Plan Response to the DMHC Follow-Up Report to the Non-Routine Survey:

Since the implementation of the Affordable Care Act in 2014, over 1.4 million new members have purchased health coverage through California's Health Insurance Exchange – Covered California. This large increase of enrollees coupled with new networks has highlighted the challenges with provider directory accuracy.

Since the initial non-routine survey conducted by the Department of Managed Health Care (DMHC) in 2014, Blue Shield of California has made significant investments in its people, processes and technology resources to improve the accuracy of our provider directory. In its follow-up report, the DMHC acknowledges the complexities involved in keeping up with the constant changes in the provider network. DMHC acknowledged that Blue Shield "is on track for compliance with the terms" of the agreement Blue Shield struck with DMHC.

Blue Shield agrees with the DMHC that there are many challenges to keeping provider directories accurate. As the DMHC notes in its follow-up report, provider directory accuracy requires participation by both plans and providers. Blue Shield is one of the leaders in the industry working to bring together the various stakeholders in the process to continue progress towards accurate provider directories.

Additionally, as DMHC outlined in its follow-up report, Blue Shield is working to implement the requirements of Senate Bill 137, which went into effect in July 2016.

More frequent updates to provider information, continued verification of provider information and more stringent requirements on providers are just a few new requirements that will help to increase the quality of provider directories for all health plans. To that end, Blue Shield is continuing our work to ensure that members have the most accurate information available and we look forward to continued conversations with DMHC and stakeholders in an effort to further improve accuracy within our provider directory.