	Survey Term	Definition
1	DMHC Plan License #	Health plan license number.
2	Health Plan	Name of the health plan reporting.
3	Address	Mailing address of the health plan (including city, state, and zip code of the health plan).
4	Date Survey was Prepared	The date the Health Plan Principal Officer approved the annual survey and signed the "Reporting Verification by Principal Officer" form.
5	Health Plan Principal Officer	“Principal officer” means a president, vice-president, secretary, treasurer or chairman of the board of a corporation, a sole proprietor, the managing general partner of a partnership, or a person having similar responsibilities or functions. Cal. Code Reg. § 1300.45(o).
6	Health Plan Principal Officer Name	Name of the Health Plan Principal Officer whose signature appears on the "Reporting Verification by Principal Officer" form.
7	Principal Officer Telephone	Direct telephone number of the Health Plan Principal Officer.
8	Principal Officer E-Mail	E-mail address of the Health Plan Principal Officer.
9	Survey Preparer Name	Name of the primary preparer of this survey.
10	Preparer Telephone	Direct Telephone number of the primary preparer of this survey.
11	Preparer E-Mail	E-Mail address of the primary preparer of this survey.
12	List the Risk-Bearing Organization	A "risk-bearing organization" means a professional medical corporation, other form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure pursuant to subdivision (l) of Section 1206, or another lawfully organized group of physicians that delivers, furnishes, or otherwise arranges for or provides health care services, but does not include an individual or a health care service plan, and that does all of the following: (A) Contracts directly with a health care service plan or arranges for health care services for the health care service plan's enrollees; (B) Receives compensation for those services on any capitated or fixed periodic payment basis; and (C) Is responsible for the processing and payment of claims made by providers for services rendered by those providers on behalf of a health care service plan that are covered under the capitation or fixed periodic payment made by the plan to the risk-bearing organization. For further explanation see Cal. Health & Safety Code § 1375.4 (g).
13	DMHC Risk-Bearing Organization Identification #	DMHC assigned risk-bearing organization number will be assigned and available beginning with the second quarter reporting for the year 2001.
14	Health Plan Internal Identification # (Optional)	If the health plans assigns its own internal identification number to its provider contracts, it may insert that number here.
15	Commercial	A managed care insurance product. Those individuals not covered by Medicare+Choice or Medi-Cal, who are in a capitated program.
16	Medicare+Choice	A managed care insurance product. Those individuals covered by Medicare under a capitated program.
17	Medi-Cal	A managed care insurance product. Those individuals covered under a capitated Medi-Cal program.
18	Risk Arrangement Accepted by Risk-Bearing Organization	“Risk arrangement” includes both “risk-sharing arrangement” and “risk-shifting arrangement.” Cal. Code Reg. § 1300.75.4(d).

	Survey Term	Definition
19	Capitation/Risk-shifting Arrangement	“Risk-shifting arrangement” means a contractual arrangement between an organization and a plan under which the plan pays the organization on a fixed, periodic or capitated basis, and the financial risk for the cost of services provided pursuant to the arrangement is assumed by the organization. Cal. Code Reg. § 1300.75.4(d)(2).
20	Risk-sharing Arrangement	"Risk-sharing arrangement" means any compensation arrangement between an organization and a plan under which both the organization and the plan share a risk of financial loss. Cal. Code Reg. § 1300.75.4(d)(1). If the provider contract includes a mechanism potentially providing risk pool revenue to the risk-bearing organization for any of the enumerated categories, the appropriate risk-sharing arrangement "box" should be checked.
21	Other	Any other contractual arrangement (besides a risk-shifting or risk-sharing arrangement) where the organization does not assume risk for the particular category of service enumerated.
22	Inpatient	A registered bed patient in a hospital, nursing home or other medical/post acute facility.
23	Outpatient	A patient who is receiving ambulatory care at a hospital or other facility without being admitted to the facility.
24	Primary Care Physicians	"Primary care physician" means a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, or for initiating referral for specialist care. A primary care physician may be either a physician who has limited his practice of medicine to general practice or who is a board-certified or board-eligible internists, pediatrician, obstetrician-gynecologist, or family practitioner. Cal.Code Reg. § 1300.45(m).
25	Specialist Physicians	Physicians who are surgeons or have been highly trained in a specific area who receive reimbursement by capitation.
26	Primary Care Physician- Office Visits	Primary care physician office visits are made when the plan member needs to be treated by the primary care physician.
27	Primary Care Physician- Preventive Visits/Well Baby	Preventive care and well baby visits with primary care physicians include comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunization and well person care.
28	Specialist Physician- Office Visits	Specialist office visits are made when the plan member needs to be treated by the specialist physician.
29	Specialist Physician- Inpatient Visits	Specialist inpatient visits are given to a registered bed patient in a hospital, nursing home or other medical or post acute institution.
30	Specialist Physician- Consultations	Specialist consultations are deliberations between a physician(s) and health plan member on a specific medical case/condition and/or its treatment.
31	Specialist Physician- Surgery - Non-Maternity	Specialist performing non-maternity surgery includes all scheduled and emergency surgeries that are a result of any other factor besides the birthing process.

	Survey Term	Definition
32	Specialist Physician- Surgery - Maternity - Deliveries	Specialist performing maternity deliveries includes all surgeries required during or as a result of giving birth, such as c-sections, etc.
33	Specialist Physician- Anesthesia	Specialist anesthesia services include any administration of anesthesia to block pain or diminish consciousness for surgery or other clinical procedure.
34	Specialist Physician- Radiology	Specialist radiology services include imaging techniques, such as X-ray or CT scan, in the diagnosis and treatment of disease.
35	Specialist Physician- Pathology/Laboratory	Specialist Physician- Pathology/Laboratory services include professional fees related to pathology and laboratory services.
36	Outpatient- Radiology	Outpatient radiology services include imaging techniques, such as X-ray or CT scan, in the diagnosis and treatment of disease.
37	Outpatient- Pathology/Laboratory	Outpatient pathology/laboratory includes outpatient facility charges related to pathology and laboratory services.
38	Outpatient- Appliances/Durable Medical Equipment	Outpatient- appliances/durable medical equipment includes equipment which meets the following criteria: (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical purpose; (3) generally, is not useful to a person in the absence of illness/injury; and (4) is appropriate for home use.
39	Home Health, Hospice and Infusion	Home Health and Infusion services include intravenous therapy, medical equipment, respiratory, and other health related services such as physical therapy, nursing, counseling, and social services that are delivered in the home of a patient by a provider. Hospice services are those provided for the terminally ill individual who is expected to die within 12 months..
40	Pharmacy- Injectibles	Injectible drugs include drugs that are suitable for injection.
41	Pharmacy- Non-Injectibles	Non-injectible drugs include drugs such as prescription drugs.
42	Out-of-Area	Treatment of an HMO member outside the geographical limits as defined by health plan's contractual agreement with the risk-bearing organization.
43	Total Number of Lives Under the Contract	The total lives assigned to the risk-bearing organization for each of the designated categories.
44	Shared Risk/Reinsurance	An insurance-based mechanism for the management of risk arrangements. Disclose whether reinsurance coverage is provided through the contracting health plan to protect the risk-bearing organization from catastrophic losses.
45	Stop-Loss/Professional	A contractual-based mechanism for the management of risk arrangements. Disclose whether the risk arrangement between the health plan and risk-bearing organization provides protection for medical expenses above a certain limit so that the organizations is not responsible for paying the cost of medical services at/or above an agreed dollar-based limitation.