	9.00
HPSJ	—	—	18.35	—	18.35
HPSM	—	—	—	28.38	28.38
IEHP	—	8.42	8.49	—	8.46
Kaiser NorCal	—	23.65	18.38	18.03	18.17
Kaiser SoCal	—	—	—	27.46	27.46
KFHC	—	8.67	—	—	8.67
L.A. Care	—	—	—	14.55	14.55
Molina	3.12	8.02	7.13	25.65	18.49
Partnership	61.02	38.94	47.64	—	50.47
SCFHP	—	—	—	5.36	5.36
SFHP	—	—	—	14.68	14.68
Statewide	**39.72**	**14.14**	**21.17**	**16.19**	**17.29**

Table D.12—Rate of Telehealth/Telemedicine Visits Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

To satisfy the HIPAA Privacy Rule's de-identification standard, the appropriate rates have been suppressed (indicated by "S") because the numerator for this indicator was less than 11.

MCP	Telehealth/Telemedicine Visits				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	0.02	0.02
Anthem	0.63	0.83	0.22	0.08	0.44
CalOptima	—	—	—	0.00	0.00
CalViva	—	0.62	—	—	0.62
Care1st	—	—	—	0.03	0.03
CCAH	—	0.38	0.48	—	0.40
CCHP	—	—	—	S	S
CenCal	—	0.53	—	—	0.53
CHG	—	—	—	0.01	0.01
CHW	0.37	1.29	1.68	—	0.84
Gold Coast	—	—	0.96	—	0.96
Health Net	—	0.50	0.07	0.03	0.09
HPSJ	—	—	0.28	—	0.28
HPSM	—	—	—	S	S
IEHP	—	0.18	0.02	—	0.10
Kaiser NorCal	—	S	S	S	S
Kaiser SoCal	—	—	—	S	S
KFHC	—	0.51	—	—	0.51
L.A. Care	—	—	—	0.01	0.01
Molina	0.50	0.25	0.08	0.05	0.10
Partnership	2.09	1.09	0.48	—	1.15
SCFHP	—	—	—	S	S
SFHP	—	—	—	0.07	0.07
Statewide	**1.35**	**0.52**	**0.29**	**0.02**	**0.23**

Table D.13—Rate of NMT Services Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	NMT Services				
	Rural	**Small**	**Medium**	**Large**	**Total**
AAH	—	—	—	13.24	13.24
Anthem	8.64	14.94	13.60	23.45	18.53
CalOptima	—	—	—	11.04	11.04
CalViva	—	15.73	—	—	15.73
Care1st	—	—	—	0.10	0.10
CCAH	—	7.89	11.61	—	8.62
CCHP	—	—	—	2.85	2.85
CenCal	—	5.85	—	—	5.85
CHG	—	—	—	8.95	8.95
CHW	3.89	0.92	1.29	—	2.47
Gold Coast	—	—	8.37	—	8.37
Health Net	—	15.23	13.38	25.69	23.54
HPSJ	—	—	10.86	—	10.86
HPSM	—	—	—	20.41	20.41
IEHP	—	11.40	10.15	—	10.79
Kaiser NorCal	—	1.00	0.75	13.96	12.77
Kaiser SoCal	—	—	—	15.43	15.43
KFHC	—	10.59	—	—	10.59
L.A. Care	—	—	—	13.04	13.04
Molina	68.45	26.14	22.15	46.35	39.17
Partnership	7.20	5.86	10.01	—	8.23
SCFHP	—	—	—	18.88	18.88
SFHP	—	—	—	4.11	4.11
Statewide	**9.17**	**11.78**	**10.91**	**17.03**	**14.56**

Table D.14—W34 Utilization, by MCP

Note that rates are per 1,000 MM.

MCP	W34	W34 Standards
AAH	79.3	Minimum Performance Level
Anthem	74.2	Minimum Performance Level
CalOptima	83.2	High Performance Level
CalViva	78.9	Minimum Performance Level
Care1st	67.7	Minimum Performance Level
CCAH	76.2	Minimum Performance Level
CCHP	74.7	Minimum Performance Level
CenCal	83.7	High Performance Level
CHG	73.2	Minimum Performance Level
CHW	69.9	Minimum Performance Level
Gold Coast	75.5	Minimum Performance Level
Health Net	69.5	Minimum Performance Level
HPSJ	68.7	Minimum Performance Level
HPSM	74.4	Minimum Performance Level
IEHP	75.4	Minimum Performance Level
Kaiser NorCal	80.8	Minimum Performance Level
Kaiser SoCal	74.0	Minimum Performance Level
KFHC	66.7	Minimum Performance Level
L.A. Care	74.7	Minimum Performance Level
Molina	69.6	Minimum Performance Level
Partnership	71.9	Minimum Performance Level
SCFHP	72.7	Minimum Performance Level
SFHP	82.4	Minimum Performance Level
Statewide	**75.3**	**Minimum Performance Level**

Table D.15—W34 Utilization, by Urbanicity

☐ (green) = Indicates the MCP's measure rate exceeded the high performance level.

☐ (pink) = Indicates the MCP's measure rate was less than the minimum performance level.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	—	—	—	79.3%	79.3%
Anthem	67.4%	76.1%	72.6%	74.9%	74.3%
CalOptima	—	—	—	83.2%	83.2%
CalViva	—	78.9%	—	—	78.9%
Care1st	—	—	—	67.7%	67.7%
CCAH	—	76.4%	74.6%	—	76.2%
CCHP	—	—	—	74.6%	74.6%
CenCal	—	83.8%	—	—	83.8%
CHG	—	—	—	73.3%	73.3%
CHW	72.9%	65.8%	—	—	69.9%
Gold Coast	—	—	75.5%	—	75.5%
Health Net	—	72.8%	61.2%	73.5%	69.6%
HPSJ	—	—	68.9%	—	68.9%
HPSM	—	—	—	74.0%	74.0%
IEHP	—	76.6%	74.5%	—	75.6%
Kaiser NorCal	—	81.9%	82.5%	80.6%	80.8%
Kaiser SoCal	—	—	—	73.9%	73.9%
KFHC	—	66.7%	—	—	66.7%
L.A. Care	—	—	—	74.7%	74.7%
Molina	67.9%	62.2%	70.4%	71.9%	69.6%
Partnership	66.4%	79.7%	79.8%	—	71.9%
SCFHP	—	—	—	72.7%	72.7%
SFHP	—	—	—	82.4%	82.4%
Statewide	**68.5%**	**75.4%**	**72.0%**	**76.8%**	**75.3%**

Table D.16—AMB-Emergency Department Utilization, by Age

Note that rates are per 1,000 MM.

MCP	Adult	Child	Total
AAH	52.1	34.1	44.6
Anthem	56.1	39.3	48.6
CalOptima	36.7	31.8	34.5
CalViva	54.8	51.0	52.9
Care1st	45.4	36.3	42.8
CCAH	57.9	43.4	50.0
CCHP	59.3	40.0	51.5
CenCal	61.1	39.3	49.6
CHG	43.3	39.3	41.5
CHW	62.5	44.5	54.5
Gold Coast	48.6	34.1	41.2
Health Net	46.4	34.0	40.7
HPSJ	62.4	39.4	51.6
HPSM	53.0	38.0	46.5
IEHP	57.2	35.6	46.9
Kaiser NorCal	55.2	33.2	44.3
Kaiser SoCal	36.6	20.9	30.0
KFHC	56.3	34.8	45.0
L.A. Care	45.3	36.2	41.2
Molina	49.3	35.1	42.9
Partnership	57.8	37.0	48.6
SCFHP	41.1	34.3	38.0
SFHP	41.4	30.0	38.1
Statewide	**50.3**	**36.7**	**44.1**

Table D.17—AMB-Emergency Department Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	—	—	—	44.6	44.6
Anthem	53.8	46.2	46.4	50.4	48.6
CalOptima	—	—	—	34.4	34.4
CalViva	—	52.9	—	—	52.9
Care1st	—	—	—	42.8	42.8
CCAH	—	51.5	43.3	—	50.1
CCHP	—	—	—	51.4	51.4
CenCal	—	49.7	—	—	49.7
CHG	—	—	—	41.5	41.5
CHW	57.3	51.5	52.6	—	54.5
Gold Coast	—	—	41.2	—	41.2
Health Net	—	41.2	52.4	39.6	40.7
HPSJ	—	—	51.5	—	51.5
HPSM	—	—	—	45.6	45.6
IEHP	—	49.2	44.0	—	46.7
Kaiser NorCal	—	27.6	33.6	45.5	44.3
Kaiser SoCal	—	—	—	30.0	30.0
KFHC	—	45.0	—	—	45.0
L.A. Care	—	—	—	41.2	41.2
Molina	50.0	41.4	37.7	44.4	42.9
Partnership	53.5	45.5	46.5	—	48.6
SCFHP	—	—	—	38.0	38.0
SFHP	—	—	—	38.1	38.1
Statewide	**54.5**	**48.3**	**45.9**	**41.1**	**44.1**

Table D.18—AMB-OP Utilization, by Age

Note that rates are per 1,000 MM.

MCP	Adult	Child	Total
AAH	313.5	229.8	278.9
Anthem	257.2	215.8	238.7
CalOptima	321.8	203.4	268.0
CalViva	371.4	314.2	342.8
Care1st	291.5	215.5	269.4
CCAH	375.7	268.6	317.5
CCHP	333.0	241.0	295.5
CenCal	387.3	272.3	327.0
CHG	339.4	251.4	298.9
CHW	321.1	230.9	281.2
Gold Coast	328.0	216.2	271.1
Health Net	244.4	233.0	239.2
HPSJ	294.7	213.8	256.7
HPSM	466.2	326.3	406.2
IEHP	307.4	182.5	247.9
Kaiser NorCal	517.8	265.9	392.8
Kaiser SoCal	628.4	322.7	499.7
KFHC	403.3	260.4	328.2
L.A. Care	395.4	298.3	351.5
Molina	299.2	199.3	254.7
Partnership	272.2	211.3	245.4
SCFHP	259.1	183.0	224.6
SFHP	359.4	307.9	344.4
Statewide	**323.4**	**238.8**	**284.6**

Table D.19—AMB-OP Utilization, by Urbanicity

Note that rates are per 1,000 MM.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	—	—	—	279.0	279.0
Anthem	246.0	275.1	220.5	204.8	238.9
CalOptima	—	—	—	262.6	262.6
CalViva	—	342.8	—	—	342.8
Care1st	—	—	—	269.1	269.1
CCAH	—	317.2	321.2	—	317.9
CCHP	—	—	—	295.4	295.4
CenCal	—	327.6	—	—	327.6
CHG	—	—	—	298.8	298.8
CHW	257.6	322.1	167.0	—	281.4
Gold Coast	—	—	271.3	—	271.3
Health Net	—	320.9	218.8	226.7	239.3
HPSJ	—	—	256.6	—	256.6
HPSM	—	—	—	354.3	354.3
IEHP	—	239.4	242.0	—	240.7
Kaiser NorCal	—	377.5	373.2	394.3	392.5
Kaiser SoCal	—	—	—	499.6	499.6
KFHC	—	328.3	—	—	328.3
L.A. Care	—	—	—	350.4	350.4
Molina	253.9	211.5	190.4	284.5	255.0
Partnership	230.3	258.3	251.6	—	245.8
SCFHP	—	—	—	224.6	224.6
SFHP	—	—	—	344.5	344.5
Statewide	**241.7**	**292.1**	**248.2**	**291.0**	**282.7**

Table D.20—CAP Utilization, by Age

MCP	12–24 Months	25 Months to 6 Years	7 to 11 Years	12 to 19 Years	Total
AAH	91.9%	84.5%	87.6%	85.5%	86.1%
Anthem	93.5%	84.2%	86.2%	83.5%	85.0%
CalOptima	93.4%	87.6%	90.7%	87.3%	88.7%
CalViva	94.8%	87.4%	87.3%	84.9%	87.0%
Care1st	81.3%	71.3%	76.2%	70.7%	72.9%
CCAH	96.0%	89.8%	91.7%	89.1%	90.5%
CCHP	93.4%	83.5%	85.5%	82.4%	84.2%
CenCal	95.9%	90.5%	92.6%	90.0%	91.3%
CHG	93.3%	85.0%	89.7%	86.2%	87.2%
CHW	95.2%	85.7%	85.7%	83.6%	85.5%
Gold Coast	95.1%	84.7%	86.1%	83.7%	85.3%
Health Net	90.6%	81.3%	84.6%	81.3%	82.6%
HPSJ	94.1%	84.8%	85.7%	82.1%	84.6%
HPSM	94.5%	86.0%	89.8%	87.0%	87.9%
IEHP	93.8%	84.1%	83.3%	82.7%	83.9%
Kaiser NorCal	99.0%	86.8%	88.9%	90.2%	89.4%
Kaiser SoCal	98.6%	90.4%	92.4%	90.7%	91.5%
KFHC	89.7%	81.4%	80.9%	78.8%	80.9%
L.A. Care	91.4%	83.9%	89.1%	86.5%	86.6%
Molina	92.6%	83.6%	85.9%	83.3%	84.5%
Partnership	94.6%	86.2%	87.0%	86.6%	87.1%
SCFHP	87.7%	78.6%	86.1%	82.8%	82.8%
SFHP	91.4%	86.2%	90.4%	87.9%	88.3%
Statewide	**93.0%**	**84.4%**	**86.9%**	**84.4%**	**85.5%**

Table D.21—PPC-Pre, by Age

Note that most MCPs were too small to report for children.
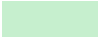
| | = Indicates the MCP's measure rate exceeded the high performance level.
| | = Indicates the MCP's measure rate was below the minimum performance level.

NA indicates the eligible population of the MCP was too small to report (i.e., the eligible population < 30).

MCP	Adult	Child	All
AAH	85.8%	NA	85.5%
Anthem	84.0%	65.3%	83.4%
CalOptima	86.3%	NA	86.2%
CalViva	87.3%	77.6%	86.9%
Care1st	82.9%	NA	82.5%
CCAH	85.9%	NA	85.3%
CCHP	86.5%	NA	86.4%
CenCal	91.0%	74.4%	90.0%
CHG	84.3%	NA	84.2%
CHW	85.5%	NA	85.4%
Gold Coast	83.1%	NA	82.4%
Health Net	80.2%	71.3%	79.8%
HPSJ	78.7%	NA	78.6%
HPSM	84.7%	NA	83.9%
IEHP	79.5%	NA	79.1%
Kaiser NorCal	93.1%	78.4%	92.6%
Kaiser SoCal	93.1%	NA	91.9%
KFHC	82.5%	NA	82.5%
L.A. Care	82.8%	NA	82.2%
Molina	80.2%	73.1%	80.0%
Partnership	83.1%	66.7%	82.6%
SCFHP	84.4%	NA	83.7%
SFHP	91.0%	NA	91.1%
Statewide	**84.5%**	**71.2%**	**84.0%**

Table D.22—PPC-Pre, by Urbanicity

> = Indicates the MCP's measure rate exceeded the high performance level.

> = Indicates the MCP's measure rate was below the minimum performance level.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	—	—	—	85.5%	85.5%
Anthem	80.6%	83.8%	86.0%	83.1%	83.4%
CalOptima	—	—	—	86.2%	86.2%
CalViva	—	86.9%	—	—	86.9%
Care1st	—	—	—	82.5%	82.5%
CCAH	—	85.2%	86.0%	—	85.3%
CCHP	—	—	—	86.4%	86.4%
CenCal	—	90.0%	—	—	90.0%
CHG	—	—	—	84.2%	84.2%
CHW	86.2%	85.2%	76.7%	—	85.4%
Gold Coast	—	—	82.4%	—	82.4%
Health Net	—	81.4%	79.7%	78.6%	79.8%
HPSJ	—	—	78.5%	—	78.5%
HPSM	—	—	—	83.8%	83.8%
IEHP	—	79.3%	78.6%	—	79.0%
Kaiser NorCal	—	—	91.4%	92.6%	92.6%
Kaiser SoCal	—	—	—	91.9%	91.9%
KFHC	—	82.5%	—	—	82.5%
L.A. Care	—	—	—	82.2%	82.2%
Molina	74.3%	76.9%	79.9%	82.2%	79.9%
Partnership	80.1%	84.7%	86.3%	—	82.6%
SCFHP	—	—	—	83.7%	83.7%
SFHP	—	—	—	91.1%	91.1%
Statewide	**81.5%**	**84.6%**	**81.3%**	**85.1%**	**84.0%**

Table D.23—PPC-Post, by Age

Note that most MCPs are too small to report for children.

    = Indicates the MCP's measure rate exceeded the high performance level.

    = Indicates the MCP's measure rate was below the minimum performance level.

NA indicates the eligible population of the MCP was too small to report (i.e., the eligible population < 30).

MCP	Adult	Child*	All
AAH	68.2%	NA	68.3%
Anthem	67.3%	63.6%	67.2%
CalOptima	71.8%	NA	71.8%
CalViva	64.1%	61.2%	64.0%
Care1st	67.5%	NA	67.8%
CCAH	70.2%	NA	69.9%
CCHP	70.3%	NA	70.6%
CenCal	73.8%	79.5%	74.1%
CHG	67.6%	NA	66.9%
CHW	64.7%	NA	64.6%
Gold Coast	68.4%	NA	68.4%
Health Net	60.6%	57.4%	60.5%
HPSJ	64.7%	NA	64.4%
HPSM	74.6%	NA	74.6%
IEHP	61.3%	NA	61.3%
Kaiser NorCal	74.1%	62.2%	73.7%
Kaiser SoCal	77.3%	NA	77.3%
KFHC	66.6%	NA	66.7%
L.A. Care	56.4%	NA	56.5%
Molina	62.0%	55.8%	61.8%
Partnership	65.7%	54.2%	65.3%
SCFHP	70.4%	NA	69.1%
SFHP	74.3%†	NA	73.9%†
Statewide	**66.8%**	**61.6%**	**66.6%**

Table D.24—PPC-Post, by Urbanicity

🟩 = Indicates the MCP's measure rate exceeded the high performance level.

🟥 = Indicates the MCP's measure rate was below the minimum performance level.

— Indicates the MCP did not operate in counties of the indicated urbanicity.

MCP	Rural	Small	Medium	Large	Total
AAH	—	—	—	68.3%	68.3%
Anthem	65.6%	68.5%	74.8%	65.4%	67.2%
CalOptima	—	—	—	71.8%	71.8%
CalViva	—	64.0%	—	—	64.0%
Care1st	—	—	—	67.8%	67.8%
CCAH	—	68.2%	81.4%	—	69.9%
CCHP	—	—	—	70.6%	70.6%
CenCal	—	74.1%	—	—	74.1%
CHG	—	—	—	66.9%	66.9%
CHW	63.2%	67.1%	60.5%	—	64.6%
Gold Coast	—	—	68.3%	—	68.3%
Health Net	—	64.9%	62.4%	56.2%	60.5%
HPSJ	—	—	64.5%	—	64.5%
HPSM	—	—	—	74.5%	74.5%
IEHP	—	60.1%	62.7%	—	61.4%
Kaiser NorCal	—	—	74.3%	73.6%	73.7%
Kaiser SoCal	—	—	—	77.3%	77.3%
KFHC	—	66.7%	—	—	66.7%
L.A. Care	—	—	—	56.4%	56.4%
Molina	56.5%	52.3%	61.7%	65.7%	61.8%
Partnership	60.8%	73.2%	70.8%	—	65.3%
SCFHP	—	—	—	69.1%	69.1%
SFHP	—	—	—	73.9%	73.9%
Statewide	**61.7%**	**67.1%**	**66.3%**	**67.5%**	**66.6%**

Appointment Availability

Table D.25—Appointment Availability—Plans Meeting Standards (2016 Results)

*Plan passed the first Post-Audit Verification Study.

**Plan passed the second Post-Audit Verification Study.

MCP	PCP	Urgent	Specialist	Prenatal
AAH	Pass*	Pass*	Pass*	Pass*
Anthem	Pass	Pass	Pass	Pass
CalOptima	Pass	Pass	Pass	Pass
CalViva	Pass	Pass*	Pass	Pass
Care1st	Pass	Pass	Pass	Pass
CCAH	Pass	Pass	Pass	Pass
CCHP	Pass	Pass	Pass	Pass
CenCal	Pass	Pass	Pass	Pass
CHG	Pass	Pass	Pass	Pass
CHW	Fail	Pass	Pass*	Fail
Gold Coast	Pass	Pass	Pass	Pass
Health Net	Pass*	Pass	Pass	Pass
HPSJ	Pass	Pass	Pass	Pass
HPSM	Pass*	Pass	Pass	Pass
IEHP	Pass	Pass	Pass	Pass
Kaiser (NorCal and SoCal)	Pass	Pass	Pass	Pass
KFHC	Pass*	Pass	Pass*	Pass
L.A. Care	Pass*	Pass	Pass*	Pass*
Molina	Pass	Pass*	Pass	Pass
Partnership	Pass	Pass*	Pass	Pass*
SCFHP	Pass	Pass*	Pass*	Pass*
SFHP	Pass	Pass*	Pass**	Pass*

Appendix E. Taxonomy Code Classification Supplemental Tables

Table E.1—Provider 274 Taxonomy Code Classification Table

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207Q00000X	Allopathic & Osteopathic Physicians/Family Medicine	Adult Primary Care	Family Medicine	Family Practice
207QA0401X	Allopathic & Osteopathic Physicians/Family Medicine, Addiction Medicine	Adult Primary Care	Family Medicine	Family Practice
207QA0505X	Allopathic & Osteopathic Physicians/Family Medicine, Adult Medicine	Adult Primary Care	Family Medicine	Family Practice
207QB0002X	Allopathic & Osteopathic Physicians/Family Medicine, Bariatric Medicine	Adult Primary Care	Family Medicine	Family Practice
207QG0300X	Allopathic & Osteopathic Physicians/Family Medicine, Geriatric Medicine	Adult Primary Care	Family Medicine	Family Practice
207QH0002X	Allopathic & Osteopathic Physicians/Family Medicine, Hospice and Palliative Medicine	Adult Primary Care	Family Medicine	Family Practice
207QS0010X	Allopathic & Osteopathic Physicians/Family Medicine, Sports Medicine	Adult Primary Care	Family Medicine	Family Practice
207QS1201X	Allopathic & Osteopathic Physicians/Family Medicine, Sleep Medicine	Adult Primary Care	Family Medicine	Family Practice
208D00000X	Allopathic & Osteopathic Physicians/General Practice	Adult Primary Care	General Practice	General Practice

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207VG0400X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Gynecology	Adult Primary Care	Obstetrics & Gynecology	Gynecology (Doctor of Osteopathic Medicine [DO] Only)
207R00000X	Allopathic & Osteopathic Physicians/Internal Medicine	Adult Primary Care	Internal Medicine	Internal Medicine
207RG0300X	Allopathic & Osteopathic Physicians/Internal Medicine, Geriatric Medicine	Adult Primary Care	Internal Medicine	Internal Medicine
207VX0000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Obstetrics	Adult Primary Care	Obstetrics & Gynecology	Obstetrics (DO Only), Endodontist (Dentists Only)
207V00000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology	Adult Primary Care	Obstetrics & Gynecology	Obstetrics-Gynecology (Medical Doctor [MD] Only) Neonatal
2083A0100X	Allopathic & Osteopathic Physicians/Preventive Medicine, Aerospace Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
2083P0011X	Allopathic & Osteopathic Physicians/Preventive Medicine, Undersea and Hyperbaric Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
2083P0500X	Allopathic & Osteopathic Physicians/Preventive Medicine, Preventive Medicine/Occupational Environmental Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2083P0901X	Allopathic & Osteopathic Physicians/Preventive Medicine, Public Health & General Preventive Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
2083S0010X	Allopathic & Osteopathic Physicians/Preventive Medicine, Sports Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
2083T0002X	Allopathic & Osteopathic Physicians/Preventive Medicine, Medical Toxicology	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
2083X0100X	Allopathic & Osteopathic Physicians/Preventive Medicine, Occupational Medicine	Adult Primary Care	Preventive Medicine	Preventive (MD Only)
207Q00000X	Allopathic & Osteopathic Physicians/Family Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QA0000X	Allopathic & Osteopathic Physicians/Family Medicine, Adolescent Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QA0401X	Allopathic & Osteopathic Physicians/Family Medicine, Addiction Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QB0002X	Allopathic & Osteopathic Physicians/Family Medicine, Bariatric Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QH0002X	Allopathic & Osteopathic Physicians/Family Medicine, Hospice and Palliative Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QS0010X	Allopathic & Osteopathic Physicians/Family Medicine, Sports Medicine	Pediatric Primary Care	Family Medicine	Family Practice
207QS1201X	Allopathic & Osteopathic Physicians/Family Medicine, Sleep Medicine	Pediatric Primary Care	Family Medicine	Family Practice

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207VG0400X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Gynecology	Pediatric Primary Care	Obstetrics & Gynecology	Gynecology (DO Only)
207VX0000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Obstetrics	Pediatric Primary Care	Obstetrics & Gynecology	Obstetrics (DO Only), Endodontist (Dentists Only)
207V00000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology	Pediatric Primary Care	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207RA0000X	Allopathic & Osteopathic Physicians/Internal Medicine, Adolescent Medicine	Pediatric Primary Care	Pediatrics	Pediatrics, Periodontist (Dentists Only)
208000000X	Allopathic & Osteopathic Physicians/Pediatrics	Pediatric Primary Care	Pediatrics	Pediatrics, Periodontist (Dentists Only)
2080A0000X	Allopathic & Osteopathic Physicians/Pediatrics, Adolescent Medicine	Pediatric Primary Care	Pediatrics	Pediatrics, Periodontist (Dentists Only)
363A00000X	Physician Assistants & Advanced Practice Nursing Providers/Physician Assistant	Non-Physician Medical Practitioner	Physician Assistant	Physician Assistant (Non-physician Medical Practitioner)
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers/Physician Assistant, Medical	Non-Physician Medical Practitioner	Physician Assistant	Physician Assistant (Non-physician Medical Practitioner)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
363L00000X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Acute Care	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Adult Health	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LC1500X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Community Health	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LF0000X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Family	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Gerontology	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LX0106X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Occupational Health	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Obstetrics & Gynecology	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Pediatrics	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Primary Care	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Women's Health	Non-Physician Medical Practitioner	Nurse Practitioner	Certified Nurse Practitioner
367A00000X	Physician Assistants & Advanced Practice Nursing Providers/Midwife, Certified Nurse	Non-Physician Medical Practitioner	Certified Nurse Midwife	Certified Nurse Midwife
207RC0000X	Allopathic & Osteopathic Physicians/Internal Medicine, Cardiovascular Disease	Adult Core-Specialist	Cardiology/Interventional Cardiology	Cardiovascular Disease (MD Only)
207RI0011X	Allopathic & Osteopathic Physicians/Internal Medicine, Interventional Cardiology	Adult Core-Specialist	Cardiology/Interventional Cardiology	Cardiovascular Disease (MD Only)
207N00000X	Allopathic & Osteopathic Physicians/Dermatology	Adult Core-Specialist	Dermatology	Dermatology
207ND0101X	Allopathic & Osteopathic Physicians/Dermatology, Mohs-Micrographic Surgery	Adult Core-Specialist	Dermatology	Dermatology
207ND0900X	Allopathic & Osteopathic Physicians/Dermatology, Dermapathology	Adult Core-Specialist	Dermatology	Dermatology
207NI0002X	Allopathic & Osteopathic Physicians/Dermatology, Clinical & Laboratory Dermatological Immunology	Adult Core-Specialist	Dermatology	Dermatology

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207NS0135X	Allopathic &Osteopathic Physicians/Dermatology, Procedural Dermatology	Adult Core-Specialist	Dermatology	Dermatology
207RE0101X	Allopathic & Osteopathic Physicians/Internal Medicine, Endocrinology, Diabetes, & Metabolism	Adult Core-Specialist	Endocrinology	Endocrinology
207RG0100X	Allopathic & Osteopathic Physicians/Internal Medicine, Gastroenterology	Adult Core-Specialist	Gastroenterology	Gastroenterology (MD Only), Oral Surgeon (Dentists Only)
204E00000X	Allopathic & Osteopathic Physicians/Oral & Maxillofacial Surgery	Adult Core-Specialist	General Surgery	General Surgery
204F00000X	Allopathic & Osteopathic Physicians/Transplant Surgery	Adult Core-Specialist	General Surgery	General Surgery
207T00000X	Allopathic & Osteopathic Physicians/Neurological Surgery	Adult Core-Specialist	General Surgery	General Surgery
208600000X	Allopathic & Osteopathic Physicians/Surgery	Adult Core-Specialist	General Surgery	General Surgery
2086H0002X	Allopathic & Osteopathic Physicians/Surgery/Hospice and Palliative Medicine	Adult Core-Specialist	General Surgery	General Surgery
2086S0102X	Allopathic & Osteopathic Physicians/Surgery/Surgical Critical Care	Adult Core-Specialist	General Surgery	General Surgery
2086X0206X	Allopathic & Osteopathic Physicians/Surgery/Surgical Oncology	Adult Core-Specialist	General Surgery	General Surgery
208C00000X	Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	Adult Core-Specialist	General Surgery	General Surgery

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207VG0400X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Gynecology	Adult Core-Specialist	Obstetrics & Gynecology	Gynecology (DO Only)
207VX0201X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Gynecologic Oncology	Adult Core-Specialist	Obstetrics & Gynecology	Gynecology (DO Only)
2086S0105X	Allopathic & Osteopathic Physicians/Surgery/Surgery of the Hand	Adult Core-Specialist	General Surgery	Hand Surgery
207RH0000X	Allopathic & Osteopathic Physicians/Internal Medicine, Hematology	Adult Core-Specialist	Hematology & Oncology	Hematology
207RH0003X	Allopathic & Osteopathic Physicians/Internal Medicine, Hematology & Oncology	Adult Core-Specialist	Hematology & Oncology	Hematology
207RI0200X	Allopathic & Osteopathic Physicians/Internal Medicine, Infectious Disease	Adult Core-Specialist	Infectious Disease	Infectious Disease
207RH0003X	Allopathic & Osteopathic Physicians/Internal Medicine, Hematology & Oncology	Adult Core-Specialist	Hematology & Oncology	Neoplastic Diseases/Oncology
207RX0202X	Allopathic & Osteopathic Physicians/Internal Medicine, Medical Oncology	Adult Core-Specialist	Hematology & Oncology	Neoplastic Diseases/Oncology
207RN0300X	Allopathic & Osteopathic Physicians/Internal Medicine, Nephrology	Adult Core-Specialist	Nephrology	Nephrology (Renal-Kidney)
2084A2900X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology/Neurocritical Care	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084N0008X	Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Neuromuscular Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2084N0400X	Allopathic & Osteopathic Physicians/Psychiatry and Neurology, Neurology	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084V0102X	Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Vascular Neurology	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084N0600X	Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Clinical Neurophysiology	Adult Core-Specialist	Neurology	Neurology (MD Only)
207VX0000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Obstetrics	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics (DO Only), Endodontist (Dentists Only)
207V00000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207VB0002X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Bariatric Medicine	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207VC0200X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Critical Care Medicine	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207VE0102X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Reproductive Endocrinology	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207VF0040X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Female Pelvic Medicine and Reconstructive Surgery	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207VH0002X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Hospice and Palliative Medicine	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207VM0101X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Maternal & Fetal Medicine	Adult Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207W00000X	Allopathic & Osteopathic Physicians/Ophthalmology	Adult Core-Specialist	Ophthalmology	Ophthalmology
207WX0009X	Allopathic & Osteopathic Physicians/Ophthalmology, Glaucoma Specialist	Adult Core-Specialist	Ophthalmology	Ophthalmology
207WX0107X	Allopathic & Osteopathic Physicians/Ophthalmology, Retina Specialist	Adult Core-Specialist	Ophthalmology	Ophthalmology
207WX0108X	Allopathic & Osteopathic Physicians/Ophthalmology, Uveitis and Ocular Inflammatory Disease	Adult Core-Specialist	Ophthalmology	Ophthalmology
207WX0200X	Allopathic & Osteopathic Physicians/Ophthalmic Plastic and Reconstructive Surgery	Adult Core-Specialist	Ophthalmology	Ophthalmology
207Y00000X	Allopathic & Osteopathic Physicians/Otolaryngology	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207YS0012X	Allopathic & Osteopathic Physicians/Otolaryngology/Sleep Medicine	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207YS0123X	Allopathic & Osteopathic Physicians/ Otolaryngology/Facial Plastic Surgery	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207YX0007X	Allopathic & Osteopathic Physicians/Otolaryngology/Plastic Surgery within the Head & Neck	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207YX0602X	Allopathic & Osteopathic Physicians/Otolaryngology/Otolaryngic Allergy	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207YX0901X	Allopathic & Osteopathic Physicians/Otolaryngology/Otology & Neurotology	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207YX0905X	Allopathic & Osteopathic Physicians/Otolaryngology/Otolaryngology/Facial Plastic Surgery	Adult Core-Specialist	Otolaryngology/ENT	Ophthalmology, Otolaryngology, Rhinology (DO Only)
207X00000X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207XS0106X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Hand Surgery	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)
207XS0114X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Adult Reconstructive Orthopaedic Surgery	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)
207XS0117X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Orthopaedic Surgery of the Spine	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)
207XX0004X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Foot and Ankle Surgery	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)
207XX0005X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Sports Medicine	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)
207XX0801X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Orthopaedic Trauma	Adult Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2086S0129X	Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	Adult Core-Specialist	General Surgery	Peripheral Vascular Disease or Surgery (DO Only)
208100000X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2081H0002X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Hospice and Palliative Medicine	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2081N0008X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Neuromuscular Medicine	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2081P0004X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Spinal Cord Injury Medicine	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2081P2900X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Pain Medicine	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2081S0010X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Sports Medicine	Adult Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2086S0122X	Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	Adult Core-Specialist	General Surgery	Plastic Surgery
2084F0202X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Forensic Psychiatry	Adult Core-Specialist	Psychiatry	Psychiatry
2084P0800X	Allopathic & Osteopathic Physicians/Psychiatry	Adult Core-Specialist	Psychiatry	Psychiatry
2084P0805X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Geriatric Psychiatry	Adult Core-Specialist	Psychiatry	Psychiatry
2084P0301X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology/Respiratory, Developmental, Rehabilitative and Restorative Service, Brain Injury Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
207RP1001X	Allopathic & Osteopathic Physicians/Internal Medicine, Pulmonary Disease	Adult Core-Specialist	Pulmonary Disease	Pulmonary Diseases (MD Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2086S0127X	Allopathic & Osteopathic Physicians/Surgery/Trauma Surgery	Adult Core-Specialist	General Surgery	Surgery-Traumatic
208G00000X	Allopathic & Osteopathic Physicians/Thoracic Surgery (Cardiothoracic Vascular Surgery)	Adult Core-Specialist	General Surgery	Thoracic Surgery
2084P0005X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Neurodevelopmental Disabilities	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084P0802X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Addiction Psychiatry	Adult Core-Specialist	Psychiatry	Psychiatry
2084B0002X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Bariatric Medicine	Adult Core-Specialist	Neurology	Neurology MD Only)
2084B0002X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Bariatric Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
2084H0002X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Hospice & Palliative Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084H0002X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Hospice & Palliative Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
2084P2900X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Pain Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084P2900X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Pain Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
2084P0015X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Psychosomatic Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
2084P0015X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Psychosomatic Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
2084S0012X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Sleep Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084S0012X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Sleep Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
2084S0010X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Sports Medicine	Adult Core-Specialist	Neurology	Neurology (MD Only)
2084S0010X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Sports Medicine	Adult Core-Specialist	Psychiatry	Psychiatry
101YA0400X	Behavioral Health & Social Service Providers/Counselor, Addiction (Substance Use Disorder)	Adult Core-Specialist	Mental Health Outpatient Services	Marriage and Family Therapist Individual
101YM0800X	Behavioral Health & Social Service Providers/ Counselor, Mental Health	Adult Core-Specialist	Mental Health Outpatient Services	Marriage and Family Therapist Individual
101YP2500X	Behavioral Health & Social Service Providers/Counselor, Professional	Adult Core-Specialist	Mental Health Outpatient Services	Marriage and Family Therapist Individual
101Y00000X	Behavioral Health & Social Service Providers/Counselor	Adult Core-Specialist	Mental Health Outpatient Services	Marriage and Family Therapist Individual
104100000X	Behavioral Health & Social Service Providers/Social Worker (LSW)	Adult Core-Specialist	Mental Health Outpatient Services	Licensed Clinical Social Worker

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
106H00000X	Behavioral Health & Social Service Providers/Marriage & Family Therapist	Adult Core-Specialist	Mental Health Outpatient Services	Marriage and Family Therapist Individual
1041C0700X	Behavioral Health & Social Service Providers/Licensed Independent Clinical Social Worker (LICSW, LCSW)	Adult Core-Specialist	Mental Health Outpatient Services	Licensed Clinical Social Worker
103T00000X	Behavioral Health & Social Service Providers/Psychologist	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TC1900X	Behavioral Health & Social Service Providers/Psychologist, Counseling	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
106S00000X	Behavioral Health & Social Service Providers/Technician	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TA0400X	Behavioral Health & Social Service Providers/Psychologist, Addiction (Substance Abuse Disorder)	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TA0400X	Behavioral Health & Social Service Providers/Psychologist, Addiction (Substance Abuse Disorder)	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TA0700X	Behavioral Health & Social Service Providers/Psychologist, Adult Development & Aging	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TC0700X	Behavioral Health & Social Service Providers/Psychologist, Clinical	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TB0200X	Behavioral Health & Social Service Providers/Psychologist, Cognitive & Behavioral	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
103TC1900X	Behavioral Health & Social Service Providers/Psychologist, Counseling	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TE1000X	Behavioral Health & Social Service Providers/Psychologist, Educational	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TE1100X	Behavioral Health & Social Service Providers/Psychologist, Exercise & Sports	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TF0000X	Behavioral Health & Social Service Providers/Psychologist, Family	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TF0200X	Behavioral Health & Social Service Providers/Psychologist, Forensic	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TP2701X	Behavioral Health & Social Service Providers/Psychologist, Group Psychotherapy	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TH0004X	Behavioral Health & Social Service Providers/Psychologist, Health	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TH0100X	Behavioral Health & Social Service Providers/Psychologist, Health Service	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TM1700X	Behavioral Health & Social Service Providers/Psychologist, Men & Masculinity	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TP0016X	Behavioral Health & Social Service Providers/Psychologist, Prescribing (Medical)	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TP0814X	Behavioral Health & Social Service Providers/Psychologist, Psychoanalysis	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
103TP2700X	Behavioral Health & Social Service Providers/Psychologist, Psychotherapy	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TR0400X	Behavioral Health & Social Service Providers/Psychologist, Rehabilitation	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
103TW0100X	Behavioral Health & Social Service Providers/Psychologist, Women	Adult Core-Specialist	Mental Health Outpatient Services	Psychologist
106E00000X	Behavioral Health & Social Service Providers/Assistant Behavior Analyst	Adult Core-Specialist	Mental Health Outpatient Services	Licensed Clinical Social Worker Group
106S00000X	Behavioral Health & Social Service Providers/Technician	Adult Core-Specialist	Mental Health Outpatient Services	Licensed Clinical Social Worker Group
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Psychiatric/Mental Health	Adult Core-Specialist	Mental Health Outpatient Services	Certified Nurse Practitioner
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Adult	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364SP0811X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically Ill	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
364SP0812X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Community	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364SP0813X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364SR0400X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Rehabilitation	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364ST0500X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Transplantation	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
364SW0102X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Women's Health	Adult Core-Specialist	Mental Health Outpatient Services	Clinical Nurse Specialist X-Over Provider Only
171M00000X	Other Service Providers/Case Manager/Care Coordinator	Adult Core-Specialist	Mental Health Outpatient Services	Care Coordinator (CCA)
207NP0225X	Allopathic & Osteopathic Physicians/Dermatology, Pediatric Dermatology	Pediatric Core-Specialist	Dermatology	Dermatology
2080P0205X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Endocrinology	Pediatric Core-Specialist	Endocrinology	Endocrinology
2080P0206X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Gastroenterology	Pediatric Core-Specialist	Gastroenterology	Gastroenterology (MD Only), Oral Surgeon (Dentists Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207VG0400X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Gynecology	Pediatric Core-Specialist	Obstetrics & Gynecology	Gynecology (DO Only)
2080P0207X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Hematology-Oncology	Pediatric Core-Specialist	Hematology & Oncology	Hematology
2080P0208X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Infectious Diseases	Pediatric Core-Specialist	Infectious Disease	Infectious Disease
2080P0207X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Hematology-Oncology	Pediatric Core-Specialist	Hematology & Oncology	Neoplastic Diseases/Oncology
2080P0210X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Nephrology	Pediatric Core-Specialist	Nephrology	Nephrology (Renal-Kidney)
2084N0402X	Allopathic & Osteopathic Physicians/Psychiatry and Neurology, Neurology with Special Qualifications in Child Neurology	Pediatric Core-Specialist	Neurology	Neurology-Child
207VX0000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology, Obstetrics	Pediatric Core-Specialist	Obstetrics & Gynecology	Obstetrics (DO Only), Endodontist (Dentists Only)
207V00000X	Allopathic & Osteopathic Physicians/Obstetrics & Gynecology	Pediatric Core-Specialist	Obstetrics & Gynecology	Obstetrics-Gynecology (MD Only) Neonatal
207XP3100X	Allopathic & Osteopathic Physicians/Orthopaedic Surgery/Pediatric Orthopaedic Surgery	Pediatric Core-Specialist	Orthopaedic Surgery	Orthopedic Surgery, Orthodontist (Dentists Only)

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
207YP0228X	Allopathic & Osteopathic Physicians/Otolaryngology/Pediatric Otolaryngology	Pediatric Core-Specialist	Otolaryngology/ENT	Otology, Laryngology, Rhinology
2080P0202X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Cardiology	Pediatric Core-Specialist	Cardiology/Interventional Cardiology	Pediatric Cardiology (MD Only)
2081P0010X	Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine	Pediatric Core-Specialist	Physical Medicine & Rehabilitation	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
2084P0804X	Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Child & Adolescent Psychiatry	Pediatric Core-Specialist	Psychiatry	Psychiatry (Child)
2080P0214X	Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Pulmonology	Pediatric Core-Specialist	Pulmonary Disease	Pulmonary Diseases (MD Only)
2086S0120X	Allopathic & Osteopathic Physicians/Surgery/Pediatric Surgery	Pediatric Core-Specialist	General Surgery	Surgery-Pediatric
103TC2200X	Behavioral Health & Social Service Providers/Psychologist, Clinical Child & Adolescent	Pediatric Core-Specialist	Mental Health Specialist	Psychologist
103TF0000X	Behavioral Health & Social Service Providers/Psychologist, Family	Pediatric Core-Specialist	Mental Health Specialist	Psychologist
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent	Pediatric Core-Specialist	Mental Health Specialist	Clinical Nurse Specialist X-Over Provider Only

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family	Pediatric Core-Specialist	Mental Health Specialist	Clinical Nurse Specialist X-Over Provider Only
282N00000X	Hospitals/General Acute Care Hospital	Facility Based & Specialty Providers	Hospital, Inpatient	Community Inpatient Hospital
282NC0060X	Hospitals/General Acute Care Hospital, Critical Access	Facility Based & Specialty Providers	Hospital, Inpatient	Community Inpatient Hospital
282NC2000X	Hospitals/General Acute Care Hospital, Children	Facility Based & Specialty Providers	Hospital, Inpatient	Community Inpatient Hospital
284300000X	Hospitals/Special(ty) Hospital	Facility Based & Specialty Providers	Hospital, Inpatient	Community Inpatient Hospital
282N00000X	Hospitals/General Acute Care Hospital	Facility Based & Specialty Providers	Hospital, Inpatient	County Hospital Inpatient
282NC0060X	Hospitals/General Acute Care Hospital, Critical Access	Facility Based & Specialty Providers	Hospital, Inpatient	County Hospital Inpatient
282NC2000X	Hospitals/General Acute Care Hospital, Children	Facility Based & Specialty Providers	Hospital, Inpatient	County Hospital Inpatient

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
284300000X	Hospitals/Special(ty) Hospital	Facility Based & Specialty Providers	Hospital, Inpatient	County Hospital Inpatient
261QA0600X	Ambulatory Health Care Facilities/Clinic/Center, Adult Day Health	Facility Based & Specialty Providers	Community Based Adult Services (CBAS)	Adult Day Health Centers
251E00000X	Agencies/Home Health	Facility Based & Specialty Providers	Home Health	Home Health Agency
261QF0400X	Ambulatory Health Care Facilities/Federally Qualified Health Center (FQHC)	Facility Based & Specialty Providers	FQHC	Rural Health Clinic (RHC)/FQHC
261QR1300X	Ambulatory Health Care Facilities/Clinic/Center, Rural Health	Facility Based & Specialty Providers	RHC	RHC/FQHC
314000000X	Nursing & Custodial Care/Skilled Nursing Facility	Facility Based & Specialty Providers	Skilled Nursing Facility (SNF)	Long Term Care Facility
315P00000X	Nursing & Custodial Care/Intermediate Care Facility, Mentally Retarded	Facility Based & Specialty Providers	Intermediate Care Facility (ICF)	Long Term Care Facility
313M00000X	Nursing & Custodial Care/Intermediate Care Facility	Facility Based & Specialty Providers	ICF	Long Term Care Facility

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
310500000X	Nursing & Custodial Care/Intermediate Care Facility, Mental Illness	Facility Based & Specialty Providers	ICF	Long Term Care Facility
261QM1300X	Ambulatory Health Care Facilities/Clinic/Center, Multi-Specialty	Facility Based & Specialty Providers	Hospital, Outpatient	Multispecialty Clinic
261QM1300X	Ambulatory Health Care Facilities/Clinic/Center, Multi-Specialty	Facility Based & Specialty Providers	Hospital, Outpatient	Multispecialty Clinic
193200000X	Group/Multi-Specialty	Facility Based & Specialty Providers	Hospital, Outpatient	Multispecialty Clinic
193200000X	Group/Multi-Specialty	Facility Based & Specialty Providers	Hospital, Outpatient	Multispecialty Clinic
261Q00000X	Ambulatory Health Care Facilities/Clinic/Center	Facility Based & Specialty Providers	Hospital, Outpatient	Community Outpatient Hospital
193400000X	Group/Single-Specialty	Facility Based & Specialty Providers	Hospital, Outpatient	Physicians Group
261QM0801X	Ambulatory Health Care Facilities/Clinic/Center, Mental Health	Facility Based & Specialty Providers	Hospital, Outpatient	Community Outpatient Hospital

Taxonomy CD	Taxonomy CD Description	Provider Type	Provider Category	DHCS Provider Type
261QA1903X	Ambulatory Health Care Facilities/Clinic-Center, Ambulatory Surgical	Facility Based & Specialty Providers	Hospital, Outpatient	Surgical Clinic
261QU0200X	Ambulatory Health Care Facilities/Clinic/Center, Urgent Care	Facility Based & Specialty Providers	Hospital, Outpatient	County Hospital Outpatient
261QP2300X	Ambulatory Health Care Facilities/Clinic/Center, Primary Care	Facility Based & Specialty Providers	Hospital, Outpatient	Physicians Group
261QP3300X	Ambulatory Health Care Facilities/Clinic/Center, Pain	Facility Based & Specialty Providers	Hospital, Outpatient	Physicians Group
261QM0855X	Ambulatory Health Care Facilities/Clinic/Center, Adolescent and Children Mental Health	Facility Based & Specialty Providers	Hospital, Outpatient	Community Outpatient Hospital
261QM0850X	Ambulatory Health Care Facilities/Clinic/Center, Adult Mental Health	Facility Based & Specialty Providers	Hospital, Outpatient	Community Outpatient Hospital