

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number:</b> MPPR207			<b>Lead Department:</b> Provider Relations	
<b>Policy/Procedure Title:</b> Annual Physician Satisfaction Survey			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 12/01/1998		<b>Next Review Date:</b> 08/13/2026 <b>Last Review Date:</b> 08/13/2025		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>	<input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>	
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 08/13/2025	

**I. RELATED POLICIES:**

A. N/A

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Member Services

**III. DEFINITIONS:**

A. N/A

**IV. ATTACHMENTS:**

A. N/A

**V. PURPOSE:**

To annually assess the level of contracted physician satisfaction with Partnership HealthPlan of California (Partnership).

**VI. POLICY / PROCEDURE:**

- A. Partnership will conduct a Physician Satisfaction Survey for contracted primary care and specialty physicians on an annual basis. This survey will be used as a tool to measure areas of satisfaction and identify opportunities for improvement based on the feedback received. The following steps will be completed:
  1. The Survey tool will be developed based on recommendations from Partnership staff from the Provider Relations (PR) and Quality Improvement (QI) departments. The Survey will include specific questions assessing satisfaction with timely access to medical care and the Utilization Management (UM) process.
  2. The Physician Satisfaction Survey may be conducted by an external vendor or by Partnership Staff. The survey response goal is a minimum of 40%.
  3. Provider Relations staff will review the survey results and identify opportunities for improvement.
    - a. The Provider Relations department will draft a Corrective Action Plan (CAP) in collaboration with all other Partnership departments to address the responses that offer opportunities for improvement. The final CAP will be monitored by the Provider Relations department in collaboration with the Quality Improvement department. The CAP will be designed to improve practitioner experience based on the survey data.

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- b. The Satisfaction Survey results and CAP will be reported to the Partnership Internal Quality Improvement (IQI) Committee and the appropriate Partnership physician committees for their review and input. Results of the Physician Satisfaction Survey and the CAP are also presented to the Partnership Board of Commissioners.

**VII. REFERENCES:**

- A. Department of Health Care Services
- B. NCQA 2025 Standard QI 3, Element A

**VIII. DISTRIBUTION:**

Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Director, Provider Relations

**X. REVISION DATES:**

05/08/2000; 06/20/01; 07/17/02; 09/17/03; 06/16/04; 05/18/05; 05/17/06; 6/21/06; 05/16/07; 07/16/08;  
07/15/09; 07/21/10; 07/20/11; 08/08/12; 07/08/13; 11/11/14; 08/12/15; 08/10/16; 08/09/17; 08/08/18;  
08/14/19; 04/08/20; 05/12/21; 06/08/22; 06/14/23; 10/09/24; 08/13/25

**PREVIOUSLY APPLIED TO:**

N/A