



2022 Provider Experience (Satisfaction) Report

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Department	Provider Operations
Subject	MY2022 Provider Satisfaction Survey (PSS) Final Summary Report

INTRODUCTION

The State of California requires health plans to maintain an adequate provider network to ensure patients receive timely access to care appropriate for their condition. One oversight mechanism is an annual Provider Satisfaction Survey (PSS) administered to providers within the plan's contracted provider network.

On behalf of Valley Health Plan (VHP), QMetrics fielded the annual PSS for MY 2022, soliciting feedback from VHP's Provider Appointment and Availability Survey (PAAS) physicians and non-physician mental health providers (Contact List Providers) contracted to deliver services within the plan's Knox-Keene licensed service area as per statute 1300.67.2.2 (d)(2)(C).

This is QMetrics' first year (inaugural year) administering the PSS on VHP's behalf. For MY 2021, VHP used a different survey vendor, survey tool and methodology. The MY 2022 survey methodology and questions differ from the MY 2021 survey. Therefore, comparisons were made at a high level in the "Comparison to MY 2021 Results," section. Caution should be used when interpreting these results.

This report provides an overview and analysis of VHP's provider experience for reporting measurement year (MY) 2022. Based on the data collected, this report summarizes the results and assists VHP in identifying its strengths and opportunities for improvement.

PROGRAM GOALS

To ensure that VHP practitioners have a positive experience with health plan services.

PROGRAM OBJECTIVES

- Measure practitioners experience (satisfaction) at least annually.
- Evaluate practitioners' satisfaction against performance measures.
- Identify any areas for improving practitioners' experience with the health plan services.
- Develop interventions, as appropriate, to address gaps in service.

STANDARDS AND THRESHOLDS FOR PRACTITIONER SATISFACTION

- Measure 1: 80%-Satisfaction with the referral / prior authorization process
- Measure 2: Assessment of Knowledge of the availability of Language Assistance Program
- Measure 3: Assessment of the Use/Coordination of the Language Assistance Program
- Measure 4: Assessment of the training and competency of the available of the Language Assistance Program



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SURVEY OVERVIEW

The State of California's Timely Access to Non-Emergency Health Care Services Regulation (§1300.67.2.2, Title 28, California Code of Regulations) requires health plans to maintain an adequate provider network to ensure patients receive timely access to care appropriate for their condition. Health plans are required to solicit their contracted provider's perspective and satisfaction with their patient's access to care within the timelines set forth under California law.

The Provider Satisfaction Survey (PSS) is designed to meet requirements of the timely access standards set by the Department of Managed Health Care (DMHC) for full-service Knox-Keene health plans and the Department of Health Care Services (DHCS). Specifically, the PSS evaluates provider satisfaction with patients' timely access to:

- urgent care
- non-urgent primary care
- non-urgent specialty services
- non-urgent ancillary diagnostic and treatment services
- non-urgent behavioral health care

The PSS also satisfies the required health plan evaluation of providers' perspectives and concerns with the health plan's Language Assistance Program regarding:

- Assessment of Knowledge of the availability of Language Assistance Program
- Assessment of the Use/Coordination of the Language Assistance Program
- Assessment of the training and competency of the available of the Language Assistance Program

The Language Assistance Program evaluation questions above are required to be included with the Plan's annual PSS per the Language Assistance Program Assessment Addendum of the MY 2019 PAAS Methodology (pg. 24) and per Rule 1300.67.2.2, subd. (c)(4) and (d)(2)(C).

PROVIDERS SURVEYED

Per the law (1300.67.2.2 (d)(2)(C)), the survey should be administered to the plan's physicians and non-physician mental health providers and is to be conducted in accordance with valid and reliable survey methodology. For PSS MY 2022, VHP followed the DMHC's PAAS survey methodology approach and surveyed the same provider types included for PAAS. Therefore, the survey population included PAAS (Contact List) primary care providers (PCP), Specialists (SCP), and Behavioral Health Providers such as Psychiatrists and Non-Physician Mental Health (NPMH) providers.

SURVEY TOOL

The survey tool consisted of 12 questions to determine:

- Provider satisfaction with patient's timely access to
 1. Urgent Care
 2. Non-Urgent Primary Care
 3. Non-Urgent Specialty Care
 4. Non-Urgent Ancillary Care



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5. Non-Urgent Behavioral Health Care

- Provider knowledge and ability to coordinate interpreter services
- Provider experience with using and coordinating interpreter services

A Likert-scale was used for the satisfaction questions with response options using the ordinal construct of:

1. Very dissatisfied
2. Dissatisfied
3. Neutral
4. Satisfied
5. Very satisfied
6. N/A or Unknown response

The survey tool can be found in Appendix I of this report.

METHODOLOGY:

The PSS was fielded using a single survey for each unique provider type and office. De-duplication occurred on the combination of Survey Type and Location. Providers were assigned to one (1) of the four (4) survey types depending on provider type (PCP, SCP, NPMH, PSY).

The unique provider office was determined by the provider type and location, which is a combination of Address1 and Address2 from the Contact List in the plan provided Contact List. This de-duplication process permitted a provider belonging to multiple practices to be included in the survey more than once.

In cases where multiple providers were associated with a unique office location, QMetrics sorted the Contact List by the unique provider office and a QMetrics assigned random number. The survey was fielded using the fax number or email address associated with the provider with the lowest random number for each unique office location. Locations where there was only one associated provider, QMetrics used the provided fax number or email address for contact. If an email address was available, the survey was delivered via email, if not, a fax was sent.

The PSS is a bi-modal survey conducted via fax or email to the provider office, conducted in two waves. The first wave contained all unique provider offices. The second wave targeted provider offices that did not respond to the first wave. A minimum of 10 business days from the initial fax date was allowed for the return of completed faxes per wave. If QMetrics was not able to reach the provider office via fax due to a busy line, the fax number was re-attempted up to three times at various times of the day. QMetrics sent a reminder fax or email to non-responding provider offices within five business days after the initial fax.

SURVEY RESULTS

RESPONSE RATES by Provider Type

The overall MY 2022 survey response rate, including all provider types was 6.9%. PCPs represented the largest volume of provider types surveyed, with 1,011 providers fielded, followed by Specialist (SPC), NPMH, and Psychiatry (PSY) providers in that order, as seen in Table below. PCP and PSY



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providers had comparable response rates at 12.2% and 12.1% respectively. Both SPC and NPMH providers had low response rates at 0.5% and 0.3% respectively. Caution should be used when comparing provider types due to instances of small number of responses.

Provider Type	Fielded	Responded	
		Count	Rate
PCP	1,011	123	12.2%
Specialist	638	3	0.5%
Psychiatrist	207	25	12.1%
NPMH	335	1	0.3%
Overall	2,191	152	6.9%

PERFORMANCE RESULT BY MEASURE (The satisfaction rate is determined by total combined of all response includes neutral, satisfied, and very satisfied.)

Measure 1: Overall Satisfaction with the referral / prior authorization process by:

A. Appointment type:

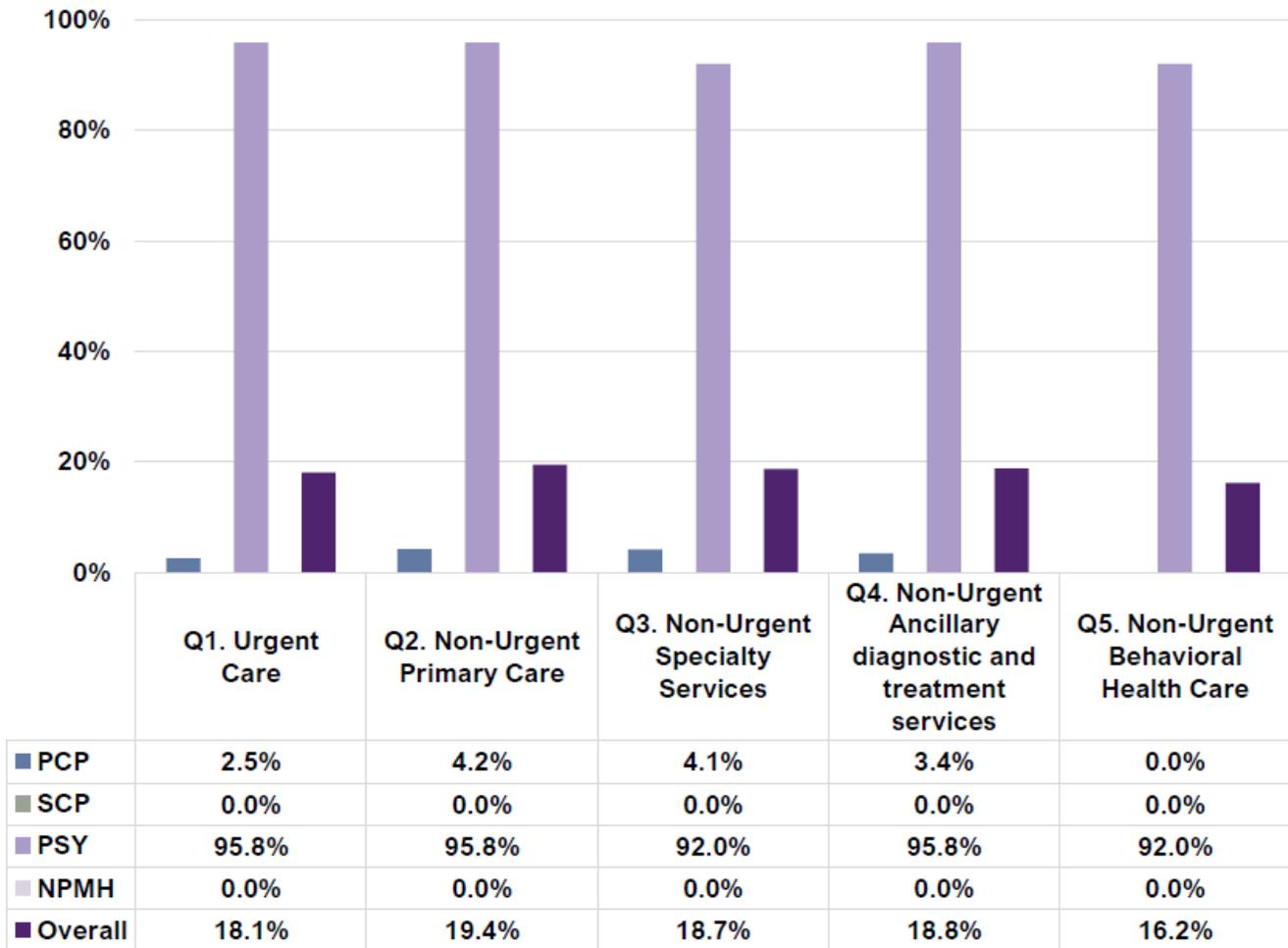
Appointment Type	MY 2023 Performance	Performance Goal	Goal Met Y/N
Urgent Care	97.3%	80%	Y
Non- Urgent Primary Care	100%	80%	Y
Non- Urgent Specialty Services	97.4%	80%	Y
Non- Urgent Ancillary	97.3%	80%	Y
Non- Urgent Behavioral Health	93.7%	80%	Y

For MY 2022, VHP meet the standard for provider satisfaction with the referral/prior authorization process by appointment type. Overall, most providers indicated satisfaction with the referral/prior authorization process for all appointment types. Satisfaction ratings ranged from 9.37% to 100%.

B. Provider type

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Note: These figures exclude NA responses

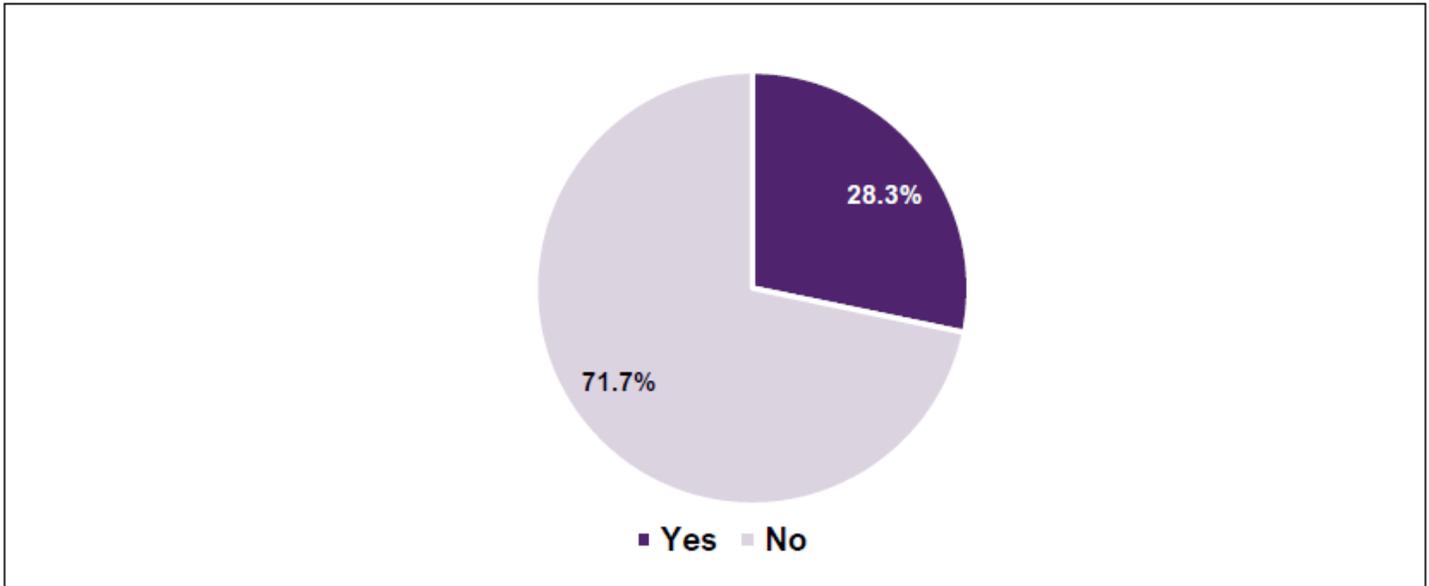


PSY providers, based on 25 provider responses, reported the highest satisfaction across all appointment types. NPMH and SCP both have rates of 0.0%, however it is important to note that these rates are based on a response count of one (1) NPMH provider and three (3) Specialists. PCPs, which represented the highest volume of provider responses, had top box scores that ranged from 0.0% – 4.2%. Opportunities exist to work with PCP providers to better understand the pain points with the referral/prior authorization process and make process improvements.

Measure 2:

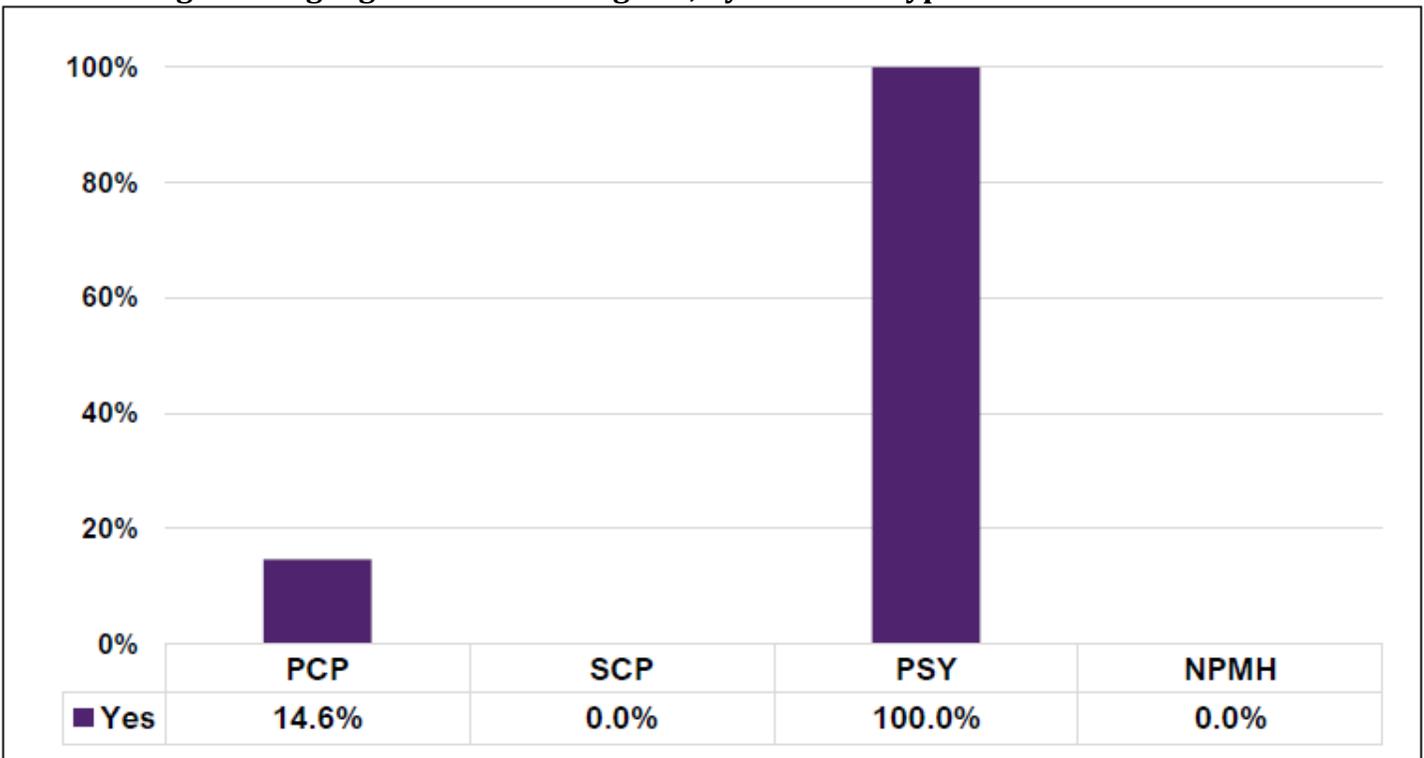
A. Assessment of provider Knowledgeable of Language Assistance Program (LAP), Combined Provider Type

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The graph above shows provider knowledge of how to access the VHP Language Assistance Program. 71.7% indicated having *No* knowledge, while 28.3% answered *Yes*. Opportunities exist for VHP to increase education on how to access the plan’s language assistance services.

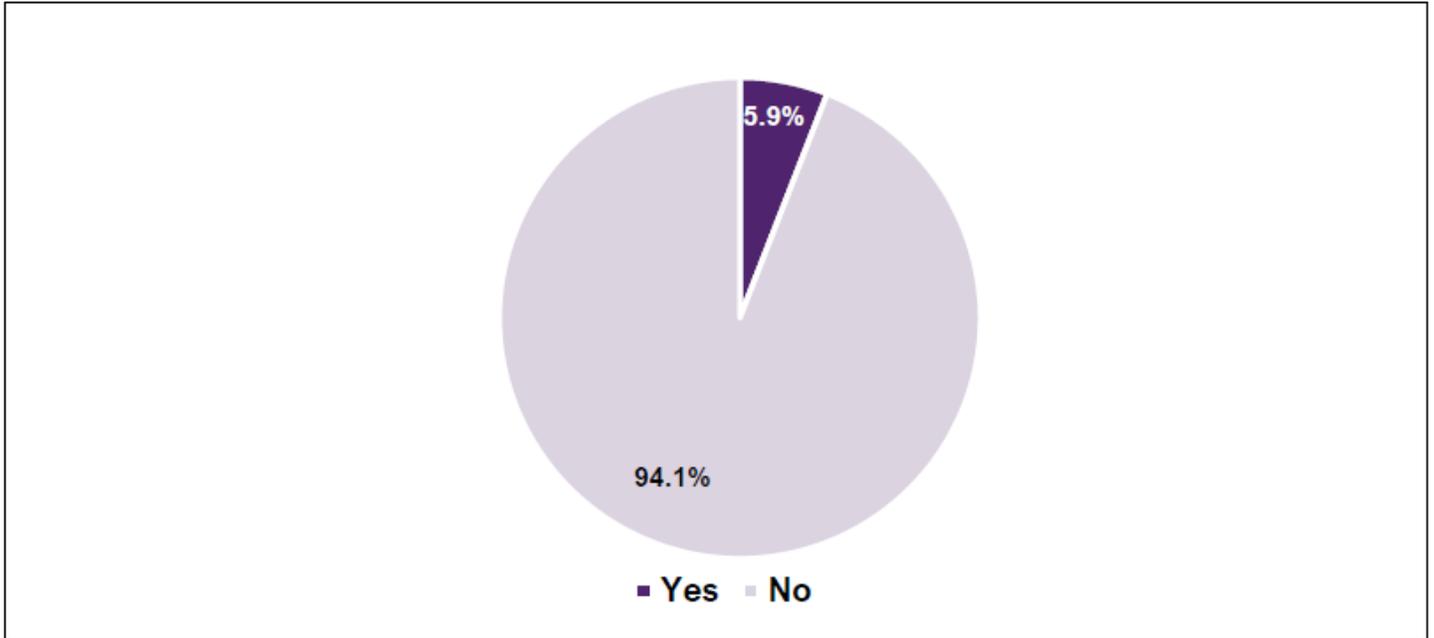
B. Knowledge of Language Assistance Program, By Provider Type



An analysis of Knowledge of Language Assistance Program Access was performed at the Provider Type level. The graph above indicates PCP and PSY providers were the only provider types to report having knowledge of how to access the Language Assistance Program.

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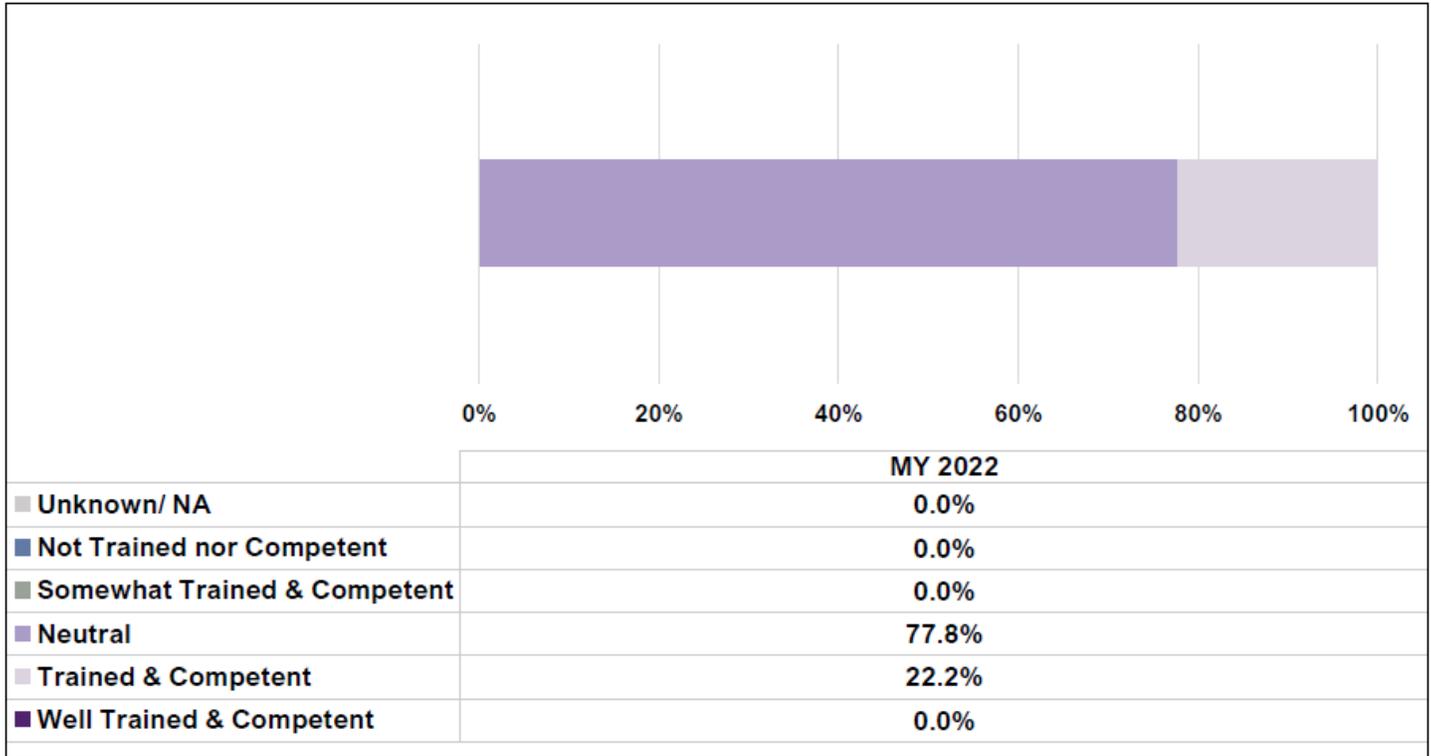
Measure 3: Use/coordinate Language Assistance Program



The above graph shows the rate of providers who have needed to access the VHP Language Assistance Program. Most providers indicated they have not (*No*) needed to use the Language Assistance Program (94.1%). 5.9% of providers answered *Yes* to needing to use the program. The lack of usage of the program may be due to lack of awareness of how to use the program.

Measure 4: Assessment of Language Assistance Program on Training and Competency

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The graph above showed how providers rate their interpreters' training and competency. The majority expressed neutrality (*Neutral*, 77.8%). Per above Graph, 22.2% of providers rated their interpreter as *Trained & Competent / Well Trained and Competent*

OPPORTUNITY FOR IMPROVEMENT

VHP's overall response rate is below the expected range, compared to industry standard for provider surveys. VHP will continue to consider opportunities to improve response rates for all provider types. VHP will consider the following initiatives:

- Conducting or enhancing pre-survey outreach to network contacts and/or providers to educate providers on upcoming surveys and the importance of survey completion.
- Offering providers an incentive for completing the survey.

Additional Recommendation

Identify initiatives aimed to increase provider satisfaction or knowledge-based scores in the following areas:

- Referral/prior authorization process
- Provider knowledge of the Language Assistance Program
- Use of the Language Assistance Program
- Ease of coordinating appointments with interpreters



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Description of Intervention for MY2022	Barrier Addressed	Time Frame	Expected Outcome
<p>1. Identify ways to increase the number of respondents to the Satisfaction survey for all provider types, most specifically for SCPs and Psychiatry.</p> <ul style="list-style-type: none"> a. Communicate to the providers in advance of the survey, educating them on the importance of their response to the survey results. b. Share information at Quality Management Oversight Committee and explore opportunities to improve provider participation. c. Publish articles in VHP's Provider Bulletin. d. Conduct on-site provider visits and heighten awareness of the survey and its importance via emails and telephone calls. e. Inform the providers who refused to participate in the 	<p>A drop in the satisfaction rate of VHP's Language Assistance Program from the overall perspective as well as from the PCPs</p>	<p>Prior to MY 2023</p>	<p>Improve response rate</p>



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<p>MY2022 survey of the importance of their participation and remind providers about their contractual obligations related to timely access to appointments.</p> <p>f. Use the survey data to identify providers who were not able to be reached due to inaccurate contact information and have the</p> <p>g. Provider Relations staff contact provider to ensure VHP has a correct telephone number and/or fax number for survey administration, as well as correct email and mailing address.</p> <p>a. Once corrected information is obtained, the providers' contact information will be updated in VHP provider data management system.</p>			
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<p>2. Improve awareness on VHP's Language Assistance Program (LAP).</p> <p>a. Conduct an analysis to determine the barriers providers face when accessing VHP LAP.</p> <p>b. Raise awareness and education on VHP's LAP program through Provider Relations Specialists field visit education, VHP's website and Provider Bulletin, and Joint Operations Committee (JOC) meetings. Train providers on how easy it is to access VHP's LAP.</p> <p>d. Create a campaign with the VHP LAP SMEs and outreach to all provider types to ensure LAP program understanding and clear up any concerns or questions.</p>	<p>A drop in the satisfaction rate of VHP's Language Assistance Program from the overall perspective as well as from the PCPs</p>	<p>Prior to MY 2023</p>	<p>Increase awareness of LAP</p>
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CONCLUSION

VHP's MY 2022 Provider Satisfaction Survey response rate was 6.9%. This response rate is low in comparison to industry standards, and care should be taken when interpreting and generalizing these survey results to the overall Health Plan provider population.

Satisfaction with the referral / prior authorization process expressed as the percentage of *Satisfied* and *Very Satisfied* responses ranged between 16.2% – 19.4%, indicating that most providers that responded are not satisfied with the referral / prior authorization process.

Knowledge of how to access the Language Assistance Program was low, with a rate of 28.3%. Only PCP and PSY providers reported knowledge as to how to access the program. PSY providers indicated having the most knowledge of how to access the Language Assistance Program, with a rate of 100.0%, in comparison to PCP providers at 14.6%. Of all providers surveyed, only 5.9% reported needing to use VHP's Language Assistance Program.

Of those surveyed, 22.2% of providers indicated it was *Easy* or *Very Easy* to coordinate an appointment with an interpreter. Interpreter options revealed that providers equally used interpreter services across all modalities (*Phone, In-Office & Telehealth*). The provider offices indicated they were able to obtain language services in the desired language 100.0% of the time. Sign interpreters were offered equally via *In-office* than via *Telehealth*. The proportion of those providers using interpreter services and rating the interpreter *Trained* or *Well Trained and Competent* was 22.2%.



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Appendix I: Provider Satisfaction Coversheet and Survey Tool

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surveys@qmetrics.us

Id { #

From: QMetrics on behalf of «HealthPlan»
To: All «Full_Specialty» associated with this office located at:
«Address»
Fax: «Fax1» **Pages:** 2
Phone: «Phone1» **Date:** «SendDate»
Re: «HealthPlan» **Cc:** QMetrics
Provider Satisfaction Survey

The State of California requires health plans to monitor and evaluate their provider satisfaction with the referral & prior authorization process as well as access to language assistance programs. This fax survey helps «HealthPlan» to accomplish this and identify areas for improvement.

We know this is a challenging time for many offices and appreciate your valuable time in helping us with this project.

This survey should only take a few minutes to complete and will provide valuable information on the referral/prior authorization process and access to language assistance programs.

QMetrics, our contracted independent survey administrator, is conducting the survey on our behalf. Please return the survey by FAX to (877) 235-3655. If you have any questions, please contact QMetrics at (888) 388-9111 ext. 120 or send an email to surveys@qmetrics.us.

We kindly ask that you complete the survey within **5 business days** of receipt.

Thank you for your participation.

