



Policy: GG.1645
Title: **Assessing Primary Care
Provider (PCP) Experience**
Department: Provider Network Operations
Section: Provider Relations

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 04/01/2016

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the mechanism for eliciting feedback on the experience of Primary Care Providers (PCP) with key indicators in regard to the care delivery system, including the Utilization Management (UM) process (i.e., authorizations, referrals), allowing for analysis and quality improvement implementation, where indicated.

II. POLICY

- A. CalOptima Health shall conduct Primary Care Provider (PCP) experience surveys designed to assess PCPs' experience with program processes and procedures through standardized and regular measurement, and/or implement other mechanism(s) regularly to collect quality Provider feedback on an annual basis.

III. PROCEDURE

- A. The Quality Analytics (QA) Department shall annually implement one (1) or more of the following activities to elicit feedback on the experience of PCPs:
1. Participate in the coordination of survey activities, and reporting, in conjunction with other departments.
 2. Evaluate provider grievance data.
 3. Evaluate Provider feedback from Facility Site Review (FSR) audits.
 4. Evaluate Provider feedback from Provider meetings and/or committees, such as the Provider Advisory Committee (PAC) and the CalOptima Health Community Network (CHCN) Lunch and Learn.
- B. The QA Department shall coordinate annual qualitative and quantitative data analysis of PCP experience data which may include PCP grievances, PCP experience survey results, and any other data relevant to PCP experience with delivery of care.

- C. CalOptima Health shall address areas of dissatisfaction and low performance, when appropriate;
- D. CalOptima Health shall identify opportunities for improvement through data analysis which shall include:
 - 1. Plan-level and Health Network-level results and trends over time;
 - 2. Utilizing root cause analysis or barrier analysis to identify the reasons for the results; and
 - 3. Comparing these findings against a standard, goal, or Benchmark.
- E. The QA Department shall summarize and distribute Provider experience results, when available, to the Quality Improvement Health Equity Committee (QIHEC), Health Networks, participating Providers, and other individuals, as appropriate.
- F. CalOptima Health shall formulate interventions, when appropriate, based on the analysis of PCP experience data.
 - 1. CalOptima Health shall formulate a quality improvement project plan, if appropriate, specifying the intervention for implementation, responsible person or department, and timeframe.
 - 2. CalOptima Health shall set priorities based on the above analysis, and shall take into account the significance of concerns to the PCP when setting such priorities.
 - 3. The QA Department shall share results of improvement and experience activities with PCPs and contracted Health Networks, when appropriate.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

| Action | Date | Policy | Policy Title | Program(s) |
|-----------|------------|---------|-------------------------------|--|
| Effective | 04/01/2016 | GG.1645 | Assessing Provider Experience | Medi-Cal OneCare OneCare Connect |

| Action | Date | Policy | Policy Title | Program(s) |
|---------------|-------------|---------------|--|--|
| Revised | 07/01/2017 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare OneCare Connect |
| Revised | 12/01/2018 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare OneCare Connect |
| Revised | 12/01/2019 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare OneCare Connect |
| Revised | 12/31/2022 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare |
| Revised | 11/01/2023 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare |
| Revised | 12/01/2024 | GG.1645 | Assessing Primary Care Provider (PCP) Experience | Medi-Cal OneCare |

IX. GLOSSARY

| Term | Definition |
|---|---|
| Benchmark | Performance information used to identify the operational and clinical practices that lead to the best outcome. |
| CalOptima Health Community Network (CHCN) | A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members. |
| Complaint | An oral or written expression indicating dissatisfaction with any aspect of the CalOptima Health program. |
| Facility Site Review (FSR) | A DHCS tool utilized to assess the quality, safety and accessibility of PCPs and high-volume specialist physician offices. |
| Health Network | A Physician Hospital Consortium (PHC), physician medical group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network. |
| Primary Care Provider (PCP) | For the purposes of this policy, a physician who focuses his or her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under CalOptima Health's Programs. |
| Provider | <p><u>Medi-Cal</u>: A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p> |
| Quality Improvement Health Equity Committee (QIHEC) | A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions. |
| Utilization Management | The evaluation of the Medical Necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities. |
| Utilization Management (UM) Committee | The CalOptima Health committee that provides coordination and oversight of delegated and non-delegated Utilization Management functions to ensure consistency in evaluation and delegation oversight. |