

DEPARTMENT OF MANAGED HEALTH CARE MODEL PROVIDER APPOINTMENT AVAILABILITY SURVEY METHODOLOGY

Included below are step by step instructions for using the Model Provider Appointment Availability Survey Methodology developed by the Department of Managed Health Care for implementation by health plans in measurement year 2014. In developing this methodology, the Department worked with experts to create a methodology that plans could rely on to ensure compliance with the regulatory requirement that plans report a rate of compliance with timely access waiting time standards through a “statistically reliable sampling methodology.” (See 28 CCR §1300.67.2.2(g)(2)(B).)

STEP 1: Identify Participating Provider Groups

A participating provider group (PG) is defined as a “medical group, independent practice association, or any other similar organization¹” that contracts with a plan. (See Health & Safety Code section 1367(g).) A plan will need to identify all PGs participating within in each county of the plan’s service area. When identifying its PGs, it may be helpful for plans to note those PGs that have special capabilities or contact requirements, such as a central call center for Primary Care Physicians (PCPs) or specialty-specific scheduling, in order to help determine the best number and time to contact providers. For measurement year 2014, the model survey will only be evaluating PCPs and Specialty Care Physicians (SCPs).

STEP 2: Create Provider Contact List

To begin, a plan will need to create a data set that identifies all providers within the plan’s network. For most plans, the simplest approach is to begin by entering the data in an Excel spreadsheet. As such, the remainder of these instructions will assume that plans are using Excel. The plan will need to create a master list containing the data fields listed below.

- Provider Group (PG) Name (indicate “Individually Contracted Provider” if provider/practitioner contracts individually with the plan)
- RBO# (if available)
- Individual Provider (Practitioner) Last Name
- Individual Provider (Practitioner) First Name
- National Provider Identification (NPI) 10 digit number (optional)
- CA License
- PCP (Y/N)
- Specialist (Y/N)
- Specialty/Subspecialty
- Address
- City
- County
- State

¹ This includes clinics licensed under Health & Safety Code section 1204(a).

- Zip Code
- office phone number

To simplify this process, the Department selected the same (or very similar) database fields as those required by the Department for the submission of provider network data to the Timely Access Web Portal. Also, specialties, counties and other look-up codes are available on the DMHC website in the provider network submission templates.

Providers who are members of multiple PGs should have an entry for each PG. Providers who are members of a PG(s) as well as individually contracting with the plan should only be included under their PG(s). Once the Provider Contact List is complete, the dataset should be reviewed and duplicate entries should be removed. Duplicate entries are rows where the same provider name, provider group, address and phone number appear more than once. (Providers that appear in multiple provider groups are not duplicate entries – this is explained in more detail under Step 4.)

Plans will need to submit the Provider Contact List when submitting their annual reports.

Individually Contracted Primary Care Physicians

“Individually Contracted Primary Care Physician” means any primary care physician that contracts individually with the plan. All plans are encouraged to survey individually contracted PCPs. The model survey methodology requires plans serving counties where more than 10% of the plan’s PCPs are individually contracted to include individually contracted PCPs for those counties in the survey.

In order to determine whether more than 10% of a plan’s PCPs in a county are individually contracted, a plan should first determine the total number of PCPs in the county. The total number of individually contracted PCPs in the county should then be divided by the total number PCPs for the county. For example, if a plan has 1,000 PCPs in County A and 250 of them are individually contracted, then 25% of the plan’s PCPs are individually contracted PCPs in County A. As a result, this plan will need to survey individually contracted PCPs in county A.

Individually Contracted Specialty Care Physicians

Like PCPs, a specialty care physician may also be considered an “Individually Contracted Provider.” An “individually contracted specialty care physician” means any specialty care physician that contracts individually with the plan. All plans are encouraged to survey individually contracted SCPs. The model methodology requires plans where more than 10% of the specialists are individually contracted SCPs within any county, to include individually contracted SCPs in the survey. The process for determining whether more than 10% of specialists are individually contracted is the same as the process described above for individually contracted PCPs.

In order to create a contact list for individually contracted PCPs and SCPs, the plan may either (a) include both individually contracted PCPs and SCPs in the same contact list as the Provider Contact List described above with “Individually Contracted Provider” in the provider organization name field for these providers (to allow a sample to be pulled as if this subpopulation were a single PG) or (b) create a second contact list just for individually contracted PCPs and SCPs. (Some plans may wish to collaborate and work together to survey PGs that contract with multiple plans. In that case, the collaborating plans may wish to create a second contact list for individually contracted providers since the plans may not be able to pool their surveying resources for these types of providers.)

STEP 3: SAMPLE SIZE SELECTION

The Timely Access regulation requires that a compliance rate be calculated “for each of the plan’s contracted provider groups located in each county of the plan’s service area.” (See 28 CCR §1300.67.2.2(g)(2)(B)). In order to meet this requirement, the Department’s Model Survey Methodology calculates an appropriate sample size of providers for each provider group in each county (“PG/county”). For example, if a plan’s service area includes County A and County B, then the plan will need to determine the appropriate sample size for each provider group in both County A and County B. Samples sizes for each PG/county will need to be calculated separately for PCPs and SCPs.

Sample sizes for PCPs:

- For PG/counties with 7 or fewer PCPs: select all PCPs, no sampling is permitted.
- For PG/counties with more than 7 PCPs a plan may either:
 - Use the attached Sample Size Chart in Appendix 1 to determine the appropriate sample of PCPs, and include an oversample of 20 PCPs, as applicable, or
 - Select all PCPs (this option is available to allow plans to collect information on all providers for internal monitoring and corrective action purposes).
- For individually contracted PCPs (i.e., not part of an IPA or medical group): If, in any county, more than 10% of a plan’s PCPs are individually contracted PCPs, a plan is required to survey this subpopulation of providers. For sampling purposes, the plan should combine all individually contracted PCPs into one group, similar to a PG/county.
 - For counties with 7 or fewer individually contracted PCPs: select all PCPs in the county, no sampling is permitted.
 - For counties with more than 7 individually contracted PCPs, the plan may either:
 - Use the attached Sample Size Chart to determine the appropriate sample, and also include an oversample of 20 PCPs as applicable, or
 - Select all individually contracted PCPs in the county.

For example, see Table 1 below. If in County A a plan contracts with two Provider Groups, Provider Group 1 and Provider Group 2, the plan will need to determine the appropriate sample size for each of these provider groups. For Provider Group 1, the appropriate sample size is 2 PCPs because the total number of PCPs is less than 7 and as such, all PCPs in the provider group must be surveyed. For Provider Group 2, since there are more than 7 PCPs, the plan must either use the Sample Size Chart to determine the appropriate sample size or choose to sample all 50 of the PCPs.

**Table 1 – Determining Survey Sample Size
 Example: County A**

	Total Number of Providers in Provider Group	Sample Size
Provider Group 1	2	2 (all providers)
Provider Group 2	50	25 (using Sample Size Chart, plus an oversample of 20) or choose to survey all 50 providers.

For each county, a plan may only report either: (a) the sample size provided in the sample size chart or (b) all PCPs in a provider group, but not a larger sample size than the sample size calculated by the sample size chart. If a plan desires, for internal purposes, to survey a larger sample but not all providers in the provider group, the plan should only report on the number of cases identified by the sample size chart. For example, if the sample size chart indicates that a sample of 20 PCPs is appropriate for PG 2 in County A, then the plan may not report survey results for 22 PCPs. The plan may choose to survey two additional providers for its internal purposes, but it should not include these two additional survey responses in the results reported to the Department. In addition, plans should clearly indicate in the reporting whether that plan surveyed a sample of providers or all providers.

Oversamples

The Model Survey Methodology requires plans to survey only the number of PCPs indicated by the sample size chart for each PG/county. The oversample PCPs are only surveyed if one or more of the PCPs in the selected sample cannot or does not respond to the survey questions. Plans are asked to select an oversample of 20 additional PCPs (or all additional PCPs if fewer than 20 are available) for each PG/county as replacement providers if invalid phone numbers or refusals are encountered. The oversampled cases should only be surveyed if replacements are needed. Plans should end the survey for a particular PG/county when the number of surveys indicated by the sample chart has been reached. For example, if the survey chart indicates that 20 PCPs in a PG/county should be surveyed, but one of the PCPs in the sample refuses to respond to the survey questions, then only one PCP from the oversample should be surveyed. If the plan cannot reach the required sample size by attempting to survey the sample and the oversample, the plan should not pull an additional oversample. It should simply stop the survey for that PG/county and report the result as “ N/A or Not Available.” For example, if the PG/county has 200 PCPs, the sample size chart indicates that a random sample of 40 plus an

oversample of 20 should be identified. If the plan calls the first 40 and 5 are found to have inaccurate phone numbers, the plan can replace those 5 with 5 PCPs from the oversample and report the resulting rate for 40 PCPs. However, if the plan calls 40 PCPs and 25 are found to have inaccurate phone numbers, the plan will be unable to replace all 25 from the oversample of only 20; therefore, the rate for that PG/county should be reported as “N/A.”

Selection of SCPs

In order to obtain more useful survey data for specialty care services, for Measurement Year 2014 the Department chose a specialty survey approach that focuses on a set number of specialty practice areas, rather than doing a survey that combines all specialty practices. For Measurement Year 2014, the Department’s Model Survey Methodology will include three separate specialty practice area surveys:

- Allergists
- Dermatologists
- Cardiologists

Sample Selection for Allergists:

- For PG/counties with 7 or fewer Allergists: select all Allergists in the PG/county, no sampling is permitted.
- For PG/counties with more than 7 Allergists a plan may either:
 - Use the sample size chart to determine the number of Allergists to be selected and also include an oversample of 20 Allergists, as applicable, or
 - select all Allergists
- For individually contracted Allergists: If, in any county, more than 10% of a plan’s Allergists are individually contracted, the plan is required to survey this subpopulation of providers. For sampling purposes, the plan should combine all individually contracted allergists into one group, similar to a PG/county.
 - For counties with 7 or fewer individually contracted Allergists: select all Allergists in the county, no sampling is permitted
 - For counties with more than 7 individually contracted Allergists, the plan may either:
 - Use the sample size chart to determine the number of Allergists to be selected in the county, and also include an oversample of 20 Allergists, as applicable or
 - select all Allergists in the county.

The sampling selection process for a single specialty is the same as the process for PCPs described above in Table 1. Plans should follow the same sample size selection process described above for Allergists to pull samples for Dermatologists and Cardiologists. This means that for County A, a plan will need to determine the appropriate sample of Allergists, Dermatologists and Cardiologists for a single PG within County A. The oversampling process described above for PCPs applies in the same way to SCPs.

STEP 4: RANDOM SAMPLE SELECTION PROCESS

Once a plan has determined the appropriate sample size for each county and PG, it can use the random sample selection process described below to select those physicians that it will actually survey.

Using the random number tools in MS Excel or SAS, assign a random number to each provider in the Provider Contact List. (See Appendix 2 - Random Number Generation for methodologies). Sort data by PG/county and each subgroup (e.g., PCP, specialty). Within each subgroup, sort in order of random numbers. Select the number of providers indicated by the sample size chart +20 oversample providers for each PG/county or select all providers (see sample size instructions above).

Because some providers contract with multiple PGs, it's possible that providers may appear more than once on the Provider Contact List and, therefore, may need to be surveyed more than once. For example, some providers may appear more than once because they are contracted with more than one PG in a single county. In this case plans are required to conduct the required number of phone calls to the provider's office, unless the provider is listed with the same physical address and phone number for each appearance on the Provider Contact List. For example, if Doctor A appears in PG 1 and PG 2 for a single county, then the plan will need to call that doctor twice, unless the phone number and address for Doctor A is the same. If the physical address and phone number are the same, then the plan can report the survey results from a single survey for Doctor A in both PG 1 and PG 2.

In addition, the final Provider Contact List may also include multiple providers at the same address and phone number (presumably because the providers work in the same office). In this case, plans may inquire during the initial survey call if the plan can ask about the appointment availability for other doctors working in the same office. For example, assume Doctor A, Doctor B, and Doctor C are selected for survey and all three doctors work at the same physical address and have the same office phone number. When the plan calls to survey Doctor A, the plan can ask the office scheduler (or other appropriate office representative) whether they are also able to answer questions regarding Doctor B and Doctor C's availability. If so, then the plan can conduct the survey for Doctor B and Doctor C during the same phone call.

STEP 5: SURVEY QUESTIONS

The Department has developed a Model Appointment Availability Survey Tool to be used in the Model Methodology. The Department understands that some plans may wish to include additional questions over and above those included in the Department's Model Appointment Availability Survey. As such, plans may incorporate additional survey questions into the Department's Model Survey Methodology so long as the following conditions are met:

- All of the Department's Model Survey Methodology processes and sample sizes are used;
- All of the Department's Model Survey Methodology administration procedures are followed;

- The Department’s Model Appointment Availability Survey questions are included as a block without modification to individual items or changes in item order;
- The Department’s Model Appointment Availability Survey questions are placed first or near the beginning of the survey;
- The resulting survey is not too exhaustive (which may decrease willingness to respond or may frustrate those who do respond); and
- The results for the Department’s Model Appointment Availability Survey questions are transferred to the Department’s Model Appointment Availability Survey Results template.

STEP 6: ADMINISTERING THE SURVEY

The Department’s Model Survey Methodology presumes that all surveys will be conducted telephonically. The surveys calls need to be conducted between April 1, 2014 and December 30, 2014. The actual phone surveys should be conducted in two waves. For each PG/county, approximately 1/2 (and no more than 60%) of the calls should be made in each wave. Waves may be of any duration necessary to complete the assigned calls. Waves should be spaced at least six weeks apart. It is also recommended that during the second wave, plans should attempt to schedule calls for a given PG on a different day of the week than previous calls.

Additional notes for the surveyor:

- If the provider says the wait time would depend upon whether the patient is a new or existing patient, ask for the dates for both and use the latest date.
- The term “non-urgent” appointments are also often referred to as “routine” appointments.
- The other practitioner/provider mentioned in items 2a, 3b and 4a does not have to be a physician; it can be a nurse practitioner or physician assistant.

STEP 7: CALCULATING COMPLIANCE RATES

A compliance rate should be calculated for each PG/county using questions 2-5.

Question 1 – No compliance rate is applicable; this question is used to direct the surveyor to the appropriate next question.

Question 2/2a – If the answer to question 2 is, “Yes, there is an available appointment within 96 hours;” the provider should be counted as compliant. If the answer is, “No, there is not an available appointment within 96 hours;” the surveyor should move to question 2a. If the answer to 2a is “Yes” the provider should also be counted as compliant. If the answer to 2a is “No;” the provider should be counted as non-compliant. Add the total number of compliant providers from 2 and 2a. Divide that total number by the total number surveyed. Report as a percent with one decimal (e.g., 89.5%).

Question 3/3a/3b – For question 3, no compliance rate is applicable; this question is used to direct the surveyor to the appropriate next question. If the answer to question 3a is, “Yes, there is an available appointment within 48 hours;” the provider should be counted as compliant. If the answer is, “No, there is not an available appointment within 96 hours;” the surveyor should move to question 3b. If the answer to 3b is “Yes” the provider should also be counted as compliant. If the answer to 3b is “No;” the provider should be counted as non-compliant. Add the total number of compliant providers from 3a and 3b. Divide that total number by the total number surveyed. Report as a percent with one decimal (e.g., 89.5%).

Question 4 – If the answer to question 4 is, “Yes, there is an available appointment within 10 days for PCP or 15 days for SCP;” the provider should be counted as compliant. If the answer is “No;” the surveyor should move to question 4a. If the answer to 4a is “Yes” the provider should also be counted as compliant. If the answer to 4a is “No;” the provider should be counted as non-compliant. Add the total number of compliant providers from 4 and 4a. Divide that total number by the total number surveyed. Report as a percent with one decimal.

Question 5a/5b/5c – These items are for informational purposes. “Yes” responses to these questions do not result in non-compliant responses to previous items being changed to compliant. For question 5a, divide the total number of “yes” responses by the total number surveyed. Report as a percent with one decimal. Calculate percentages for questions 5b and 5c in the same manner.

As noted previously, if the plan cannot reach the required sample size for a PG/county by calling all providers in the sample and the oversample, the plan should not pull an additional oversample; it should instead report the result as “N/A.”

Plans should submit to the Department website the following materials:

- Data reporting template
- Provider Contact List

APPENDIX 1 -- SAMPLE SIZE CHART

To determine the correct sample size, look up the number of providers in the PG/county in the "Number of Providers" column. For example, if the PG/county has 104 PCPs, select the sample size of 35. While only 35 PCPs will be surveyed, an oversample of 20 must also be added to the sample in the event the plan is unable to contact one of the first 35 PCP's.

Number of Providers	Sample Size	Number of Providers	Sample Size
1	1	31-35	21
2	2	36-40	23
3	3	41-45	24
4	4	46-50	25
5	5	51-55	27
6	6	59-60	28
7	7	61-65	29
8	7	66-70	30
9	8	71-75	30
10	9	76-80	31
11	10	81-85	32
12	10	86-90	32
13	11	91-95	33
14	12	96-100	34
15	12	101-120	35
16	13	121-130	36
17	13	131-140	37
18	14	141-160	38
19	14	161-180	39
20	15	181-200	40
21	15	201-225	41
22	16	226-275	42
23	16	276-325	43
24	17	356-400	44
25	17	401-525	45
26	18	526-725	46
27	18	726-1125	47
28	19	1126-2350	48
29	19	2351 to	49
30	19	5000	

Sample sizes were determined using OpenEpi Open Source Epidemiologic Statistics Software for Public Health. OpenEpi development was supported in part by a grant from the Bill and Melinda Gates Foundation to Emory University, Rollins School of Public Health. Based on previous years' survey history, an anticipated frequency of approximately 85% was used to estimate the sample size. Confidence limits of +/- 10% were estimated to allow for reasonably precise results while keeping sample sizes manageable.

APPENDIX 2 RANDOM NUMBER GENERATION

Once a plan has determined the appropriate sample size for each PG/county, it will need to determine which providers to call and survey. The Random Number Generation tool described below selects the providers that should be surveyed from the contact list.

1. Open the Excel workbook of the Provider Contact List.
2. For each PG/county, place the PCPs, allergists, cardiologists and dermatologists in separate workbook tabs. (See note below)
3. Create a new column to the left of “A” on your spreadsheet by moving cursor to the break line next to column “A”. Make sure only column A is highlighted, not the entire spreadsheet. If the entire spreadsheet is highlighted Excel will not be able to create a new column. Right click and click on “insert”. This will create a new blank column to the left of column A. (Alternatively, highlight column A and select “insert” then “insert sheet columns.”)
4. Place cursor in column A in the cell beside the first provider.
5. Go to “formulas”
6. Click on “insert function”
7. Select a function = “RAND” (if RAND is not an option initially, use “search for a function” and type in “random”)
8. Copy and paste the function down column A beside each provider in the table.
9. If you did this correctly you should get a list of numbers with decimals in column A.
10. Highlight Column A.
11. Select “copy” (without moving from column A), “paste” and “paste values”
12. Highlight the entire spreadsheet by clicking on the very top left of the spreadsheet (gray area where A and 1 intersect)
13. Go to Data, select Sort and sort by column A. Be sure to check “my data has headers” so that your headers will remain in the first row.
14. Starting with the first row, use the number of rows indicated by the sample size calculator plus up to 20 additional rows (the oversample) as your survey list. You may wish to add a column to label the primary sample vs. oversample so that the surveyor will not call oversample cases unless needed as replacements.

Note: If you prefer to keep all data in one workbook tab, perform steps 1-12 as above. Perform the sort in step 13 by Provider Group, County, PCP, Specialty/Subspecialty and then Random Number.

Alternate #1 Randomization Process and Generation of Random Sample in SAS

A simple random sample may be generated using the SURVEYSELECT procedure in SAS. Using the simple random sample methodology and no stratification in the sample design, the selection probability is the same for all units in the sample.

Example of sample selection for the PCPs from a single PG/County

Provider Group ABC has 40 PCPs. The sample size chart indicates that the first 23 should be selected for surveying. The remaining 17 will be available as an oversample.

random #	Provider Group	pg tax id	practitioner last name	first name	NPI	license	PCP	Specialist	Special/ Subspec	address	city	county	state	zip code	office phone #	sample/ oversample
0.008654068	ABC	xxx-xxxx	JONES	g	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.063929148	ABC	xxx-xxxx	LIN	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.145367336	ABC	xxx-xxxx	DIAZ	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.176465626	ABC	xxx-xxxx	GRIFFIN	g	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.186476546	ABC	xxx-xxxx	DIAZ	s	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.187256741	ABC	xxx-xxxx	LOPEZ	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.21437028	ABC	xxx-xxxx	JAMES	k	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.225034246	ABC	xxx-xxxx	CHARLES	l	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.269289423	ABC	xxx-xxxx	RODRIGUEZ	l	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.269976289	ABC	xxx-xxxx	HOLT	d	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.279719902	ABC	xxx-xxxx	ALBIN	b	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.299830779	ABC	xxx-xxxx	PHILLIPS	k	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.348464286	ABC	xxx-xxxx	LEIDL	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.350006835	ABC	xxx-xxxx	ESTRADA	o	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.362582541	ABC	xxx-xxxx	YOUNG	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.401159974	ABC	xxx-xxxx	SCHANO	d	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.433446615	ABC	xxx-xxxx	JONES	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.447363528	ABC	xxx-xxxx	ADAMS	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.486393669	ABC	xxx-xxxx	RICHARDS	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.497793956	ABC	xxx-xxxx	TRUONG	r	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.542164079	ABC	xxx-xxxx	KIM	d	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.556846227	ABC	xxx-xxxx	ADAMS	c	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.573505449	ABC	xxx-xxxx	JACKSON	j	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP sample ABC
0.687401775	ABC	xxx-xxxx	MALDONADO	c	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.69090539	ABC	xxx-xxxx	LIN	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.730967188	ABC	xxx-xxxx	YOUNG	s	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.736836669	ABC	xxx-xxxx	RODRIGUEZ	d	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.751189369	ABC	xxx-xxxx	ALLEN	c	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.773886758	ABC	xxx-xxxx	BARTASH	f	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.774832295	ABC	xxx-xxxx	RODRIGUEZ	r	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.862046618	ABC	xxx-xxxx	AGUILAR	F	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.863345706	ABC	xxx-xxxx	DIAZ	S	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.869212164	ABC	xxx-xxxx	CRAWFORD	t	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.877944207	ABC	xxx-xxxx	SMITH	t	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.976682784	ABC	xxx-xxxx	RIOS	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.987247857	ABC	xxx-xxxx	KHARIKIAN	j	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.982423494	ABC	xxx-xxxx	SMITH	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.996429102	ABC	xxx-xxxx	SHEPHERD	t	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.997747995	ABC	xxx-xxxx	ALLEN	s	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC
0.999522052	ABC	xxx-xxxx	MALDONADO	e	xxx	Ca-x	y	n		xxx	xxx	Los Angeles	CA	xxxxx	xxx-xxx-xxxx	PCP oversample ABC