PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="5">Policy/Procedure Number: MPPR207</td><td colspan="3">Lead Department: Provider Relations</td></tr>
<tr><td colspan="5">Policy/Procedure Title: Annual Physician Satisfaction Survey</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 12/01/1998</td><td colspan="5">Next Review Date: 08/12/2027
Last Review Date: 08/12/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td colspan="2">☒Medi-Cal</td><td colspan="2">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☐ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="5">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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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) department with input from interdepartmental leadership. The Survey will include specific questions assessing satisfaction with timely access to medical care and provider feedback on improvements to the services Partnership provides. The Physician Satisfaction Survey may be conducted by an external vendor orby Partnership staff.
   2. Provider Relations staff will review the survey results and identify opportunities for improvement.
      a. The Provider Relations department will draft improvement activities in collaboration with all other Partnership departments to address the responses that offer opportunities for improvement. Improvement activities will be monitored by the Provider Relations department and designed to improve practitioner experience based on the survey data.

b. The Satisfaction Survey results and improvement activities 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 improvement activities are also presented to the Partnership Board of Commissioners.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) Medi-Cal Managed Care Contract
B. DHCS All Plan Letter (APL) 24-004 Quality Improvement and Health Equity Transformation Requirements(April 8, 2024 *supersedes* APL 19-017)
C. NCQA 2026 Standard QI 3, Element A

VIII. DISTRIBUTION:

Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director of Provider Relations

X. REVISION DATES:

Medi-Cal: 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; 08/12/26

PREVIOUSLY APPLIED TO:

N/A