Humana

iCare
INDEPENDENT CARE HEALTH PLAN

2024 Provider Access Survey Results
Completed October 2024

Table of Contents

<u>Purpose</u>

Per contractual requirements and internal policies, Independent Care Health Plan (*i*Care) surveys providers to ensure that they are complying with identified Access standards.

1) The following elements must be evaluated for *i*Care's Family Care Partnership Program:
    a) Meet and require its survey responders to meet state standards for timely access to care and services, considering the urgency of the need for services.
    b) Ensure that network providers offer hours of operation that are no less than the hours of operation offered to commercial members or comparable to Medicaid Fee-for-Service members if the provider serves only Medicaid members.
    c) Make benefit package services, that are necessary to support outcomes or that are medically necessary, available twenty-four (24) hours a day, seven (7) days a week, as appropriate.
    d) Ensure that network survey responders provide physical access, reasonable accommodations, and accessible equipment for members with physical or mental disabilities.
2) The following elements must be evaluated for *i*Care's Medicaid SSI and BadgerCare Plus (BC+) Programs:
    a) Wait times for care at facilities.
    b) Wait times for appointments.
        i) Independent Care Health Plan's (*i*Care) standards for wait times for appointments are as follows for the indicated provider types:
        (1) Primary Care Physician (PCP):
            (a) No longer than 30 days for an appointment with a PCP
        (2) Mental Health Provider:
            (a) No longer than 30 days for an appointment with a Mental Health provider for follow-up after an inpatient mental health stay
            (b) No more than 30 days for a non-psychiatric appointment
            (c) No more than 90 days for a psychiatric appointment
            (d) No more than 72 hours (including weekends and holidays) for appointment with prescribing and dispensing provider for medication-assisted treatment (MAT)
        (3) OB/GYN Provider:
            (a) Wait times for an appointment shall be no more than 30 days.
            (b) The HMO must provide medically necessary high-risk prenatal care within two weeks of the member's request for an appointment, or within three weeks if the request is for a specific HMO provider, who is accepting new patients.
    c) Hours of operation do not discriminate against BadgerCare Plus and/or Medicaid SSI members.
    d) Whether or not provider(s) speak the member's language.
3) The following requirements are evaluated for National Committee for Quality Assurance (NCQA) Accreditation
    a) Practitioner languages and demographic information
        i) The organization requests practitioner language and demographic information from all contracted network practitioners. This information is voluntary.
    b) Language services available through practices
        i) Title VI of the Civil Rights Act requires practitioners to provide language services to any patient who needs them. The organization collects information about dedicated language services offered by the practices in network.

The *i*Care Provider Access Survey was sent to 2,314 providers via email on November 6th, 2024. The provider distribution list was compiled from the following reports: Provider Access Survey List, Lexis Nexis Practitioner Email list, and the Practitioner Status Report. The Access Survey reminder was sent to providers on November 13th and again on November 20th. There were 341 emails that were rejected (failed to deliver to the recipient's email). An additional 14 emails were identified as "unsubscribed" emails; meaning the provider opted to not receive emails or surveys from Survey Monkey. The adjusted denominator was 1,959 providers who received the Provider Access Survey. There were 591 responses for an overall response rate of 30.16%. The chart below shows how this rate was determined.

Total Providers	2,314
# Failed Emails	341
# Unsubscribed Emails	14
Adjusted Denominator	1,959
Total Responses	591
Response Rate	30.16%

Independent Care Health Plan used the software program, Survey Monkey to distribute the Provider Access Survey. This platform allowed *i*Care to follow up with specific providers, as needed, regarding how they responded. Through this platform, *i*Care was able to add conditional logic to the survey in which the questions filtered according to provider type. The purpose of this feature was to minimize the number of questions, decrease the time for the respondent to complete the Provider Access Survey, and narrow the scope of the survey to questions applicable to each provider specialty type. The average time to complete the survey was 6 minutes. This year showed a 17% increase in response rate from 2023. The chart below shows a year over year comparison from 2018 to 2024. Please note the denominator in 2021 was significantly higher than the denominator in previous years.

Year	Denominator	Responses	Rate
2024	1959	591	30.16%
2023	2590	341	13.17%
2022	3007	267	9%
2021	3702	360	10%
2020	188	94	50%
2019	110	63	57%
2018	262	44	17%

**Access Survey Number Sent vs Number Responding**
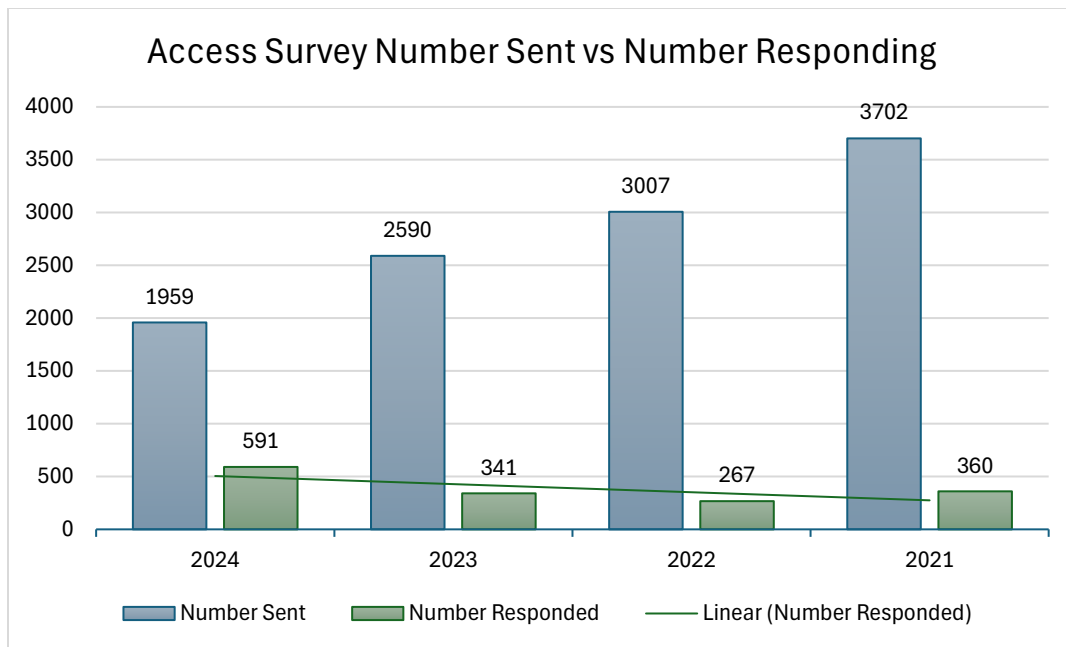
The graph above shows the number of providers who received a survey from 2021 to 2024 (backwards order) and the number of providers who responded. There has been a downward trend of providers that have received the survey. There is an increase in the number of providers who responded from 2023 to 2024.

Access Survey Response Rate 2021-2024
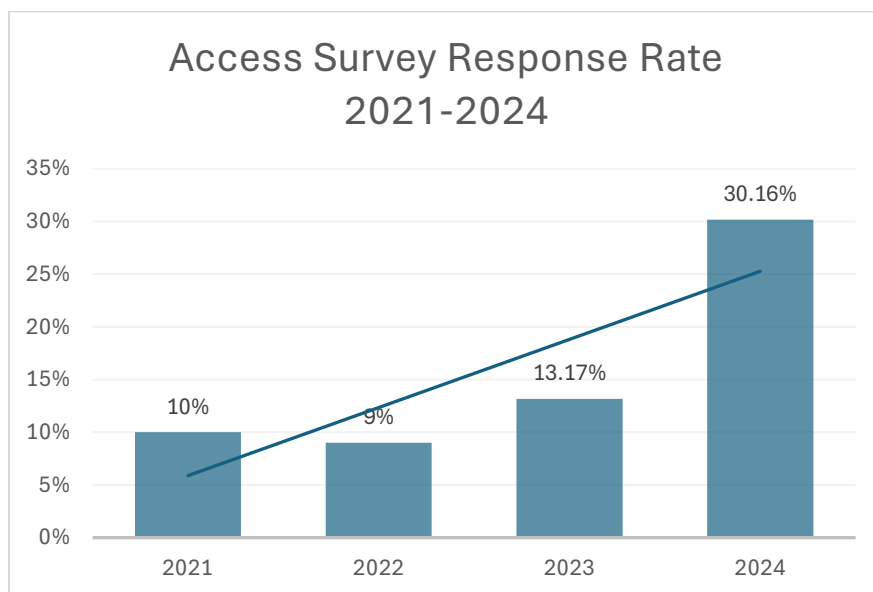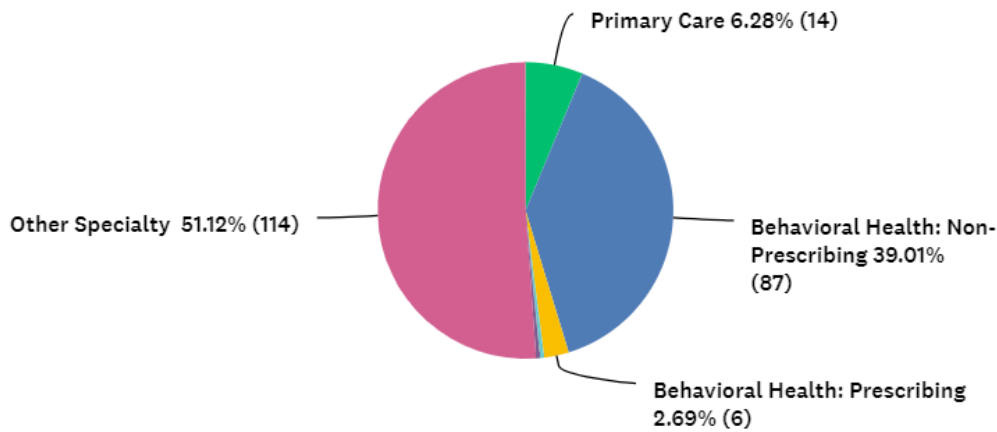

<u>Overall Response Rate</u>

The Provider Access Survey was sent to providers on November 6th, 2024. Providers that did not respond or only partially responded to the survey were sent two follow-up reminders on November 13th and November 20th. The first reminder prompted the greatest number of responses. 290 providers responded after the first reminder email. The image below shows the number of responses by date.
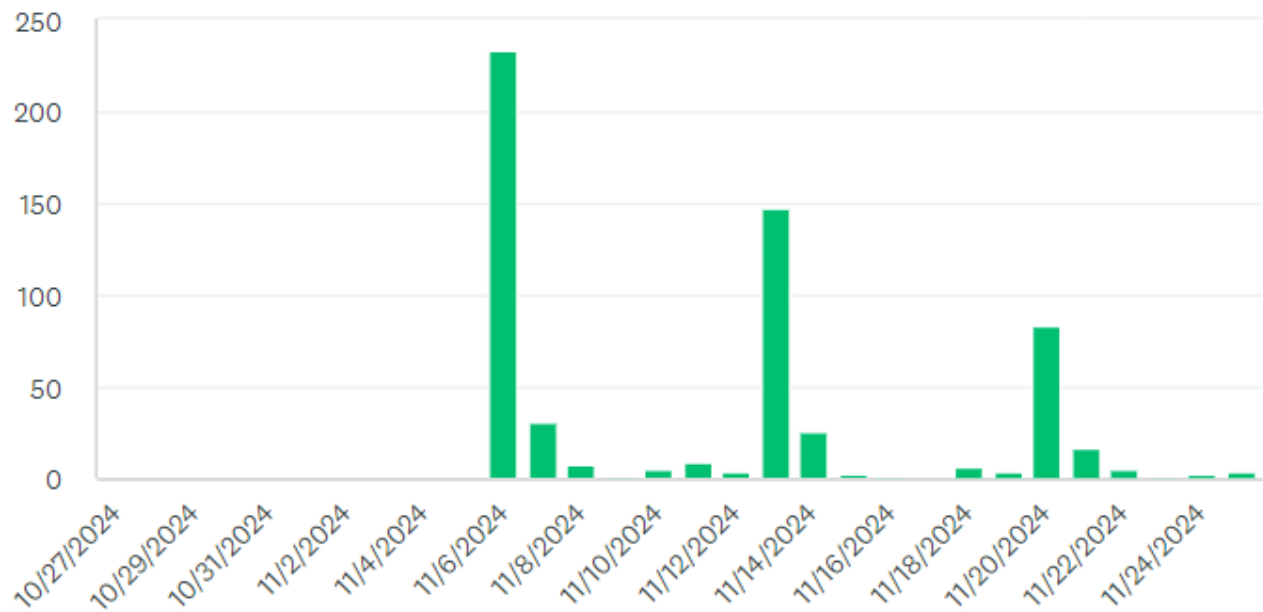
The 2024 Provider Access survey had 591 responses. 395 providers responded to the survey (66.84%) and 196 administrative staff responded to the survey (33.16%).

Administrative Assistant
33.16% (196)

Provider 66.84% (395)
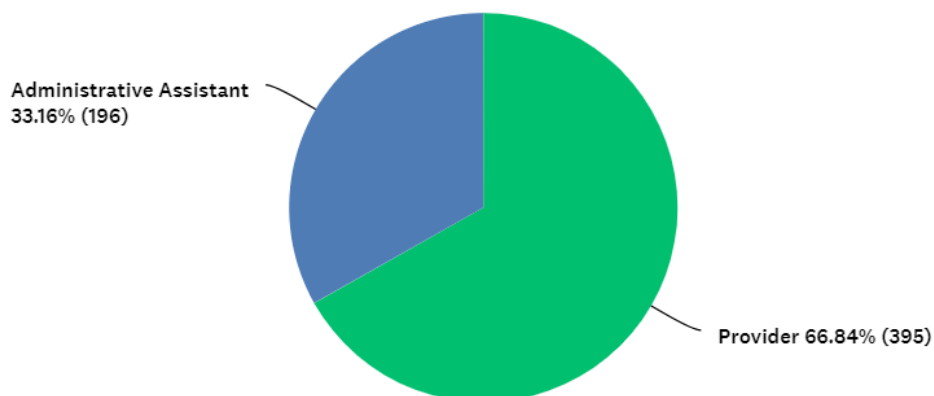
Each survey responder was asked to identify their practice type. Most responders reported their practice type as Other Specialty and Behavioral Health: Non-Prescribing. No providers reported Oncology or Pulmonology for their practice type. Survey responders were provided an email at the end of the survey to respond to *i*Care Network Development Department if their selection type and/or preferences were not identified in the survey.

Primary Care 6.28% (14)
Other Specialty 51.12% (114)
Behavioral Health: Non-Prescribing 39.01% (87)
Behavioral Health: Prescribing 2.69% (6)

Survey Non-Response and Partial Response Rates

The Survey Monkey platform allowed the Quality Improvement (QI) Department to view how many recipients opened the email, clicked through the email, or did not open the email. The charts below show the number of providers who did not open the survey (32.7%) and the number of providers who partially responded to the survey (38.9%).

Invitations ⍰

- 1,203 opened (52.0%)
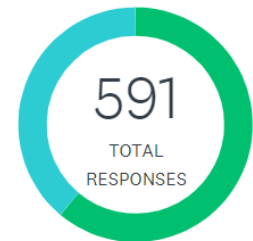- 756 unopened (32.7%)
- 341 bounced (14.7%)

668 clicked through (28.9%) ⍰
14 opted out (0.6%) ⍰

2,314 TOTAL INVITATIONS

Responses ⍰

- 361 complete (61.1%)
- 230 partial (38.9%)

591 TOTAL RESPONSES

Availability of Practitioners

Languages Spoken

Survey responders were asked to identify which languages they were fluent in when communicating about medical care. Separately, survey responders were asked to identify all languages office staff were fluent in when communicating about medical care. Not all survey responders provided an answer for these two questions. These questions were select all that apply.

The image above shows the languages spoken by the survey responder. There were 263 responders to this survey question and 372 selections chosen. The image above shows the language selected and how many respondents selected the language. English was selected 259 times out of 372 selections (84.78%). Primary languages identified for office staff were English, Spanish, and Hmong as well.

The image above shows the languages spoken by office staff. There were 250 responders to this survey question and 393 selections chosen. The image above shows the language selected and how many respondents selected the language for their office. English was selected 244 times out of 393 selections (62%).

There were no languages that were not selected for either question.

Language Services

Survey respondents were asked the type of language services their practice provided. There were 250 responders to this question. The top three selections were No Language Services Required at this Time (113), Bilingual Staff (64), and Telephone Interpreters (61). 23 responders selected Through the HMO/MCO's language resources. This question was select all that apply.

This year an option was added to this question for providers to select that additional help is needed to find language service resources. There were 19 providers who reported they would like assistance. This list can be provided at request.

The *i*Care Telelanguage Service phone number was provided to survey responders. Responders were asked to attest that they understand *i*Care offers telephone interpreter services. 256 responders selected that they do understand *i*Care offers this service, while 335 skipped the question.
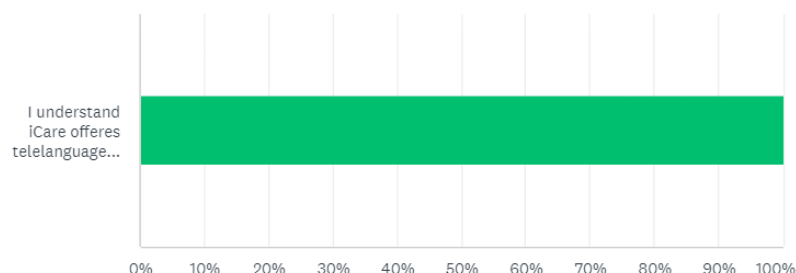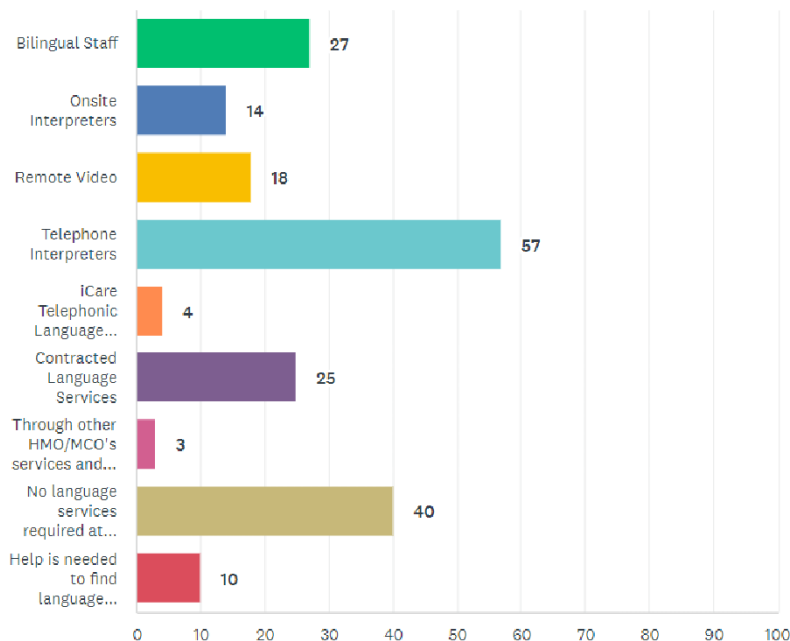

The image below shows the answer choices of language services and the number of responses, and the rate for each language service selection. 45.2% of providers and 29.63% of administrative staff stated that no language services were required at this time.

Provider Response:
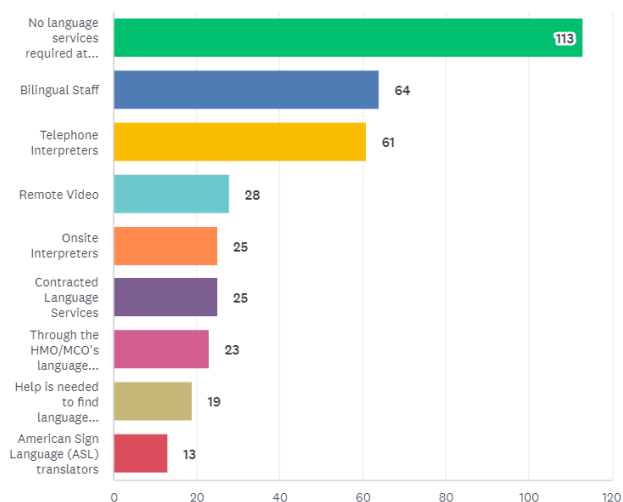
Administrative Staff Response:

Provider Demographic Information

NCQA accreditation requires *i*Care to request practitioner language and demographic information from all contracted network practitioners. This information included ethnicity, race, and religion. Their response was voluntary.

Survey responders were asked to identify if they were a provider or administrative staff. Logic was added to the survey where only providers were asked to report demographic information. The following disclaimer was provided. Respondents had to select I understand to this disclaimer. 263 out of 395 providers responded.

Disclaimer: iCare is required to report demographic information of provider who serve enrollees to demonstrate non-discriminatory practices. To comply with this requirement, we encourage you to provide the information below. This information is voluntary. iCare does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations.

The first demographic question asked providers to identify their ethnicity. 264 providers responded to the question. 131 providers skipped this question (out of 395 providers who completed the survey) and 53 selected 'provider declined to respond.' The image below shows the ethnicity choices, number of responses, and rate for each ethnicity identified. Most providers identified their ethnicity as 'Not Hispanic or Latino.'

Which ethnicity do you identify with?

Answered: 264   Skipped: 327
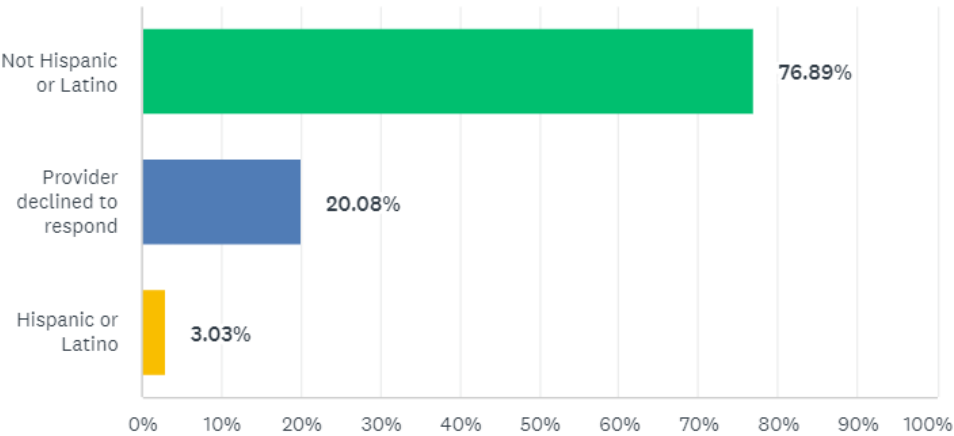
ANSWER CHOICES	▼	RESPONSES	▼
▼ Not Hispanic or Latino		76.89%	203
▼ Provider declined to respond		20.08%	53
▼ Hispanic or Latino		3.03%	8
TOTAL			264

The second demographic question asked providers to identify their race. 262 providers responded to this question. 133 providers skipped the question (out of 395 providers) and 54 providers selected 'Provider declined to respond.' The majority of provider selected 'White' for their identified race (43.89%).

What race do you identify with? Select all that apply:
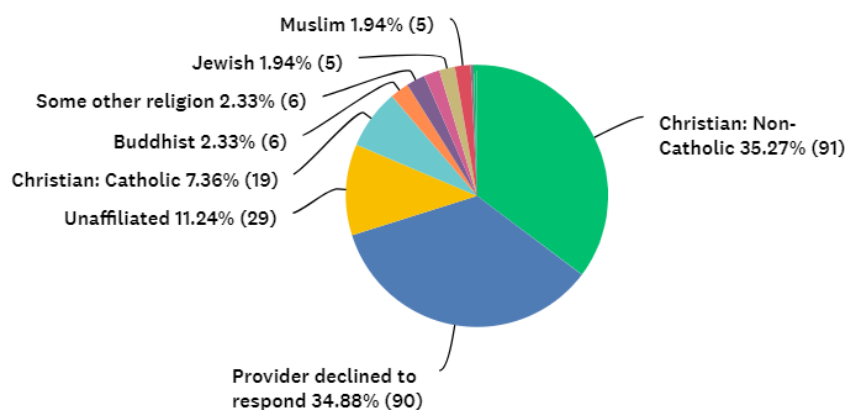
Answered: 262   Skipped: 329
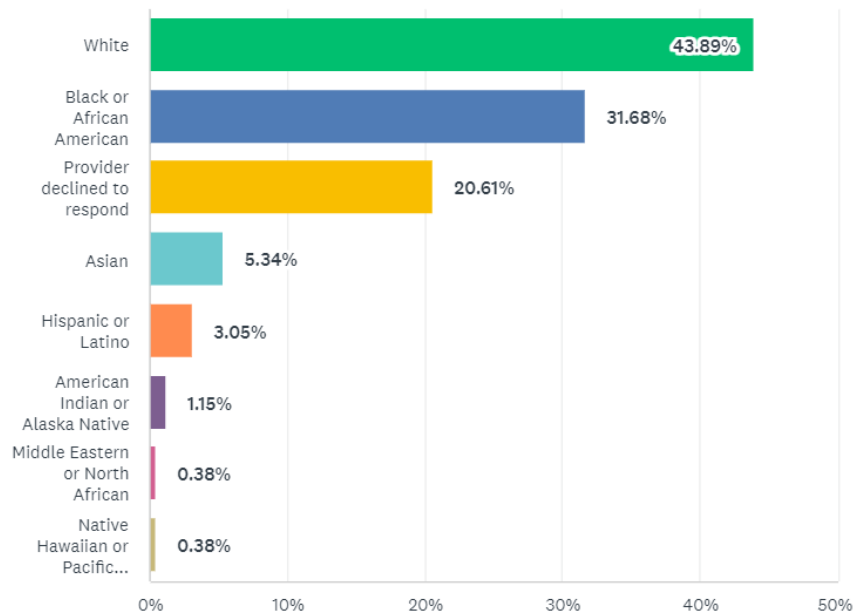
ANSWER CHOICES	RESPONSES	
White	43.89%	115
Black or African American	31.68%	83
Provider declined to respond	20.61%	54
Asian	5.34%	14
Hispanic or Latino	3.05%	8
American Indian or Alaska Native	1.15%	3
Middle Eastern or North African	0.38%	1
Native Hawaiian or Pacific Islander	0.38%	1
Total Respondents: 262		

The last demographic question asked providers to identify their religious belief system. There were 258 responses to this question. 137 providers skipped the question (out of 395), and 90 providers selected 'declined to respond'. 35.27% of providers selected 'Christian: Non-Catholic'. Six providers selected 'some other religion.' No providers selected 'Islam.'

Which religion or belief system do you belong to or most closely identify with?

Answered: 258   Skipped: 333

Muslim 1.94% (5)
Jewish 1.94% (5)
Some other religion 2.33% (6)
Buddhist 2.33% (6)
Christian: Catholic 7.36% (19)
Unaffiliated 11.24% (29)
Christian: Non-Catholic 35.27% (91)
Provider declined to respond 34.88% (90)

ANSWER CHOICES	RESPONSES	
Christian: Non-Catholic	35.27%	91
Provider declined to respond	34.88%	90
Unaffiliated	11.24%	29
Christian: Catholic	7.36%	19
Buddhist	2.33%	6
Some other religion	2.33%	6
Atheist	1.94%	5
Jewish	1.94%	5
Muslim	1.94%	5
Hindu	0.39%	1
Agnostic	0.39%	1
Islam	0.00%	0
TOTAL		258

After providers responded to the demographic information questions, the disclaimer below was displayed to promote accurate data collection and decrease the number of 'other' selections made. 264 providers responded that they understood the disclaimer.

'It is important to iCare to collect all language, race, ethnicity, religious belief, and demographic data. If you were unable to identify with any of the provided choices, iCare has provided contact information at the end of this survey. It is important we recognize this information.'

Cultural Competency Training

Independent Care Health Plan (*i*Care) is dedicated to advancing and sustaining organizational governance and leadership that promotes culturally and linguistically appropriate services (CLAS). The expectation is that CLAS trainings are offered.
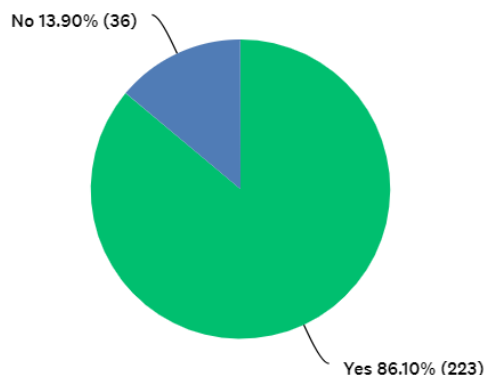
Providers and Administrative staff were asked if all providers were required to complete annual Cultural Competency Training. Separately, responders were asked if all administrative staff were required to complete Cultural Competency training.

Provider Response:
The image below shows the total number of responses and response rates. 36 responders reported providers are not required to complete annual Cultural Competency Training.

Are all providers required to complete annual Cultural Competency training?

Answered: 259   Skipped: 332

No 13.90% (36)

Yes 86.10% (223)

The image below shows are all administrative staff required to complete annual cultural competency. 44 responders reported administrative staff are not required to complete annual competency.

Are all administrative staff required to complete annual Cultural Competency training?
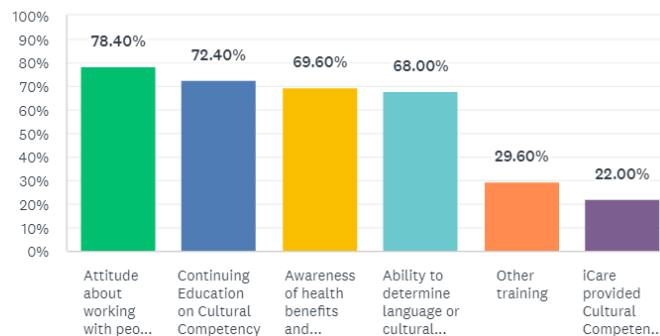
Answered: 258   Skipped: 333

No 17.05% (44)

Yes 82.95% (214)
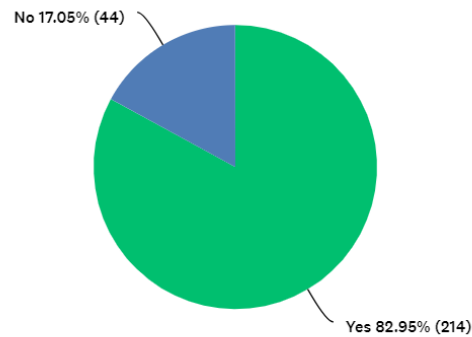
Survey responders were asked to answer aspects included in their cultural competency training. This question was presented to survey responders in a select all that apply format. 55 responders reported they utilize *i*Care provided Cultural Competency Training.

Please specify which aspects are included in your cultural competency training. Select all that apply:

Answered: 250   Skipped: 341

Attitude about working with peo...	78.40%	
Continuing Education on Cultural Competency	72.40%	
Awareness of health benefits and...	69.60%	
Ability to determine language or cultural...	68.00%	
Other training	29.60%	
iCare provided Cultural Competen...	22.00%	

ANSWER CHOICES	RESPONSES	
Attitude about working with people from different cultures	78.40%	196
Continuing Education on Cultural Competency	72.40%	181
Awareness of health benefits and health-related behaviors among people from prevalent cultures in the service area	69.60%	174
Ability to determine language or cultural barriers interfering with communication	68.00%	170
Other training	29.60%	74
iCare provided Cultural Competency Training	22.00%	55
Total Respondents: 250		

Administrative Staff Response:
The image below shows the Administrative Staff responses. 110 (79.7%) admin staff reported that they do provide cultural competency training to staff, while 28 (20.29%) responded that they didn't.

Do you provide cultural competency training to your staff?
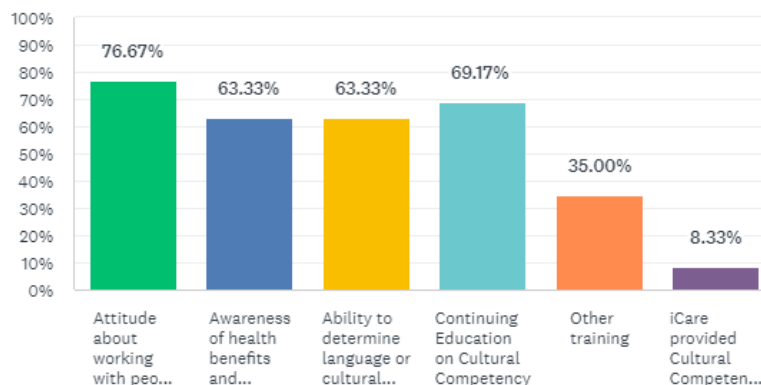
Answered: 138   Skipped: 453

No 20.29% (28)
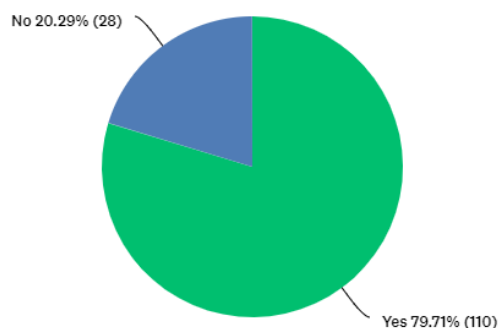
Yes 79.71% (110)

ANSWER CHOICES	RESPONSES	
Yes	79.71%	110
No	20.29%	28
TOTAL		138

Survey responders (admin staff) were asked to answer aspects included in their cultural competency training. This question was presented to survey responders in a select all that apply format. 10 responders (8.33%) reported they utilize *i*Care provided Cultural Competency Training.

Please specify which aspects are in included in your cultural competency training. Select all that apply:

Answered: 120   Skipped: 471

Attitude about working with peo...	Awareness of health benefits and...	Ability to determine language or cultural...	Continuing Education on Cultural Competency	Other training	iCare provided Cultural Competen...
76.67%	63.33%	63.33%	69.17%	35.00%	8.33%

Access for Disabled

Provider Response:

80.23% of survey responders stated that their facilities are handicap accessible. This is a 15% decrease from 2023 (95%). This means 52 responders (19.77%) stated they are not handicap accessible.

### Is your facility handicapped accessible?

Answered: 263   Skipped: 328

No 19.77% (52)

Yes 80.23% (211)
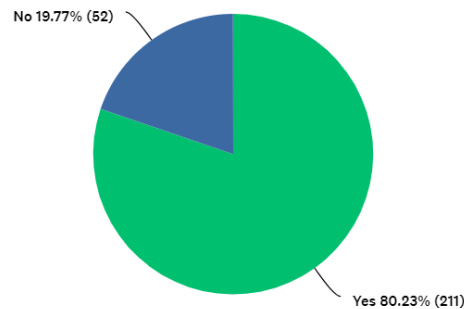
Administrative Staff Response:

95% of survey responders (admin staff) stated that their facilities are handicap accessible. This means 7 responders (5%) stated they are not handicap accessible.

Is your facility handicapped accessible?

Answered: 140   Skipped: 451

No 5.00% (7)

Yes 95.00% (133)
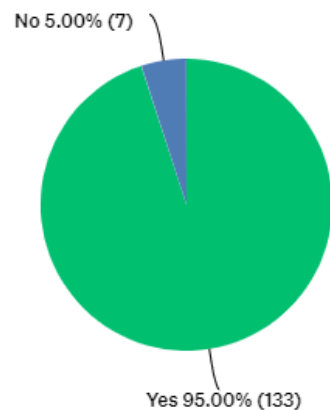
To provide high quality member care, providers should ensure their facilities are accessible for all patients. This will be the 2025 QI Workplan goal for Access Survey.
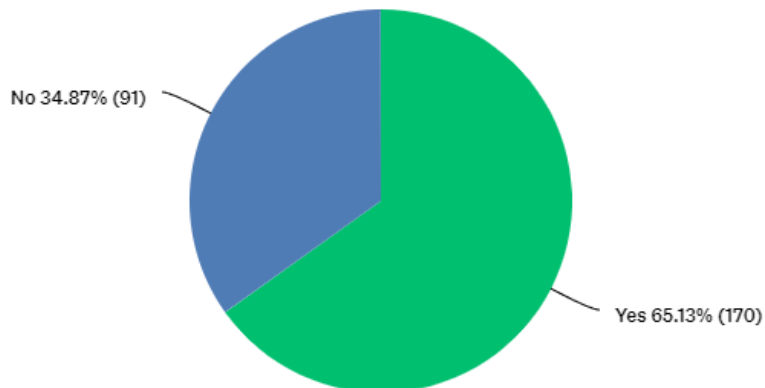
Utilization of Electronic Health Record

Provider Response:
Survey responders were asked if their practice utilized an electronic health record (EHR). 170 survey responders reported their practice does utilize an EHR. 91 survey responders stated their practice does not utilize an EHR.

Do you utilize an electronic health record for your patients?

Answered: 261   Skipped: 330

No 34.87% (91)

Yes 65.13% (170)

Administrative Staff Response:
Survey responders (admin staff) were asked if their practice utilized an electronic health record (EHR). 120 survey responders reported their practice does utilize an EHR. 19 survey responders stated their practice does not utilize an EHR.

Do you utilize an electronic health record for your patients?

Answered: 139   Skipped: 452

No 13.67% (19)

Yes 86.33% (120)
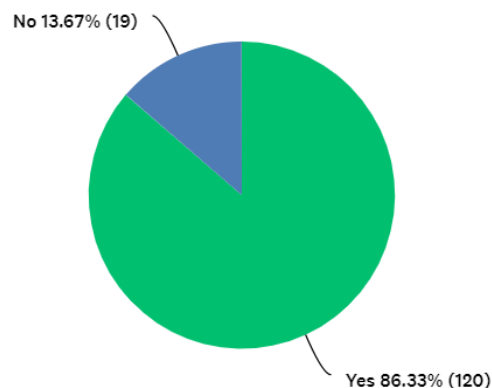
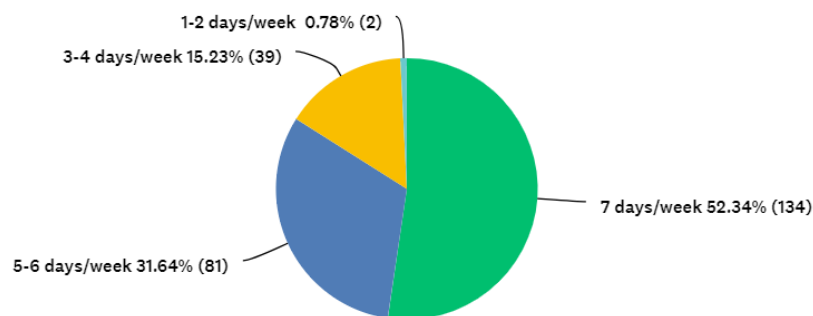**Days Per Week Respondent Can Treat Patients**

Provider Response:
Survey responders were asked how many days a week they are available to treat patients. Separately, survey responders were asked how many days a week they are available to treat *iCare* patients. 83.98% of responders reported they can treat patients 5 days a week or more. 81.96% of responders reported they can treat *iCare* members more than 5 days a week or more.

The image below shows responders availability to treat all patients.

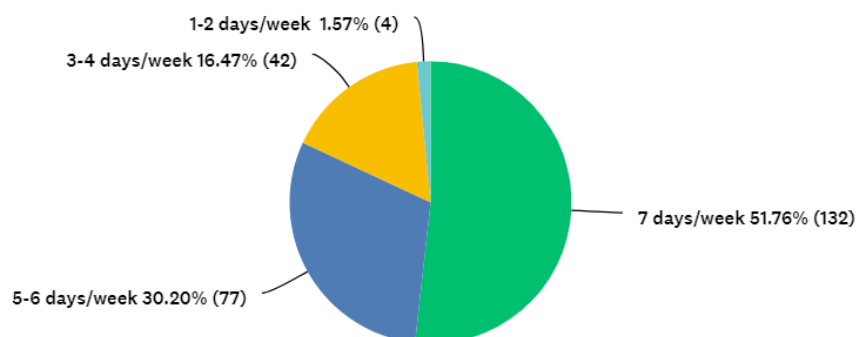How many days a week are you able to treat patients?

Answered: 256   Skipped: 335

1-2 days/week 0.78% (2)
3-4 days/week 15.23% (39)
7 days/week 52.34% (134)
5-6 days/week 31.64% (81)

The image below shows responders availability to treat *iCare* patients.

How many days a week are you able to treat iCare patients?

Answered: 255   Skipped: 336

1-2 days/week 1.57% (4)
3-4 days/week 16.47% (42)
7 days/week 51.76% (132)
5-6 days/week 30.20% (77)

Administrative Staff Response:

Survey responders (admin staff) were asked how many days a week they are available to treat patients. Separately, survey responders were asked how many days a week they are available to treat *iCare* patients. 91.49% of responders reported they can treat patients 5 days a week or more. 88.58% of responders reported they can treat *iCare* members more than 5 days a week or more.

The image below shows responders availability to treat all patients.

How many days a week are you able to treat patients?

Answered: 141   Skipped: 450
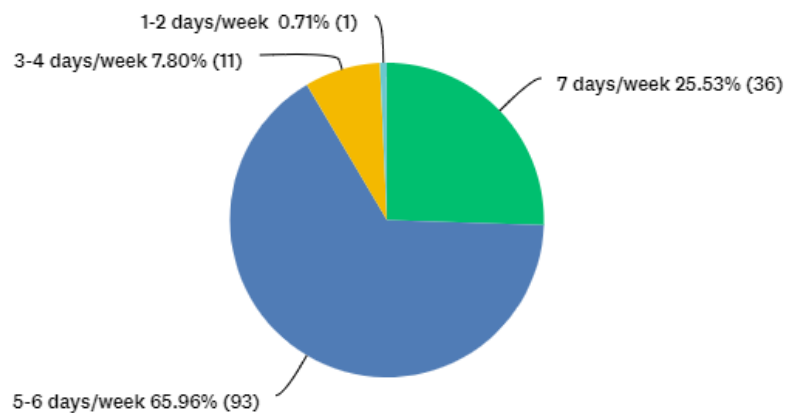
1-2 days/week 0.71% (1)
3-4 days/week 7.80% (11)
7 days/week 25.53% (36)
5-6 days/week 65.96% (93)

The image below shows responders availability to treat **iCare** patients.

How many days a week are you able to treat iCare patients?

Answered: 140   Skipped: 451

1-2 days/week 2.86% (4)
3-4 days/week 8.57% (12)
7 days/week 24.29% (34)
5-6 days/week 64.29% (90)
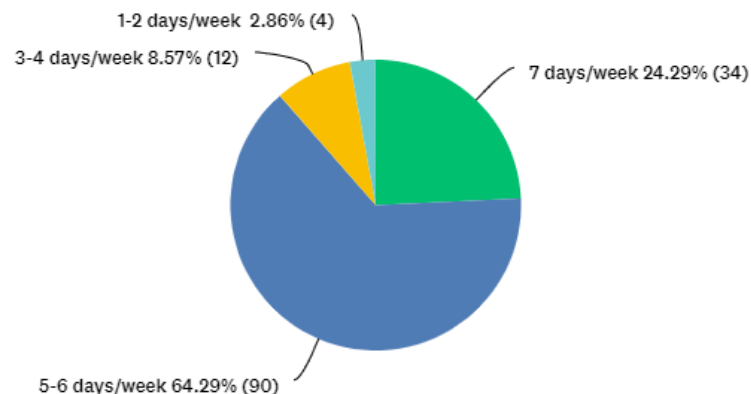
After Hours

The *i*Care standard is that 90% of providers have some type of after-hours care. The option "Not applicable: I am an emergency medicine provider" was removed from the denominator (35 out of 256 responders). This means 72.85% of the responders indicated they have after-hours care. This is 10% lower than after-hours care reported in 2023.

Survey participants were asked if their voicemail directed patients to urgent care or the emergency department. 246 responders answered this question. However, 42 responded with option "Not applicable: I am an emergency medicine provider". This means 69.6% of respondents reported they do have a voicemail that directs patients to urgent care or the emergency department.
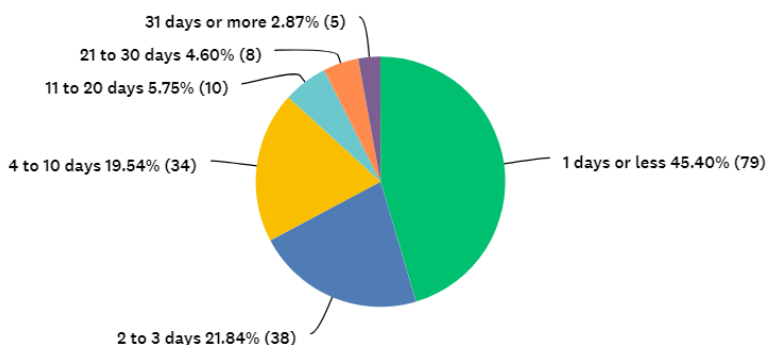
Accessibility of Services

Primary and Specialty Care

The *i*Care standard is no longer than 30 days for an appointment with a primary care or specialty provider. Five providers reported 31 or more days for patients to receive regular and routine care appointments. These responders reported their practice type as primary care, cardiology, and other specialty.

What is the length of time it takes a patient to receive regular and routine care appointments?

Answered: 174   Skipped: 417

- 31 days or more 2.87% (5)
- 21 to 30 days 4.60% (8)
- 11 to 20 days 5.75% (10)
- 4 to 10 days 19.54% (34)
- 1 days or less 45.40% (79)
- 2 to 3 days 21.84% (38)

The image above shows the answer choice, response rate, and total number of responses. Most responders reported it takes 1 day or less for a patient to receive a regular and routine care appointment.

Primary Care Providers:
The *i*Care standard for urgent appointments with a primary care provider requires 90% of network providers to provide access to appointments within 24 hours and specialty care within 72 hours. 91.31% of primary care survey responders reported providing urgent appointments within 24 hours. Seven specialty providers reported greater than 49 hours for patients to receive urgent care services. Most providers reported it was 0 to 12 hours for a patient to receive an urgent care appointment.

What is the length of time it takes a patient to receive urgent care services?

Answered: 161 Skipped: 430

49 hours or more 3.11% (5)
25 to 48 hours 5.59% (9)
13 to 24 hours 15.53% (25)
0 to 12 hours 75.78% (122)
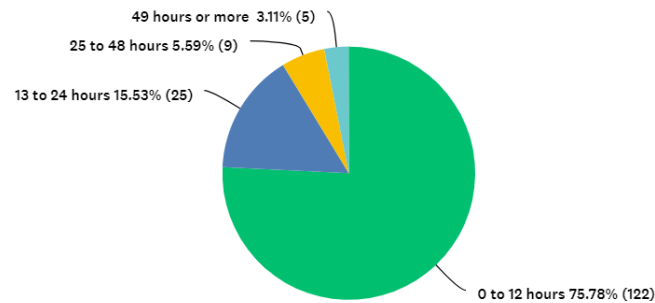
Specialty Care Providers:

The *i*Care standard for routine OB/GYN appointments for pregnant members is access to a routine care appointment within 30 days. No providers reported greater than 31 days for a patient to receive a regular or routine care appointment. Six providers reported 30 days or less for a patient to receive a regular or routine care appointment.

What is the length of time it takes a patient to receive regular and routine care appointments?

Answered: 7 Skipped: 584

21 to 30 days 14.29% (1)
1 day or less 14.29% (1)
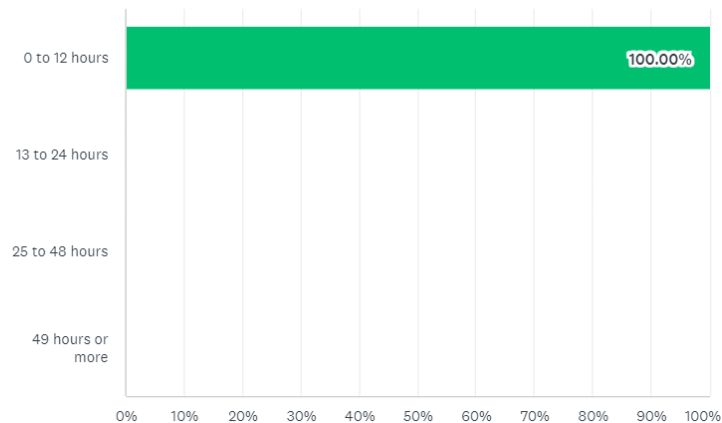2 to 3 days 14.29% (1)
4 to 10 days 57.14% (4)
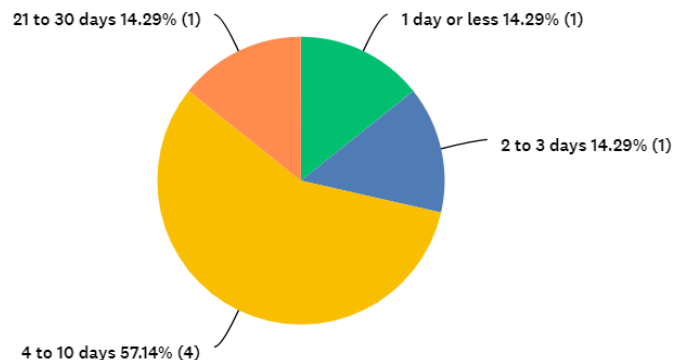
The image above shows the choices provided to survey responders, the number of responses for each selection, and the rate of each selection. 100% of responders meet the access standard for OB-GYN routine and regular care appointments.

Survey responders were asked the length of time it takes for a patient to receive urgent care services. The *i*Care standard is for providers to offer urgent care services with 24 hours. All seven providers reported they can provider urgent services of OB/GYN patients within 12 hours or less.

## What is the length of time it takes a patient to receive urgent care services?

Answered: 7   Skipped: 584

0 to 12 hours	100.00%
13 to 24 hours	
25 to 48 hours	
49 hours or more	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

The *i*Care standard for high-risk pregnant patients is that the wait times for an appointment shall be no more than two weeks after the member's request. All five responders reported it was less than 4 days for a high-risk pregnant member to receive prenatal care after requested.

What is the wait time for a high-risk pregnant patient to receive prenatal care after a member requests an appointment?

Answered: 5   Skipped: 586
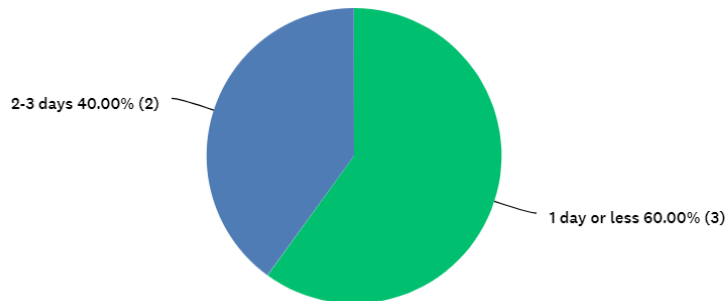
2-3 days 20.00% (1)

1 day or less 80.00% (4)
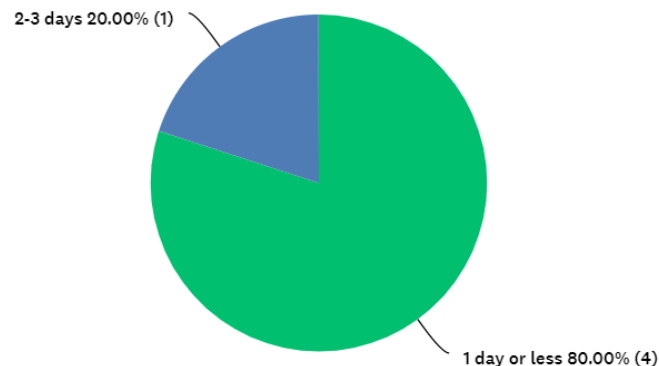
The image above shows the choice selections, the number of responses, and the rate for each response. The highest response rate was '1 day or less' for high-risk pregnant patients to receive a requested appointment.

The HMO must provide medically necessary high-risk prenatal care within two weeks of the member's request for an appointment, or within three weeks if the request is for a specific HMO provider, who is accepting new patients. All 5 survey responders reported less than 4 days for a new patient appointment for a high-risk pregnant patient with a specific HMO.

What is the wait time for a high-risk pregnant patient to receive prenatal care after a member request an appointment for a specific HMO who is accepting new patients?

Answered: 5   Skipped: 586

The image above shows the answer choices, the number of responses, and the response rates. The highest sections were '1 day or less' with 60%.

The standard for providers is that office wait times for scheduled appointments should not exceed 30 minutes from the appointment time to when the member is seen by the provider. Fifteen (5%) of survey responders reported 16 minutes or greater wait-times. 95% of responders reported wait-times at 15 minutes or less.
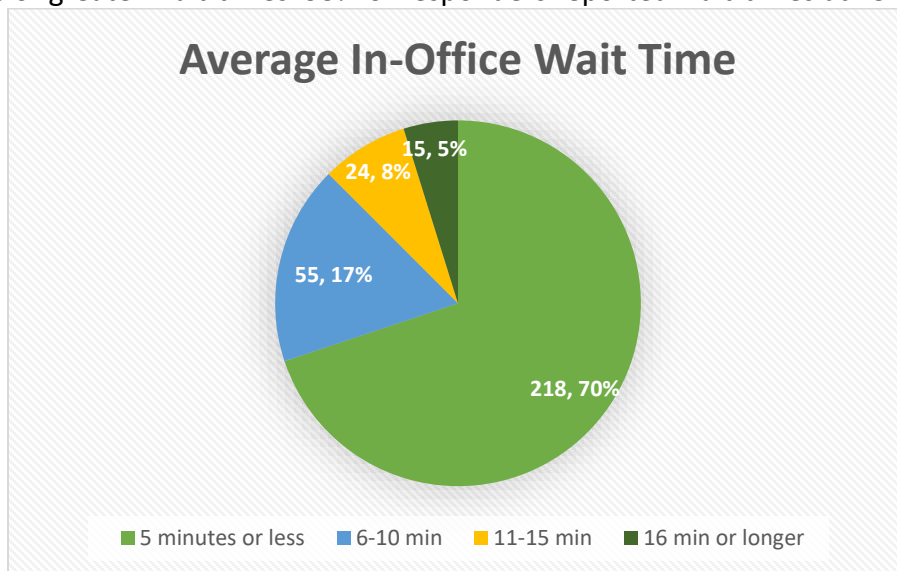
The image above shows the answer choices, number or responses, and the rate for each response. The highest response was '5 minutes or less' for in office wait-times.
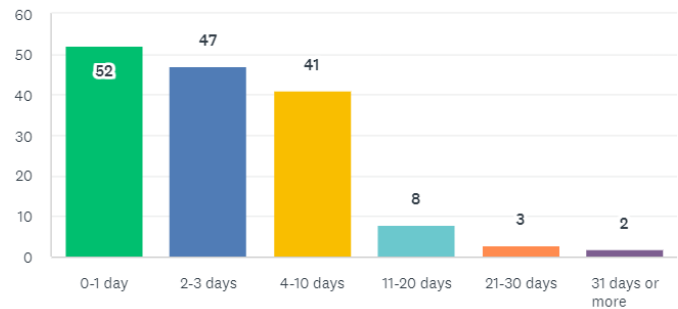
Behavioral Health Care

The *i*Care standard is that the wait time for non-life-threatening emergency care can be no more than 30 days. Two responders reported it takes 31 days or more for patients to receive non-life-threatening emergency care.

Over 98% percent of responders reported they can provide non-life-threatening emergency care within 30 days or less.

What is the length of time it takes a patient to receive care for a non-life-threatening emergency?

Answered: 153   Skipped: 438

The *i*Care standard for access to urgent care Behavioral Health services is that 90% of providers have appointments available within 48 hours. Over 95% percent of Behavioral Health survey responders reported they can provide urgent appointments within 48 hours.

What is the length of time it takes a patient to receive urgent care services?

Answered: 148   Skipped: 443
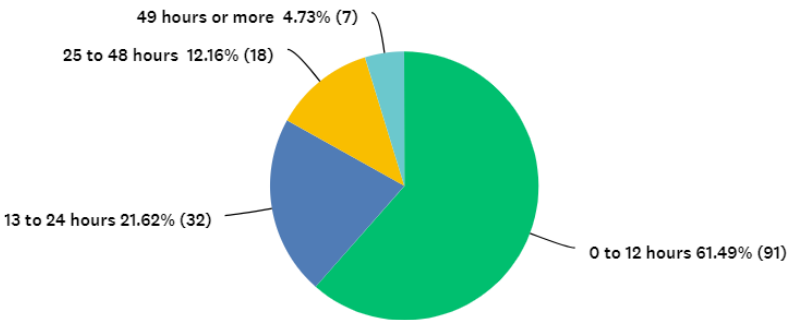
The image above shows the answer choices, response number, and response rate for Behavioral Health urgent services. Most responders reported they can provide urgent services within 0 to 12 hours.

The *iCare* standard is that 90% of members seeking a behavioral health initial **or** routine visit, receive visits within 10 business days. 78.18% of survey responders reported providing initial **or** routine visits within 10 business days.

Initial or Routine/Follow-Up Care
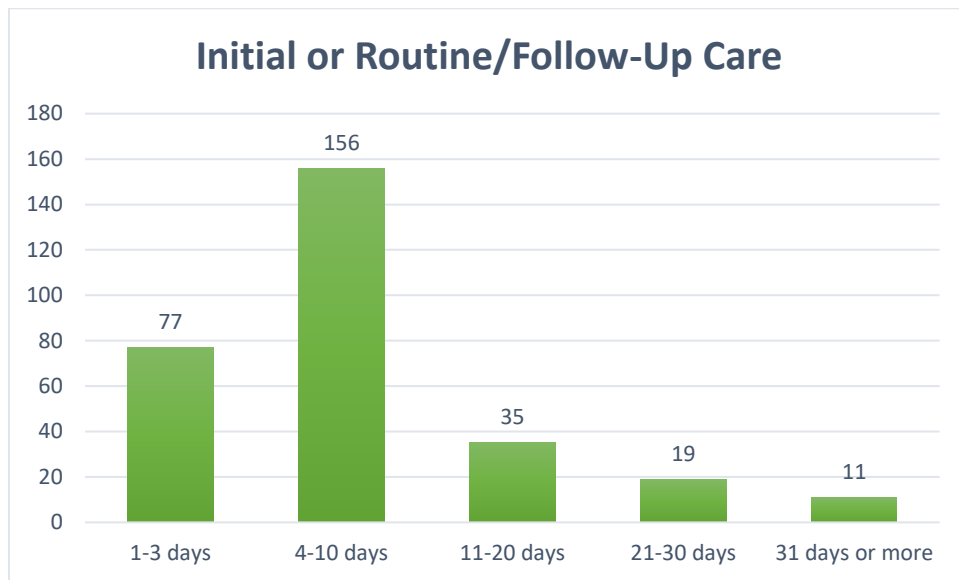
The image above shows the answer choices, rate, and number of responses. Most responders reported they are able to provide initial visits and routine care for Behavioral Health patients within 4-10 days.

13.82% of the responders reported that their practice offers Medication-Assisted Treatment (MAT) services.

Does your practice offer Medication-Assisted Treatment (MAT) services?

Answered: 152   Skipped: 439

Yes 13.82% (21)

No 86.18% (131)
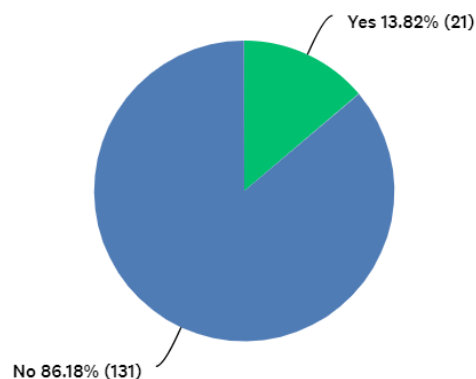
The *i*Care standard is that a patient should receive an appointment with a prescribing and dispensing provider for MAT services in no more than 72 hours. 55% of the responders indicated that the patient should receive the appointment within 72 hours of request, while 45% stated it took more than 72 hours. 126 respondents stated not applicable: MAT services not offered. They were removed from the denominator.

Wait Time for Appt with Prescribing Provider for MAT

- 1-24 hours
- 25-48 hours
- 49-72 hours
- 73 hours or more

(4, 15%) (2, 7%) (9, 33%) (12, 45%)