

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	
Kern	93206	Hospital	N/A	30	15	35	35	35	35	Approval
Kern	93224	Hospital	N/A	30	15	45	40	45	40	Approval
Kern	93225	Hospital	N/A	30	15	45	45	45	45	Approval
Kern	93243	Hospital	N/A	30	15	50	45	85	75	Approval
Kern	93249	Hospital	N/A	30	15	65	60	65	60	Approval
Kern	93249	PCP	Adult	30	10	35	30	35	30	Approval
Kern	93249	PCP	Pediatric	30	10	35	30	35	30	Approval
Kern	93251	Hospital	N/A	30	15	50	45	50	45	Approval
Kern	93252	Hospital	N/A	30	15	140	115	140	115	Approval
Kern	93268	Hospital	N/A	30	15	40	35	40	35	Approval
Kern	93501	Hospital	N/A	30	15	35	35	35	35	Approval
Kern	93505	Hospital	N/A	30	15	35	35	35	35	Approval
Kern	93523	ENT/Otolaryngology	Adult	75	45	85	75	85	75	Approval
Kern	93523	ENT/Otolaryngology	Pediatric	75	45	85	75	85	75	Approval
Kern	93523	Hospital	N/A	30	15	45	45	45	45	Approval
Kern	93527	ENT/Otolaryngology	Adult	75	45	80	75	170	105	Approval
Kern	93527	ENT/Otolaryngology	Pediatric	75	45	80	75	170	105	Approval
Kern	93560	ENT/Otolaryngology	Adult	75	45	80	75	80	75	Approval
Kern	93560	ENT/Otolaryngology	Pediatric	75	45	80	75	80	75	Approval
Kern	93560	Hospital	N/A	30	15	45	40	45	40	Approval