

**Attachment A - Initial**

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Del Norte	95543	Hospital	N/A	30	15	90	65	90	65	Approval
Del Norte	95543	Physical Medicine and Rehabilitation	Adult	90	60	195	155	195	155	Approval
Del Norte	95543	Physical Medicine and Rehabilitation	Pediatric	90	60	195	155	195	155	Approval
Del Norte	95567	Physical Medicine and Rehabilitation	Adult	90	60	125	105	125	105	Approval
Del Norte	95567	Physical Medicine and Rehabilitation	Pediatric	90	60	125	105	125	105	Approval
Humboldt	95526	Hospital	N/A	30	15	80	55	80	55	Approval
Humboldt	95546	Hospital	N/A	30	15	70	55	70	55	Approval
Humboldt	95550	Hospital	N/A	30	15	220	130	90	75	Approval
Humboldt	95552	Hospital	N/A	30	15	150	115	150	115	Approval
Humboldt	95555	Hospital	N/A	30	15	145	50	145	50	Approval
Humboldt	95558	Hospital	N/A	30	15	120	70	120	70	Approval
Humboldt	95573	Hospital	N/A	30	15	95	55	95	55	Approval
Lassen	96056	Hospital	N/A	30	15	115	85	95	40	Approval
Lassen	96109	Hematology	Adult	90	60	210	175	210	175	Approval
Lassen	96109	Hematology	Pediatric	90	60	210	175	210	175	Approval
Lassen	96109	Hospital	N/A	30	15	85	70	85	70	Approval
Lassen	96109	Oncology	Adult	90	60	205	170	205	170	Approval
Lassen	96109	Oncology	Pediatric	90	60	210	175	210	175	Approval
Lassen	96109	Ophthalmology	Adult	90	60	185	160	185	160	Approval
Lassen	96109	Ophthalmology	Pediatric	90	60	185	160	185	160	Approval
Lassen	96109	PCP	Adult	30	10	75	70	75	70	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Lassen	96109	PCP	Pediatric	30	10	90	75	90	75	Approval
Lassen	96109	Physical Medicine and Rehabilitation	Adult	90	60	185	175	185	175	Approval
Lassen	96109	Physical Medicine and Rehabilitation	Pediatric	90	60	185	175	185	175	Approval
Lassen	96114	Hematology	Adult	90	60	180	150	175	105	Approval
Lassen	96114	Hematology	Pediatric	90	60	180	150	175	105	Approval
Lassen	96114	Oncology	Adult	90	60	180	150	175	105	Approval
Lassen	96114	Oncology	Pediatric	90	60	180	150	175	105	Approval
Lassen	96114	Ophthalmology	Adult	90	60	165	165	135	115	Approval
Lassen	96114	Ophthalmology	Pediatric	90	60	165	165	165	165	Approval
Lassen	96117	Hematology	Adult	90	60	210	170	210	170	Approval
Lassen	96117	Hematology	Pediatric	90	60	210	170	210	170	Approval
Lassen	96117	Oncology	Adult	90	60	210	170	210	170	Approval
Lassen	96117	Oncology	Pediatric	90	60	210	170	210	170	Approval
Lassen	96117	Physical Medicine and Rehabilitation	Adult	90	60	235	210	205	155	Approval
Lassen	96117	Physical Medicine and Rehabilitation	Pediatric	90	60	235	210	205	155	Approval
Lassen	96121	Hematology	Adult	90	60	205	190	180	140	Approval
Lassen	96121	Hematology	Pediatric	90	60	205	190	180	140	Approval
Lassen	96121	Hospital	N/A	30	15	60	35	60	35	Approval
Lassen	96121	Oncology	Adult	90	60	205	190	180	140	Approval
Lassen	96121	Oncology	Pediatric	90	60	205	190	180	140	Approval
Lassen	96121	PCP	Adult	30	10	60	35	60	35	Approval
Lassen	96121	PCP	Pediatric	30	10	60	35	60	35	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Lassen	96123	ENT/Otolaryngology	Adult	90	60	220	205	165	125	Approval
Lassen	96123	ENT/Otolaryngology	Pediatric	90	60	220	205	165	125	Approval
Lassen	96123	Hematology	Adult	90	60	250	240	215	175	Approval
Lassen	96123	Hematology	Pediatric	90	60	250	240	215	175	Approval
Lassen	96123	Hospital	N/A	30	15	170	156	105	80	Approval
Lassen	96123	Oncology	Adult	90	60	250	240	215	175	Approval
Lassen	96123	Oncology	Pediatric	90	60	250	240	215	175	Approval
Lassen	96123	PCP	Adult	30	10	105	85	105	85	Approval
Lassen	96123	PCP	Pediatric	30	10	165	160	110	80	Approval
Lassen	96123	Physical Medicine and Rehabilitation	Adult	90	60	275	270	215	175	Approval
Lassen	96123	Physical Medicine and Rehabilitation	Pediatric	90	60	275	270	215	175	Approval
Lassen	96128	Hematology	Adult	90	60	195	160	150	125	Approval
Lassen	96128	Hematology	Pediatric	90	60	195	160	150	125	Approval
Lassen	96128	Oncology	Adult	90	60	195	160	150	125	Approval
Lassen	96128	Oncology	Pediatric	90	60	195	160	150	125	Approval
Lassen	96128	Physical Medicine and Rehabilitation	Adult	90	60	210	195	160	130	Approval
Lassen	96128	Physical Medicine and Rehabilitation	Pediatric	90	60	210	195	160	130	Approval
Lassen	96130	Hematology	Adult	90	60	130	110	200	140	Approval
Lassen	96130	Hematology	Pediatric	90	60	130	110	200	140	Approval
Lassen	96130	Oncology	Adult	90	60	130	110	200	140	Approval
Lassen	96130	Oncology	Pediatric	90	60	130	110	200	140	Approval
Lassen	96130	Physical Medicine and Rehabilitation	Adult	90	60	130	115	195	145	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Lassen	96130	Physical Medicine and Rehabilitation	Pediatric	90	60	130	115	205	145	Approval
Lassen	96132	Hematology	Adult	90	60	190	180	190	180	Approval
Lassen	96132	Hematology	Pediatric	90	60	190	180	190	180	Approval
Lassen	96132	Hospital	N/A	30	15	85	75	85	75	Approval
Lassen	96132	Oncology	Adult	90	60	190	180	190	180	Approval
Lassen	96132	Oncology	Pediatric	90	60	190	180	190	180	Approval
Lassen	96132	PCP	Adult	30	10	85	75	85	75	Approval
Lassen	96132	PCP	Pediatric	30	10	80	75	80	75	Approval
Lassen	96132	Physical Medicine and Rehabilitation	Adult	90	60	200	185	200	185	Approval
Lassen	96132	Physical Medicine and Rehabilitation	Pediatric	90	60	200	185	200	185	Approval
Lassen	96136	Hematology	Adult	90	60	245	190	205	150	Approval
Lassen	96136	Hematology	Pediatric	90	60	245	190	205	150	Approval
Lassen	96136	Oncology	Adult	90	60	245	190	205	150	Approval
Lassen	96136	Oncology	Pediatric	90	60	245	190	205	150	Approval
Lassen	96136	Ophthalmology	Adult	90	60	185	190	200	150	Approval
Lassen	96136	Ophthalmology	Pediatric	90	60	185	190	185	190	Approval
Lassen	96136	Physical Medicine and Rehabilitation	Adult	90	60	165	145	165	145	Approval
Lassen	96136	Physical Medicine and Rehabilitation	Pediatric	90	60	165	145	165	145	Approval
Marin	94937	Hospital	N/A	30	15	65	50	65	50	Approval
Mendocino	95417	Hospital	N/A	30	15	125	70	125	70	Approval
Mendocino	95428	Hospital	N/A	30	15	320	120	175	90	Approval
Mendocino	95432	Hospital	N/A	30	15	50	35	125	75	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Mendocino	95445	Hospital	N/A	30	15	115	55	115	55	Approval
Mendocino	95454	Hospital	N/A	30	15	50	45	50	45	Approval
Mendocino	95459	Hospital	N/A	30	15	100	60	100	60	Approval
Mendocino	95468	Hospital	N/A	30	15	115	55	115	55	Approval
Mendocino	95488	Physical Medicine and Rehabilitation	Adult	90	60	200	140	200	140	Approval
Mendocino	95488	Physical Medicine and Rehabilitation	Pediatric	90	60	200	140	200	140	Approval
Modoc	96006	Hematology	Adult	90	60	120	115	195	170	Approval
Modoc	96006	Hematology	Pediatric	90	60	120	115	195	170	Approval
Modoc	96006	Hospital	N/A	30	15	40	35	40	35	Approval
Modoc	96006	Oncology	Adult	90	60	120	115	195	170	Approval
Modoc	96006	Oncology	Pediatric	90	60	120	115	195	170	Approval
Modoc	96006	Physical Medicine and Rehabilitation	Adult	90	60	145	150	145	150	Approval
Modoc	96006	Physical Medicine and Rehabilitation	Pediatric	90	60	145	150	145	150	Approval
Modoc	96015	ENT/Otolaryngology	Adult	90	60	170	160	170	160	Approval
Modoc	96015	ENT/Otolaryngology	Pediatric	90	60	170	160	170	160	Approval
Modoc	96015	Hematology	Adult	90	60	180	150	180	150	Approval
Modoc	96015	Hematology	Pediatric	90	60	180	150	180	150	Approval
Modoc	96015	Hospital	N/A	30	15	55	50	55	50	Approval
Modoc	96015	Oncology	Adult	90	60	180	150	180	150	Approval
Modoc	96015	Oncology	Pediatric	90	60	180	150	180	150	Approval
Modoc	96015	PCP	Adult	30	10	50	35	50	35	Approval
Modoc	96015	PCP	Pediatric	30	10	50	35	50	35	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Modoc	96015	Physical Medicine and Rehabilitation	Adult	90	60	195	200	205	165	Approval
Modoc	96015	Physical Medicine and Rehabilitation	Pediatric	90	60	195	200	205	165	Approval
Modoc	96101	ENT/Otolaryngology	Adult	90	60	160	155	160	155	Approval
Modoc	96101	ENT/Otolaryngology	Pediatric	90	60	160	155	160	155	Approval
Modoc	96101	Hematology	Adult	90	60	195	190	195	190	Approval
Modoc	96101	Hematology	Pediatric	90	60	195	190	195	190	Approval
Modoc	96101	Oncology	Adult	90	60	195	190	195	190	Approval
Modoc	96101	Oncology	Pediatric	90	60	195	190	195	190	Approval
Modoc	96101	Physical Medicine and Rehabilitation	Adult	90	60	190	190	190	190	Approval
Modoc	96101	Physical Medicine and Rehabilitation	Pediatric	90	60	190	190	190	190	Approval
Modoc	96104	ENT/Otolaryngology	Adult	90	60	195	185	195	185	Approval
Modoc	96104	ENT/Otolaryngology	Pediatric	90	60	195	185	195	185	Approval
Modoc	96104	Hematology	Adult	90	60	220	210	220	210	Approval
Modoc	96104	Hematology	Pediatric	90	60	220	210	220	210	Approval
Modoc	96104	OB/GYN	N/A	90	60	135	130	135	130	Approval
Modoc	96104	Oncology	Adult	90	60	220	210	220	210	Approval
Modoc	96104	Oncology	Pediatric	90	60	220	210	220	210	Approval
Modoc	96104	Orthopedic Surgery	Adult	90	60	105	95	105	95	Approval
Modoc	96104	Orthopedic Surgery	Pediatric	90	60	105	95	105	95	Approval
Modoc	96104	PCP	Pediatric	30	10	50	45	50	45	Approval
Modoc	96104	Physical Medicine and Rehabilitation	Adult	90	60	240	235	230	185	Approval
Modoc	96104	Physical Medicine and Rehabilitation	Pediatric	90	60	240	235	235	185	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Modoc	96108	ENT/Otolaryngology	Adult	90	60	180	175	180	175	Approval
Modoc	96108	ENT/Otolaryngology	Pediatric	90	60	180	175	180	175	Approval
Modoc	96108	Hematology	Adult	90	60	215	210	205	180	Approval
Modoc	96108	Hematology	Pediatric	90	60	215	210	205	180	Approval
Modoc	96108	Hospital	N/A	30	15	150	115	55	45	Approval
Modoc	96108	OB/GYN	N/A	90	60	125	130	125	130	Approval
Modoc	96108	Oncology	Adult	90	60	215	210	205	180	Approval
Modoc	96108	Oncology	Pediatric	90	60	215	210	205	180	Approval
Modoc	96108	Orthopedic Surgery	Adult	90	60	110	110	110	110	Approval
Modoc	96108	Orthopedic Surgery	Pediatric	90	60	110	110	110	110	Approval
Modoc	96108	PCP	Adult	30	10	115	75	50	40	Approval
Modoc	96108	PCP	Pediatric	30	10	55	45	55	45	Approval
Modoc	96108	Physical Medicine and Rehabilitation	Adult	90	60	210	210	205	180	Approval
Modoc	96108	Physical Medicine and Rehabilitation	Pediatric	90	60	210	210	200	180	Approval
Modoc	96112	ENT/Otolaryngology	Adult	90	60	240	215	240	215	Approval
Modoc	96112	ENT/Otolaryngology	Pediatric	90	60	240	215	240	215	Approval
Modoc	96112	Hematology	Adult	90	60	250	235	195	170	Approval
Modoc	96112	Hematology	Pediatric	90	60	250	235	195	170	Approval
Modoc	96112	Hospital	N/A	30	15	140	60	160	60	Approval
Modoc	96112	OB/GYN	N/A	90	60	175	160	175	160	Approval
Modoc	96112	Oncology	Adult	90	60	250	235	250	235	Approval
Modoc	96112	Oncology	Pediatric	90	60	250	235	250	235	Approval
Modoc	96112	Orthopedic Surgery	Adult	90	60	165	140	165	140	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Modoc	96112	Orthopedic Surgery	Pediatric	90	60	165	140	165	140	Approval
Modoc	96112	PCP	Adult	30	10	60	40	60	40	Approval
Modoc	96112	PCP	Pediatric	30	10	90	65	90	65	Approval
Modoc	96112	Physical Medicine and Rehabilitation	Adult	90	60	295	280	245	210	Approval
Modoc	96112	Physical Medicine and Rehabilitation	Pediatric	90	60	295	280	245	210	Approval
Modoc	96115	ENT/Otolaryngology	Adult	90	60	240	210	240	210	Approval
Modoc	96115	ENT/Otolaryngology	Pediatric	90	60	240	210	240	210	Approval
Modoc	96115	Hematology	Adult	90	60	230	220	230	220	Approval
Modoc	96115	Hematology	Pediatric	90	60	230	220	230	220	Approval
Modoc	96115	OB/GYN	N/A	90	60	145	140	145	140	Approval
Modoc	96115	Oncology	Adult	90	60	230	220	230	220	Approval
Modoc	96115	Oncology	Pediatric	90	60	230	220	230	220	Approval
Modoc	96115	Orthopedic Surgery	Adult	90	60	120	110	120	110	Approval
Modoc	96115	Orthopedic Surgery	Pediatric	90	60	120	110	120	110	Approval
Modoc	96115	PCP	Pediatric	30	10	80	55	80	55	Approval
Modoc	96115	Physical Medicine and Rehabilitation	Adult	90	60	290	270	225	200	Approval
Modoc	96115	Physical Medicine and Rehabilitation	Pediatric	90	60	290	270	225	200	Approval
Modoc	96134	ENT/Otolaryngology	Adult	90	60	195	185	195	185	Approval
Modoc	96134	ENT/Otolaryngology	Pediatric	90	60	195	185	195	185	Approval
Modoc	96134	Hematology	Adult	90	60	155	155	155	155	Approval
Modoc	96134	Hematology	Pediatric	90	60	155	155	155	155	Approval
Modoc	96134	Hospital	N/A	30	15	80	80	80	80	Approval



County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Modoc	96134	Oncology	Adult	90	60	155	155	155	155	Approval
Modoc	96134	Oncology	Pediatric	90	60	155	155	155	155	Approval
Modoc	96134	Physical Medicine and Rehabilitation	Adult	90	60	260	210	180	165	Approval
Modoc	96134	Physical Medicine and Rehabilitation	Pediatric	90	60	260	210	180	165	Approval
Shasta	96008	Hospital	N/A	30	15	65	65	65	65	Approval
Shasta	96040	Hospital	N/A	30	15	45	45	45	45	Approval
Shasta	96059	Hospital	N/A	30	15	115	105	75	50	Approval
Shasta	96059	PCP	Adult	30	10	55	50	55	50	Approval
Shasta	96059	PCP	Pediatric	30	10	95	80	70	50	Approval
Shasta	96065	Hospital	N/A	30	15	115	95	75	60	Approval
Shasta	96069	Hospital	N/A	30	15	90	90	60	35	Approval
Shasta	96071	Hospital	N/A	30	15	140	110	95	60	Approval
Shasta	96071	PCP	Adult	30	10	100	70	100	70	Approval
Shasta	96071	PCP	Pediatric	30	10	100	70	100	70	Approval
Shasta	96076	Hospital	N/A	30	15	125	80	125	80	Approval
Shasta	96088	Hospital	N/A	30	15	60	55	60	55	Approval
Shasta	96096	Hospital	N/A	30	15	80	80	75	45	Approval
Siskiyou	95568	Hospital	N/A	30	15	140	110	140	110	Approval
Siskiyou	95568	Physical Medicine and Rehabilitation	Adult	90	60	150	110	150	110	Approval
Siskiyou	95568	Physical Medicine and Rehabilitation	Pediatric	90	60	150	110	150	110	Approval
Siskiyou	96014	Hospital	N/A	30	15	95	85	95	85	Approval
Siskiyou	96023	ENT/Otolaryngology	Adult	90	60	150	130	150	130	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Siskiyou	96023	ENT/Otolaryngology	Pediatric	90	60	150	130	150	130	Approval
Siskiyou	96023	Hematology	Adult	90	60	135	130	135	130	Approval
Siskiyou	96023	Hematology	Pediatric	90	60	135	130	135	130	Approval
Siskiyou	96023	Hospital	N/A	30	15	80	70	80	70	Approval
Siskiyou	96023	Oncology	Adult	90	60	140	130	140	130	Approval
Siskiyou	96023	Oncology	Pediatric	90	60	135	125	135	125	Approval
Siskiyou	96023	Physical Medicine and Rehabilitation	Adult	90	60	130	125	130	125	Approval
Siskiyou	96023	Physical Medicine and Rehabilitation	Pediatric	90	60	130	125	130	125	Approval
Siskiyou	96027	Hospital	N/A	30	15	95	80	95	80	Approval
Siskiyou	96031	Hospital	N/A	30	15	231	150	170	95	Approval
Siskiyou	96031	PCP	Adult	30	10	145	110	125	60	Approval
Siskiyou	96031	PCP	Pediatric	30	10	125	105	140	75	Approval
Siskiyou	96032	Physical Medicine and Rehabilitation	Adult	90	60	155	150	245	185	Approval
Siskiyou	96032	Physical Medicine and Rehabilitation	Pediatric	90	60	155	150	245	185	Approval
Siskiyou	96039	Hospital	N/A	30	15	155	95	205	125	Approval
Siskiyou	96039	Physical Medicine and Rehabilitation	Adult	90	60	230	165	230	165	Approval
Siskiyou	96039	Physical Medicine and Rehabilitation	Pediatric	90	60	230	165	230	165	Approval
Siskiyou	96044	ENT/Otolaryngology	Adult	90	60	205	170	205	170	Approval
Siskiyou	96044	ENT/Otolaryngology	Pediatric	90	60	205	170	205	170	Approval
Siskiyou	96044	Hematology	Adult	90	60	200	170	160	135	Approval
Siskiyou	96044	Hematology	Pediatric	90	60	145	135	145	135	Approval
Siskiyou	96044	Hospital	N/A	30	15	65	40	65	40	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Siskiyou	96044	Oncology	Adult	90	60	235	175	240	135	Approval
Siskiyou	96044	Oncology	Pediatric	90	60	150	135	150	135	Approval
Siskiyou	96044	Physical Medicine and Rehabilitation	Adult	90	60	135	130	135	130	Approval
Siskiyou	96044	Physical Medicine and Rehabilitation	Pediatric	90	60	135	130	135	130	Approval
Siskiyou	96050	Hospital	N/A	30	15	55	40	145	75	Approval
Siskiyou	96050	Physical Medicine and Rehabilitation	Adult	90	60	135	135	235	170	Approval
Siskiyou	96050	Physical Medicine and Rehabilitation	Pediatric	90	60	135	135	235	170	Approval
Siskiyou	96058	ENT/Otolaryngology	Adult	90	60	185	175	155	140	Approval
Siskiyou	96058	ENT/Otolaryngology	Pediatric	90	60	185	175	155	140	Approval
Siskiyou	96058	Hematology	Adult	90	60	180	175	155	135	Approval
Siskiyou	96058	Hematology	Pediatric	90	60	180	175	155	135	Approval
Siskiyou	96058	Hospital	N/A	30	15	100	90	100	90	Approval
Siskiyou	96058	Oncology	Adult	90	60	190	175	155	135	Approval
Siskiyou	96058	Oncology	Pediatric	90	60	190	170	155	135	Approval
Siskiyou	96058	Physical Medicine and Rehabilitation	Adult	90	60	165	170	150	135	Approval
Siskiyou	96058	Physical Medicine and Rehabilitation	Pediatric	90	60	165	170	150	135	Approval
Siskiyou	96064	ENT/Otolaryngology	Adult	90	60	100	105	170	135	Approval
Siskiyou	96064	ENT/Otolaryngology	Pediatric	90	60	100	105	170	135	Approval
Siskiyou	96064	Hematology	Adult	90	60	215	170	170	135	Approval
Siskiyou	96064	Hematology	Pediatric	90	60	105	105	170	135	Approval
Siskiyou	96064	Hospital	N/A	30	15	65	40	65	40	Approval
Siskiyou	96064	Oncology	Adult	90	60	165	105	170	135	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Siskiyou	96064	Oncology	Pediatric	90	60	165	105	170	135	Approval
Siskiyou	96064	Physical Medicine and Rehabilitation	Adult	90	60	135	130	135	130	Approval
Siskiyou	96064	Physical Medicine and Rehabilitation	Pediatric	90	60	135	130	135	130	Approval
Siskiyou	96085	Physical Medicine and Rehabilitation	Adult	90	60	230	165	230	165	Approval
Siskiyou	96085	Physical Medicine and Rehabilitation	Pediatric	90	60	230	165	230	165	Approval
Siskiyou	96086	Hospital	N/A	30	15	130	90	130	90	Approval
Siskiyou	96086	Physical Medicine and Rehabilitation	Adult	90	60	220	160	220	160	Approval
Siskiyou	96086	Physical Medicine and Rehabilitation	Pediatric	90	60	220	160	220	160	Approval
Siskiyou	96097	ENT/Otolaryngology	Adult	90	60	200	180	135	130	Approval
Siskiyou	96097	ENT/Otolaryngology	Pediatric	90	60	200	180	135	130	Approval
Siskiyou	96097	Hematology	Adult	90	60	210	185	135	130	Approval
Siskiyou	96097	Hematology	Pediatric	90	60	150	135	150	135	Approval
Siskiyou	96097	Oncology	Adult	90	60	205	180	135	130	Approval
Siskiyou	96097	Oncology	Pediatric	90	60	155	135	155	135	Approval
Siskiyou	96097	Physical Medicine and Rehabilitation	Adult	90	60	155	135	155	135	Approval
Siskiyou	96097	Physical Medicine and Rehabilitation	Pediatric	90	60	155	135	155	135	Approval
Siskiyou	96134	ENT/Otolaryngology	Adult	90	60	195	185	195	185	Approval
Siskiyou	96134	ENT/Otolaryngology	Pediatric	90	60	195	185	195	185	Approval
Siskiyou	96134	Hematology	Adult	90	60	170	170	170	170	Approval
Siskiyou	96134	Hematology	Pediatric	90	60	170	170	170	170	Approval
Siskiyou	96134	Hospital	N/A	30	15	150	145	110	95	Approval
Siskiyou	96134	Oncology	Adult	90	60	265	210	185	165	Approval

County	Zip Code	Provider Type	Pediatric, Adult, or N/A	County Size Standards		MCP Requested		DHCS Determination		DHCS Rationale
				Minutes	Miles	Minutes	Miles	Minutes	Miles	
Siskiyou	96134	Oncology	Pediatric	90	60	265	210	185	165	Approval
Siskiyou	96134	Physical Medicine and Rehabilitation	Adult	90	60	260	210	180	165	Approval
Siskiyou	96134	Physical Medicine and Rehabilitation	Pediatric	90	60	260	210	180	165	Approval
Sonoma	95412	Hospital	N/A	30	15	130	75	130	75	Approval
Trinity	95526	Hospital	N/A	30	15	120	100	95	50	Approval
Trinity	95527	Hospital	N/A	30	15	90	65	90	65	Approval
Trinity	95552	Hospital	N/A	30	15	130	110	130	110	Approval
Trinity	95595	Hospital	N/A	30	15	170	120	140	70	Approval
Trinity	95595	PCP	Adult	30	10	205	85	205	85	Approval
Trinity	95595	PCP	Pediatric	30	10	120	50	200	80	Approval
Trinity	96041	Hospital	N/A	30	15	70	50	70	50	Approval
Trinity	96076	Hospital	N/A	30	15	95	60	95	60	Approval
Trinity	96091	Hospital	N/A	30	15	110	95	110	95	Approval
Trinity	96091	PCP	Adult	30	10	100	60	100	60	Approval
Trinity	96091	PCP	Pediatric	30	10	125	110	125	110	Approval
Yolo	95606	Hospital	N/A	30	15	45	40	45	40	Approval