TEMPLATE	ACTION	MY 2017 COLUMNS	MY 2018 COLUMNS	
PCP	Renamed	Survey Type	Provider Survey Type	
. 0.	Removed	Provider Language 1	1 1011001 001109 1960	
	Removed	Provider Language 2		
	Removed	Provider Language 3		
	Renamed	Phone Number	Phone Number 1	
	Added		Phone Number 2	
	Added		Phone Number 3	
	Added		Fax Number 1	
	Added		Fax Number 2	
	Added		Fax Number 3	
	Added		Email Address 1	
	Added		Email Address 2	
	Added		Email Address 3	
	Added		Telehealth	
	Removed	Commercial Product		
	Removed	Individual/Family Plan Product		
	Removed	Medi-Cal Product		
TEMPLATE	ACTION	MY 2017 COLUMNS	MY 2018 COLUMNS	
Specialists	Renamed	Survey Type	Provider Survey Type	
	Removed	Provider Language 1		
	Removed	Provider Language 2		
	Removed	Provider Language 3		
	Renamed	Phone Number	Phone Number 1	
	Added		Phone Number 2	
	Added		Phone Number 3	
	Added		Fax Number 1	
	Added		Fax Number 2	
	Added		Fax Number 3	
	Added		Email Address 1	
	Added		Email Address 2	
	Added		Email Address 3	
	Added		Telehealth	
	Removed	Commercial Product		
	Removed	Individual/Family Plan Product		
	Removed	Medi-Cal Product		
		10/10/10/10/10/10/10/10	10/10/10 00/11/00/10	
TEMPLATE	ACTION	MY 2017 COLUMNS	MY 2018 COLUMNS	
Non-Physician	Renamed	MY 2017 COLUMNS Survey Type	Provider Survey Type	
	Renamed Added	Survey Type		
Non-Physician	Renamed Added Removed	Survey Type Provider Language 1	Provider Survey Type	
Non-Physician	Renamed Added Removed Removed	Survey Type Provider Language 1 Provider Language 2	Provider Survey Type	
Non-Physician	Renamed Added Removed Removed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name	
Non-Physician	Renamed Added Removed Removed Removed Renamed	Survey Type Provider Language 1 Provider Language 2	Provider Survey Type Clinic Name Phone Number 1	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3	
Non-Physician	Renamed Added Removed Removed Renamed Added Added Added Added Added Added Added Renamed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 2 Fax Number 3 Email Address 1 Email Address 2	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 2 Fax Number 3 Email Address 1 Email Address 2	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Commercial Product	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Renamed Added Renamed Added Renamed Added Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3	
Non-Physician	Renamed Added Removed Removed Removed Renamed Added Renamed Added Renamed Added Added Removed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Commercial Product Individual/Family Plan Product	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3	
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Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Added Renamed Added Added Added Added Action Removed Removed Removed Removed Removed Renamed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS	
Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Renamed Added Added Renamed ACTION Renamed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS Provider Survey Type	
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Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Renamed Added Added Renamed ACTION Renamed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 3 Teleheaith MY 2018 COLUMNS Provider Survey Type Phone Number 1 Phone Number 2	
Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Added Renamed Added Removed Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS Provider Survey Type Phone Number 1 Phone Number 2 Phone Number 2	
Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Renamed Added Removed Removed Removed Removed Removed Removed ACTION Renamed Removed Removed ACTION ACTION Renamed Removed Removed ACTION	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS Provider Survey Type Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1	
Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Added Renamed Added Removed Removed Removed Removed Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS Provider Survey Type Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2	
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Non-Physician Mental Health	Renamed Added Removed Removed Removed Renamed Added Added Added Added Added Added Added Added Added Renamed Added Added Added Added Renamed Added Added Removed Removed Removed Removed ACTION Renamed Removed Removed Action Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Email Commercial Product Individual/Family Plan Product Medi-Cal Product MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth MY 2018 COLUMNS Provider Survey Type Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 3 Email Address 3 Telehealth	

(Issued 03/09/18) 1

PEP PP Remarked Remar	TEMPLATE	ACTION	MV 2047 COLUMNIC	MV 2049 COLUMNS
Acided	TEMPLATE	ACTION	MY 2017 COLUMNS	MY 2018 COLUMNS
Removed	PCP		Survey Type	
Removed Provider Language 2 Removed Provider Language 3 Points Named 1 Points Named 1 Points Named 1 Points Named 2 Points Named 3 Points Named 3 Points Named 4 Points Named 5 Points N			Provider Lenguage 1	Name of Survey Tool
Removed Proton Language 3 Removed Proton Number 1 Removed Proton Number 1 Removed Proton Number 1 Removed Proton Number 1 Removed Proton Number 2 Removed Proton Number 2 Removed Proton Number 3 Removed Proton Number 4 Removed Proton Number 4 Removed Proton Number 5 Removed Proton Number 5 Removed Proton Number 6 Removed Proton Number 9 Removed Proton Numbe			0 0	
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Added Process Number 3 Added Process Number 3 Added Park Number 1 Added Park Number 2 Added Park Number 2 Added Park Number 3 Added Park Number 4 Added Park Number 5 Park Number 5 Added Park Number 5 Park Number 6 Park Number 7 Added 1 Park Number 7 Park Number 7 Added 6 Park Number 7 Added 6 Park Number 8 Park Number 8 Park Number 9 Park Number 9 Added 9 Park Number 9 Park N			Priorie Number	
Added				
Added Removed Individual Front Removed Provider Language 1 Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Provider Language 3 Provider Language 4 Provider Language 4 Provider Language 4 Provider Language 5 Provider Language 6 Provider Language 7 Provider Language 7 Provider Language 7 Provider Language 7 Provider Language 8 Provider Language 9 Provider Language 1 Provider Language 3 Provider Language 4 Provider Language 5 Provider Language 6 Provider Language 6 Provider Language 6 Provider Language 7 Provider Language 7 Provider Language 9 Provider Lang				
Removed Medi-Call Product Removed Remo				
Removed IndividualiFamily Plan Product Removed Medic Cell Product Name of Network 1-20			0 115 1 1	Telenealth
Removed				
Added Removed Record R				
Removed			Medi-Cal Product	
Sepocialists				Name of Network 1-20
Removed				
Added Provider Language 1 Removed Provider Language 2 Removed Provider Language 2 Removed Provider Language 3 Phone Number 1 Phone Number 1 Phone Number 1 Phone Number 2 Phone Number 3 Added Phone Number 4 Added Phone Number 5 Phone Number 5 Phone Number 6 Added Phone Number 6 Phone Number 7 Phone Number 7 Phone Number 8 Phone Number 9 Phone Number 1 Phone Number 2 Phone Number 1 Phone Number 1 Phone Number 1 Phone Number 2 Phone Number 1 Phone Number 2 Phone Number 1 Phone Number 3 Added Phone Number 4 Phone Number 1 Phone Number 1 Phone Number 2 Phone Number 3 Added Phone Number 4 Phone Number 5 Phone Number 6 Phone Number 6 Phone Number 7 Phone Number 1 Phone Number 2 Phone Number 1 Phone Number 2 Phone Number 3 Phone Number 4 Phone Number 6 Phone Number 6 Phone Number 6 Phone Number 7 Phone Number 7 Phone Number 8 Phone Number 9 Phone Numbe				
Removed	Specialists		Survey Type	Provider Survey Type
Removed				Name of Survey Tool
Renoved		Removed	Provider Language 1	
Renoved		Removed	Provider Language 2	
Added		Removed	Provider Language 3	
Added		Renamed	Phone Number	Phone Number 1
Added		Added		
Added		Added		Phone Number 3
Added		Added		
Added Email Address 1				
Added				
Added		Added		Email Address 1
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Added				
Removed Commercial Product Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Clinic Name Renamed Provider Language 3 Provider Language 4 Provider Language 5 Provider Language 6 Provider Language 7 Provider Language 9 Provider Language 1 Removed Removed Removed Removed Removed Removed Provider Language 1 Removed Provider Language 1 Removed Provider Language 1 Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Provider Language 9 Provider Language 1 Provider Language 9 Provider Language				
Removed Individual/Family Plan Product			Commercial Product	
Removed Medi-Cal Product Removed Removed Removed Rec Type MY 2018 COLUMNS MY 2017 COLUMNS Medi-Cal Proole Number 1 Medi-Cal Product Memoved Medi-Cal Product Memoved Medi-Cal Product Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Memoved Medi-Cal Product Memoved Memoved Memoved Medi-Cal Product Memoved Medi-Cal Product Memo				
Removed				
Non-Physician Renamed				
Renamed	TEMPLATE.			MY 2018 COLUMNS
Mental Health Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Clinic Name Removed Provider Language 3 Clinic Name Renamed Phone Number Phone Number 1 Added Phone Number 2 Added Phone Number 3 Added Phone Number 3 Added Phone Number 3 Added Pax Number 4 Pax Number 5 Added Pax Number 6 Pax Number 7 Added Pax Number 8 Pax Number 9 Pax Number	TEMPLATE	ACTION		
Removed				
Removed	Non-Physician	Renamed		Provider Survey Type
Removed	Non-Physician	Renamed Added	Survey Type	Provider Survey Type
Added	Non-Physician	Renamed Added Removed	Survey Type Provider Language 1	Provider Survey Type
Renamed	Non-Physician	Renamed Added Removed Removed	Survey Type Provider Language 1 Provider Language 2	Provider Survey Type
Added	Non-Physician	Renamed Added Removed Removed Removed	Survey Type Provider Language 1 Provider Language 2	Provider Survey Type Name of Survey Tool
Added	Non-Physician	Renamed Added Removed Removed Removed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name
Added	Non-Physician	Renamed Added Removed Removed Removed Added Renamed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1
Added	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2
Added E-mail Address Email Address Email Address	Non-Physician	Renamed Added Removed Removed Removed Added Added Renamed Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3
Renamed E-mail Address Email Address 1	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1
Added	Non-Physician	Renamed Added Removed Removed Added Renamed Added Added Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1
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Added	Non-Physician	Renamed Added Removed Removed Added Renamed Added Renamed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Fax Number 3 Fax Number 3 Email Address 1
Added Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Removed Rec Type TEMPLATE ACTION MY 2017 COLUMNS MY 2018 COLUMNS Ancillary Renamed Survey Type Provider Survey Type Added Name of Survey Tool Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Renamed Phone Number Phone Number 1 Added Phone Number Phone Number 2 Added Phone Number 3 Added Fax Number 3 Added Fax Number 3 Added Fax Number 3 Added Email Address 1 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Medi-Cal Product Name of Network 1-20	Non-Physician	Renamed Added Removed Removed Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Fax Number 1 Email Address 1 Email Address 2
Removed Commercial Product	Non-Physician	Renamed Added Removed Removed Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Fax Number 3 Email Address 1 Email Address 2 Email Address 3
Removed Individual/Family Plan Product	Non-Physician	Renamed Added Removed Removed Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth
Removed Rec Type Removed Rec Type	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth
Removed Rec Type	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added Renamed Added Added Renamed Added Added Added Added Added Added Added Added Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth
Renamed	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added Renamed Added Added Renamed Added Removed Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth
Renamed	Non-Physician	Renamed Added Removed Removed Removed Added Renamed Added Added Added Added Added Added Added Added Added Renamed Added Renamed Added Renamed Added Renamed Added Removed Removed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth
Added Name of Survey Tool Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Renamed Phone Number 1 Added Phone Number 2 Added Phone Number 3 Added Fax Number 1 Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Added Added Added Added Added Added Added Added Renamed Added Renamed Added Renamed Added Renamed Added Added Removed Removed Removed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20
Removed Provider Language 1 Removed Provider Language 2 Removed Provider Language 3 Renamed Phone Number Added Phone Number 2 Added Phone Number 3 Added Fax Number 3 Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Removed Removed Removed Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20
Removed Provider Language 2 Removed Provider Language 3 Renamed Phone Number Added Phone Number 2 Added Phone Number 3 Added Fax Number 1 Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Removed AcTION Renamed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type
Removed Provider Language 3 Renamed Phone Number Added Phone Number 2 Added Phone Number 3 Added Fax Number 1 Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Added Added Added Added Added Added Renamed Added Added Renamed Added Added Renamed Added Removed Removed Removed Removed ACTION Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type
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Added Fax Number 1 Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed ACTION Renamed Added Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool
Added Fax Number 2 Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Removed ACTION Renamed Added Removed Removed Removed Removed ACREMOVE Removed Removed ACREMOVE Removed ACREMOVE Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2
Added Fax Number 3 Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2 Phone Number 2 Phone Number 3
Added Email Address 1 Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Removed Removed Action Renamed Added Added Added Added Added Added Added Removed Action Removed Removed Removed Added Removed Added Removed Added Added Added Added Added Added Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 3 Fax Number 3 Fax Number 3 Fax Number 1
Added Email Address 2 Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Removed Added Added Added Added Added Added Added Added Removed Removed Removed Removed Removed AcTION Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2
Added Email Address 3 Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 2 Fax Number 3 Fax Number 2 Fax Number 3 Fax Number 2 Fax Number 2 Fax Number 3 Fax Number 3
Removed Commercial Product Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed ACTION Renamed Added Added Added Added Added Added Added Added Removed Removed ACTION Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Fax Number 1 Fax Number 3 Fax Number 1 Fax Number 3 Email Address 1
Removed Individual/Family Plan Product Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Removed ACTION Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 1
Removed Medi-Cal Product Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed AcTION Renamed Added Added Added Added Added Added Added Removed Removed AcTion Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 1
Added Name of Network 1-20	Non-Physician Mental Health	Renamed Added Removed Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed AcTION Renamed Added Added Added Added Added Added Added Removed Removed AcTion Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Commercial Product Commercial Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 1
	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed Added Added Added Added Added Added Added Added Removed Removed Removed Removed Removed AcTION Renamed Added Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Commercial Product Individual/Family Plan Product Individual/Family Plan Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 1
	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed ACTION Renamed Added Removed Removed Removed Removed Removed Removed ACTION Renamed Added	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Commercial Product Individual/Family Plan Product Individual/Family Plan Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 2 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 1 Fax Number 2 Fax Number 3 Email Address 1 Email Address 1 Email Address 1
	Non-Physician Mental Health	Renamed Added Removed Removed Removed Added Renamed Added Removed Removed Removed Removed Removed Removed ACTION Renamed Added Added Added Added Removed Added Added Added Added Added Added Added Added Removed	Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number E-mail Address Commercial Product Individual/Family Plan Product Medi-Cal Product Rec Type MY 2017 COLUMNS Survey Type Provider Language 1 Provider Language 2 Provider Language 3 Phone Number Commercial Product Individual/Family Plan Product Individual/Family Plan Product	Provider Survey Type Name of Survey Tool Clinic Name Phone Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Email Address 1 Email Address 2 Email Address 3 Telehealth Name of Network 1-20 MY 2018 COLUMNS Provider Survey Type Name of Survey Tool Phone Number 3 Fax Number 1 Phone Number 2 Phone Number 3 Fax Number 1 Fax Number 3 Fax Number 1 Fax Number 1 Fax Number 1 Fax Number 1 Fax Number 3 Email Address 1 Email Address 1 Email Address 2 Email Address 2 Email Address 3

(Issued 03/09/18) 2

TEMPLATE		MY 2017 COLUMNS	
	ACTION		MY 2018 COLUMNS
PCP	Renamed	Survey Type	Provider Survey Type
	Removed	Commercial Product	
	Removed	Individual/Family Plan Product	
	Removed	Medi-Cal Product	
	Added		Name of Network 1-20
	Removed	Provider Group/IPA	
	Renamed	Number of Providers in Provider Group within Selected County	Number of Providers within County/Network
	Added		Number of Providers Surveyed
	Renamed	Number of Providers Responded	Number of Providers Responded via Survey
	Added		Number of Providers Responded via Extraction
	Renamed	Target Survey Sample Size	Target Sample Size
	Renamed	Target Survey Sample Size Achieved	Target Sample Size Achieved
	Added		Number of Ineligible Providers
	Removed	Number of Providers who answered that Interpreter Services are Provided by [each response]	
	Added		Percentage of Ineligible Providers
	Removed	Percentage of Providers who answered that Interpreter	Percentage of mengine Providers
		Services are Provided by [each response]	
TEMPLATE	ACTION	MY 2017 COLUMNS	MY 2018 COLUMNS
Specialists	Renamed	Survey Type	Provider Survey Type
	Removed	Commercial Product	
	Removed	Individual/Family Plan Product	
	Removed	Medi-Cal Product	
	Added		Name of Network 1-20
	Removed	Provider Group/IPA	
	Renamed	Number of Providers in Provider Group within Selected County	Number of Providers within County/Network
		,	N 1 (B :: 0 :
	Added	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Number of Providers Surveyed
	Renamed	Number of Providers Responded	Number of Providers Responded via Survey
	Added		Number of Providers Responded via Extraction
	Renamed	Target Survey Sample Size	Target Sample Size
	Renamed	Target Survey Sample Size Achieved	Target Sample Size Achieved
	Added		Number of Ineligible Providers
	Removed	Percentage of Non-Responding Providers	
	Removed	Number of Providers who answered that Interpreter Services are Provided by [each response]	
		Octvices are intovided by [each response]	
	٨٩٩٩٩	Cervices are ritorided by [each response]	Develope of Inclinible Draviders
	Added Removed	Percentage of Providers who answered that Interpreter	Percentage of Ineligible Providers
			Percentage of Ineligible Providers
TEMPLATE		Percentage of Providers who answered that Interpreter	Percentage of Ineligible Providers MY 2018 COLUMNS
	Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS	MY 2018 COLUMNS
Non-Physician	Removed ACTION Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type	
	ACTION Renamed Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product	MY 2018 COLUMNS
Non-Physician	ACTION Renamed Removed Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product	MY 2018 COLUMNS
Non-Physician	ACTION Renamed Removed Removed Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product	MY 2018 COLUMNS
Non-Physician	ACTION Renamed Removed Removed Removed Removed Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product	MY 2018 COLUMNS Provider Survey Type
Non-Physician	ACTION Renamed Removed Removed Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected	MY 2018 COLUMNS
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network
Non-Physician	ACTION Renamed Removed Removed Removed Added	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey
Non-Physician	Removed ACTION Renamed Removed Removed Removed Added Renamed Added Renamed Added Added	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction
Non-Physician	Removed ACTION Renamed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size	Name of Network 1-20 Number of Providers Within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size
Non-Physician	Removed ACTION Renamed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter	Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Renamed Renamed Renamed Renamed Renamed Renamed Renamed Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers
Non-Physician	Removed ACTION Renamed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Added Renamed Added Added Renamed Added Added Renamed Added	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response]	Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size
Non-Physician	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Renamed Renamed Renamed Renamed Renamed Renamed Renamed Renamed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Renamed Added Renamed Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response]	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response]	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Renamed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product	Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS Provider Survey Type
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Removed Added Removed Added Removed Added Removed Added Added Removed Added Action Renamed Removed Added Action Renamed Removed Added	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product	MY 2018 COLUMNS Provider Survey Type Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS
Non-Physician Mental Health	Removed ACTION Renamed Removed Removed Removed Removed Removed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Renamed Added Removed Added Removed	Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA Number of Providers in Provider Group within Selected County Number of Providers Responded Target Survey Sample Size Target Survey Sample Size Achieved Number of Providers who answered that Interpreter Services are Provided by [each response] Percentage of Providers who answered that Interpreter Services are Provided by [each response] MY 2017 COLUMNS Survey Type Commercial Product Individual/Family Plan Product Medi-Cal Product Provider Group/IPA	Name of Network 1-20 Number of Providers within County/Network Number of Providers Surveyed Number of Providers Responded via Survey Number of Providers Responded via Extraction Target Sample Size Target Sample Size Achieved Number of Ineligible Providers Percentage of Ineligible Providers MY 2018 COLUMNS Provider Survey Type Name of Network 1-20
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