DEPARTMENT OF MANAGED HEALTH CARE
HELP CENTER
DIVISION OF PLAN SURVEYS

FINAL REPORT

NON-ROUTINE SURVEY

OF

BLUE SHIELD OF CALIFORNIA

A FULL SERVICE HEALTH PLAN

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

TABLE OF CONTENTS

EXECUTIVE SUMMARY 3

SURVEY BACKGROUND 5

KEY FINDINGS – Provider Directory Telephone Survey Results 6

KEY FINDINGS – Plan Responses to Interim Data Reports and Descriptions of Activities to Ensure Accuracy of Provider Directory 9

DISCUSSION OF DEFICIENCIES 12

SURVEY CONCLUSION & CORRECTIVE ACTION 19

APPENDIX A..... 20

APPENDIX B..... 33

APPENDIX C..... 35

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 Blue Shield of California ("Blue Shield" or "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 (18.2%) of the physicians listed in the directory were not at the location listed in the Provider Directory and that a significant percentage (8.8%) were not willing to accept members enrolled in the Blue Shield'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 2013 network filings for Covered California Primary Care Providers (PCPs) in Sacramento County, it found 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, Blue Shield raised various legal arguments concerning the survey findings. Among other things, the Plan indicated that it believed that the Department's survey was based on flawed survey methodology. The Plan also indicated that, while it would prefer that contracted providers and their staffs supply accurate information to patients about their contracted status, the law does not require the Plan to guarantee that providers and/or their front-office staff members will not be confused about whether the provider is, or is not, in the Plan's network. 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.

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 & Saf. 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 of items of information that were either untrue or misleading and which were disseminated, at least in part, for the purpose of inducting persons to enroll in the Plan.
Cal. Health & Saf. 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 & Saf. 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 & Saf. Code section 1300.52, subd. (f)
Final Report Deficiency Status: Corrected

SURVEY BACKGROUND

In response to numerous consumer complaints about difficulty finding Blue Shield in-network doctors, in May 2014, the Department conducted an informal survey of a sampling of the physicians listed on 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 3,426 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 Blue Shield plans overall, if the provider accepts Blue Shield Covered California individual products, and if the provider is accepting new patients with Blue Shield 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 that do not accept Blue Shield health plan products at all, as well as a number of physicians who do not accept the Covered California products. The results also demonstrate there are a number of physicians unsure about which Covered California products they accept, or no longer practice at the location indicated on the directory.

1) Providers Accepting Blue Shield of California Health Plan Products

There were 11 providers listed in the directory and included in the Resulting Sample[2] of 1,360 who responded they did not accept Blue Shield health plan. Four of the 1,360 were unsure if they accepted the health plan, and 923 stated they accepted the plan. 248 were not at the location listed and 174 of the provider offices either did not answer the phone or did not return messages left by the survey vendor.

The percentages of providers by county stating they accept the health plan ranged from 20% to 96.43%. For example, in Santa Barbara County 40%, or 8 of the 20 providers in the Resulting Sample, stated they accept the health plan, one provider responded it does not accept the health plan, and one responded as unsure. Four of the Santa Barbara County provider offices responded noting the "provider does not practice at this location," and for 6 of the 20 providers there was no answer after three attempts.

The table below summarizes the statewide survey results specific to whether the provider accepts Blue Shield health plan products. A detailed breakdown by county for each product is included in Appendix A, Tables 1 through 3.

Provider Accepting *Any* Blue Shield Plan Products						
Resulting Sample		Accepting	Not Accepting	Unsure	Not at Listed Location	No Answer
1360		923 (67.9%)	11 (0%)	4 (0%)	248 (18.2%)	174 (12.8%)
EPO	391	260 (66.5%)	0	0	89 (22.8%)	42 (10.7%)
PPO	969	663 (68.4%)	11 (1.1%)	4 (0%)	159 (16.4%)	132 (13.6%)

2) Providers Accepting Blue Shield *Covered California Products*

When asked if the physician accepts Blue Shield ***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. The survey findings revealed 119 out of 1,360 providers in the Resulting Sample who do not accept Covered California products. The percentage of providers who stated they accept Covered

[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.

California products by county ranged from 20% to 96.43%. The county with the lowest percent of respondents indicating the physician accepts Blue Shield Covered California products was Modoc County at 20%. In 12 of the counties, the providers accepting Covered California ranged between 20% and 49%, 34 of the counties had a positive acceptance range between 50% and 70%, and 6 counties showed positive acceptance results between 71% and 100%. Alpine, Trinity and Sierra Counties were excluded from the resulting sample due to the low number of providers listed in the directory submitted by the Plan. Monterey, Sutter and Yuba counties have 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 for each product is included in Appendix A, Tables 4 through 6.

Provider Accepting Blue Shield *Covered California Products*						
Resulting Sample		Accepting	Not Accepting	Unsure	Not at Listed Location	No Answer
1360		771 (56.6%)	119 (8.8%)	33 (2.4%)	248 (18.2%)	174 (12.8%)
EPO	391	227 (58.1%)	24 (6.1%)	9 (2.3%)	89 (22.8%)	42 (10.7%)
PPO	969	544 (56.0%)	95 (9.8%)	24 (2.5%)	159 (16.4%)	132 (13.6%)

2A) Providers Accepting Blue Shield Covered California EPO Products

When asked if the physician accepts Blue Shield Covered California EPO products, 24 of 391 providers in the Resulting Sample responded that they did not accept the Covered California EPO products. In seven of the counties, the providers accepting Covered California ranged between 20% and 49%, in 14 counties the range was between 50% and 70%, and three of the counties were in the range above 71%. The Plan's individual on and off-Exchange EPO product is available in 30 counties. Alpine, Trinity and Sierra Counties were excluded from the resulting sample due to the low number of providers listed in the directory submitted by the Plan.

Monterey, Sutter and Yuba counties have 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.

2B) Providers Accepting Blue Shield Covered California PPO Products

When asked if the physician accepts Blue Shield Covered California PPO products, 95 of 969 providers in the Resulting Sample responded that they did not accept the Covered California PPO products. In five of the counties, the providers accepting Covered California ranged between 30% and 49%, 20 counties had a positive acceptance range was between 50% and 70%, and three counties showed positive acceptance results between 71% and 100%. The Plan's individual on and off-Exchange PPO product is available in 28 counties. A detailed breakdown by county is included in Appendix A, Table 6.

3) Accepting *New Patients*

The Provider Directory submitted by the Plan indicated whether each provider was accepting new patients, with more than 95% of the providers listed in the Provider Directory noted with a "Y." The telephone survey results revealed that, of those providers accepting Blue Shield Covered California, the responses varied widely between counties when asked if the provider was accepting new patients. Out of the 770 providers who indicated they accept covered California, 681 responded they were accepting new patients, while 48 responded they were not accepting new patients and 41 responded they were unsure. Results for each of the counties noting the number and percent of participating providers taking new patients is included in Appendix A, Tables 7 through 9 and are summarized below.

Product Type	Accepting Covered California	Accepting New Patients	Not Accepting New patients	Unsure if Accepting New Patients
Aggregate	770	681 (88.0%)	48 (6.2%)	41 (5.3%)
EPO	227	191 (84.0%)	21 (9.3%)	15 (6.6%)
PPO	543	490 (90.0%)	27 (4.9%)	26 (4.8%)

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 Blue Shield 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.

Contracting efforts

The Plan provided documentation to support its position that the providers identified on the Plan's Provider Directory were contracted with the Plan and should have known that they were contracted to treat Covered California members. A spreadsheet was included that listed the providers that responded negatively to the questions in the survey and identified the applicable contract holder (individual or group name as applicable). The Plan included the first page, signature page, and if applicable, product exhibit for each provider agreement. The Plan stated it has an executed agreement with each of the providers listed on the interim Department report(s). The Plan noted that providers may be contracted through a group, individually, or in some instances, through both, and this often accounts for the multiple practice locations associated with a given provider.

The Plan further explained that in preparation for its participation in Covered California, the Plan invited all providers in its PPO network to participate in the Plan's "new" Exclusive Networks beginning January 2012, in anticipation of the impact of the Affordable Care Act ("ACA"). Because this re-contracting effort began before "Covered California" or the "Exchange" actually existed, the provider contracts prepared at that time did not specifically mention Covered California, but instead referred to tiered networks. These networks were later named the Exclusive PPO and EPO Networks.

The Plan stated that it received a robust response to this re-contracting effort in many areas in the state; however, the Plan analyzed the network adequacy and the marketability of the Exclusive PPO and EPO Networks prior to filing the networks with the Department. The Plan made a determination, in certain geographic areas, to add contracted providers to the Exclusive PPO and EPO Networks at those providers existing contract terms, including rates, as needed, in order to improve geographic access for the future Covered California enrollees.

The Plan mailed a series of communications to providers, both those who entered into new contracts with the Plan, and those who were included in the network through their existing agreement. For providers who did not actively sign new agreements for the Exclusive Networks, the Plan sent a notification letter informing them that they were being included into the Exclusive Network pursuant to their existing contract, at their existing contract rate.

The Plan indicated that individual physicians frequently have multiple contractual relationships---through groups and individually, and also often work with several different health plans and insurers. Monitoring and tracking these relationships can present challenges for the physicians, in spite of efforts by the Plan and insurers to assist and educate them.

Plan efforts to ensure accurate directories

The Plan provided the Department with information on how it processes provider contract information, including reviewing the data for completeness and compliance with the contract according to its Standard Operating Procedures - Commercial Provider Practitioner Agreement.

The Plan stated it also conducts ongoing maintenance of the provider files for its Provider Directory. A provider demographic data validation is conducted for all network providers to comply with NCQA standards. To do this, Provider Data Confirmation (PDC) forms are sent via fax or USPS to network providers on a rolling three-year cycle. The Plan provided copies of its Provider Data Confirmation Form for Individuals and for Group Business Entities, and describes in its response that this is an going process for all networks, including the Exclusive Networks which the Plan states, for Covered California, overlaps the Plan's Full PPO Network by approximately 60%.

Pursuant to the Plan's Provider Manual, and its contracts with each provider, a provider is required to immediately contact the Plan to update any change in the group/practice affiliation, change in address, billing information or telephone number. The Plan attached the appropriate excerpt from the Provider Responsibilities section of the Provider Manual.

The Plan stated that between October 1, 2013 and June 30, 2014 a total of 195,309 provider file updates were processed. Approximately 60% of these updates (117,185) were related to Covered California provider data. The Plan self-audits the entry of these provider updates. The Plan utilizes a random sampling of updates made by Provider Information and Enrollment Processors, and a quality auditor checks compliance with internal policies and procedures to ensure the provider-submitted change was accurately completed. The results of this audit showed that the accuracy of the total update population measured at 98.84% between October 1, 2013 and June 30, 2014. In addition, the Plan researches the provider demographic data by following established policies and procedures. An example of this in the context of returned mail was set forth in the Plan's Provider Services Document – Return Mail.

Plan identification and correction of inaccuracies

In 2012, in anticipation of the changes brought by the ACA and changes in the Plan's claims system, the Plan stated that it identified a need to update its provider information management system. The Provider Single Source of Truth ("SSoT") Program was initiated, and the Plan selected a vendor and embarked upon a 3-year program to implement new technology that would enhance the Plan's ability to identify and correct errors in the provider database. The goal of the SSoT program is to improve quality and the customer experience by increasing accuracy and timeliness of service to providers and members by:

(a) producing accurate Find-a-Provider (FaP) data and provider directories;
(b) developing one source of real-time provider data that eliminates multiple input points and reduces unreliable manual processes;
(c) reducing the then-current 8 week Find-a-Provider manual update cycle time to 2 weeks;
(d) increasing quality and accuracy of provider interactions; and
(e) increasing the ability of a provider to update his/her own information in the database.

The Plan explained that each of these tasks requires a large team, and currently includes seven work streams to implement. These work streams include building the core platform "Provider Information Management System" (PIMS), data conversion (Facets, legacy), integration, reporting, Data Quality, QA/Testing and Operational Readiness. The first release of the PIMS was completed in June 2014.

Between October 1, 2013 and June 30, 2014, the Plan logged 12,562 calls related to Covered California participation. The Provider Information Percent Enrollment Phone Team educated providers on network inclusion/exclusion based on the training materials developed by the project team. The Plan provided copies of the training materials.

The Plan also stated that since the Department's approval of its filings in 2013, it has expanded its physician network significantly and referenced growth in most areas, sometimes doubling, tripling, or quadrupling the number of physicians added to the Exclusive Networks over the last year. In those counties where the Plan has experienced attrition from the Exclusive Network, the Plan has added providers.

The Plan stated it conducts a geo-access analysis for all product lines on an annual basis pursuant to the Plan's Availability Policies and Procedures. The Plan provided its geo-access analysis for 2014, which included the availability of providers for the membership enrolled through Covered California. The second quarter 2014 results demonstrate that the Plan has exceeded its standards for availability of providers in the Covered California IFP and SHOP provider networks. This is the first quarterly geo-access report available for the Exclusive Networks because enrollment for Covered California was extended through March of 2014. The Plan's geo-access report shows that it has no gaps in the availability of PCPs, top 3 high volume specialists, hospitals, and ancillary providers.

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 to the telephone survey questions.

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 the enrollees actually encounter at the point of service.

In its response to the Department's Preliminary Survey Report, Blue Shield raised various legal arguments concerning the survey findings. Among other things, the Plan indicated that it believed that the Department's survey methodology was flawed. The Plan also indicated that, while it would prefer that contracted providers and their staffs supply accurate information to patients about their contracted status, the law does not require the Plan to guarantee that providers and/or their front-office staff members will not be confused about whether the provider is, or is not, in the Plan's network. 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 & Saf. 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 119 out of 1,360 (8.8%) of the providers identified by Blue Shield 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 248 out of 1,360 (18.2%) of the offices contacted told the survey team vendor that the provider does not practice at the listed location. Despite a comprehensive call strategy that included follow-up calls and messages left on the providers' office answering machine, the survey team vendor was able to confirm that only 771 out of 1,360 (56.7%) 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 inaccuracies in the online Provider Directory did not constitute operating at variance, data supplied by the Plan with its response to the Preliminary Survey Report confirms the deficiency. Specifically, information provided by Blue Shield indicates that out of 396 provider listings reviewed by the Plan in response to accuracy questions raised by the vendor's survey-related calls, 152 of the listings involved providers who had terminated their contracts with the Plan (or an affiliated

medical group), 139 of the listings required an address or phone number correction in the online Provider Directory in order to reflect the provider's current information, and 26 of the listings related to providers were no longer in practice because they were deceased, had moved, or had relocated out-of-state. When more than one-quarter (27.0%) of providers contacted were not at the location or were not accepting Covered California products, the Plan was clearly operating at variance.

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).

Section 1345(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.

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.

The Blue Shield 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 because more than one-quarter of the providers listed were not available to Covered California enrollees.

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 noted above. This survey report does not conclude that the Plan intended to provide inaccurate information or mislead consumers. The Department does, however, note that data supplied by the Plan with its response to the Preliminary Survey Report, and described in the previous section, confirms the deficiency.

Although the Plan's response submitted to the Department argues that the Provider Directory maintained on the Plan's internet website is not an advertisement, the Plan's assertions in this regard take an unrealistically narrow view of the section's prohibition of the use of inaccurate or misleading information, which is quite broad in its design and approach. Updating and monitoring 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 & Safety Code section 1367.26

Cal. Health & Safety Code 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 the information contained in the Provider Directory maintained on the Plan's internet website. In addition, information provided by Blue Shield in its response to the Preliminary Survey Report confirms that, out of 396 provider listings reviewed by the Plan in response to accuracy questions raised by the vendor's calls, 152 of the listings involved providers who had terminated their contract with the Plan (or an affiliated medical group), 139 of the listings required an address or phone number correction in the online Provider Directory in order to reflect the provider's current information, and 26 of the listings related to providers who were no longer in practice, because they were deceased, had moved, or had relocated out-of-state.

When Blue Shield 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.

In its response to the Department, the Plan indicated that Section 1367.26 contemplates quarterly (and not instantaneous) updates to its online provider list and that, as a result, there will always be something of a "lag" in the online Provider Directory, with respect to providers that terminated their contracts with the Plan since the date of the preceding quarterly update. While the Department acknowledges this point, the terms of the statute require the Provider Directory to provide accurate information concerning: 1) whether the provider's practice is closed, 2) a phone number which the enrollee can call to get information concerning the provider, and 3) whether the provider has indicated that he or she is accepting new patients. The Plan's response to the Preliminary Survey Report did not demonstrate that any "lag" between the preceding quarterly update and the date of the Provider Directory that was submitted and used for the survey was responsible for the inaccuracies that the Plan found during its own assessment of the survey data. In other words, the Plan did not assert that the "lag" was the cause of inaccurate or misleading information for the 26 deceased/ moved/out-of-state provider listings, the 139

provider listings with the wrong address or telephone number, or the 152 provider listings where contracts had terminated.

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

In 2013, Blue Shield of California submitted for review and approval the PPO network that is currently being offered for Covered California enrollees (eFiling No. 20130639). In that filing, the Plan listed 475 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), 95 PCPs that were included in the approved filing were no longer available. This equates to a change of 20 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 redlined 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

[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 it with 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. Blue Shield has confirmed that it will comply with the 10 percent filing rule.

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:

- Reaffirm provider participation in the Plan's network;
- Determine if providers are accepting new patients during open enrollment; and
- Obtain updates of provider email addresses

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 applicable filings as and initiate updates of the Provider Directory.

The Plan's Corrective Action Plan includes quarterly monitoring of its statewide listing of providers. The Plan has pledged to file an updated provider roster if, taking into account all additions and deletions, it experiences a 10% or greater change.

The Plan currently distributes communication pieces, conducts webinars, and provides a toolkit for provider office managers and staff. As part of its Corrective Action Plan, the Plan pledged to conduct eight additional webinars for provider office staff by the end of 2014. The Plan is also conducting approximately 1,200 in-person visits to PCP and specialist offices, which began in August 2014 and will be completed by December 2015.

The Department finds that the Plan has designed and implemented several different 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.

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 #20141324.

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 3.

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

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

Tables 4 through 6.

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

4. Number of Doctors accepting Blue Shield Covered California products
   All Providers (as listed on the directory)
5. Number of Doctors accepting Blue Shield Covered California products
   EPO Providers (as listed on the directory)
6. Number of Doctors accepting Blue Shield Covered California products
   PPO Providers (as listed on the directory)

Tables 7 through 9.

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

7. Number of Doctors accepting New Patients with Blue Shield Covered California coverage
   All Providers (as listed on the directory)
8. Number of Doctors accepting New Patients with Blue Shield Covered California coverage
   EPO Providers (as listed on the directory)
9. Number of Doctors accepting New Patients with Blue Shield Covered California coverage
   PPO Providers (as listed on the directory)

Appendix A – Table 1
Number of Doctors accepting any Blue Shield 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	37	33	89.19%	0	0.00%	0	0.00%	4	10.81%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	15	8	53.33%	0	0.00%	0	0.00%	3	20.00%	4	26.67%
Butte	15	11	73.33%	0	0.00%	0	0.00%	4	26.67%	0	0.00%
Calaveras	16	12	75.00%	0	0.00%	0	0.00%	2	12.50%	2	12.50%
Colusa	14	6	42.86%	0	0.00%	0	0.00%	8	57.14%	0	0.00%
Contra Costa	29	23	79.31%	0	0.00%	0	0.00%	3	10.34%	3	10.34%
Del Norte	22	9	40.91%	0	0.00%	0	0.00%	10	45.45%	3	13.64%
El Dorado	23	16	69.57%	0	0.00%	0	0.00%	4	17.39%	3	13.04%
Fresno	18	8	44.44%	1	5.56%	0	0.00%	4	22.22%	5	27.78%
Glenn	16	7	43.75%	0	0.00%	0	0.00%	9	56.25%	0	0.00%
Humboldt	15	10	66.67%	0	0.00%	0	0.00%	5	33.33%	0	0.00%
Imperial	17	13	76.47%	0	0.00%	0	0.00%	2	11.76%	2	11.76%
Inyo	26	16	61.54%	0	0.00%	0	0.00%	7	26.92%	3	11.54%
Kern	18	14	77.78%	1	5.56%	0	0.00%	1	5.56%	2	11.11%
Kings	21	15	71.43%	0	0.00%	0	0.00%	4	19.05%	2	9.52%
Lake	20	15	75.00%	0	0.00%	0	0.00%	5	25.00%	0	0.00%
Lassen	21	14	66.67%	0	0.00%	0	0.00%	2	9.52%	5	23.81%
Los Angeles	188	135	71.81%	0	0.00%	2	1.06%	27	14.36%	24	12.77%
Madera	11	9	81.82%	0	0.00%	0	0.00%	1	9.09%	1	9.09%
Marin	13	11	84.62%	0	0.00%	0	0.00%	0	0.00%	2	15.38%
Mariposa	28	27	96.43%	0	0.00%	0	0.00%	1	3.57%	0	0.00%
Mendocino	11	10	90.91%	0	0.00%	0	0.00%	1	9.09%	0	0.00%
Merced	18	13	72.22%	0	0.00%	0	0.00%	3	16.67%	2	11.11%
Modoc	5	1	20.00%	0	0.00%	0	0.00%	3	60.00%	1	20.00%
Mono	16	8	50.00%	0	0.00%	0	0.00%	2	12.50%	6	37.50%
Monterey	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Napa	16	12	75.00%	0	0.00%	0	0.00%	3	18.75%	1	6.25%
Nevada	7	5	71.43%	0	0.00%	0	0.00%	2	28.57%	0	0.00%
Orange	104	71	68.27%	1	0.96%	0	0.00%	22	21.15%	10	9.62%
Placer	18	15	83.33%	0	0.00%	0	0.00%	2	11.11%	1	5.56%

Appendix A – Table 1
Number of Doctors accepting any Blue Shield 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	
Plumas	16	11	68.75%	0	0.00%	0	0.00%	2	12.50%	3	18.75%
Riverside	31	21	67.74%	0	0.00%	0	0.00%	6	19.35%	4	12.90%
Sacramento	31	19	61.29%	0	0.00%	0	0.00%	4	12.90%	8	25.81%
San Benito	23	17	73.91%	0	0.00%	0	0.00%	4	17.39%	2	8.70%
San Bernardino	37	29	78.38%	0	0.00%	0	0.00%	8	21.62%	0	0.00%
San Diego	83	63	75.90%	0	0.00%	1	1.20%	12	14.46%	7	8.43%
San Francisco	30	15	50.00%	0	0.00%	0	0.00%	7	23.33%	8	26.67%
San Joaquin	22	15	68.18%	0	0.00%	0	0.00%	7	31.82%	0	0.00%
San Luis Obispo	12	7	58.33%	0	0.00%	0	0.00%	2	16.67%	3	25.00%
San Mateo	20	12	60.00%	1	5.00%	0	0.00%	6	30.00%	1	5.00%
Santa Barbara	20	8	40.00%	1	5.00%	1	5.00%	4	20.00%	6	30.00%
Santa Clara	74	41	55.41%	4	5.41%	0	0.00%	11	14.86%	18	24.32%
Santa Cruz	14	9	64.29%	0	0.00%	0	0.00%	1	7.14%	4	28.57%
Shasta	11	7	63.64%	0	0.00%	0	0.00%	2	18.18%	2	18.18%
Sierra	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	16	10	62.50%	0	0.00%	0	0.00%	5	31.25%	1	6.25%
Solano	9	6	66.67%	0	0.00%	0	0.00%	1	11.11%	2	22.22%
Sonoma	7	3	42.86%	0	0.00%	0	0.00%	4	57.14%	0	0.00%
Stanislaus	17	9	52.94%	2	11.76%	0	0.00%	4	23.53%	2	11.76%
Sutter	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tehama	26	19	73.08%	0	0.00%	0	0.00%	2	7.69%	5	19.23%
Trinity	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tulare	22	19	86.36%	0	0.00%	0	0.00%	2	9.09%	1	4.55%
Tuolumne	26	14	53.85%	0	0.00%	0	0.00%	7	26.92%	5	19.23%
Ventura	14	10	71.43%	0	0.00%	0	0.00%	1	7.14%	3	21.43%
Yolo	21	12	57.14%	0	0.00%	0	0.00%	2	9.52%	7	33.33%
Yuba	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	**1360**	**923**		**11**		**4**		**248**		**174**	

Appendix A – Table 2
Number of Doctors accepting any Blue Shield 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	
Alameda	37	33	89.19%	0	0.00%	0	0.00%	4	10.81%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	15	8	53.33%	0	0.00%	0	0.00%	3	20.00%	4	26.67%
Butte	15	11	73.33%	0	0.00%	0	0.00%	4	26.67%	0	0.00%
Calaveras	16	12	75.00%	0	0.00%	0	0.00%	2	12.50%	2	12.50%
Colusa	14	6	42.86%	0	0.00%	0	0.00%	8	57.14%	0	0.00%
Del Norte	22	9	40.91%	0	0.00%	0	0.00%	10	45.45%	3	13.64%
Glenn	16	7	43.75%	0	0.00%	0	0.00%	9	56.25%	0	0.00%
Humboldt	15	10	66.67%	0	0.00%	0	0.00%	5	33.33%	0	0.00%
Lake	20	15	75.00%	0	0.00%	0	0.00%	5	25.00%	0	0.00%
Lassen	21	14	66.67%	0	0.00%	0	0.00%	2	9.52%	5	23.81%
Marin	13	11	84.62%	0	0.00%	0	0.00%	0	0.00%	2	15.38%
Mendocino	11	10	90.91%	0	0.00%	0	0.00%	1	9.09%	0	0.00%
Modoc	5	1	20.00%	0	0.00%	0	0.00%	3	60.00%	1	20.00%
Monterey	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Napa	16	12	75.00%	0	0.00%	0	0.00%	3	18.75%	1	6.25%
Nevada	7	5	71.43%	0	0.00%	0	0.00%	2	28.57%	0	0.00%
Plumas	16	11	68.75%	0	0.00%	0	0.00%	2	12.50%	3	18.75%
San Benito	23	17	73.91%	0	0.00%	0	0.00%	4	17.39%	2	8.70%
Santa Cruz	14	9	64.29%	0	0.00%	0	0.00%	1	7.14%	4	28.57%
Shasta	11	7	63.64%	0	0.00%	0	0.00%	2	18.18%	2	18.18%
Sierra	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	16	10	62.50%	0	0.00%	0	0.00%	5	31.25%	1	6.25%
Solano	9	6	66.67%	0	0.00%	0	0.00%	1	11.11%	2	22.22%
Sonoma	7	3	42.86%	0	0.00%	0	0.00%	4	57.14%	0	0.00%
Sutter	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tehama	26	19	73.08%	0	0.00%	0	0.00%	2	7.69%	5	19.23%
Trinity	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tuolumne	26	14	53.85%	0	0.00%	0	0.00%	7	26.92%	5	19.23%
Yuba	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	**391**	**260**		**0**		**0**		**89**		**42**	

Appendix A – Table 3
Number of Doctors accepting any Blue Shield 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	
Contra Costa	29	23	79.31%	0	0.00%	0	0.00%	3	10.34%	3	10.34%
El Dorado	23	16	69.57%	0	0.00%	0	0.00%	4	17.39%	3	13.04%
Fresno	18	8	44.44%	1	5.56%	0	0.00%	4	22.22%	5	27.78%
Imperial	17	13	76.47%	0	0.00%	0	0.00%	2	11.76%	2	11.76%
Inyo	26	16	61.54%	0	0.00%	0	0.00%	7	26.92%	3	11.54%
Kern	18	14	77.78%	1	5.56%	0	0.00%	1	5.56%	2	11.11%
Kings	21	15	71.43%	0	0.00%	0	0.00%	4	19.05%	2	9.52%
Los Angeles	188	135	71.81%	0	0.00%	2	1.06%	27	14.36%	24	12.77%
Madera	11	9	81.82%	0	0.00%	0	0.00%	1	9.09%	1	9.09%
Mariposa	28	27	96.43%	0	0.00%	0	0.00%	1	3.57%	0	0.00%
Merced	18	13	72.22%	0	0.00%	0	0.00%	3	16.67%	2	11.11%
Mono	16	8	50.00%	0	0.00%	0	0.00%	2	12.50%	6	37.50%
Orange	104	71	68.27%	1	0.96%	0	0.00%	22	21.15%	10	9.62%
Placer	18	15	83.33%	0	0.00%	0	0.00%	2	11.11%	1	5.56%
Riverside	31	21	67.74%	0	0.00%	0	0.00%	6	19.35%	4	12.90%
Sacramento	31	19	61.29%	0	0.00%	0	0.00%	4	12.90%	8	25.81%
San Bernardino	37	29	78.38%	0	0.00%	0	0.00%	8	21.62%	0	0.00%
San Diego	83	63	75.90%	0	0.00%	1	1.20%	12	14.46%	7	8.43%
San Francisco	30	15	50.00%	0	0.00%	0	0.00%	7	23.33%	8	26.67%
San Joaquin	22	15	68.18%	0	0.00%	0	0.00%	7	31.82%	0	0.00%
San Luis Obispo	12	7	58.33%	0	0.00%	0	0.00%	2	16.67%	3	25.00%
San Mateo	20	12	60.00%	1	5.00%	0	0.00%	6	30.00%	1	5.00%
Santa Barbara	20	8	40.00%	1	5.00%	1	5.00%	4	20.00%	6	30.00%
Santa Clara	74	41	55.41%	4	5.41%	0	0.00%	11	14.86%	18	24.32%
Stanislaus	17	9	52.94%	2	11.76%	0	0.00%	4	23.53%	2	11.76%
Tulare	22	19	86.36%	0	0.00%	0	0.00%	2	9.09%	1	4.55%
Ventura	14	10	71.43%	0	0.00%	0	0.00%	1	7.14%	3	21.43%
Yolo	21	12	57.14%	0	0.00%	0	0.00%	2	9.52%	7	33.33%
Total	**969**	**663**		**11**		**4**		**159**		**132**	

Appendix A – Table 4
Number of Doctors accepting Blue Shield 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	37	31	83.78%	1	2.70%	1	2.70%	4	10.81%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	15	8	53.33%	0	0.00%	0	0.00%	3	20.00%	4	26.67%
Butte	15	8	53.33%	2	13.33%	1	6.67%	4	26.67%	0	0.00%
Calaveras	16	11	68.75%	0	0.00%	1	6.25%	2	12.50%	2	12.50%
Colusa	14	5	35.71%	0	0.00%	1	7.14%	8	57.14%	0	0.00%
Contra Costa	29	18	62.07%	3	10.34%	2	6.90%	3	10.34%	3	10.34%
Del Norte	22	9	40.91%	0	0.00%	0	0.00%	10	45.45%	3	13.64%
El Dorado	23	15	65.22%	1	4.35%	0	0.00%	4	17.39%	3	13.04%
Fresno	18	7	38.89%	1	5.56%	0	0.00%	4	22.22%	5	27.78%
Glenn	16	7	43.75%	0	0.00%	0	0.00%	9	56.25%	0	0.00%
Humboldt	15	10	66.67%	0	0.00%	0	0.00%	5	33.33%	0	0.00%
Imperial	17	12	70.59%	1	5.88%	0	0.00%	2	11.76%	2	11.76%
Inyo	26	14	53.85%	2	7.69%	0	0.00%	7	26.92%	3	11.54%
Kern	18	10	55.56%	4	22.22%	0	0.00%	1	5.56%	2	11.11%
Kings	21	11	52.38%	1	4.76%	3	14.29%	4	19.05%	2	9.52%
Lake	20	12	60.00%	2	10.00%	1	5.00%	5	25.00%	0	0.00%
Lassen	21	13	61.90%	0	0.00%	1	4.76%	2	9.52%	5	23.81%
Los Angeles	188	98	52.13%	33	17.55%	4	2.13%	27	14.36%	24	12.77%
Madera	11	8	72.73%	1	9.09%	0	0.00%	1	9.09%	1	9.09%
Marin	13	10	76.92%	1	7.69%	0	0.00%	0	0.00%	2	15.38%
Mariposa	28	27	96.43%	0	0.00%	0	0.00%	1	3.57%	0	0.00%
Mendocino	11	8	72.73%	1	9.09%	1	9.09%	1	9.09%	0	0.00%
Merced	18	12	66.67%	1	5.56%	0	0.00%	3	16.67%	2	11.11%
Modoc	5	1	20.00%	0	0.00%	0	0.00%	3	60.00%	1	20.00%
Mono	16	8	50.00%	0	0.00%	0	0.00%	2	12.50%	6	37.50%
Monterey	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Napa	16	8	50.00%	4	25.00%	0	0.00%	3	18.75%	1	6.25%
Nevada	7	4	57.14%	1	14.29%	0	0.00%	2	28.57%	0	0.00%
Orange	104	58	55.77%	12	11.54%	1	0.96%	22	21.15%	10	9.62%
Placer	18	10	55.56%	2	11.11%	3	16.67%	2	11.11%	1	5.56%

Appendix A – Table 4
Number of Doctors accepting Blue Shield 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	10	62.50%	0	0.00%	1	6.25%	2	12.50%	3	18.75%
Riverside	31	18	58.06%	3	9.68%	0	0.00%	6	19.35%	4	12.90%
Sacramento	31	16	51.61%	2	6.45%	1	3.23%	4	12.90%	8	25.81%
San Benito	23	11	47.83%	6	26.09%	0	0.00%	4	17.39%	2	8.70%
San Bernardino	37	23	62.16%	5	13.51%	1	2.70%	8	21.62%	0	0.00%
San Diego	83	58	69.88%	3	3.61%	2	2.41%	12	14.46%	7	8.43%
San Francisco	30	9	30.00%	6	20.00%	0	0.00%	7	23.33%	8	26.67%
San Joaquin	22	12	54.55%	2	9.09%	1	4.55%	7	31.82%	0	0.00%
San Luis Obispo	12	6	50.00%	0	0.00%	1	8.33%	2	16.67%	3	25.00%
San Mateo	20	11	55.00%	1	5.00%	0	0.00%	6	30.00%	1	5.00%
Santa Barbara	20	7	35.00%	0	0.00%	1	5.00%	4	20.00%	6	30.00%
Santa Clara	74	34	45.95%	6	8.11%	1	1.35%	11	14.86%	18	24.32%
Santa Cruz	14	8	57.14%	1	7.14%	0	0.00%	1	7.14%	4	28.57%
Shasta	11	6	54.55%	1	9.09%	0	0.00%	2	18.18%	2	18.18%
Sierra	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	16	8	50.00%	2	12.50%	0	0.00%	5	31.25%	1	6.25%
Solano	9	6	66.67%	0	0.00%	0	0.00%	1	11.11%	2	22.22%
Sonoma	7	3	42.86%	0	0.00%	0	0.00%	4	57.14%	0	0.00%
Stanislaus	17	8	47.06%	1	5.88%	0	0.00%	4	23.53%	2	11.76%
Sutter	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tehama	26	18	69.23%	1	3.85%	0	0.00%	2	7.69%	5	19.23%
Trinity	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tulare	22	12	54.55%	4	18.18%	3	13.64%	2	9.09%	1	4.55%
Tuolumne	26	12	46.15%	1	3.85%	1	3.85%	7	26.92%	5	19.23%
Ventura	14	10	71.43%	0	0.00%	0	0.00%	1	7.14%	3	21.43%
Yolo	21	12	57.14%	0	0.00%	0	0.00%	2	9.52%	7	33.33%
Yuba	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	**1360**	**771**		**119**		**33**		**248**		**174**	

Appendix A – Table 5
Number of Doctors accepting Blue Shield 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	
Alameda	37	31	83.78%	1	2.70%	1	2.70%	4	10.81%	0	0.00%
Alpine	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	15	8	53.33%	0	0.00%	0	0.00%	3	20.00%	4	26.67%
Butte	15	8	53.33%	2	13.33%	1	6.67%	4	26.67%	0	0.00%
Calaveras	16	11	68.75%	0	0.00%	1	6.25%	2	12.50%	2	12.50%
Colusa	14	5	35.71%	0	0.00%	1	7.14%	8	57.14%	0	0.00%
Del Norte	22	9	40.91%	0	0.00%	0	0.00%	10	45.45%	3	13.64%
Glenn	16	7	43.75%	0	0.00%	0	0.00%	9	56.25%	0	0.00%
Humboldt	15	10	66.67%	0	0.00%	0	0.00%	5	33.33%	0	0.00%
Lake	20	12	60.00%	2	10.00%	1	5.00%	5	25.00%	0	0.00%
Lassen	21	13	61.90%	0	0.00%	1	4.76%	2	9.52%	5	23.81%
Marin	13	10	76.92%	1	7.69%	0	0.00%	0	0.00%	2	15.38%
Mendocino	11	8	72.73%	1	9.09%	1	9.09%	1	9.09%	0	0.00%
Modoc	5	1	20.00%	0	0.00%	0	0.00%	3	60.00%	1	20.00%
Monterey	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Napa	16	8	50.00%	4	25.00%	0	0.00%	3	18.75%	1	6.25%
Nevada	7	4	57.14%	1	14.29%	0	0.00%	2	28.57%	0	0.00%
Plumas	16	10	62.50%	0	0.00%	1	6.25%	2	12.50%	3	18.75%
San Benito	23	11	47.83%	6	26.09%	0	0.00%	4	17.39%	2	8.70%
Santa Cruz	14	8	57.14%	1	7.14%	0	0.00%	1	7.14%	4	28.57%
Shasta	11	6	54.55%	1	9.09%	0	0.00%	2	18.18%	2	18.18%
Sierra	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	16	8	50.00%	2	12.50%	0	0.00%	5	31.25%	1	6.25%
Solano	9	6	66.67%	0	0.00%	0	0.00%	1	11.11%	2	22.22%
Sonoma	7	3	42.86%	0	0.00%	0	0.00%	4	57.14%	0	0.00%
Sutter	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tehama	26	18	69.23%	1	3.85%	0	0.00%	2	7.69%	5	19.23%
Trinity	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tuolumne	26	12	46.15%	1	3.85%	1	3.85%	7	26.92%	5	19.23%
Yuba	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	**391**	**227**		**24**		**9**		**89**		**42**	

*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 6
Number of Doctors accepting Blue Shield 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	
Contra Costa	29	18	62.07%	3	10.34%	2	6.90%	3	10.34%	3	10.34%
El Dorado	23	15	65.22%	1	4.35%	0	0.00%	4	17.39%	3	13.04%
Fresno	18	7	38.89%	1	5.56%	0	0.00%	4	22.22%	5	27.78%
Imperial	17	12	70.59%	1	5.88%	0	0.00%	2	11.76%	2	11.76%
Inyo	26	14	53.85%	2	7.69%	0	0.00%	7	26.92%	3	11.54%
Kern	18	10	55.56%	4	22.22%	0	0.00%	1	5.56%	2	11.11%
Kings	21	11	52.38%	1	4.76%	3	14.29%	4	19.05%	2	9.52%
Los Angeles	188	98	52.13%	33	17.55%	4	2.13%	27	14.36%	24	12.77%
Madera	11	8	72.73%	1	9.09%	0	0.00%	1	9.09%	1	9.09%
Mariposa	28	27	96.43%	0	0.00%	0	0.00%	1	3.57%	0	0.00%
Merced	18	12	66.67%	1	5.56%	0	0.00%	3	16.67%	2	11.11%
Mono	16	8	50.00%	0	0.00%	0	0.00%	2	12.50%	6	37.50%
Orange	104	58	55.77%	12	11.54%	1	0.96%	22	21.15%	10	9.62%
Placer	18	10	55.56%	2	11.11%	3	16.67%	2	11.11%	1	5.56%
Riverside	31	18	58.06%	3	9.68%	0	0.00%	6	19.35%	4	12.90%
Sacramento	31	16	51.61%	2	6.45%	1	3.23%	4	12.90%	8	25.81%
San Bernardino	37	23	62.16%	5	13.51%	1	2.70%	8	21.62%	0	0.00%
San Diego	83	58	69.88%	3	3.61%	2	2.41%	12	14.46%	7	8.43%
San Francisco	30	9	30.00%	6	20.00%	0	0.00%	7	23.33%	8	26.67%
San Joaquin	22	12	54.55%	2	9.09%	1	4.55%	7	31.82%	0	0.00%
San Luis Obispo	12	6	50.00%	0	0.00%	1	8.33%	2	16.67%	3	25.00%
San Mateo	20	11	55.00%	1	5.00%	0	0.00%	6	30.00%	1	5.00%
Santa Barbara	20	7	35.00%	0	0.00%	1	5.00%	4	20.00%	6	30.00%
Santa Clara	74	34	45.95%	6	8.11%	1	1.35%	11	14.86%	18	24.32%
Stanislaus	17	8	47.06%	1	5.88%	0	0.00%	4	23.53%	2	11.76%
Tulare	22	12	54.55%	4	18.18%	3	13.64%	2	9.09%	1	4.55%
Ventura	14	10	71.43%	0	0.00%	0	0.00%	1	7.14%	3	21.43%
Yolo	21	12	57.14%	0	0.00%	0	0.00%	2	9.52%	7	33.33%
Total	**969**	**544**		**95**		**24**		**159**		**132**	

*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 7
Number of Doctors accepting New Patients with Blue Shield Covered California coverage
All Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Alameda	31	28	90.32%	2	6.45%	1	3.23%
Alpine	0	0	0.00%	0	0.00%	0	0.00%
Amador	8	7	87.50%	1	12.50%	0	0.00%
Butte	8	6	75.00%	2	25.00%	0	0.00%
Calaveras	11	8	72.73%	1	9.09%	2	18.18%
Colusa	5	4	80.00%	1	20.00%	0	0.00%
Contra Costa	18	16	88.89%	2	11.11%	0	0.00%
Del Norte	9	9	100.00%	0	0.00%	0	0.00%
El Dorado	15	15	100.00%	0	0.00%	0	0.00%
Fresno	7	6	85.71%	1	14.29%	0	0.00%
Glenn	7	6	85.71%	1	14.29%	0	0.00%
Humboldt	10	8	80.00%	1	10.00%	1	10.00%
Imperial	12	11	91.67%	1	8.33%	0	0.00%
Inyo	14	13	92.86%	0	0.00%	1	7.14%
Kern	10	9	90.00%	1	10.00%	0	0.00%
Kings	11	11	100.00%	0	0.00%	0	0.00%
Lake	12	9	75.00%	0	0.00%	3	25.00%
Lassen	13	12	92.31%	0	0.00%	1	7.69%
Los Angeles	98	91	92.86%	3	3.06%	4	4.08%
Madera	8	8	100.00%	0	0.00%	0	0.00%
Marin	10	9	90.00%	1	10.00%	0	0.00%
Mariposa	27	27	100.00%	0	0.00%	0	0.00%
Mendocino	8	8	100.00%	0	0.00%	0	0.00%
Merced	12	11	91.67%	1	8.33%	0	0.00%
Modoc	1	1	100.00%	0	0.00%	0	0.00%
Mono	8	8	100.00%	0	0.00%	0	0.00%
Monterey	0	0	0.00%	0	0.00%	0	0.00%
Napa	8	7	87.50%	0	0.00%	1	12.50%
Nevada	4	2	50.00%	2	50.00%	0	0.00%
Orange	58	56	96.55%	0	0.00%	2	3.45%
Placer	10	6	60.00%	4	40.00%	0	0.00%
Plumas	10	8	80.00%	0	0.00%	2	20.00%
Riverside	18	17	94.44%	1	5.56%	0	0.00%
Sacramento	16	15	93.75%	0	0.00%	1	6.25%
San Benito	11	10	90.91%	1	9.09%	0	0.00%
San Bernardino	23	22	95.65%	1	4.35%	0	0.00%
San Diego	58	52	89.66%	4	6.90%	2	3.45%
San Francisco	9	9	100.00%	0	0.00%	0	0.00%
San Joaquin	12	12	100.00%	0	0.00%	0	0.00%
San Luis Obispo	6	5	83.33%	1	16.67%	0	0.00%
San Mateo	11	11	100.00%	0	0.00%	0	0.00%
Santa Barbara	6	4	66.67%	0	0.00%	2	33.33%

*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.

933-0043

Appendix A – Table 7
Number of Doctors accepting New Patients with Blue Shield Covered California coverage
All Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Santa Clara	34	20	58.82%	2	5.88%	12	35.29%
Santa Cruz	8	7	87.50%	1	12.50%	0	0.00%
Shasta	6	5	83.33%	1	16.67%	0	0.00%
Sierra	0	0	0.00%	0	0.00%	0	0.00%
Siskiyou	8	6	75.00%	1	12.50%	1	12.50%
Solano	6	5	83.33%	1	16.67%	0	0.00%
Sonoma	3	3	100.00%	0	0.00%	0	0.00%
Stanislaus	8	4	50.00%	2	25.00%	2	25.00%
Sutter	0	0	0.00%	0	0.00%	0	0.00%
Tehama	18	17	94.44%	0	0.00%	1	5.56%
Trinity	0	0	0.00%	0	0.00%	0	0.00%
Tulare	12	12	100.00%	0	0.00%	0	0.00%
Tuolumne	12	6	50.00%	4	33.33%	2	16.67%
Ventura	10	7	70.00%	3	30.00%	0	0.00%
Yolo	12	12	100.00%	0	0.00%	0	0.00%
Yuba	0	0	0.00%	0	0.00%	0	0.00%
Total	**770**	**681**		**48**		**41**	

*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 New Patients with Blue Shield Covered California coverage
EPO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Alameda	31	28	90.32%	2	6.45%	1	3.23%
Alpine	0	0	0.00%	0	0.00%	0	0.00%
Amador	8	7	87.50%	1	12.50%	0	0.00%
Butte	8	6	75.00%	2	25.00%	0	0.00%
Calaveras	11	8	72.73%	1	9.09%	2	18.18%
Colusa	5	4	80.00%	1	20.00%	0	0.00%
Del Norte	9	9	100.00%	0	0.00%	0	0.00%
Glenn	7	6	85.71%	1	14.29%	0	0.00%
Humboldt	10	8	80.00%	1	10.00%	1	10.00%
Lake	12	9	75.00%	0	0.00%	3	25.00%
Lassen	13	12	92.31%	0	0.00%	1	7.69%
Marin	10	9	90.00%	1	10.00%	0	0.00%
Mendocino	8	8	100.00%	0	0.00%	0	0.00%
Modoc	1	1	100.00%	0	0.00%	0	0.00%
Monterey	0	0	0.00%	0	0.00%	0	0.00%
Napa	8	7	87.50%	0	0.00%	1	12.50%
Nevada	4	2	50.00%	2	50.00%	0	0.00%
Plumas	10	8	80.00%	0	0.00%	2	20.00%
San Benito	11	10	90.91%	1	9.09%	0	0.00%
Santa Cruz	8	7	87.50%	1	12.50%	0	0.00%
Shasta	6	5	83.33%	1	16.67%	0	0.00%
Sierra	0	0	0.00%	0	0.00%	0	0.00%
Siskiyou	8	6	75.00%	1	12.50%	1	12.50%
Solano	6	5	83.33%	1	16.67%	0	0.00%
Sonoma	3	3	100.00%	0	0.00%	0	0.00%
Sutter	0	0	0.00%	0	0.00%	0	0.00%
Tehama	18	17	94.44%	0	0.00%	1	5.56%
Trinity	0	0	0.00%	0	0.00%	0	0.00%
Tuolumne	12	6	50.00%	4	33.33%	2	16.67%
Yuba	0	0	0.00%	0	0.00%	0	0.00%
Total	**227**	**191**		**21**		**15**	

*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 9
Number of Doctors accepting New Patients with Blue Shield Covered California coverage
PPO Providers (as listed on the directory)

County	Accepting CCA	Accepting New		NOT Accepting New		Unsure Accepting New	
Contra Costa	18	16	88.89%	2	11.11%	0	0.00%
El Dorado	15	15	100.00%	0	0.00%	0	0.00%
Fresno	7	6	85.71%	1	14.29%	0	0.00%
Imperial	12	11	91.67%	1	8.33%	0	0.00%
Inyo	14	13	92.86%	0	0.00%	1	7.14%
Kern	10	9	90.00%	1	10.00%	0	0.00%
Kings	11	11	100.00%	0	0.00%	0	0.00%
Los Angeles	98	91	92.86%	3	3.06%	4	4.08%
Madera	8	8	100.00%	0	0.00%	0	0.00%
Mariposa	27	27	100.00%	0	0.00%	0	0.00%
Merced	12	11	91.67%	1	8.33%	0	0.00%
Mono	8	8	100.00%	0	0.00%	0	0.00%
Orange	58	56	96.55%	0	0.00%	2	3.45%
Placer	10	6	60.00%	4	40.00%	0	0.00%
Riverside	18	17	94.44%	1	5.56%	0	0.00%
Sacramento	16	15	93.75%	0	0.00%	1	6.25%
San Bernardino	23	22	95.65%	1	4.35%	0	0.00%
San Diego	58	52	89.66%	4	6.90%	2	3.45%
San Francisco	9	9	100.00%	0	0.00%	0	0.00%
San Joaquin	12	12	100.00%	0	0.00%	0	0.00%
San Luis Obispo	6	5	83.33%	1	16.67%	0	0.00%
San Mateo	11	11	100.00%	0	0.00%	0	0.00%
Santa Barbara	6	4	66.67%	0	0.00%	2	33.33%
Santa Clara	34	20	58.82%	2	5.88%	12	35.29%
Stanislaus	8	4	50.00%	2	25.00%	2	25.00%
Tulare	12	12	100.00%	0	0.00%	0	0.00%
Ventura	10	7	70.00%	3	30.00%	0	0.00%
Yolo	12	12	100.00%	0	0.00%	0	0.00%
Total	**543**	**490**		**27**		**26**	

CONFIDENTIAL DOCUMENT

Blue Shield 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*.

1. Does Doctor [INSERT NAME] accept any Blue Shield 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.)

2. Does Doctor [INSERT NAME] accept Blue Shield Covered California Products?
   [ ] Yes. If yes, ask question 3.
   [ ] No. (END CALL.)
   [ ] I don't know. (END CALL.)
3. Which Blue Shield Covered California products does Doctor [INSERT NAME] accept?
   [ ] All Covered California Blue Shield Products
   [ ] All EPO Exchange products or any of the following:
   [ ] Ultimate EPO (Platinum)
   [ ] Preferred EPO (Gold)
   [ ] Enhanced EPO (Silver)
   [ ] Basic EPO (Bronze)
   [ ] Basic EPO for HSA (Bronze)
   [ ] Get Covered EPO (Catastrophic)
   [ ] All PPO Exchange Products or any of the following:
   [ ] Ultimate PPO (Platinum)
   [ ] Preferred PPO (Gold)
   [ ] Enhanced PPO (Silver)
   [ ] Basic PPO (Bronze)
   [ ] Basic PPO for HSA (Bronze)
   [ ] Get Covered PPO (Catastrophic)
   [ ] Others: _____
   Move to question 4.
4. Is Doctor [INSERT NAME] accepting new patients with Blue Shield 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-Percent Confidence Limits of Providers Accepting Blue Shield Covered California Products
EPO Physicians

C-2. Precision Levels at 80-Percent, 90- Percent and 95-Percent Confidence Levels – Providers Accepting Blue Shield Covered California Products
EPO Physicians

C-1. Proportion and 95- Percent Confidence Limits of Providers Accepting Blue Shield Covered California Products
PPO Physicians

C-2. Precision Levels at 80- Percent, 90- Percent and 95- Percent Confidence Levels – Providers Accepting Blue Shield Covered California Products
PPO Physicians

Overview

The Department requested the Plan provide its most current Provider Directory, which included 68,358 providers for all 58 counties. Review of the list of providers revealed 80 providers with missing names or missing telephone numbers, all of whom were removed resulting in a total count of 68,278. Additionally, 31,675 providers who would not typically be directly contacted by members (such as pathologists, radiologists and anesthesiologists) and non-physician providers were removed resulting in 36,603 distinct providers by county. An additional 2,314 providers were eliminated since they were listed in counties where their designated EPO or PPO is not licensed for a Resulting Universe of 34,289.

The surveyors made 3,426 phone calls to the sampled providers' offices. The physicians were randomly selected from rosters provided by Blue Shield which identified its Covered California provider networks. The Plan provided the rosters according to provider's county location. The Blue Shield physician rosters were identified by EPO or PPO-all specialties.

A sample size was selected to yield statewide sample precision levels of 2.5 at the 95-% confidence level. All samples were stratified according to county. The final universe for sampling totaled 34,289 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 percent of physicians accepting Blue Shield Covered California products, and the sample precision.

Product	Universe	Initial Sample	Resulting Universe	Resulting Sample	% Accepting Covered California	Precision
EPO Only	27	0	4,933	391	65.62%	7.04%
PPO Only	58,735	1728	29,356	969	54.23%	3.36%
EPO % PPO*	9,596*	678*	0	0		
Total	68,358	2,406	34,289	1,360	55.87%	

*The initial universe and sample included providers who were listed as both EPO and PPO providers. However, the Plan is not available for both products in any single county. As such, the providers in the EPO & PPO category above migrated into their appropriate categories (either EPO or PPO) in the Resulting Universe and Resulting Sample.

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 % precision at the 95-% 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 would be 50 %.

The **"Resulting Universe"** was derived by modifying the Plan's network rosters to exclude providers, such as non-physicians and hospital-based physicians (i.e., radiologists, pathologists and anesthesiologists), and providers with missing data.

The **"Resulting Sample"** 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.

"% Accepting Covered California" is a percentage of the final sample of providers indicating they accept Blue Shield Covered California products.

"**Precision at 95% Confidence"** indicates the sample precision at the 95-% confidence level. For the EPO product, the sample precision is 7.04 %. For the PPO product, it is 3.36 %. For example, the PPO sample's 54.23-% acceptance rate has a margin of error of ±3.36 %, indicating that if an infinite number of samples were drawn from this population, 95-% of the time the acceptance rate would fall between 50.87 % and 57.59 %.

The acceptance percentages and precision levels vary substantially among the individual counties. County-specific results are presented in Tables 1 and 2 below. Table 1 provides 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. It also shows the 95-% confidence limits of the acceptance percentages. Table 2 shows each county's sample precision at three confidence levels: 80-%, 90-%, and 95-%. 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 tables below that set forth the statistical analysis.

Tables C-1 – Proportion and 95-% Confidence Limits of Providers Accepting Blue Shield Covered California

The C-1 tables (C-1 EPO Physicians and C-1 PPO Physicians) 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-% 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 found to be inappropriately placed on the roster (i.e., hospital-based physicians or non-physician providers), or those providers for which no phone number was provided, or those providers who were listed either in an EPO or a PPO that is not licensed in the provider's county.

- **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 Blue Shield PPO sample's RATIO (i.e., acceptance rate) is 54.23 %. If an infinite number of samples were drawn from this population, 95 % of the time the acceptance rate would fall between 50.87 % and 57.59 % – 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 Table 1 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 Table 1 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.

Tables C-2 – Precision Levels at 80-%, 90-% and 95-% Confidence Levels of Providers Accepting Blue Shield Covered California

The C-2 tables (C-2 EPO Physicians and C-2 PPO Physicians) show the precision levels for each county at three confidence levels – 80-%, 90-% and 95-%. 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-% confidence limits are RATIO ± approximately 1.96 standard errors. The 90-% confidence limits are RATIO ± approximately 1.645 standard errors. And the 80-% 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-% 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-% of the time the acceptance rate would fall between the upper and lower 95-% confidence limits. Similarly, 80-% of the time the acceptance rate would fall between the upper and lower 80-% 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 PPO Physicians results the precision level at the 80-% limits is 2.20 %, while it is 3.36 % at the 95-% confidence limits. From Table C-1 PPO Physicians, the COMBINED RATIO (i.e., statewide acceptance rate) is 54.23 %. Adding and subtracting the precision levels to the COMBINED RATIO yields the upper and lower confidence limits at each confidence level (80-%, 90-% and 95-%). The bottom four lines in Table 1 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: SAMPLE RESULTS BLUE SHIELD EPO PHYSICIANS PROPORTION AND 95-% CONFIDENCE LIMITS OF PROVIDERS ACCEPTING BLUE SHIELD COVERED CALIFORNIA PRODUCTS

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
						Upper	Lower
Alameda	37	31	83.78%	1,557	1,305	95.68%	71.89%
Amador	15	8	53.33%	64	34	76.20%	30.47%
Butte	15	8	53.33%	255	136	78.69%	27.98%
Calaveras	16	11	68.75%	57	39	88.64%	48.86%
Colusa	14	5	35.71%	23	8	52.01%	19.42%
Del Norte	22	9	40.91%	31	13	52.24%	29.58%
Glenn	16	7	43.75%	49	21	64.35%	23.15%
Humboldt	15	10	66.67%	182	121	90.32%	43.01%
Lake	20	12	60.00%	136	82	80.34%	39.66%
Lassen	21	13	61.91%	27	17	71.94%	51.87%
Marin	13	10	76.92%	354	272	100.32%	53.53%
Mendocino	11	8	72.73%	144	105	99.26%	46.20%
Modoc	5	1	20.00%	10	2	47.72%	-7.72%
Napa	16	8	50.00%	186	93	74.19%	25.81%
Nevada	7	4	57.14%	144	82	95.77%	18.52%
Plumas	16	10	62.50%	30	19	79.24%	45.76%
San Benito	23	11	47.83%	64	31	64.53%	31.12%
Santa Cruz	14	8	57.14%	391	223	83.56%	30.73%
Shasta	11	6	54.55%	231	126	84.66%	24.43%
Siskiyou	16	8	50.00%	54	27	71.23%	28.77%
Solano	9	6	66.67%	231	154	98.69%	34.64%
Sonoma	7	3	42.86%	533	228	82.19%	3.52%
Tehama	26	18	69.23%	67	46	83.38%	55.08%
Tuolumne	26	12	46.15%	113	52	63.30%	29.01%
COMBINED	391	227	65.62%	4,933	3,237	72.66%	58.57%
STANDARD ERROR			3.59%	177			

TABLE C-2: SAMPLE RESULTS BLUE SHIELD EPO PHYSICIANS PRECISION LEVELS AT 80-%, 90-%, AND 95-% CONFIDENCE LEVELS PROVIDERS ACCEPTING BLUE SHIELD COVERED CALIFORNIA PRODUCTS

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
Alameda			7.78%	9.98%	11.90%
Amador			14.95%	19.19%	22.87%
Butte			16.58%	21.28%	25.35%
Calaveras			13.01%	16.70%	19.89%
Colusa			10.65%	13.67%	16.29%
Del Norte			7.41%	9.51%	11.33%
Glenn			13.47%	17.29%	20.60%
Humboldt			15.47%	19.85%	23.65%
Lake			13.30%	17.07%	20.34%
Lassen			6.56%	8.42%	10.03%
Marin			15.30%	19.64%	23.40%
Mendocino			17.35%	22.26%	26.53%
Modoc			18.12%	23.26%	27.72%
Napa			15.82%	20.30%	24.19%
Nevada			25.25%	32.41%	38.62%
Plumas			10.94%	14.05%	16.74%
San Benito			10.92%	14.02%	16.71%
Santa Cruz			17.27%	22.17%	26.42%
Shasta			19.69%	25.28%	30.12%
Siskiyou			13.88%	17.81%	21.23%
Solano			20.94%	26.88%	32.02%
Sonoma			25.72%	33.01%	39.34%
Tehama			9.25%	11.88%	14.15%
Tuolumne			11.21%	14.39%	17.15%
COMBINED			4.61%	5.91%	7.04%
LOWER LIMIT	QUANTITY		3,010	2,945	2,889
	%		61.01%	59.71%	58.57%
UPPER LIMIT	QUANTITY		3,464	3,528	3,584
	%		70.22%	71.53%	72.66%

TABLE C-1: SAMPLE RESULTS BLUE SHIELD PPO PHYSICIANS PROPORTION AND 95-% CONFIDENCE LIMITS OF PROVIDERS ACCEPTING BLUE SHIELD COVERED CALIFORNIA PRODUCTS

COUNTY	SAMPLE	ACCEPT COV CALIF	RATIO	UNIVERSE	PROJ. ACCEPTS IN UNIVERSE	95% CONFIDENCE LIMITS	
						Upper	Lower
Contra Costa	29	18	62.07%	1,211	752	79.83%	44.31%
El Dorado	23	15	65.22%	161	105	83.64%	46.79%
Fresno	18	7	38.89%	725	282	61.77%	16.01%
Imperial	17	12	70.59%	163	115	91.72%	49.46%
Inyo	26	14	53.85%	32	17	62.31%	45.38%
Kern	18	10	55.56%	563	313	78.80%	32.32%
Kings	21	11	52.38%	128	67	72.39%	32.37%
Los Angeles	188	98	52.13%	7,252	3,780	59.19%	45.06%
Madera	11	8	72.73%	253	184	99.72%	45.73%
Mariposa	28	27	96.43%	29	28	97.73%	95.13%
Merced	18	12	66.67%	180	120	87.93%	45.41%
Mono	16	8	50.00%	30	15	67.29%	32.72%
Orange	104	58	55.77%	3,281	1,830	65.21%	46.33%
Placer	18	10	55.56%	440	244	78.69%	32.42%
Riverside	31	18	58.07%	1,426	828	75.53%	40.60%
Sacramento	31	16	51.61%	1,088	562	69.24%	33.99%
San Bernardino	37	23	62.16%	1,267	788	77.77%	46.55%
San Diego	83	58	69.88%	2,732	1,909	79.66%	60.10%
San Francisco	30	9	30.00%	1,279	384	46.48%	13.52%
San Joaquin	22	12	54.55%	493	269	75.36%	33.73%
San Luis Obispo	12	6	50.00%	353	177	79.04%	20.96%
San Mateo	20	11	55.00%	776	427	77.08%	32.92%
Santa Barbara	20	7	35.00%	336	118	55.80%	14.20%
Santa Clara	74	34	45.95%	3,346	1,537	57.25%	34.64%
Stanislaus	17	8	47.06%	574	270	71.15%	22.97%
Tulare	22	12	54.55%	299	163	75.04%	34.05%
Ventura	14	10	71.43%	703	502	95.74%	47.12%
Yolo	21	12	57.14%	236	135	77.84%	36.44%
COMBINED	969	544	54.23%	29,356	15,920	57.59%	50.87%
STANDARD ERROR			1.72%	504			

TABLE C-2: SAMPLE RESULTS BLUE SHIELD PPO PHYSICIANS PRECISION LEVELS AT 80-%, 90-% AND 95-% CONFIDENCE LEVELS PROVIDERS ACCEPTING BLUE SHIELD COVERED CALIFORNIA PRODUCTS

COUNTY			PRECISION AT 80% CL	PRECISION AT 90% CL	PRECISION AT 95% CL
Contra Costa			11.61%	14.90%	17.76%
El Dorado			12.05%	15.46%	18.43%
Fresno			14.96%	19.21%	22.88%
Imperial			13.82%	17.73%	21.13%
Inyo			5.53%	7.10%	8.46%
Kern			15.20%	19.50%	23.24%
Kings			13.09%	16.80%	20.01%
Los Angeles			4.62%	5.93%	7.07%
Madera			17.65%	22.66%	27.00%
Mariposa			0.85%	1.09%	1.30%
Merced			13.90%	17.84%	21.26%
Mono			11.30%	14.51%	17.29%
Orange			6.17%	7.92%	9.44%
Placer			15.13%	19.41%	23.13%
Riverside			11.42%	14.66%	17.47%
Sacramento			11.53%	14.79%	17.63%
San Bernardino			10.21%	13.10%	15.61%
San Diego			6.39%	8.21%	9.78%
San Francisco			10.78%	13.83%	16.48%
San Joaquin			13.61%	17.47%	20.82%
San Luis Obispo			18.99%	24.37%	29.04%
San Mateo			14.44%	18.53%	22.08%
Santa Barbara			13.60%	17.46%	20.80%
Santa Clara			7.39%	9.49%	11.31%
Stanislaus			15.75%	20.22%	24.09%
Tulare			13.40%	17.20%	20.50%
Ventura			15.90%	20.40%	24.31%
Yolo			13.54%	17.37%	20.70%
COMBINED			2.20%	2.82%	3.36%
LOWER LIMIT	QUANTITY		15,274	15,091	14,932
	%		52.03%	51.41%	50.87%
UPPER LIMIT	QUANTITY		16,565	16,748	16,907
	%		56.43%	57.05%	57.59%