

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPPR207			Lead Department: Provider Relations	
Policy/Procedure Title: Annual Physician Satisfaction Survey			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 12/01/1998		Next Review Date: 10/09/2025 Last Review Date: 10/09/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees		
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 10/09/2024	

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS:

Provider Relations
Health Services
Member Services

III. DEFINITIONS:

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. DHCS
- B. NCQA 2024 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

PREVIOUSLY APPLIED TO:

N/A