DEPARTMENT OF MANAGED HEALTH CARE
HELP CENTER
DIVISION OF PLAN SURVEYS

FINAL REPORT

NON-ROUTINE SURVEY

OF

ANTHEM BLUE CROSS

A FULL SERVICE HEALTH PLAN

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Final Report of a Non-Routine Survey
Anthem Blue Cross
A Full Service Health Plan
November 7, 2014

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EXECUTIVE SUMMARY

In May of 2014, the Department of Managed Health Care (Department) conducted an informal telephonic inquiry of randomly selected physicians, who were listed by Anthem Blue Cross ("the Plan") as contracted physicians for products offered through Covered California or through the individual market. The inquiry was in response to numerous complaints the Department received from consumers who were having difficulty finding in-network physicians. When contacted by the Department, a significant number of these physicians listed in the Plan's network as participating providers indicated they did not accept Covered California enrollees.

The results of this inquiry led the Department to initiate a formal Non-Routine Survey of the Plan. The survey commenced June 10, 2014. As part of the survey, the Department requested that the Plan submit its individual market Provider Directory, as it appeared on the Plan's internet website as of June 9, 2014. The Department then conducted a telephonic survey of a statistically valid, randomly selected sample of physicians taken from the online directory. The purpose of the telephonic survey was to obtain confirmation of the physicians' contracting status and availability to take new patients. The survey was designed to duplicate the consumer experience.

The Non-Routine Survey revealed that a significant percentage (12.5%) of the physicians listed in the directory were not at the location listed in the Provider Directory and that a significant percentage (12.8%) were not willing to accept patients enrolled in the Plan's Covered California products, despite being listed on the website as doing so. Additionally, when the Department compared the online directory against the Plan's 2012 network filings for Covered California Primary Care Providers (PCPs) in Sacramento County, it revealed a greater than ten-percent change in the Plan's network, which triggered the Plan's obligation to submit updated provider rosters.

Accordingly, the Department has identified four deficiencies of the Knox-Keene Act, three of which remain uncorrected. The uncorrected deficiencies cited in this Report have been referred to the Office of Enforcement for additional corrective action and other remedies as needed. Further, the Department will initiate a Follow-Up Survey in six months from the date of this Final Report.

The Department acknowledges that the Plan has begun corrective action, which includes efforts to monitor and improve the accuracy of its Provider Directories, to verify the status of contracting providers and to directly contact providers to confirm their contracted status.

In its response to the Department's Preliminary Survey Report, Anthem Blue Cross indicated the Plan's belief that the survey methodology was flawed and therefore the analysis and deficiency findings were inaccurate. Among other things, the Plan noted that the contractual status of a provider is a greater indicator of availability than a phone survey, and that its contracted providers are under no contractual or ethical obligation to participate in a phone survey, since they are not paid for doing so. While the Department understands these concerns, they do not change the fact that the significant inaccuracies contained in the Plan's online Provider Directory resulted in a highly unacceptable consumer experience, nor do they change the fact that

California consumers could not reach or did not have access to providers who were represented as being part of the Plan's network.

Deficiency #1: The Plan operated at variance when its internet website and online Provider Directory informed enrollees that numerous physicians were participating in the Plan's Covered California products, when they were not.
Cal. Health & Safety Code section 1386, subd. (b)(1)
Final Report Deficiency Status: Not Corrected

Deficiency #2: When the Plan failed to correct inaccuracies in its online Provider Directory, the Plan used (or permitted the use of) written or printed statements or items of information that were either untrue or misleading and which were disseminated, at least in part, for the purpose of inducing persons to enroll in the Plan.
Cal Health & Safety Code section 1360, subd. (a)(1-2) and (b)
Final Report Deficiency Status: Not Corrected

Deficiency #3: The Plan failed to meet its statutory obligation to provide enrollees with accurate contracted provider lists, either upon request, or through provider listings set forth on the Plan's internet website.
Cal Health & Safety Code section 1367.26
Final Report Deficiency Status: Not Corrected

Deficiency #4: The Plan failed to submit a required Amendment filing to inform the Department of a greater than 10% change in the list of providers and to resubmit its updated provider list for re-review and approval.
Cal Health & Safety Code section 1300.52, subd. (f)
Final Report Deficiency Status: Corrected

SURVEY BACKGROUND

In response to numerous consumer complaints about difficulty finding Anthem Blue Cross (Plan) in-network doctors, in May 2014, the Department conducted an informal survey of a sampling of the primary care physicians (PCPs) listed in the networks used by the Plan for its individual market products offered through Covered California or through the off-Exchange individual market. This survey revealed that many of the providers listed in the Plan's network as participating providers, when questioned, indicated they do not accept Covered California enrollees. The results of the informal survey led the Department to initiate a Non-Routine Survey pursuant to Title 28, California Code of Regulations (CCR) section 1300.82(b)[1]. The survey commenced June 10, 2014.

The Department requested the Plan submit its individual market (on and off Exchange) Provider Directory as listed on the Plan's internet website as of June 9, 2014. The Department utilized a medical survey vendor, *pmpm*® Consulting Group, to conduct a telephonic survey of the physicians listed in the online directory. The purpose of the survey was to obtain information on the providers' contracting status and availability to take new patients. The Department conducted the telephone survey from June 16 to July 22, 2014 with a statistically valid, randomly selected sample of providers taken from the submitted directory. The surveyors made 5,739 phone calls to physician offices. A description of the survey methodology is included in Appendix C.

The survey utilized a pre-defined script that included core questions to determine if the provider accepts any Anthem Blue Cross health plan products, if the provider accepts Anthem Blue Cross Covered California individual products (i.e. HMO, PPO or EPO), and if the provider is accepting *new* patients with Anthem Blue Cross Covered California individual coverage. A copy of the telephone survey script is included as Appendix B.

Tables referenced in the Key Findings section of this report are available in Appendix A.

[1] 1300.82.1(a) An examination or survey is additional or non-routine for good cause for the purposes of Section 1382(b) when the reason for such examination or survey is any of the following: (3) The plan has committed, or the Director has reason to believe that the plan has committed, any of the acts or omissions enumerated in Section 1386 of the Act.

KEY FINDINGS – Provider Directory Telephone Survey Results

The Department's survey results conclude that the Plan's online directory contains a number of physicians who do not accept any of the Anthem Blue Cross health plan products well as a number of physicians that do not accept Anthem Blue Cross Covered California products (HMO, PPO , EPO) for which they were identified as contracted. The results also demonstrate that there are a number of physicians unsure about which Anthem Blue Cross Covered California products they accept, or are no longer practicing at the location listed on the directory.

1) Providers Accepting *Any* Anthem Blue Cross Health Plan Products

There were 38 providers listed in the directory and included in the Resulting Sample[2] of 3,272 who responded that they did not accept ***any*** Anthem Blue Cross health plan products. Ten of the 3,272 were unsure if they accepted the health plan, and 2,414 stated they accepted the plan. 411 providers were not at the location listed and 399 of the provider offices did not answer the phone or did not return phone messages when left by the surveyor.

The percentages of providers by county stating they accept the health plan ranged from 40% to 100%. For example, in San Joaquin County 48%, or 12 of the 25 providers in the Resulting Sample, responded they accept the health plan, six providers responded they do not accept the health plan, and zero responded as unsure. Three of the San Joaquin County provider offices responded noting the "provider does not practice at this location," and for 4 of the 25 providers there was no answer after three attempts.

The table below summarizes the statewide aggregate survey results specific to whether the provider is accepting any Anthem Blue Cross health plan products. Alpine County was excluded from the resulting sample due to the low number of providers listed in the directory submitted by the Plan. Modoc County has zero providers in the resulting sample because none of the providers in the resulting sample were willing to participate in the telephone survey.

A detailed breakdown by county is included in Appendix A, Table 1.

Provider Accepting *Any* Anthem Blue Cross Health Plan Products					
Resulting Sample	Accepting	Not Accepting	Unsure	Not at Listed Location	No Answer
3272	2414 (73.4%)	38 (1.1%)	10 (.03%)	411 (12.6%)	399 (12.2%)

[2] The "Resulting Sample" represents the final sample size, and was comprised of the following: (1) physicians willing to participate in survey; (2) physicians no longer practicing at the designated location; and (3) physicians whose offices did not answer numerous phone calls. Refer to Appendix C- Methodology for more information.

1A) Providers Accepting *Any* Anthem Blue Cross Health Plan Products – By Product Type

The table below summarizes the statewide aggregate survey results specific to whether the provider is accepting ***any*** Anthem Blue Cross health plan products, by product. A detailed breakdown by county for each product is included in Appendix A, Tables 2, 3 and 4.

Provider Accepting *Any* Anthem Blue Cross Health Plan Products – by Product Type						
Product	Resulting Sample	Accepting	Not Accepting	Unsure	Not at Listed Location	No Answer
HMO	1532	1175 (76.6%)	14 (.09%)	4 (.02%)	166 (10.8%)	173 (11.3%)
EPO	549	388 (70.6%)	6 (1.0%)	1 (.0%)	84 (15.3%)	70 (12.8%)
PPO	1191	851 (71.4%)	18 (1.5%)	5 (.04%)	161 (13.5%)	156 (13.1%)

2) Providers Accepting Anthem Blue Cross *Covered California Products*

When asked if the physician accepts Anthem Blue Cross ***Covered California products***, a significant number of the physicians' offices responded yes; however, a portion of those physician offices did not know or did not believe that they accepted *certain* Covered California products although they were listed in the directory as participating for the product. The survey findings revealed 420 providers listed out of 3,272 providers in the Resulting Sample who do not accept Covered California products. In 13 of the counties, the providers accepting Covered California ranged between 31% and 49%, 26 counties ranged between 50% and 70%, and 17 counties showed a positive acceptance range between 71% and 100%. Alpine County was excluded from the resulting sample due to the low number of providers listed in the directory submitted by the Plan. Modoc County has zero providers in the resulting sample because none of the providers in the resulting sample were willing to participate in the telephone survey. A detailed breakdown by county is included in Appendix A, Table 5.

Resulting Sample	Accepting	Not Accepting	Unsure	Provider Not at Office	No Answer
3272	1922 (58.7%)	420 (12.8%)	72 (.02%)	411 (12.5%)	399 (12.1%)

2A) Providers Accepting Anthem Blue Cross Covered California *HMO* Products

When asked if the physician accepts Anthem Blue Cross Covered California HMO products, 249 of 1,532 providers in the Resulting Sample responded that they did not accept the Covered California HMO products. In six of the counties, the HMO providers accepting Covered California ranged between zero and 49%, six of the counties had a positive acceptance range between 50% and 70%, and one county showed positive acceptance results between 71% and 100%. The Plan's individual on and off-Exchange HMO product is available in thirteen counties. A detailed breakdown by county is included in Appendix A, Table 6.

Resulting Sample	Accepting	Not Accepting	Unsure	Provider Not at Office	No Answer
1532	884 (57.7%)	249 (16.2%)	42 (2.7%)	166 (10.8%)	173 (11.3%)

2B) Providers Accepting Anthem Blue Cross Covered California EPO Products

When asked if the physician accepts Anthem Blue Cross Covered California EPO products, 64 of 549 providers in the Resulting Sample responded that they did not accept the Covered California EPO products. In all four of the counties with the EPO network, the providers accepting Covered California ranged between 50% and 59%. The Plan's individual on and off-Exchange EPO product is available in four counties. A detailed breakdown by county is included in Appendix A, Table 7.

Resulting Sample	Accepting	Not Accepting	Unsure	Provider Not at Office	No Answer
549	312 (56.8%)	64 (11.6%)	12 (2.1%)	84 (15.3%)	70 (12.8%)

2C) Providers Accepting Anthem Blue Cross Covered California PPO Products

When asked if the physician accepts Anthem Blue Cross Covered California PPO products, 107 of 1,191 providers in the Resulting Sample responded that they did not accept the Covered California PPO products. In 11 of the counties, the PPO providers accepting Covered California ranged between 33% and 49%, 24 of the counties had a positive acceptance range between 50% and 70%, and 17 counties showed positive acceptance results between 71% and 100%. The Plan's individual on and off-Exchange PPO product is available in 54 counties. Alpine County was excluded from the resulting sample due to the low number of providers listed in the directory submitted by the Plan. Modoc County has zero providers in the resulting sample because none of the providers in the resulting sample were willing to participate in the telephone survey. A detailed breakdown by county is included in Appendix A, Table 8.

Resulting Sample	Accepting	Not Accepting	Unsure	Provider Not at Office	No Answer
1191	726 (60.9%)	107 (8.9%)	18 (1.5%)	161 (13.5%)	156 (13.1%)

The following table summarizes the total number of providers, by product, and in aggregate, that indicated they were either accepting or not accepting the Covered California products.

Providers Accepting Anthem Blue Cross Covered California Products – by Product Type						
Product Type	Resulting Sample	Accepting	Not Accepting	Unsure	Provider Not at Office	No Answer
HMO	1532	884 (57.7%)	249 (16.2%)	42 (2.7%)	166 (10.8%)	173 (11.3%)
EPO	549	312 (56.8%)	64 (11.6%)	12 (2.1%)	84 (15.3%)	70 (12.8%)
PPO	1191	726 (60.9%)	107 (8.9%)	18 (1.5%)	161 (13.5%)	156 (13.1%)
Total	3272	1922 (58.7%)	420 (12.8%)	72 (.02%)	411 (12.5%)	399 (12.2%)

3) Accepting *New Patients*

The Provider Directory provided by the Plan indicated whether each provider was accepting new patients, with more than 98% of the providers listed in the Directory noted with a "Y." The telephone survey results revealed that, of those providers accepting Anthem Blue Cross Covered California, the responses varied widely between counties when asked if the provider was accepting new patients. The total number of providers who responded they were accepting new patients was 1,743 of the 1,922 providers who indicated they accept Covered California.

Product Type	Accepting Covered California	Accepting New Patients	Not Accepting New patients	Unsure if Accepting New Patients
Aggregate	1922	1743 (90.6%)	126 (6.5%)	53 (2.7%)
HMO	884	819 (92.6%)	45 (5.0%)	20 (2.3%)
EPO	312	284 (91.1%)	21 (6.7%)	7 (2.2%)
PPO	726	640 (88.1%)	60 (8.2%)	26 (3.5%)

Results for each of the counties noting the number and percent of participating providers taking new patients is included in Appendix A, Tables 9 through 12.

KEY FINDINGS – Plan Responses to Interim Data Reports and Descriptions of Activities to Ensure Accuracy of Provider Directory

The results of the telephonic survey raise concerns to the Department regarding the accuracy of the Provider Directories available to the public. On July 11, 18, and 25, 2014, the Department provided the Plan with the "interim" finding reports specific to each provider office who responded they were not accepting patients with Anthem Blue Cross coverage. The Plan was required to provide information that it relied upon to conclude that each of the physicians listed on the reports, was, as of October 1, 2013, or later, contracted with the Plan to accept the Plan's Covered California products.

The Plan provided a spreadsheet documenting the information relied upon by the Plan to conclude that the physicians listed on all of the Department's reports participated in Anthem's Pathways HMO, Pathways PPO, or Pathways EPO network(s) as of June 9, 2014 (the date of the Provider Directory "snap shot").

The spreadsheet contains four tabs: PPO, EPO, HMO and a tab with the list of addresses/phone numbers for the providers on the Department's "Provider Doesn't Practice in This Office" report. The spreadsheet included the physician's license number, name, contract holder name/ affiliation, and the date the contract addendum/mailing was sent to the contract holder.

The Plan identified the mailing date for the applicable Exchange addendums/communications (October/November 2012, September 2013, and March 2014). The 2012 contract addendum was mailed to PPO physicians already participating in Anthem's narrow PPO network (Select PPO) to notify them of their selection to participate in Anthem's network for members who purchased an Individual ACA compliant policy (on or off Exchange) including terms of participation and options to opt out of the network. Providers who were going to participate in Anthem's Individual Exchange network under the terms of their existing Prudent Buyer agreements did not receive the 2012 addendum because they would continue to participate in the network for individual products, just as they do for other Commercial lines of business.

In September of 2013, after Anthem was selected by Covered California to participate in the Exchange and before open enrollment commenced, Anthem sent a "welcome letter" to physicians, along with an Exchange fact sheet, to confirm network participation status. The fact sheet explained how the Exchange networks were labeled, what products Anthem was offering on the Exchange, what member ID cards would look like, how to check participation status on Anthem's website, how to stay apprised of Exchange updates, and how to contact the Plan with questions.

The 2014 contract addendum was sent to providers participating in Anthem's Exchange networks to satisfy the Plan's obligation to Covered California to use best efforts to include certain provisions required by the Affordable Care Act and Covered California in provider contracts by July 1, 2014.

In its response, the Plan also stated that it contracts with HMO medical groups/IPAs, and does not contract directly with individual HMO physicians. There are 43 provider groups participating in Anthem's Exchange network statewide. The HMO medical groups are contracted with Anthem for all Commercial business, not specifically for the Exchange. Exchange addendums (containing the same substantive terms as the version sent to the EPO/PPO physicians) were mailed to HMO participating groups in March 2014. The agreements with participating HMO medical groups require the groups to notify the Plan in writing of changes in provider group affiliation, practice address, and other demographic information of the physicians affiliated with their group. The Plan provided information regarding the HMO medical group that, according to its records, is affiliated with each of the HMO physicians the Department included in its interim finding reports.

Plan efforts to ensure accurate directories

The Department asked the Plan to provide information on any and all actions taken by the Plan since October 1, 2013 to ensure current and accurate Provider Directories for its Covered California product(s), including copies of any related policies and procedures, reports or supporting documents.

Outbound Verification Outreach

The Plan stated that it had completed an outbound outreach to a subset of providers for roster validation of its HMO/EPO/PPO Pathways affiliations in Q1 2014, completing updates in its system and online directory by April 2014. As of August 8, 2014, the Plan was conducting an additional provider phone outreach to confirm participation status, collect updated contact information, and address any questions that providers might have relative to the Exchange. The Plan indicated that the priority of both aforementioned efforts was determined by internal data (e.g., claims volume, grievance & appeal data, provider call center data) and will also include the providers listed on the Department's interim report entitled "Provider Doesn't Practice in This Office."

Going forward, Anthem has operationalized a more frequent scheduled outbound verification process to keep data current. Anthem has initiated a regular (on a rotation/phased basis) roster verification outreach to providers based on high utilization and will routinely conduct a provider verification based on complaint data received through member or provider complaints. All Covered California contracted providers and groups will have been contacted and their information completely refreshed on an annual basis. The Plan describes this process as being in addition to the regular weekly/monthly updates made to the provider data system.

Ongoing Updates to Provider Information

The Plan also provided the Department with how it conducts ongoing updates to provider information when a request is received:

- Email/Fax request sent by the provider – updates completed within 10 days
- Request from internal provider-facing team (via email or ticket) – updates completed

within 10 days
- Returned mail originating from any area of the company that sends out provider correspondence – updates completed within 10 days
- Provider online maintenance form – updates completed within 10 days
- Manual and auto updates received from a provider data vendor, Enclarity – updates done monthly

Enhanced Data Quality Assurance Process

The Plan provided information regarding how it has enhanced the quality assurance process of provider data to heighten accuracy. The Plan provided a table describing the type of audit it conducts, the frequency of the audit and the date the Plan implemented the particular audit activity.

Audit Type	Frequency	Start Date
Pre and post audits of system changes which impact provider data	Every Code Release	November 2013
Weekly audits after data loads	Weekly	March 24, 2014
Roster Files to Provider Finder	Quarterly	December 2013
Validate business rules for Provider Finder to ensure that appropriate data, network and provider is displayed	Quarterly	December 2013
Target audits based on high-risk factors	Monthly, as needed	February 2014

Rectification of Inaccuracies

The Plan provided information on actions it has taken since October 1, 2013 to identify and rectify any inaccuracies in its Physician Directories for its Covered California product(s).

The Plan stated that in January 2014, it identified a system issue which impacted the proper identification of HMO providers who were participating in the Pathways Network for On Exchange and Off Exchange members. The system issue resulted in an auto assignment for HMO providers who were participating in the Pathways Network and automatically gave them a Pathways PPO assignment, even if they were not participating in Pathways for PPO. The Plan completed an outbound outreach to a subset of providers for validation of its HMO/EPO/PPO Pathways affiliations, and updated its system by April 2014. A system fix was completed by April to remove the auto selection of PPO when HMO providers are updated in the system, ensuring that this data stayed accurate.

To remediate the aforementioned issues, Anthem identified members who had submitted claims from providers who were improperly showing as participating providers and completed the following activities:

- Re-processed the claims at the participating rate.
- Mailed a member notification letter on March 21, 2014 to the impacted members. This notification letter included the following:
    - Information that the Plan would reprocess their claims at the participating rate
    - Advice as to how the member could find a new doctor or a new plan
    - Information regarding transition of care rights
    - Offering a grievance if they were not satisfied with the resolution
- The Plan also worked with Covered California to extend the open enrollment options for members who had concerns.

DISCUSSION OF DEFICIENCIES

The Department has completed its review of the Plan and has identified several areas of concern regarding the Plan's directory and the responses from a number of providers listed in the directory.

The number of physicians stating they did not accept the Plan's products or Covered California products, along with the number of providers listed on the directory who were not at the location listed on the directory, creates a serious divergence between the information provided by the Plan and the response enrollees actually encounter at the point of service.

In its response to the Department's Preliminary Survey Report, Anthem Blue Cross indicated the Plan's belief that the survey analysis and deficiency findings demonstrate serious flaws and failings, based on the methodology used. Among other things, the Plan noted that the contractual status of a provider is a greater indicator of availability than a phone survey, and its contracted providers are under no contractual or ethical obligation to participate in a phone survey, since they are not paid for doing so. While the Department understands these concerns, they do not change the fact that the significant inaccuracies contained in the Plan's online Provider Directory resulted in a highly unacceptable consumer experience, nor do they change the fact that California consumers could not reach and/or did not have access to providers who were represented as being part of the Plan's network during the first open enrollment period for Covered California.

Although the Plan provided information related to provider communications and trainings, including specific information regarding the Plan's Covered California products, the downstream communications to providers, including communication from contracted groups to the respective individual providers, which may or may not be in place or in concert with the Plan's communication, has not effectively corrected the divergence of information. If the Plan or the Plan's contracted provider groups have not effectively communicated to their individual providers that the group is participating in the Plan's Covered California products, enrollees may still encounter difficulties finding a provider, even though the provider is contracted to participate in the Plan's Covered California products.

The Plan also provided information and a number of documents detailing provider communications and ongoing monitoring of its directory and the contracting status of its providers. However, the findings from the survey indicate that <u>at the point of service</u>, (the physician office), the information obtained from providers' office staff is not in concert with the Provider Directory, contracts, communications, and ongoing monitoring. In fact, based on responses to the telephone survey questions, the disconnect between the information provided to members and the actual status of providers within the Plan's network has real potential for creating barriers to care. The divergence between the Plan's online directory and the survey responses by provider offices listed in the directory creates confusion and access difficulties for enrollees.

Deficiency #1: The Plan operated at variance when its internet website and online Provider Directory informed enrollees that numerous physicians were participating in the Plan's Covered California products, when they were not.

Statutory/Regulatory Reference(s): Cal. Health & Safety Code section 1386, subd. (b)(1)

Cal. Health & Saf. Code Section 1386, subd. (b)(1) gives the Department Director the authority to take disciplinary action as set forth below:

> (b) The following acts or omissions constitute grounds for disciplinary action by the director:
>
> (1) *The plan is operating at variance* with the basic organizational documents as filed pursuant to Section 1351 or 1352, or with its published plan, or in any manner contrary to that described in, and reasonably inferred from, the plan as contained in its application for licensure and annual report, or any modification thereof, unless amendments allowing the variation have been submitted to, and approved by, the director (Emphasis added).

As described earlier, the survey data indicates that 420 out of 3,272 (12.8%) of the providers identified by Anthem Blue Cross as participating in the Plan's Covered California products affirmatively told the survey team vendor that they are not participating in, and not accepting patients enrolled in, the Plan's Covered California products. In addition, the survey data indicates that 411 out of 3,272 (12.5%) of the offices contacted, told the survey team vendor that the provider does not practice at the listed location. Despite a comprehensive call strategy, including follow-up calls and messages left on providers' office answering machines, the survey team vendor was able to confirm that only 1,922 out of 3,272 (58.7%) of the Plan's providers surveyed were available to members with Covered California products.

Data obtained during the survey demonstrates that the Plan was operating at variance with the Provider Directory that was filed with the Department and appeared on the Plan's internet website. All individuals who provide covered physician services must be correctly identified in Exhibit I to the Plan's application for licensure, which must be updated and remain accurate on an ongoing basis. Any internet website Provider Directory maintained and used by the Plan must also be accurate, and failure to do so constitutes operation at variance in a manner contrary to that described in, and reasonably inferred from the Plan's application for licensure and the exhibits to that application.

Although the Plan submitted various legal arguments in support of its position that the inaccuracies in the online Provider Directory did not constitute operating at variance, when one-quarter (25.3%) of providers contacted were not at the location or were not accepting Covered California products, the Plan was clearly operating at variance, and information provided by the Plan in response to the Preliminary Report was insufficient to change or alter the Department's conclusion regarding this deficiency.

Final Report Deficiency Status: Not Corrected

The Department finds that the information provided by the Plan is insufficient to correct this deficiency at this time. This uncorrected deficiency has been referred to the Office of Enforcement for additional corrective action and other remedies as needed. Further, the Department will initiate a Follow-Up Survey in six months from the date of this Final Report.

Deficiency #2: When the Plan failed to correct inaccuracies in its online Provider Directory, the Plan used (or permitted the use of) written or printed statements or items of information that were either untrue or misleading and which were disseminated, at least in part, for the purpose of inducing persons to enroll in the Plan.

Statutory/Regulatory Reference(s): Cal Health & Saf. Code section 1360, subd. (a)(1-2) and (b)

Cal. Health & Saf. Code section 1360 provides:

> (a) No plan, solicitor, solicitor firm, or representative shall use or permit the use of any advertising or solicitation which is untrue or misleading, or any form of evidence of coverage which is deceptive. For purposes of this article:
> (1) A written or printed statement or item of information shall be deemed untrue if it does not conform to fact in any respect which is, or may be significant to an enrollee or subscriber, or potential enrollee or subscriber in a plan.
> (2) A written or printed statement or item of information shall be deemed misleading whether or not it may be literally true, if, in the total context in which the statement is made or such item of information is communicated, such statement or item of information may be understood by a person not possessing special knowledge regarding health care coverage, as indicating any benefit or advantage, or the absence of any exclusion, limitation, or disadvantage of possible significance to an enrollee, or potential enrollee or subscriber, in a plan, and such is not the case.
> (b) No plan, or solicitor, or representative shall use or permit the use of any verbal statement which is untrue, misleading, or deceptive or make any representations about coverage offered by the plan or its cost that does not conform to fact. All verbal statements are to be held to the same standards as those for printed matter provided in subdivision (a).

Health & Saf. Code section 1345, subd. (l) defines "solicitation" as: "Any presentation or advertising conducted by, or on behalf of, a plan, where information regarding the plan, or services offered and changes therefore, is disseminated for the purpose of inducing persons to subscribe to, or enroll in, the plan.

The Anthem Blue Cross online Provider Directory set forth on the Plan's internet website contains written or printed statements and other items of information concerning network providers available

to provide covered services to Plan members that did not conform to fact when one-quarter of the providers listed were not available to Covered California enrollees.

It is important to recognize that violations of Section 1360 rise or fall based upon the inaccuracy or misleading nature of the statement or item of information disseminated by the health plan and that the section does not contain or set forth an intent requirement.

Many consumers shopping for health plan coverage have a strong interest in maintaining an existing provider relationship or are looking to establish a new one. These consumers relied on the information published by the Plan in its Provider Directory to make decisions during open enrollment about which plan best met their needs.

With respect to this deficiency, the survey team vendor obtained data indicating that numerous statements and items contained in the Plan's internet website Provider Directory were inaccurate or misleading. As described earlier, 420 of 3,272 (12.8%) of surveyed providers told the vendor that they are not participating in the Plan's Covered California products while 411 of 3,272 (12.5%) indicated that the provider is not at the listed location. This survey report does not conclude that the Plan intended to provide inaccurate information or mislead consumers. The data does however, demonstrate the types of inaccuracies contemplated by the statute, and accordingly confirms the findings of a deficiency. Plain reading of the statute confirms that the section intends to prohibit the use of inaccurate and/or misleading information. Updating and maintaining an accurate online Provider Directory avoids the harm to consumers that the statute was designed to prevent.

Final Report Deficiency Status: Not Corrected

The Department finds that the information provided by the Plan is insufficient to correct this deficiency at this time. This uncorrected deficiency has been referred to the Office of Enforcement for additional corrective action and other remedies as needed. Further, the Department will initiate a Follow-Up Survey in six months from the date of this Final Report.

Deficiency #3: The Plan failed to meet its statutory obligation to provide enrollees with accurate contracted provider lists, either upon request, or through provider listings, set forth on the Plan's internet website.

Statutory/Regulatory Reference(s): Cal Health & Saf. Code section 1367.26

Section 1367.26 requires each licensed health plan to provide specific information to enrollees concerning the Plan's network of contracted providers.

By its terms, the statute requires disclosure of the identity and phone number of each contracted physician, along with a list of providers who have closed their practices or are otherwise not accepting new patients. The Plan is required to provide this information in writing to an enrollee or prospective enrollee, upon request. With permission from the enrollee, the Plan may "satisfy the requirements of this section by directing the enrollee or prospective enrollee to the Plan's provider listings on its internet web site."

As noted above, data obtained during the survey demonstrates the inaccuracy of information contained in the Provider Directory maintained on the Plan's internet website. Specifically, the survey data indicates that 420 out of 3,272 (12.8%) of the providers identified by Anthem Blue Cross as participating in the Plan's Covered California products affirmatively told the survey team vendor that they are not participating in, and not accepting patients enrolled in, the Plan's Covered California products. In addition, the survey data indicates that 411 out of 3,272 (12.5%) of the offices contacted told the survey team vendor that the provider is not at the listed location.

When Anthem Blue Cross listed providers in its online Provider Directory as participating in its Covered California products when in fact they were not, the Plan failed to provide enrollees with the information required by Section 1367.26. The Plan also failed to meet its statutory obligation in those situations where its online Provider Directory failed to accurately report the status of providers who had closed their practices or were not otherwise accepting new patients. Although section 1367.25 appears to contemplate quarterly updates (rather than instantaneous) to online provider lists, Anthem's response to the Preliminary Survey Report did not demonstrate that inaccuracies in the online Provider Directory were simply the result of changes that occurred in the preceding quarter.

Final Report Deficiency Status: Not Corrected

The Department finds that the information provided by the Plan is insufficient to correct this deficiency at this time. This uncorrected deficiency has been referred to the Office of Enforcement for additional corrective action and other remedies as needed. Further, the Department will initiate a Follow-Up Survey in six months from the date of this Final Report.

Deficiency #4: The Plan failed to submit a required Amendment filing to inform the Department of a greater than 10% change in the list of providers and to resubmit its updated provider list for re-review and approval.

Statutory/Regulatory Reference(s): Cal. Health & Saf. Code section 1300.52, subd. (f)

Currently[3], the Department requires health plans to file their provider network rosters for approval by the Department with new applications for licensure, before expanding a service area, before implementing a new network (for example a narrow network) and when a provider network has changed by 10 percent or more. Specifically as to the 10 percent requirement, Rule 1300.52, subd. (f), requires provider network rosters (Exhibits I-1, I-2 or I-3) to be re-submitted as an Amendment filing when "10 percent or more of the names contained in the list for a service area have been changed. When amended, the complete list (or the list for the service area) shall be furnished …

[3] It is important to note that SB 964, effective in January 2015, requires health plans to file every network annually for the Department's review. The Department anticipates that the annual filing will provide comprehensive and comparable provider network data that will substantially improve the Department's ability to monitor network adequacy. Health plans will continue to be required to file 10 percent changes that occur between annual filings. Anthem Blue Cross has confirmed that it will comply with the 10 percent filing rule.

with each added item "redlined" and the names of persons deleted from the list shown at the end under the heading "deletions.".”

In 2012, Anthem Blue Cross submitted for review and approval the PPO network that is currently being offered for Covered California enrollees (eFiling no. 20121339). In that filing, the Plan listed 941 PCPs as available for the Covered California PPO network in Sacramento County for the 2014 benefit year.

According to the Provider Directory roster that the Plan submitted for the purposes of this Non-Routine Survey (Provider Directory snapshot as of June 9, 2014), 287 PCPs that were included in the approved filing were no longer available. This equates to a change of 30 percent in the list of providers as approved by the Department. This is over the 10 percent threshold enumerated in Rule 1300.52 subd. (f), and the Plan should have resubmitted the updated network with deletions and additions for re-review by the Department.

The Department reviews network adequacy based on the inclusion of these PCPs in the provider network. An accurate network adequacy analysis depends on correct data being submitted by the Plan. Based on this, the Department required the Plan to take steps to ensure its network filings and Provider Directories are accurate and re-filed when required by law.

Corrective Actions taken by the Plan:

The Plan resubmitted network filings with updated provider rosters. Refreshed provider rosters, if accurate, effectively cure this deficiency. In order to assure accuracy of the data submitted, the Department required the Plan to complete its Provider Call Campaign and any other corrective action associated with this survey report as a condition of its approval of the Plan’s 2015 network filing.

The Plan will contact each of its directly contracted physicians to achieve the following objectives:

- Confirm participation status
- Collect updated contact information
- Address any provider questions

The Plan submitted a final report to the Department with the results of the call campaign on November 5, 2014. Based upon the results of this audit, the Plan will amend any filings as applicable and initiate updates of the Provider Directory. In addition, the Plan will continue to conduct frequent outreach to providers to confirm their network status.

The Plan indicated that it has implemented an enhanced data quality assurance process for provider data, which includes quarterly audits of roster files and targeted monthly audits based on high-risk factors.

The Department finds that the Plan has designed and implemented mechanisms to improve the accuracy of its provider rosters. Although the Plan disputes the Department’s finding regarding the failure to file a 10 percent change, the Plan’s interpretation of the requirement, even if reasonable,

does not excuse its conduct. However, the Plan has corrected this deficiency by updating its network filing and implementing corrective actions that will ensure that the deficiency does not arise in the future. The Department also notes the recent enactment of SB 964 will lessen reliance on events such as a 10 percent change to review network adequacy. Annual filings required under SB 964 will provide comprehensive network data for the Department's review on an ongoing basis.

Final Report Deficiency Status: Corrected

The Department finds that the information provided by the Plan is sufficient to correct this deficiency.

SURVEY CONCLUSION & CORRECTIVE ACTION

The Department has completed its Non-Routine Survey. The uncorrected deficiencies cited in this Report have been referred to the Office of Enforcement for additional corrective action and other remedies as needed. Further, the Department will initiate a Follow-Up Survey in six months from the date of this Final Report.

In the event the Plan would like to append a brief statement to the Final Report as set forth in Section 1380(h)(5), please submit the response via the Department's web portal, eFiling application. Click on the Department's web portal, **DMHC Web Portal**

Once logged in, follow the steps shown below to submit the Plan's response to the Final Report:

- Click the "eFiling" link.
- File the Plan's Response as an amendment to filing #20141313.

Plan Response to the Final Report

A P P E N D I X A

The following tables are included as part of this Appendix A:

Tables 1 through 4.

Does Doctor [INSERT NAME] accept any Blue Cross of California health plan products (including HMO, EPO, and/or PPO products)?

1. Number of Doctors accepting any Anthem Blue Cross health plan products
   All Providers (as listed on the directory)
2. Number of Doctors accepting any Anthem Blue Cross health plan products
   HMO Providers (as listed on the directory)
3 Number of Doctors accepting any Anthem Blue Cross health plan products
   EPO Providers (as listed on the directory)
4 Number of Doctors accepting any Anthem Blue Cross health plan products
   PPO Providers (as listed on the directory)

Tables 5 through 8.

Does Doctor [INSERT NAME] accept Blue Cross Covered California products?

5. Number of Doctors accepting Anthem Blue Cross Covered California products
   All Providers (as listed on the directory)
6. Number of Doctors accepting Anthem Blue Cross Covered California products
   HMO Providers (as listed on the directory)
7. Number of Doctors accepting Anthem Blue Cross Covered California products
   EPO Providers (as listed on the directory)
8. Number of Doctors accepting Anthem Blue Cross Covered California products
   PPO Providers (as listed on the directory)

Tables 9 through 12.

Is Doctor [INSERT NAME] accepting new patients with Blue Cross Covered California coverage?

9. Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
   All Providers (as listed on the directory)
10. Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
    HMO Providers (as listed on the directory)
11. Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
    EPO Providers (as listed on the directory)
12. Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
    PPO Providers (as listed on the directory)

Appendix A – Table 1
Number of Doctors accepting any Anthem Blue Cross health plan products
All Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
Alameda	16	13	81.25%	0	0.00%	0	0.00%	1	6.25%	2	12.50%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	19	17	89.47%	0	0.00%	0	0.00%	0	0.00%	2	10.53%
Butte	21	17	80.95%	0	0.00%	0	0.00%	3	14.29%	1	4.76%
Calaveras	17	8	47.06%	0	0.00%	0	0.00%	3	17.65%	6	35.29%
Colusa	12	12	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Contra Costa	29	20	68.97%	2	6.90%	0	0.00%	2	6.90%	5	17.24%
Del Norte	4	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
El Dorado	21	12	57.14%	1	4.76%	0	0.00%	2	9.52%	6	28.57%
Fresno	138	104	75.36%	1	0.72%	0	0.00%	21	15.22%	12	8.70%
Glenn	21	19	90.48%	0	0.00%	0	0.00%	2	9.52%	0	0.00%
Humboldt	25	10	40.00%	0	0.00%	0	0.00%	10	40.00%	5	20.00%
Imperial	28	22	78.57%	0	0.00%	0	0.00%	5	17.86%	1	3.57%
Inyo	22	14	63.64%	1	4.55%	0	0.00%	7	31.82%	0	0.00%
Kern	30	20	66.67%	0	0.00%	0	0.00%	5	16.67%	5	16.67%
Kings	58	43	74.14%	1	1.72%	0	0.00%	8	13.79%	6	10.34%
Lake	20	16	80.00%	0	0.00%	0	0.00%	4	20.00%	0	0.00%
Lassen	15	12	80.00%	1	6.67%	0	0.00%	1	6.67%	1	6.67%
Los Angeles	871	671	77.04%	7	0.80%	3	0.34%	93	10.68%	97	11.14%
ra	71	60	84.51%	0	0.00%	0	0.00%	9	12.68%	2	2.82%
Marin	21	13	61.90%	0	0.00%	0	0.00%	4	19.05%	4	19.05%
Mariposa	21	15	71.43%	0	0.00%	0	0.00%	6	28.57%	0	0.00%
Mendocino	24	19	79.17%	0	0.00%	0	0.00%	2	8.33%	3	12.50%
Merced	31	21	67.74%	0	0.00%	0	0.00%	3	9.68%	7	22.58%
Modoc	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mono	15	13	86.67%	0	0.00%	0	0.00%	2	13.33%	0	0.00%
Monterey	24	17	70.83%	0	0.00%	0	0.00%	7	29.17%	0	0.00%
Napa	29	19	65.52%	1	3.45%	0	0.00%	5	17.24%	4	13.79%
Nevada	22	19	86.36%	0	0.00%	0	0.00%	3	13.64%	0	0.00%
Orange	335	249	74.33%	4	1.19%	0	0.00%	50	14.93%	32	9.55%

Appendix A – Table 1
Number of Doctors accepting any Anthem Blue Cross health plan products
All Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
Placer	22	11	50.00%	1	4.55%	0	0.00%	4	18.18%	6	27.27%
Plumas	16	15	93.75%	0	0.00%	0	0.00%	1	6.25%	0	0.00%
Riverside	113	78	69.03%	2	1.77%	0	0.00%	12	10.62%	21	18.58%
Sacramento	139	103	74.10%	0	0.00%	0	0.00%	19	13.67%	17	12.23%
San Benito	26	18	69.23%	0	0.00%	0	0.00%	4	15.38%	4	15.38%
San Bernardino	144	95	65.97%	4	2.78%	0	0.00%	15	10.42%	30	20.83%
San Diego	275	206	74.91%	0	0.00%	2	0.73%	32	11.64%	35	12.73%
San Francisco	60	34	56.67%	1	1.67%	0	0.00%	12	20.00%	13	21.67%
San Joaquin	25	12	48.00%	6	24.00%	0	0.00%	3	12.00%	4	16.00%
San Luis Obispo	27	22	81.48%	0	0.00%	0	0.00%	4	14.81%	1	3.70%
San Mateo	24	20	83.33%	0	0.00%	0	0.00%	2	8.33%	2	8.33%
Santa Barbara	31	23	74.19%	0	0.00%	0	0.00%	5	16.13%	3	9.68%
Santa Clara	81	67	82.72%	1	1.23%	0	0.00%	4	4.94%	9	11.11%
Santa Cruz	30	27	90.00%	0	0.00%	0	0.00%	2	6.67%	1	3.33%
Shasta	27	22	81.48%	0	0.00%	0	0.00%	2	7.41%	3	11.11%
Sierra	2	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	25	17	68.00%	0	0.00%	0	0.00%	3	12.00%	5	20.00%
Solano	20	13	65.00%	0	0.00%	0	0.00%	4	20.00%	3	15.00%
Sonoma	20	17	85.00%	0	0.00%	0	0.00%	3	15.00%	0	0.00%
Stanislaus	18	9	50.00%	2	11.11%	1	5.56%	2	11.11%	4	22.22%
Sutter	21	12	57.14%	0	0.00%	0	0.00%	3	14.29%	6	28.57%
Tehama	34	19	55.88%	0	0.00%	4	11.76%	2	5.88%	9	26.47%
Trinity	2	1	50.00%	0	0.00%	0	0.00%	0	0.00%	1	50.00%
Tulare	27	23	85.19%	1	3.70%	0	0.00%	2	7.41%	1	3.70%
Tuolumne	22	16	72.73%	1	4.55%	0	0.00%	1	4.55%	4	18.18%
Ventura	32	26	81.25%	0	0.00%	0	0.00%	3	9.38%	3	9.38%
Yolo	28	17	60.71%	0	0.00%	0	0.00%	5	17.86%	6	21.43%
Yuba	21	10	47.62%	0	0.00%	0	0.00%	4	19.05%	7	33.33%
Total	**3272**	**2414**		**38**		**10**		**411**		**399**	

Appendix A – Table 2
Number of Doctors accepting any Anthem Blue Cross health plan products
HMO Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
El Dorado	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Fresno	114	88	77.19%	1	0.88%	0	0.00%	16	14.04%	9	7.89%
Kings	40	32	80.00%	0	0.00%	0	0.00%	5	12.50%	3	7.50%
Los Angeles	547	430	78.61%	4	0.73%	2	0.37%	53	9.69%	58	10.60%
Madera	43	36	83.72%	0	0.00%	0	0.00%	6	13.95%	1	2.33%
Orange	257	193	75.10%	2	0.78%	0	0.00%	36	14.01%	26	10.12%
Placer	5	0	0.00%	0	0.00%	0	0.00%	1	20.00%	4	80.00%
Riverside	81	56	69.14%	2	2.47%	0	0.00%	9	11.11%	14	17.28%
Sacramento	91	72	79.12%	0	0.00%	0	0.00%	11	12.09%	8	8.79%
San Bernardino	97	63	64.95%	4	4.12%	0	0.00%	10	10.31%	20	20.62%
San Diego	188	149	79.26%	0	0.00%	2	1.06%	14	7.45%	23	12.23%
Santa Clara	61	53	86.89%	1	1.64%	0	0.00%	1	1.64%	6	9.84%
Yolo	8	3	37.50%	0	0.00%	0	0.00%	4	50.00%	1	12.50%
Total	**1532**	**1175**		**14**		**4**		**166**		**173**	

Appendix A – Table 3
Number of Doctors accepting any Anthem Blue Cross health plan products
EPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
Los Angeles	324	241	74.38%	3	0.93%	1	0.31%	40	12.35%	39	12.04%
Orange	78	56	71.79%	2	2.56%	0	0.00%	14	17.95%	6	7.69%
San Diego	87	57	65.52%	0	0.00%	0	0.00%	18	20.69%	12	13.79%
San Francisco	60	34	56.67%	1	1.67%	0	0.00%	12	20.00%	13	21.67%
Total	**549**	**388**		**6**		**1**		**84**		**70**	

Appendix A – Table 4
Number of Doctors accepting any Anthem Blue Cross health plan products
PPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
Alameda	16	13	81.25%	0	0.00%	0	0.00%	1	6.25%	2	12.50%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	19	17	89.47%	0	0.00%	0	0.00%	0	0.00%	2	10.53%
Butte	21	17	80.95%	0	0.00%	0	0.00%	3	14.29%	1	4.76%
Calaveras	17	8	47.06%	0	0.00%	0	0.00%	3	17.65%	6	35.29%
Colusa	12	12	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Contra Costa	29	20	68.97%	2	6.90%	0	0.00%	2	6.90%	5	17.24%
Del Norte	4	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
El Dorado	21	12	57.14%	1	4.76%	0	0.00%	2	9.52%	6	28.57%
Fresno	24	16	66.67%	0	0.00%	0	0.00%	5	20.83%	3	12.50%
Glenn	21	19	90.48%	0	0.00%	0	0.00%	2	9.52%	0	0.00%
Humboldt	25	10	40.00%	0	0.00%	0	0.00%	10	40.00%	5	20.00%
Imperial	28	22	78.57%	0	0.00%	0	0.00%	5	17.86%	1	3.57%
Inyo	22	14	63.64%	1	4.55%	0	0.00%	7	31.82%	0	0.00%
Kern	30	20	66.67%	0	0.00%	0	0.00%	5	16.67%	5	16.67%
Kings	18	11	61.11%	1	5.56%	0	0.00%	3	16.67%	3	16.67%
Lake	20	16	80.00%	0	0.00%	0	0.00%	4	20.00%	0	0.00%
Lassen	15	12	80.00%	1	6.67%	0	0.00%	1	6.67%	1	6.67%
Madera	28	24	85.71%	0	0.00%	0	0.00%	3	10.71%	1	3.57%
Marin	21	13	61.90%	0	0.00%	0	0.00%	4	19.05%	4	19.05%
Mariposa	21	15	71.43%	0	0.00%	0	0.00%	6	28.57%	0	0.00%
Mendocino	24	19	79.17%	0	0.00%	0	0.00%	2	8.33%	3	12.50%
Merced	31	21	67.74%	0	0.00%	0	0.00%	3	9.68%	7	22.58%
Modoc	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mono	15	13	86.67%	0	0.00%	0	0.00%	2	13.33%	0	0.00%
Monterey	24	17	70.83%	0	0.00%	0	0.00%	7	29.17%	0	0.00%
Napa	29	19	65.52%	1	3.45%	0	0.00%	5	17.24%	4	13.79%
Nevada	22	19	86.36%	0	0.00%	0	0.00%	3	13.64%	0	0.00%
Placer	17	11	64.71%	1	5.88%	0	0.00%	3	17.65%	2	11.76%
Plumas	16	15	93.75%	0	0.00%	0	0.00%	1	6.25%	0	0.00%
Riverside	32	22	68.75%	0	0.00%	0	0.00%	3	9.38%	7	21.88%

Appendix A – Table 4
Number of Doctors accepting any Anthem Blue Cross health plan products
PPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Health Plan		NOT Accepting Health Plan		Unsure Accepting Health Plan		Provider Does Not Practice		No Answer	
Sacramento	48	31	64.58%	0	0.00%	0	0.00%	8	16.67%	9	18.75%
San Benito	26	18	69.23%	0	0.00%	0	0.00%	4	15.38%	4	15.38%
San Bernardino	47	32	68.09%	0	0.00%	0	0.00%	5	10.64%	10	21.28%
San Joaquin	25	12	48.00%	6	24.00%	0	0.00%	3	12.00%	4	16.00%
San Luis Obispo	27	22	81.48%	0	0.00%	0	0.00%	4	14.81%	1	3.70%
San Mateo	24	20	83.33%	0	0.00%	0	0.00%	2	8.33%	2	8.33%
Santa Barbara	31	23	74.19%	0	0.00%	0	0.00%	5	16.13%	3	9.68%
Santa Clara	20	14	70.00%	0	0.00%	0	0.00%	3	15.00%	3	15.00%
Santa Cruz	30	27	90.00%	0	0.00%	0	0.00%	2	6.67%	1	3.33%
Shasta	27	22	81.48%	0	0.00%	0	0.00%	2	7.41%	3	11.11%
Sierra	2	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	25	17	68.00%	0	0.00%	0	0.00%	3	12.00%	5	20.00%
Solano	20	13	65.00%	0	0.00%	0	0.00%	4	20.00%	3	15.00%
Sonoma	20	17	85.00%	0	0.00%	0	0.00%	3	15.00%	0	0.00%
Stanislaus	18	9	50.00%	2	11.11%	1	5.56%	2	11.11%	4	22.22%
Sutter	21	12	57.14%	0	0.00%	0	0.00%	3	14.29%	6	28.57%
Tehama	34	19	55.88%	0	0.00%	4	11.76%	2	5.88%	9	26.47%
Trinity	2	1	50.00%	0	0.00%	0	0.00%	0	0.00%	1	50.00%
Tulare	27	23	85.19%	1	3.70%	0	0.00%	2	7.41%	1	3.70%
Tuolumne	22	16	72.73%	1	4.55%	0	0.00%	1	4.55%	4	18.18%
Ventura	32	26	81.25%	0	0.00%	0	0.00%	3	9.38%	3	9.38%
Yolo	20	14	70.00%	0	0.00%	0	0.00%	1	5.00%	5	25.00%
Yuba	21	10	47.62%	0	0.00%	0	0.00%	4	19.05%	7	33.33%
Total	**1191**	**851**		**18**		**5**		**161**		**156**	

Appendix A – Table 5
Number of Doctors accepting Anthem Blue Cross Covered California Products
All Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
Alameda	16	13	81.25%	0	0.00%	0	0.00%	1	6.25%	2	12.50%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	19	12	63.16%	5	26.32%	0	0.00%	0	0.00%	2	10.53%
Butte	21	13	61.90%	2	9.52%	2	9.52%	3	14.29%	1	4.76%
Calaveras	17	6	35.29%	2	11.76%	0	0.00%	3	17.65%	6	35.29%
Colusa	12	12	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Contra Costa	29	14	48.28%	6	20.69%	0	0.00%	2	6.90%	5	17.24%
Del Norte	4	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
El Dorado	21	7	33.33%	4	19.05%	1	4.76%	2	9.52%	6	28.57%
Fresno	138	63	45.65%	37	26.81%	4	2.90%	21	15.22%	12	8.70%
Glenn	21	19	90.48%	0	0.00%	0	0.00%	2	9.52%	0	0.00%
Humboldt	25	9	36.00%	1	4.00%	0	0.00%	10	40.00%	5	20.00%
Imperial	28	17	60.71%	4	14.29%	1	3.57%	5	17.86%	1	3.57%
Inyo	22	11	50.00%	3	13.64%	0	0.00%	7	31.82%	0	0.00%
Kern	30	16	53.33%	4	13.33%	0	0.00%	5	16.67%	5	16.67%
Kings	58	23	39.66%	20	34.48%	0	0.00%	8	13.79%	6	10.34%
Lake	20	15	75.00%	1	5.00%	0	0.00%	4	20.00%	0	0.00%
Lassen	15	12	80.00%	0	0.00%	0	0.00%	1	6.67%	1	6.67%
Los Angeles	871	552	63.38%	97	11.14%	22	2.53%	93	10.68%	97	11.14%
Madera	71	55	77.46%	5	7.04%	0	0.00%	9	12.68%	2	2.82%
Marin	21	8	38.10%	5	23.81%	0	0.00%	4	19.05%	4	19.05%
Mariposa	21	15	71.43%	0	0.00%	0	0.00%	6	28.57%	0	0.00%
Mendocino	24	19	79.17%	0	0.00%	0	0.00%	2	8.33%	3	12.50%
Merced	31	20	64.52%	1	3.23%	0	0.00%	3	9.68%	7	22.58%
Modoc	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mono	15	13	86.67%	0	0.00%	0	0.00%	2	13.33%	0	0.00%
Monterey	24	10	41.67%	7	29.17%	0	0.00%	7	29.17%	0	0.00%
Napa	29	18	62.07%	1	3.45%	0	0.00%	5	17.24%	4	13.79%
Nevada	22	19	86.36%	0	0.00%	0	0.00%	3	13.64%	0	0.00%
Orange	335	184	54.93%	60	17.91%	5	1.49%	50	14.93%	32	9.55%
Placer	22	11	50.00%	0	0.00%	0	0.00%	4	18.18%	6	27.27%

Appendix A – Table 5
Number of Doctors accepting Anthem Blue Cross Covered California Products
All Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
Plumas	16	15	93.75%	0	0.00%	0	0.00%	1	6.25%	0	0.00%
Riverside	113	61	53.98%	11	9.73%	6	5.31%	12	10.62%	21	18.58%
Sacramento	139	82	58.99%	20	14.39%	1	0.72%	19	13.67%	17	12.23%
San Benito	26	15	57.69%	2	7.69%	1	3.85%	4	15.38%	4	15.38%
San Bernardino	144	66	45.83%	26	18.06%	3	2.08%	15	10.42%	30	20.83%
San Diego	275	152	55.27%	40	14.55%	14	5.09%	32	11.64%	35	12.73%
San Francisco	60	32	53.33%	2	3.33%	0	0.00%	12	20.00%	13	21.67%
San Joaquin	25	8	32.00%	3	12.00%	1	4.00%	3	12.00%	4	16.00%
San Luis Obispo	27	20	74.07%	2	7.41%	0	0.00%	4	14.81%	1	3.70%
San Mateo	24	15	62.50%	3	12.50%	2	8.33%	2	8.33%	2	8.33%
Santa Barbara	31	21	67.74%	2	6.45%	0	0.00%	5	16.13%	3	9.68%
Santa Clara	81	47	58.02%	19	23.46%	1	1.23%	4	4.94%	9	11.11%
Santa Cruz	30	23	76.67%	4	13.33%	0	0.00%	2	6.67%	1	3.33%
Shasta	27	22	81.48%	0	0.00%	0	0.00%	2	7.41%	3	11.11%
Sierra	2	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	25	15	60.00%	0	0.00%	2	8.00%	3	12.00%	5	20.00%
Solano	20	12	60.00%	0	0.00%	1	5.00%	4	20.00%	3	15.00%
Sonoma	20	16	80.00%	0	0.00%	1	5.00%	3	15.00%	0	0.00%
Stanislaus	18	6	33.33%	3	16.67%	0	0.00%	2	11.11%	4	22.22%
Sutter	21	10	47.62%	1	4.76%	1	4.76%	3	14.29%	6	28.57%
Tehama	34	17	50.00%	2	5.88%	0	0.00%	2	5.88%	9	26.47%
Trinity	2	1	50.00%	0	0.00%	0	0.00%	0	0.00%	1	50.00%
Tulare	27	17	62.96%	5	18.52%	1	3.70%	2	7.41%	1	3.70%
Tuolumne	22	13	59.09%	3	13.64%	0	0.00%	1	4.55%	4	18.18%
Ventura	32	18	56.25%	7	21.88%	1	3.13%	3	9.38%	3	9.38%
Yolo	28	17	60.71%	0	0.00%	0	0.00%	5	17.86%	6	21.43%
Yuba	21	9	42.86%	0	0.00%	1	4.76%	4	19.05%	7	33.33%
Total	**3272**	**1922**		**420**		**72**		**411**		**399**	

*Note: The amount of providers accepting Covered CA is a subset of the providers accepting the Health Plan. As such, the number of providers accepting, not accepting, and unsure plus the number that did not answer and the providers that did not practice at the location any longer need to be added to the number of providers that did not accept or were unsure if they accepted the Health Plan to reach the Resulting Sample.

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Appendix A – Table 6
Number of Doctors accepting any Anthem Blue Cross Covered California products
HMO Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
El Dorado	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Fresno	114	49	42.98%	36	31.58%	3	2.63%	16	14.04%	9	7.89%
Kings	40	16	40.00%	16	40.00%	0	0.00%	5	12.50%	3	7.50%
Los Angeles	547	362	66.18%	53	9.69%	15	2.74%	53	9.69%	58	10.60%
Madera	43	32	74.42%	4	9.30%	0	0.00%	6	13.95%	1	2.33%
Orange	257	138	53.70%	51	19.84%	4	1.56%	36	14.01%	26	10.12%
Placer	5	0	0.00%	0	0.00%	0	0.00%	1	20.00%	4	80.00%
Riverside	81	42	51.85%	9	11.11%	5	6.17%	9	11.11%	14	17.28%
Sacramento	91	58	63.74%	13	14.29%	1	1.10%	11	12.09%	8	8.79%
San Bernardino	97	40	41.24%	20	20.62%	3	3.09%	10	10.31%	20	20.62%
San Diego	188	108	57.45%	31	16.49%	10	5.32%	14	7.45%	23	12.23%
Santa Clara	61	36	59.02%	16	26.23%	1	1.64%	1	1.64%	6	9.84%
Yolo	8	3	37.50%	0	0.00%	0	0.00%	4	50.00%	1	12.50%
Total	**1532**	**884**		**249**		**42**		**166**		**173**	

Appendix A – Table 7
Number of Doctors accepting any Anthem Blue Cross Covered California products
EPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
Los Angeles	324	190	58.64%	44	13.58%	7	2.16%	40	12.35%	39	12.04%
Orange	78	46	58.97%	9	11.54%	1	1.28%	14	17.95%	6	7.69%
San Diego	87	44	50.57%	9	10.34%	4	4.60%	18	20.69%	12	13.79%
San Francisco	60	32	53.33%	2	3.33%	0	0.00%	12	20.00%	13	21.67%
Total	**549**	**312**		**64**		**12**		**84**		**70**	

*Note: The amount of providers accepting Covered CA is a subset of the providers accepting the Health Plan. As such, the number of providers accepting, not accepting, and unsure plus the number that did not answer and the providers that did not practice at the location any longer need to be added to the number of providers that did not accept or were unsure if they accepted the Health Plan to reach the Resulting Sample.

Appendix A – Table 8
Number of Doctors accepting any Anthem Blue Cross Covered California products
PPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
Alameda	16	13	81.25%	0	0.00%	0	0.00%	1	6.25%	2	12.50%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	19	12	63.16%	5	26.32%	0	0.00%	0	0.00%	2	10.53%
Butte	21	13	61.90%	2	9.52%	2	9.52%	3	14.29%	1	4.76%
Calaveras	17	6	35.29%	2	11.76%	0	0.00%	3	17.65%	6	35.29%
Colusa	12	12	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Contra Costa	29	14	48.28%	6	20.69%	0	0.00%	2	6.90%	5	17.24%
Del Norte	4	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
El Dorado	21	7	33.33%	4	19.05%	1	4.76%	2	9.52%	6	28.57%
Fresno	24	14	58.33%	1	4.17%	1	4.17%	5	20.83%	3	12.50%
Glenn	21	19	90.48%	0	0.00%	0	0.00%	2	9.52%	0	0.00%
Humboldt	25	9	36.00%	1	4.00%	0	0.00%	10	40.00%	5	20.00%
Imperial	28	17	60.71%	4	14.29%	1	3.57%	5	17.86%	1	3.57%
Inyo	22	11	50.00%	3	13.64%	0	0.00%	7	31.82%	0	0.00%
Kern	30	16	53.33%	4	13.33%	0	0.00%	5	16.67%	5	16.67%
Kings	18	7	38.89%	4	22.22%	0	0.00%	3	16.67%	3	16.67%
Lake	20	15	75.00%	1	5.00%	0	0.00%	4	20.00%	0	0.00%
Lassen	15	12	80.00%	0	0.00%	0	0.00%	1	6.67%	1	6.67%
Madera	28	23	82.14%	1	3.57%	0	0.00%	3	10.71%	1	3.57%
Marin	21	8	38.10%	5	23.81%	0	0.00%	4	19.05%	4	19.05%
Mariposa	21	15	71.43%	0	0.00%	0	0.00%	6	28.57%	0	0.00%
Mendocino	24	19	79.17%	0	0.00%	0	0.00%	2	8.33%	3	12.50%
Merced	31	20	64.52%	1	3.23%	0	0.00%	3	9.68%	7	22.58%
Modoc	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mono	15	13	86.67%	0	0.00%	0	0.00%	2	13.33%	0	0.00%
Monterey	24	10	41.67%	7	29.17%	0	0.00%	7	29.17%	0	0.00%
Napa	29	18	62.07%	1	3.45%	0	0.00%	5	17.24%	4	13.79%
Nevada	22	19	86.36%	0	0.00%	0	0.00%	3	13.64%	0	0.00%
Placer	17	11	64.71%	0	0.00%	0	0.00%	3	17.65%	2	11.76%
Plumas	16	15	93.75%	0	0.00%	0	0.00%	1	6.25%	0	0.00%
Riverside	32	19	59.38%	2	6.25%	1	3.13%	3	9.38%	7	21.88%

Appendix A – Table 8
Number of Doctors accepting any Anthem Blue Cross Covered California products
PPO Providers (as listed on the directory)

County	Resulting Sample	Accepting Covered CA		NOT Accepting Covered CA		Unsure Accepting Covered CA		Provider Does Not Practice		No Answer	
Sacramento	48	24	50.00%	7	14.58%	0	0.00%	8	16.67%	9	18.75%
San Benito	26	15	57.69%	2	7.69%	1	3.85%	4	15.38%	4	15.38%
San Bernardino	47	26	55.32%	6	12.77%	0	0.00%	5	10.64%	10	21.28%
San Joaquin	25	8	32.00%	3	12.00%	1	4.00%	3	12.00%	4	16.00%
San Luis Obispo	27	20	74.07%	2	7.41%	0	0.00%	4	14.81%	1	3.70%
San Mateo	24	15	62.50%	3	12.50%	2	8.33%	2	8.33%	2	8.33%
Santa Barbara	31	21	67.74%	2	6.45%	0	0.00%	5	16.13%	3	9.68%
Santa Clara	20	11	55.00%	3	15.00%	0	0.00%	3	15.00%	3	15.00%
Santa Cruz	30	23	76.67%	4	13.33%	0	0.00%	2	6.67%	1	3.33%
Shasta	27	22	81.48%	0	0.00%	0	0.00%	2	7.41%	3	11.11%
Sierra	2	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	25	15	60.00%	0	0.00%	2	8.00%	3	12.00%	5	20.00%
Solano	20	12	60.00%	0	0.00%	1	5.00%	4	20.00%	3	15.00%
Sonoma	20	16	80.00%	0	0.00%	1	5.00%	3	15.00%	0	0.00%
Stanislaus	18	6	33.33%	3	16.67%	0	0.00%	2	11.11%	4	22.22%
Sutter	21	10	47.62%	1	4.76%	1	4.76%	3	14.29%	6	28.57%
Tehama	34	17	50.00%	2	5.88%	0	0.00%	2	5.88%	9	26.47%
Trinity	2	1	50.00%	0	0.00%	0	0.00%	0	0.00%	1	50.00%
Tulare	27	17	62.96%	5	18.52%	1	3.70%	2	7.41%	1	3.70%
Tuolumne	22	13	59.09%	3	13.64%	0	0.00%	1	4.55%	4	18.18%
Ventura	32	18	56.25%	7	21.88%	1	3.13%	3	9.38%	3	9.38%
Yolo	20	14	70.00%	0	0.00%	0	0.00%	1	5.00%	5	25.00%
Yuba	21	9	42.86%	0	0.00%	1	4.76%	4	19.05%	7	33.33%
Total	**1191**	**726**		**107**		**18**		**161**		**156**	

Appendix A – Table 9
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
All Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Alameda	13	13	100.00%	0	0.00%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%
Amador	12	11	91.67%	1	8.33%	0	0.00%
Butte	13	10	76.92%	2	15.38%	1	7.69%
Calaveras	6	6	100.00%	0	0.00%	0	0.00%
Colusa	12	12	100.00%	0	0.00%	0	0.00%
Contra Costa	14	13	92.86%	1	7.14%	0	0.00%
Del Norte	4	3	75.00%	1	25.00%	0	0.00%
El Dorado	7	6	85.71%	1	14.29%	0	0.00%
Fresno	63	47	74.60%	9	14.29%	7	11.11%
Glenn	19	17	89.47%	1	5.26%	1	5.26%
Humboldt	9	6	66.67%	3	33.33%	0	0.00%
Imperial	17	15	88.24%	0	0.00%	2	11.76%
Inyo	11	10	90.91%	1	9.09%	0	0.00%
Kern	16	15	93.75%	0	0.00%	1	6.25%
Kings	23	21	91.30%	1	4.35%	1	4.35%
Lake	15	14	93.33%	1	6.67%	0	0.00%
Lassen	12	7	58.33%	4	33.33%	1	8.33%
Los Angeles	552	518	93.84%	25	4.53%	9	1.63%
Madera	55	50	90.91%	3	5.45%	2	3.64%
Marin	8	8	100.00%	0	0.00%	0	0.00%
Mariposa	15	15	100.00%	0	0.00%	0	0.00%
Mendocino	19	15	78.95%	2	10.53%	2	10.53%
Merced	20	17	85.00%	0	0.00%	3	15.00%
Modoc	0	0	0.00%	0	0.00%	0	0.00%
Mono	13	13	100.00%	0	0.00%	0	0.00%
Monterey	10	8	80.00%	2	20.00%	0	0.00%
Napa	18	17	94.44%	1	5.56%	0	0.00%
Nevada	19	16	84.21%	3	15.79%	0	0.00%
Orange	184	177	96.20%	5	2.72%	2	1.09%
Placer	11	8	72.73%	3	27.27%	0	0.00%
Plumas	15	14	93.33%	1	6.67%	0	0.00%
Riverside	61	59	96.72%	2	3.28%	0	0.00%
Sacramento	82	65	79.27%	14	17.07%	3	3.66%
San Benito	15	14	93.33%	1	6.67%	0	0.00%
San Bernardino	66	62	93.94%	2	3.03%	2	3.03%
San Diego	152	145	95.39%	7	4.61%	0	0.00%
San Francisco	32	29	90.63%	1	3.13%	2	6.25%
San Joaquin	8	5	62.50%	3	37.50%	0	0.00%
San Luis Obispo	20	16	80.00%	4	20.00%	0	0.00%
San Mateo	15	12	80.00%	2	13.33%	1	6.67%
Santa Barbara	21	18	85.71%	2	9.52%	1	4.76%
Santa Clara	47	46	97.87%	0	0.00%	1	2.13%
Santa Cruz	23	20	86.96%	3	13.04%	0	0.00%
Shasta	22	16	72.73%	4	18.18%	2	9.09%

Appendix A – Table 9
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
All Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Sierra	2	2	100.00%	0	0.00%	0	0.00%
Siskiyou	15	11	73.33%	1	6.67%	3	20.00%
Solano	12	11	91.67%	1	8.33%	0	0.00%
Sonoma	16	14	87.50%	2	12.50%	0	0.00%
Stanislaus	6	5	83.33%	0	0.00%	1	16.67%
Sutter	10	9	90.00%	1	10.00%	0	0.00%
Tehama	17	17	100.00%	0	0.00%	0	0.00%
Trinity	1	1	100.00%	0	0.00%	0	0.00%
Tulare	17	15	88.24%	1	5.88%	1	5.88%
Tuolumne	13	12	92.31%	0	0.00%	1	7.69%
Ventura	18	15	83.33%	2	11.11%	1	5.56%
Yolo	17	13	76.47%	2	11.76%	2	11.76%
Yuba	9	9	100.00%	0	0.00%	0	0.00%
Total	**1922**	**1743**		**126**		**53**	

Appendix A – Table 10
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
HMO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
El Dorado	0	0	0.00%	0	0.00%	0	0.00%
Fresno	49	35	71.43%	9	18.37%	5	10.20%
Kings	16	14	87.50%	1	6.25%	1	6.25%
Los Angeles	362	347	95.86%	10	2.76%	5	1.38%
Madera	32	27	84.38%	3	9.38%	2	6.25%
Orange	138	133	96.38%	4	2.90%	1	0.72%
Riverside	42	42	100.00%	0	0.00%	0	0.00%
Sacramento	58	43	74.14%	12	20.69%	3	5.17%
San Bernardino	40	38	95.00%	1	2.50%	1	2.50%
San Diego	108	105	97.22%	3	2.78%	0	0.00%
Santa Clara	36	35	97.22%	0	0.00%	1	2.78%
Yolo	3	0	0.00%	2	66.67%	1	33.33%
Total	**884**	**819**		**45**		**20**	

Appendix A – Table 11
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
EPO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Los Angeles	190	171	90.00%	15	7.89%	4	2.11%
Orange	46	44	95.65%	1	2.17%	1	2.17%
San Diego	44	40	90.91%	4	9.09%	0	0.00%
San Francisco	32	29	90.63%	1	3.13%	2	6.25%
Total	**312**	**284**		**21**		**7**	

Appendix A – Table 12
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
PPO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Alameda	13	13	100.00%	0	0.00%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%
Amador	12	11	91.67%	1	8.33%	0	0.00%
Butte	13	10	76.92%	2	15.38%	1	7.69%
Calaveras	6	6	100.00%	0	0.00%	0	0.00%
Colusa	12	12	100.00%	0	0.00%	0	0.00%
Contra Costa	14	13	92.86%	1	7.14%	0	0.00%
Del Norte	4	3	75.00%	1	25.00%	0	0.00%
El Dorado	7	6	85.71%	1	14.29%	0	0.00%
Fresno	14	12	85.71%	0	0.00%	2	14.29%
Glenn	19	17	89.47%	1	5.26%	1	5.26%
Humboldt	9	6	66.67%	3	33.33%	0	0.00%
Imperial	17	15	88.24%	0	0.00%	2	11.76%
Inyo	11	10	90.91%	1	9.09%	0	0.00%
Kern	16	15	93.75%	0	0.00%	1	6.25%
Kings	7	7	100.00%	0	0.00%	0	0.00%
Lake	15	14	93.33%	1	6.67%	0	0.00%
Lassen	12	7	58.33%	4	33.33%	1	8.33%
Madera	23	23	100.00%	0	0.00%	0	0.00%
Marin	8	8	100.00%	0	0.00%	0	0.00%
Mariposa	15	15	100.00%	0	0.00%	0	0.00%
Mendocino	19	15	78.95%	2	10.53%	2	10.53%
Merced	20	17	85.00%	0	0.00%	3	15.00%
Modoc	0	0	0.00%	0	0.00%	0	0.00%
Mono	13	13	100.00%	0	0.00%	0	0.00%
Monterey	10	8	80.00%	2	20.00%	0	0.00%
Napa	18	17	94.44%	1	5.56%	0	0.00%
Nevada	19	16	84.21%	3	15.79%	0	0.00%
Placer	11	8	72.73%	3	27.27%	0	0.00%
Plumas	15	14	93.33%	1	6.67%	0	0.00%
Riverside	19	17	89.47%	2	10.53%	0	0.00%
Sacramento	24	22	91.67%	2	8.33%	0	0.00%
San Benito	15	14	93.33%	1	6.67%	0	0.00%
San Bernardino	26	24	92.31%	1	3.85%	1	3.85%
San Joaquin	8	5	62.50%	3	37.50%	0	0.00%
San Luis Obispo	20	16	80.00%	4	20.00%	0	0.00%
San Mateo	15	12	80.00%	2	13.33%	1	6.67%
Santa Barbara	21	18	85.71%	2	9.52%	1	4.76%
Santa Clara	11	11	100.00%	0	0.00%	0	0.00%
Santa Cruz	23	20	86.96%	3	13.04%	0	0.00%
Shasta	22	16	72.73%	4	18.18%	2	9.09%
Sierra	2	2	100.00%	0	0.00%	0	0.00%
Siskiyou	15	11	73.33%	1	6.67%	3	20.00%

Appendix A – Table 12
Number of Doctors accepting New Patients with Anthem Blue Cross Covered California coverage
PPO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Solano	12	11	91.67%	1	8.33%	0	0.00%
Sonoma	16	14	87.50%	2	12.50%	0	0.00%
Stanislaus	6	5	83.33%	0	0.00%	1	16.67%
Sutter	10	9	90.00%	1	10.00%	0	0.00%
Tehama	17	17	100.00%	0	0.00%	0	0.00%
Trinity	1	1	100.00%	0	0.00%	0	0.00%
Tulare	17	15	88.24%	1	5.88%	1	5.88%
Tuolumne	13	12	92.31%	0	0.00%	1	7.69%
Ventura	18	15	83.33%	2	11.11%	1	5.56%
Yolo	14	13	92.86%	0	0.00%	1	7.14%
Yuba	9	9	100.00%	0	0.00%	0	0.00%
Total	**726**	**640**		**60**		**26**	

CONFIDENTIAL DOCUMENT

Anthem Blue Cross Survey Query Call Script

"Good morning/afternoon, my name is [YOUR NAME], and I'm calling from [name of survey company] on behalf of the California Department of Managed Health Care. We're calling providers today to ask a few questions about which insurance plans providers accept. Are you able to answer questions about which insurance plans the providers in your office accept? *If yes, move on to question 1. If no*, May I speak to someone in your office who is able to respond to survey questions regarding which insurance plans the providers in your office accept? *If no one is available, ask what time would be convenient during the same or the following day for a re-call. Conduct one follow-up call. If no one is available at follow-up call or if survey is refused, end call, and mark that provider was unable to respond to the survey*.

Does Doctor [INSERT NAME] accept any Blue Cross of California health plan products (including HMO, EPO, and/or PPO products)?

[ ] Yes. (Go to question 2)

[ ] No. (END CALL and record result.)

[ ] I don't know. (Go to question 2.)

[ ] Doctor no longer works at office or wrong number. (END CALL and record result.)

Does Doctor [INSERT NAME] accept Blue Cross Covered California Products?

[ ] Yes. If yes, ask question 3.
[ ] No. (END CALL.)
[ ] I don't know. (END CALL.)

Which Blue Cross products does Doctor [INSERT NAME] accept?

[ ] ALL Blue Cross Covered California Products
[ ] All HMO (Pathway or Pathway X –HMO) or only the following:
[ ] Anthem Platinum Guided Access
[ ] Anthem Gold Guided Access
[ ] Anthem Silver Guided Access
[ ] All EPO (Pathway or Pathway X- Tiered) or only the following:
[ ] Anthem Platinum Direct Access
[ ] Anthem Gold Direct Access, a multi-state plan
[ ] Anthem Silver Direct Access, a multi-state plan
[ ] Anthem Bronze Direct Access
[ ] Anthem Catastrophic Direct Access
[ ] Anthem Bronze Direct Access for HSA
[ ] All PPO (Pathway or Pathway X-PPO) or any of the following:
[ ] Anthem Gold Direct Access, a multi-state plan
[ ] Anthem Silver Direct Access, a multi-state plan
[ ] Anthem Bronze Direct Access
[ ] Anthem Catastrophic Direct Access
[ ] Anthem Platinum Direct Access

[ ] Anthem Bronze Direct Access for HSA
[ ] Others: _____
Move to question 4.
Is Doctor [INSERT NAME] accepting new patients with Blue Cross Covered California coverage?

[ ] Yes. (END CALL.)

[ ] No. (END CALL.)

[ ] I don't know. (END CALL.)

END CALL by saying: "Thank you for your time and responding to our questions. Goodbye."
If the receptionist or the physician asks for additional information regarding the reason for your call:
The Department of Managed Health Care (DMHC) has initiated these non-routine surveys of Anthem Blue Cross and Blue Shield's Covered California networks after identifying a pattern of complaints regarding access issues at each of the plans.
If the receptionist of physician asks who or what is DMHC:
The Department of Managed Health Care (DMHC) is a regulatory body governing managed health care plans, sometimes referred to as Health Maintenance Organizations (HMO) in California
Providers working in the same office location with same phone number:
The final provider sample may contain multiple providers at the same address and phone number (presumably because the providers work in the same office). In this case, the caller may inquire during the initial survey call if the caller can ask about 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 caller calls to survey Doctor A, the caller can ask the office scheduler (or other appropriate office representative) whether they are also able to answer questions regarding which insurance plans Doctor B and Doctor C accept. If so, then the plan can conduct the survey for Doctor B and Doctor C during the same phone call.

The following are included as part of this Appendix C:

Overview

Initial and Final Statewide Universe and Sample Sizes

Definitions

Statistical Analysis – Supporting Tables

C-1. Proportion and 95-% Confidence Limits of Providers Accepting Anthem-Blue Cross Covered California Products
HMO – Primary Care Physicians

C-2. Precision Levels at 80-%, 90-% and 95-% Confidence Levels – Providers Accepting Anthem-Blue Cross Covered California Products
HMO – Primary Care Physicians

C-1. Proportion and 95-% Confidence Limits of Providers Accepting Anthem-Blue Cross Covered California Products
HMO – Specialists

C-2. Precision Levels at 80-%, 90-% and 95-% Confidence Levels – Providers Accepting Anthem-Blue Cross Covered California Products
HMO – Specialists

C-1. Proportion and 95-% Confidence Limits of Providers Accepting Anthem-Blue Cross Covered California Products
EPO/PPO

C-2. Precision Levels at 80-%, 90-% and 95-% Confidence Levels – Providers Accepting Anthem-Blue Cross Covered California Products
EPO/PPO

Overview

The Department requested the Plan provide its most current Provider Directory, which initially included 42,638 distinct providers by county. "By county" means that a provider listed in more than one county, was included in each of those counties.

Review of the list of providers revealed 531 providers with missing names or missing telephone numbers, all of whom were removed from the total count resulting in 42,107 distinct providers by county. The Department also found seven providers listed in six counties outside of California; Adams, Benton, Clark, Pinal, St. Louis City, and Maricopa counties. The seven providers, along with the six counties were removed, and reduced the distinct providers by county to 42,100.

An initial sample size was determined to be 5,576. However, it was quickly discovered that the list of unique providers by county included 1,598 providers who would not typically be directly contacted by members (such as pathologists, radiologists, and anesthesiologists). These providers were removed, again reducing the distinct providers by county to 40,502.

In addition, 10 counties with a total of 33 distinct providers were not included in the statistical analysis since these counties had one or zero providers remaining in their samples due to a relatively large number refusing to participate in the survey, combined with very low numbers of providers on the Provider Directory (This was required, as the statistical formulas have a denominator of sample size minus one). The counties removed from the HMO primary care statistical analysis were Mono, Napa, Nevada, Sutter, Yuba, Colusa, San Benito, Shasta, and Sonoma. This further reduced the numbers; the "resulting universe" was now 40,469, and the "resulting sample" was reduced to 3,505.

Finally, the sample and universe were further reduced when it was discovered that rosters for some counties included physicians for the HMO product which is not available in those counties. This reduced the universe by 444 and the sample by 233 which produced the Resulting Sample of 3,272.

The rosters submitted by the Plan were separated into three groups: (1) HMO-primary care; (2) HMO-any (non-primary care) specialty; and (3) EPO/PPO-all specialties. 5,739 phone calls were made to randomly sampled providers' offices, including replacement samples.

Sample sizes for each group were selected to yield statewide sample precision levels of 2.5 % at the 95-% confidence level. All samples were stratified according to county. The final or "resulting" universe for sampling totaled 40,025 providers across all counties.

Initial and Final Statewide Universe and Sample Sizes

The table below summarizes the initial and final statewide universe and sample sizes, the proportion of physicians accepting Anthem Blue Cross Covered California products, and the sample precision.

	Universe	Initial Sample	Resulting Universe	Resulting Sample	Percent Accepting Covered California	Precision at 95% confidence
HMO-Primary Care	3,713	1,202	3,660	751	71.99%	2.80%
HMO-Specialists	7,782	1,597	7,035	781	43.36%	3.17%
EPO/PPO All Specialties	30,605	2,777	29,330	1,740	57.47%	2.85%
Total	42,100	5,576	40,025	3,272	56.32%	

Definitions

The column labeled **"Universe**" represents the total number of physicians designated as participating in the provider networks on the lists submitted by the Plan.

"Initial Sample" represents the sample size determined to be sufficient to yield a statewide 2.5 percent precision at the 95-percent confidence level, increased slightly to have a minimum sample size in each county of 30; the sample was stratified according to county. In counties with a universe of 30 or fewer providers, the entire universe comprised the sample. In the sample-size calculation, an assumption was made that the statewide acceptance rate (i.e., the proportion of providers accepting Covered California patients) would be 50 percent.

The **"Resulting Universe"** was derived by modifying the Plan's network rosters to exclude providers with erroneous data such as missing phone numbers or names, other providers, such as non-physicians and hospital-based physicians (i.e., radiologists, pathologists and anesthesiologists) and providers listed as participating in HMOs in counties where the HMO product is not available.

The **"Resulting Sample"** represents the final sample size, and was comprised of the following: (1) physicians willing to participate in survey; (2) physicians no longer practicing at the designated location; and (3) physicians whose offices did not answer numerous phone calls. The significant reduction from the initial sample is primarily due to a large number of providers, (2,071) that refused to participate in the survey. It was decided that excluding these providers from the sample was preferable to counting them as not participating in Covered California. An additional 233 providers were removed from the sample as

they were listed as participating in the HMO in counties where the HMO product is not available. The exclusion of the non-applicable providers (e.g., non-physicians, hospital-based specialties) was not a major cause of the reduction in sample size, because as these providers were excluded from the sample they were replaced by applicable providers. Their only impact on the sample size was in small counties where a sufficient number of replacement providers were not available.

"Percent Accepting Covered California" is a percentage of the final sample. It indicates the percentage of sampled physicians' offices answering "yes" to the following question: "Does Doctor ___ accept Anthem Blue Cross Covered California products?" The statewide percentages for Anthem-Blue Cross range from 43 percent to 72 percent, averaging 56 percent.

"Precision at 95% Confidence" indicates the sample precision at the 95-percent confidence level. For example, the EPO/PPO-All Specialties sample's 57.47-percent acceptance rate has a margin of error of 2.85 percent, indicating that if an infinite number of samples were drawn from this population, 95-percent of the time the acceptance rate would fall between 54.62 percent and 60.32 percent.

The acceptance rates and precision levels vary substantially among the individual counties. County-specific results are presented in Tables 1 through 6 below. The odd numbered tables provide data on each applicable county's sample size, the number and percent of the sample accepting Covered California, the universe size, and the projected number within the universe accepting Covered California. They also show the 95-percent confidence limits of the acceptance percentages. The even numbered tables show each county's sample precision at three confidence levels: 80-percent, 90-percent, and 95-percent. The low precision (i.e., high values) in most of the counties, relative to statewide precision, reflects small final sample sizes primarily due to large numbers of providers refusing to participate in the survey.

Statistical Analysis – Supporting Tables

There are two sets of tables (C-1 and C-2) setting forth the statistical analysis for each of the three categories of HMO-Primary Care Physicians, HMO-Specialists and EPO/PPO All Specialties. Each C-1 table has a corresponding C-2 table.

Tables C-1 - Proportion and 95-Percent Confidence Limits of Providers Accepting Anthem-Blue Cross Covered California Products

The C-1 tables (C-1 HMO PCP, C-1 HMO Specialists and C-1 EPO/PPO present the survey results on a county-by-county basis in terms of the projected number and percentage of providers accepting Covered California and 95-percent confidence limits of that percentage. Each column in the table is defined as follows:

SAMPLE: The number of providers participating in the survey + the number of providers no longer practicing in the designated location + the number of providers whose phone went unanswered after numerous attempts. The providers no longer practicing in the location or not answering the phone are counted

as not accepting Covered California patients. In many cases, the sample size is far lower than initially determined due to large numbers of providers refusing to participate in the survey.

ACCEPT COV CALIF: The number of sampled providers indicating they accept the plan's Covered California enrollees.

RATIO: The percentage of the sampled providers accepting Covered California (i.e. ACCEPT COV CALIF ÷ SAMPLE).

UNIVERSE: The total number of providers listed on the plan's roster, net of those that were later removed from the roster (i.e., hospital-based physicians or non-physician providers), or those providers for which no phone number was provided.
PROJ. ACCEPTS IN UNIVERSE: The projected number of providers in the universe accepting Covered California (i.e., RATIO x UNIVERSE).
95% CONFIDENCE LIMITS: These limits represent the RATIO plus or minus approximately two standard errors. For example, for the state as a whole, the Anthem Blue Cross HMO-Specialist sample's RATIO (i.e., acceptance rate) is 43.36 percent. If an infinite number of samples were drawn from this population, 95-percent of the time the acceptance rate would fall between 40.19 percent and 46.52 percent – the 95% CONFIDENCE LIMITS. Obviously, the wider these limits, the less precise the estimated acceptance rate (RATIO).
COMBINED: The second line from the bottom of the C-1 tables shows the statewide totals (COMBINED). The COMBINED RATIO is the weighted average of each county's RATIO, where the weights are each county's universe size.
STANDARD ERROR: The bottom line in the C-1 table presents the STANDARD ERROR, both in terms of RATIO (the acceptance percentage) and the projected number in the universe accepting Covered California.
Note that the statistical analysis excludes all counties where the sample is one or zero (this is a mathematical requirement since the formula contains a denominator of SAMPLE minus one). Thus, the COMBINED (i.e., statewide) UNIVERSE is slightly below the actual statewide count. Very low sample sizes are due to relatively large numbers of providers refusing to participate in the survey, combined with low universe sizes in some counties.

Tables C-2 - Precision Levels at 80-Percent, 90-Percent and 95-Percent Confidence Levels
Providers Accepting Anthem-Blue Cross Covered California Products

The three tables (C-2 HMO PCP, C-2 HMO Specialists and C-2 EPO/PPO show the precision levels for each county at three confidence levels – 80-percent, 90-percent and 95-percent. The precision level measures the width of each of the confidence limits in terms of acceptance rate (RATIO). The higher the precision level (i.e., narrower the confidence limits), the lower the precision percentage. The 95-percent confidence limits are RATIO ± approximately 1.96 standard errors. The 90-percent confidence limits are RATIO ± approximately 1.645 standard errors. And the 80-percent confidence limits are RATIO ± approximately 1.282 standard errors. The lower the standard error, the greater the precision, and the narrower the confidence limits. The 95-percent confidence limits are the widest (i.e., most conservative) of the three presented in the table, and the most commonly used in statistics. As described above, if an infinite number of samples were drawn from this population, 95-percent of the time the acceptance rate would fall between the upper and lower 95-percent confidence limits. Similarly, 80-percent of the time the acceptance rate would fall between the upper and lower 80-percent confidence limits.

Near the bottom of the C-2 tables, the line labeled COMBINED shows the statewide precision levels at each of the three confidence limits. For example, in the Anthem Blue Cross HMO-Specialists results, the precision level at the 80-percent limits is 2.07 percent, while it is 3.17 percent at the 95-percent confidence limits. From the C-1Anthem Blue Cross HMO-Specialists table, the COMBINED RATIO (i.e., statewide acceptance rate) is 43.36 percent. Adding and subtracting the precision levels to the COMBINED RATIO yields the upper and lower confidence limits at each confidence level (80-percent, 90-percent, and 95-percent). The bottom four lines in the C-2 tables present these lower and upper limits, both in terms of RATIO (acceptance rate) and projected numbers in the UNIVERSE accepting Covered California.

Table C-1 HMO – Primary Care Physicians
PROPORTION AND 95-PERCENT CONFIDENCE LIMITS
OF PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
						Upper	Lower
FRESNO	51	26	50.98%	264	135	63.43%	38.53%
KINGS	21	5	23.81%	38	9	36.30%	11.33%
LOS ANGELES	293	232	79.18%	1,549	1,227	83.37%	74.99%
MADERA	23	17	73.91%	43	32	86.43%	61.40%
ORANGE	131	97	74.05%	692	512	80.83%	67.26%
PLACER	2	0	0.00%	31	0	0.00%	0.00%
RIVERSIDE	25	21	84.00%	130	109	97.18%	70.82%
SACRAMENTO	26	23	88.46%	118	104	99.52%	77.40%
SAN BERNARDINO	37	20	54.05%	158	85	68.30%	39.81%
SAN DIEGO	105	70	66.67%	465	310	74.64%	58.70%
SANTA CLARA	37	24	64.87%	172	112	78.68%	51.05%
COMBINED	751	535	71.99%	3,660	2,635	74.79%	69.20%
STANDARD ERROR:			1.43%	52			

Table C-2 HMO – Primary Care Physicians
PRECISION LEVELS AT 80-PERCENT, 90-PERCENT, AND 95-PERCENT CONFIDENCE LEVELS
PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
FRESNO			8.14%	10.45%	12.45%
KINGS			8.16%	10.48%	12.49%
LOS ANGELES			2.74%	3.52%	4.19%
MADERA			8.18%	10.50%	12.51%
ORANGE			4.44%	5.69%	6.79%
PLACER			0.00%	0.00%	0.00%
RIVERSIDE			8.62%	11.06%	13.18%
SACRAMENTO			7.23%	9.28%	11.06%
SAN BERNARDINO			9.32%	11.96%	14.25%
SAN DIEGO			5.21%	6.69%	7.97%
SANTA CLARA			9.03%	11.60%	13.82%
COMBINED			1.83%	2.35%	2.80%
LOWER LIMIT	QUANTITY		2,568	2,549	2,533
	PERCENT		70.16%	69.65%	69.20%
UPPER LIMIT	QUANTITY		2,702	2,721	2,737
	PERCENT		73.82%	74.34%	74.79%

Table C-1 HMO Specialists
PROPORTION AND 95-PERCENT CONFIDENCE LIMITS
OF PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
						Upper	Lower
FRESNO	63	23	36.51%	512	187	47.73%	25.29%
KINGS	19	11	57.90%	58	34	76.60%	39.19%
LOS ANGELES	254	130	51.18%	2,295	1,175	56.99%	45.37%
MADERA	20	15	75.00%	168	126	93.28%	56.73%
ORANGE	126	41	32.54%	1,092	355	40.27%	24.82%
PLACER	3	0	0.00%	262	0	0.00%	0.00%
RIVERSIDE	56	21	37.50%	453	170	49.48%	25.52%
SACRAMENTO	65	35	53.85%	630	339	65.41%	42.28%
SAN BERNARDINO	60	20	33.33%	491	164	44.60%	22.06%
SAN DIEGO	83	38	45.78%	782	358	55.98%	35.59%
SANTA CLARA	24	12	50.00%	267	134	69.49%	30.51%
YOLO	8	3	37.50%	25	9	67.07%	7.93%
COMBINED	781	349	43.36%	7,035	3,050	46.52%	40.19%
STANDARD ERROR:			1.62%	114			

Table C-2 HMO Specialists
PRECISION LEVELS AT 80-PERCENT, 90-PERCENT, AND 95-PERCENT CONFIDENCE LEVELS
PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
FRESNO			7.34%	9.42%	11.22%
KINGS			12.23%	15.70%	18.70%
LOS ANGELES			3.80%	4.88%	5.81%
MADERA			11.95%	15.34%	18.28%
ORANGE			5.05%	6.48%	7.73%
PLACER			0.00%	0.00%	0.00%
RIVERSIDE			7.83%	10.05%	11.98%
SACRAMENTO			7.56%	9.71%	11.57%
SAN BERNARDINO			7.37%	9.46%	11.27%
SAN DIEGO			6.67%	8.56%	10.20%
SANTA CLARA			12.75%	16.36%	19.49%
YOLO			19.34%	24.82%	29.57%
COMBINED			2.07%	2.66%	3.17%
LOWER LIMIT	QUANTITY		2,904	2,863	2,827
	PERCENT		41.29%	40.70%	40.19%
UPPER LIMIT	QUANTITY		3,196	3,237	3,273
	PERCENT		45.43%	46.02%	46.53%

Table C-1 EPO/PPO
PROPORTION AND 95-PERCENT CONFIDENCE LIMITS
OF PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
						Upper	Lower
ALAMEDA	16	13	81.25%	667	542	100.76%	61.74%
AMADOR	19	12	63.16%	25	16	74.08%	52.24%
BUTTE	21	13	61.91%	268	166	82.34%	41.47%
CALAVERAS	17	6	35.29%	34	12	51.85%	18.74%
COLUSA	12	12	100.00%	16	16	100.00%	100.00%
CONTRA COSTA	29	14	48.28%	387	187	66.08%	30.47%
DEL NORTE	4	4	100.00%	18	18	100.00%	100.00%
EL DORADO	21	7	33.33%	173	58	52.70%	13.97%
FRESNO	24	14	58.33%	544	317	78.03%	38.63%
GLENN	21	19	90.48%	28	25	96.91%	84.04%
HUMBOLDT	25	9	36.00%	123	44	53.14%	18.86%
IMPERIAL	28	17	60.71%	65	39	74.61%	46.82%
INYO	22	11	50.00%	32	16	61.96%	38.05%
KERN	30	16	53.33%	409	218	70.81%	35.85%
KINGS	18	7	38.89%	100	39	59.87%	17.90%
LAKE	20	15	75.00%	36	27	87.98%	62.02%
LASSEN	15	12	80.00%	20	16	90.48%	69.52%
LOS ANGELES	324	190	58.64%	9,424	5,526	63.92%	53.36%
MADERA	28	23	82.14%	210	173	95.59%	68.69%
MARIN	21	8	38.10%	156	59	57.89%	18.30%
MARIPOSA	21	15	71.43%	27	19	80.76%	62.10%
MENDOCINO	24	19	79.17%	77	61	92.94%	65.40%

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
MERCED	31	20	64.52%	199	128	80.25%	48.79%
MONO	15	13	86.67%	21	18	96.19%	77.15%
MONTEREY	24	10	41.67%	273	114	60.91%	22.43%
NAPA	29	18	62.07%	70	43	75.82%	48.31%
NEVADA	22	19	86.36%	102	88	99.36%	73.37%
ORANGE	78	47	60.26%	2,308	1,391	71.00%	49.51%
PLACER	17	11	64.71%	259	168	87.34%	42.07%
PLUMAS	16	15	93.75%	32	30	102.41%	85.09%
RIVERSIDE	32	19	59.38%	939	558	76.37%	42.38%
SACRAMENTO	48	24	50.00%	1,474	737	64.06%	35.94%
SAN BENITO	26	15	57.69%	33	19	66.61%	48.77%
SAN BERNARDINO	47	26	55.32%	1,333	737	69.43%	41.21%
SAN DIEGO	87	44	50.58%	2,662	1,346	60.97%	40.18%
SAN FRANCISCO	60	32	53.33%	1,935	1,032	65.86%	40.80%
SAN JOAQUIN	25	10	40.00%	359	144	58.91%	21.10%
SAN LUIS OBISPO	27	20	74.07%	261	193	90.02%	58.12%
SAN MATEO	24	15	62.50%	236	148	81.25%	43.75%
SANTA BARBARA	31	21	67.74%	485	329	83.93%	51.56%
SANTA CLARA	20	11	55.00%	1,050	578	77.16%	32.84%
SANTA CRUZ	30	23	76.67%	143	110	90.35%	62.98%
SHASTA	27	22	81.48%	167	136	95.15%	67.81%
SIERRA	2	2	100.00%	2	2	100.00%	100.00%
SISKIYOU	25	15	60.00%	35	21	70.48%	49.52%

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
SOLANO	20	12	60.00%	139	83	80.38%	39.62%
SONOMA	20	16	80.00%	278	222	97.33%	62.67%
STANISLAUS	18	6	33.33%	401	134	55.23%	11.43%
SUTTER	21	10	47.62%	78	37	66.33%	28.91%
TEHAMA	34	17	50.00%	54	27	60.38%	39.62%
TRINITY	2	1	50.00%	4	2	119.30%	0.00%
TULARE	27	17	62.96%	260	164	80.54%	45.39%
TUOLUMNE	22	13	59.09%	37	22	72.48%	45.70%
VENTURA	32	18	56.25%	648	365	73.28%	39.22%
YOLO	20	14	70.00%	164	115	89.31%	50.69%
YUBA	21	9	42.86%	50	21	59.37%	26.34%
COMBINED	1,740	1,041	57.47%	29,330	16,856	60.32%	54.62%
STANDARD ERROR			1.45%	426			

Table C-2 EPO/PPO
PRECISION LEVELS AT 80-PERCENT, 90-PERCENT, AND 95-PERCENT CONFIDENCE LEVELS
PROVIDERS ACCEPTING ANTHEM-BLUE CROSS COVERED CALIFORNIA PRODUCTS

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
ALAMEDA			12.76%	16.38%	19.51%
AMADOR			7.14%	9.16%	10.92%
BUTTE			13.36%	17.15%	20.43%
CALAVERAS			10.83%	13.90%	16.56%
COLUSA			0.00%	0.00%	0.00%
CONTRA COSTA			11.64%	14.94%	17.80%
DEL NORTE			0.00%	0.00%	0.00%
EL DORADO			12.66%	16.25%	19.37%
FRESNO			12.88%	16.53%	19.70%
GLENN			4.21%	5.40%	6.43%
HUMBOLDT			11.21%	14.39%	17.14%
IMPERIAL			9.09%	11.66%	13.90%
INYO			7.82%	10.03%	11.96%
KERN			11.43%	14.67%	17.48%
KINGS			13.72%	17.61%	20.99%
LAKE			8.49%	10.89%	12.98%
LASSEN			6.85%	8.79%	10.48%
LOS ANGELES			3.45%	4.43%	5.28%
MADERA			8.79%	11.29%	13.45%
MARIN			12.95%	16.62%	19.80%
MARIPOSA			6.10%	7.83%	9.33%
MENDOCINO			9.00%	11.56%	13.77%
MERCED			10.29%	13.20%	15.73%
MONO			6.22%	7.99%	9.52%

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
MONTEREY			12.58%	16.15%	19.24%
NAPA			8.99%	11.54%	13.76%
NEVADA			8.50%	10.91%	13.00%
ORANGE			7.03%	9.02%	10.74%
PLACER			14.80%	19.00%	22.63%
PLUMAS			5.66%	7.27%	8.66%
RIVERSIDE			11.11%	14.26%	16.99%
SACRAMENTO			9.19%	11.80%	14.06%
SAN BENITO			5.83%	7.49%	8.92%
SAN BERNARDINO			9.23%	11.84%	14.11%
SAN DIEGO			6.80%	8.72%	10.39%
SAN FRANCISCO			8.19%	10.52%	12.53%
SAN JOAQUIN			12.36%	15.87%	18.91%
SAN LUIS OBISPO			10.43%	13.39%	15.95%
SAN MATEO			12.26%	15.74%	18.75%
SANTA BARBARA			10.58%	13.58%	16.18%
SANTA CLARA			14.49%	18.59%	22.16%
SANTA CRUZ			8.95%	11.48%	13.68%
SHASTA			8.94%	11.47%	13.67%
SIERRA			0.00%	0.00%	0.00%
SISKIYOU			6.85%	8.79%	10.48%
SOLANO			13.33%	17.11%	20.38%
SONOMA			11.33%	14.54%	17.33%
STANISLAUS			14.32%	18.38%	21.90%
SUTTER			12.24%	15.70%	18.71%
TEHAMA			6.79%	8.71%	10.38%
TRINITY			45.31%	58.15%	69.30%
TULARE			11.49%	14.75%	17.57%

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
TUOLUMNE			8.76%	11.24%	13.39%
VENTURA			11.13%	14.29%	17.03%
YOLO			12.63%	16.20%	19.31%
YUBA			10.80%	13.86%	16.52%
COMBINED			1.86%	2.39%	2.85%
LOWER LIMIT	QUANTITY		16,310	16,155	16,021
	PERCENT		55.61%	55.08%	54.62%
UPPER LIMIT	QUANTITY		17,401	17,556	17,690
	PERCENT		59.33%	59.86%	60.32%