

# Humana



INDEPENDENT CARE HEALTH PLAN

iCare is a wholly-owned subsidiary of Humana

2025 Provider Access Survey Results  
Completed December 2025

# Table of Contents

<b>Introduction</b> .....	3
<b>Purpose</b> .....	3
<b>Survey Administration</b> .....	4
<b>Overall Response Rate</b> .....	4
<b>Provider Results</b> .....	5
<b>Practice Type</b> .....	5
<b>Counties Served</b> .....	5
<b>Language and Language Services</b> .....	6
<b>Provider Demographic Information</b> .....	6
<b>Cultural Competency Training</b> .....	8
<b>Access for Disabled</b> .....	10
<b>Days Per Week Respondent Can Treat Patients/Wait Times</b> .....	10
<b>Electronic Health Records</b> .....	11
<b>After-Hours</b> .....	12
<b>Accessibility of Services</b> .....	13
<b>Primary and Specialty Care</b> .....	13
<b>OB/GYN</b> .....	14
<b>Behavioral Health</b> .....	15
<b>Administrative Assistant Results</b> .....	18
<b>Practice Type</b> .....	18
<b>Counties Served</b> .....	18
<b>Language and Language Services</b> .....	19
<b>Cultural Competency Training</b> .....	19
<b>Access for Disabled</b> .....	21
<b>Days Per Week Respondent Can Treat Patients/Wait Times</b> .....	21
<b>Electronic Health Records</b> .....	22
<b>After-Hours</b> .....	23
<b>Accessibility of Services</b> .....	24
<b>Primary Care &amp; Specialty</b> .....	24
<b>OB/GYN</b> .....	24
<b>Behavioral Health</b> .....	25
<b>Conclusion</b> .....	27

## Introduction

### Purpose

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

- 1) The following elements must be evaluated for *iCare*'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, which 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 *iCare*'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 (*iCare*) 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.

## Survey Administration

The *iCare* Provider Access Survey was sent to 9,581 providers via email on December 10<sup>th</sup>, 2025. 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 December 17<sup>th</sup> and again on December 23<sup>rd</sup>. There were 3,049 emails that were rejected (failed to deliver to the recipient's email). An additional 55 emails were identified as "unsubscribed" emails; meaning the provider opted to not receive emails or surveys from Survey Monkey. The adjusted denominator was 6,477 providers who received the Provider Access Survey. There were 230 responses for an overall response rate of 3.50%. The chart below shows how this rate was determined (Image 1).

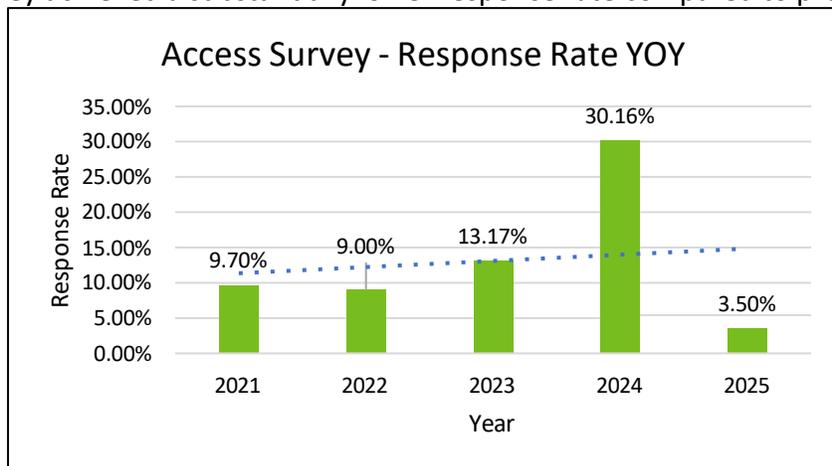
<b>Total Invitations</b>	9,581
<b># of Failed Emails</b>	3,049
<b># of Unsubscribed Emails</b>	55
<b>Adjusted Denominator</b>	6,477
<b>Response Rate</b>	3.50%

\*Image 1

*iCare* used the software program, Survey Monkey, to distribute the Provider Access Survey. This platform allowed *iCare* to follow up with specific providers, as needed, regarding how they responded. Through this platform, *iCare* 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.

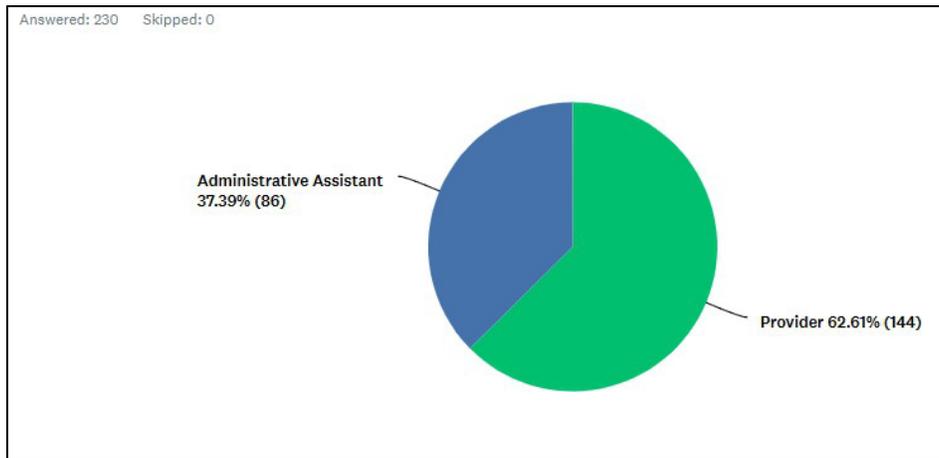
## Overall Response Rate

A notable decline in survey response rate was observed from 2024 to 2025. In 2024, the response rate was 30.16%, with 591 responses received from 1,959 survey invitations distributed through SurveyMonkey. In contrast, the 2025 survey achieved a substantially lower response rate compared to previous years (Image 2).



\*Image 2

The 2025 Provider Access survey had 230 responses. 144 providers responded to the survey (62.61%) and 86 administrative staff responded to the survey (37.39%) (Image 3).

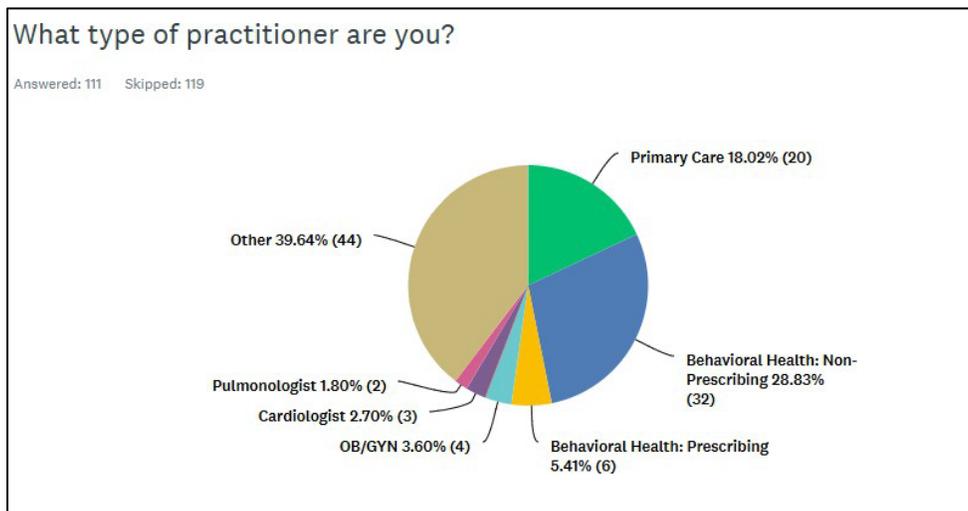


\*Image 3

## Provider Results

### Practice Type

Each provider was asked to identify their practice type. Most respondents reported their practice type as Other (44 providers) and Behavioral Health: Non-Prescribing (32 providers). No respondents reported Oncology for their practice type (Image 4). Survey responders were provided with an email at the end of the survey to respond to *iCare* Network Development Department if their selection type and/or preferences were not identified in the survey.



\*Image 4

### Counties Served

Providers were asked what counties they serve. 25.25% of respondents stated they served the entire state. Milwaukee was the single county with the highest response of 29.73%, while Waukesha was the second single county at 18.02%.

## Language and Language Services

Providers were asked to select languages they were fluent in when communicating about medical care. Not all providers provided an answer to this question. 100% of providers answered that they were fluent in English, while nearly seven (6.8%) stated they were fluent in Spanish. There were also four (4) other providers who answered they were fluent in Mandarin, Polish, Russian, and Urdu (one response for each language). The seventeen other languages provided in the question had zero responses.

Additionally, providers were asked what languages the office staff are fluent in when communicating about healthcare. This was a select all that apply question. There were 104 providers who responded to this survey question with 135 language selections. English was selected 101 times (97.12%). The other languages identified for office staff were Spanish (24.04%), Other (Comment provided: Indonesian and Virtual Interpreters) (1.92%), with one response each for Arabic, Hindi, Hmong, Lao, Polish, Somali, and Urdu.

Providers were asked the type of language services their practice provided. There were 106 responders to this question. The top three (3) selections were Remove Video (63), Telephone Interpreters (54), and Onsite Interpreters (30). Six responders selected Through the HMO/MCO's language resources. 17 responders stated that no language services are required, while five (5) stated that help is needed to find language service resources. This question was select all that apply.

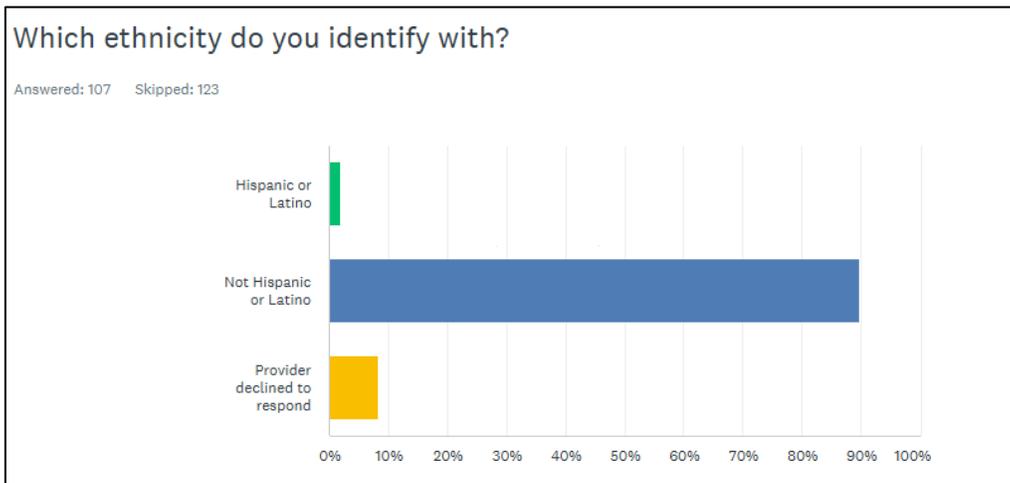
Respondents were provided an additional question on the survey stating "Providers may send a request for assistance for interpretation to the iCare Customer Service Mailbox at [callcen@icarehealthplan.org](mailto:callcen@icarehealthplan.org)". 111 providers responded that they understood this avenue for interpretation assistance.

## Provider Demographic Information

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

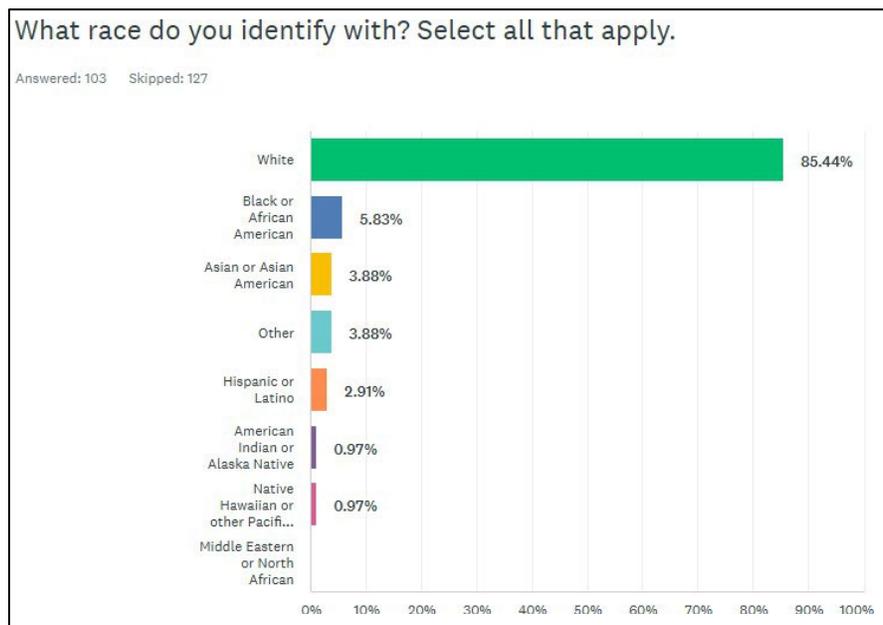
***Disclaimer:*** iCare is required to report demographic information of providers who serve enrollees to demonstrate non-discriminatory practices. To comply with this requirement, we encourage you to provide the information below. This information is voluntary. iCare does not and shall not discriminate 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. 107 providers responded to the question. 123 providers skipped this question and nine selected 'provider declined to respond.' The image below shows the ethnicity choices, number of responses, and rate for each ethnicity identified. Most providers (89.72%) identified their ethnicity as 'Not Hispanic or Latino' with two respond as 'Hispanic or Latino' (Image 5).



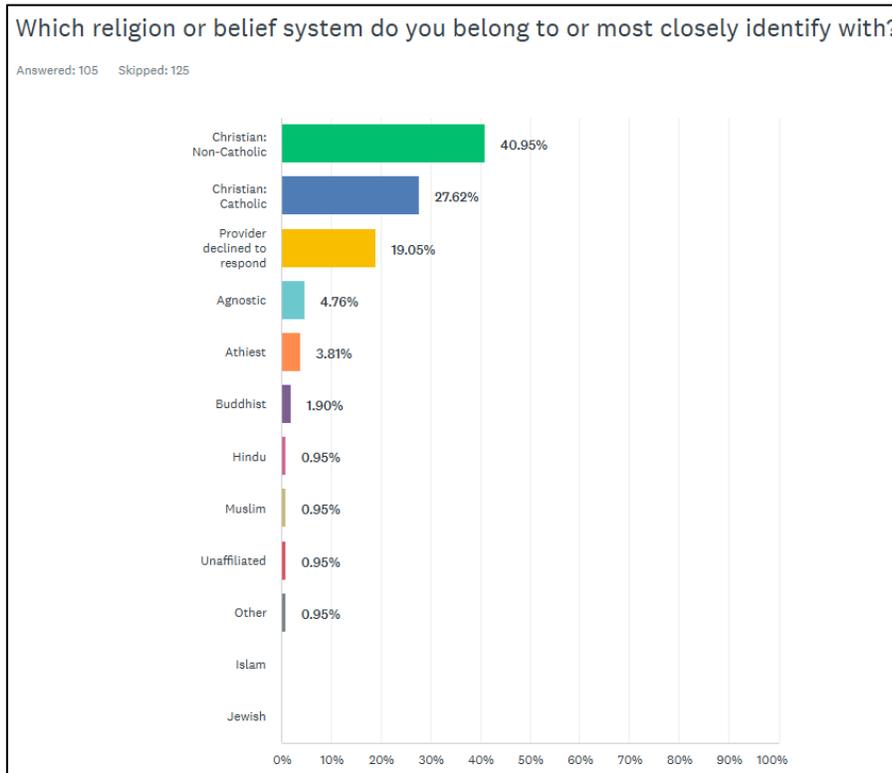
*\*Image 5*

The second demographic question asked respondents to identify their race. 103 respondents responded to this question. 127 providers skipped the question. Many respondents selected 'White' for their identified race (85.44%) (Image 6).



*\*Image 6*

The last demographic question asked respondents to identify their religion or belief system. There were 105 responses to this question. 125 respondents skipped the question and 20 respondents selected 'declined to respond'. 40.95% of respondents selected 'Christian: Non-Catholic'. No respondents selected Islam or Jewish (Image 7).



\*Image 7

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. 111 respondents responded that they understood the disclaimer.

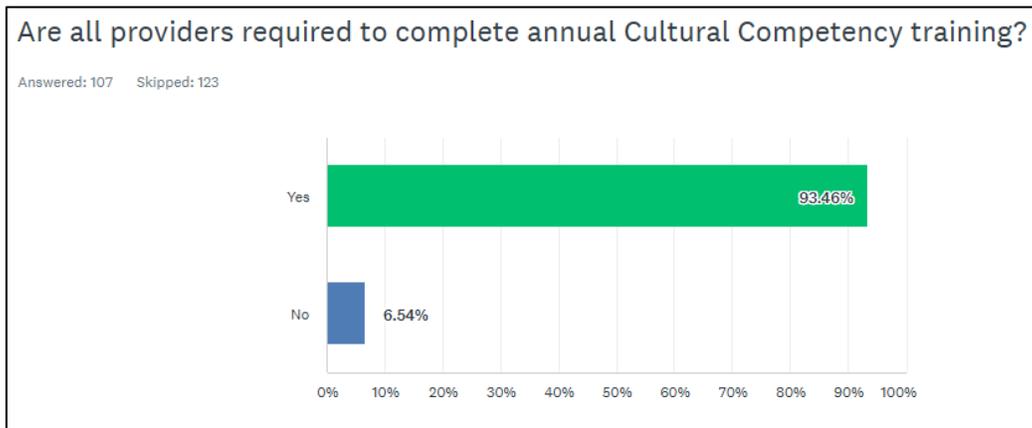
*‘It is important to iCare to collect all language, race, ethnicity, religious belief, and demographic data. If you were unable to identify with any of the provided choices, iCare has provided contact information at the end of this survey. It is important we recognize this information.’*

### Cultural Competency Training

iCare 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.

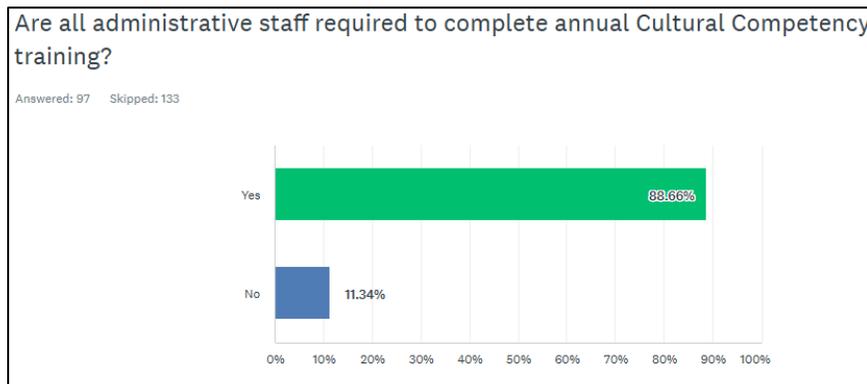
Providers were asked if they were required to complete annual Cultural Competency Training. Separately, responders were asked if all administrative staff were required to complete Cultural Competency training.

The image below shows the total number of responses to the question “Are all providers required to complete annual Cultural Competency training?”. 107 providers responded to this question. 93.46% reported that they were required to, while 6.54% reported that they were not required to complete annual Cultural Competency Training (Image 8).



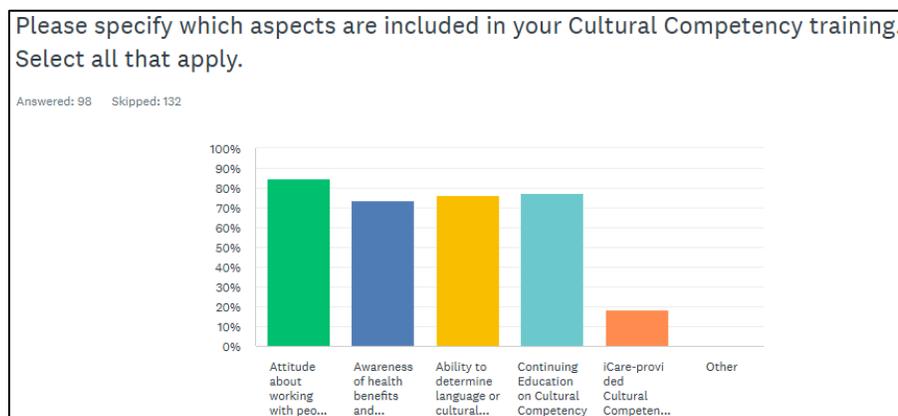
\*Image 8

The image below shows the total number of responses to the question “Are all administrative staff required to complete annual Cultural Competency Training?”. 97 providers responded to this question. 86 providers reported that administrative staff are required to complete annual training, while 11 reported that they are not required to complete annual training (Image 9).



\*Image 9

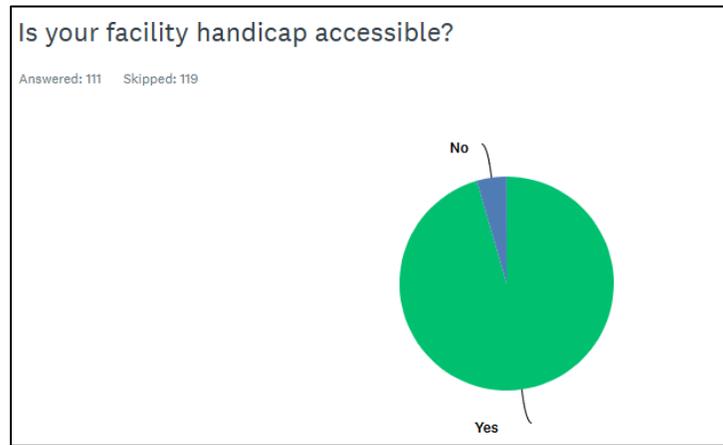
Survey responders were asked to answer aspects included in their cultural competency training. This question was presented to survey responders in a select all that apply format. 18 of the 98 that responded reported they utilize iCare provided Cultural Competency Training (Image 10).



\*Image 10

## Access for Disabled

Providers were asked if their facility is handicap accessible. There were 111 responses. 106 (95.5%) responded that they were handicap accessible. This is a 15% increase from the 2024 survey (80.23%). To provide high quality member care, providers should ensure their facilities are accessible for all patients (Image 11).



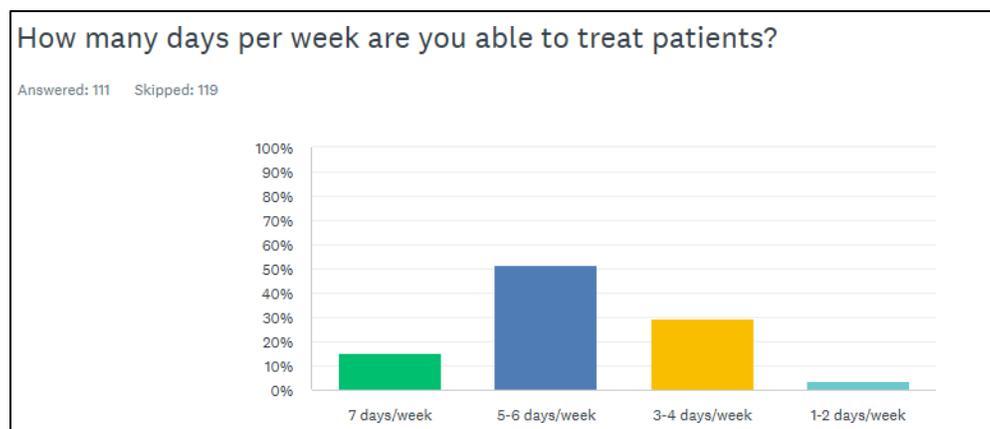
\*Image 11

2025 additional survey question included an open text box that allowed providers to type in responses to explain why if responded not handicap accessible, the reason(s). The responses included:

- *Building is old. Built prior to accessibility standards.*
- *I rent in a building that is not handicap accessible and they won't make it accessible.*
- *The building does not offer it.*

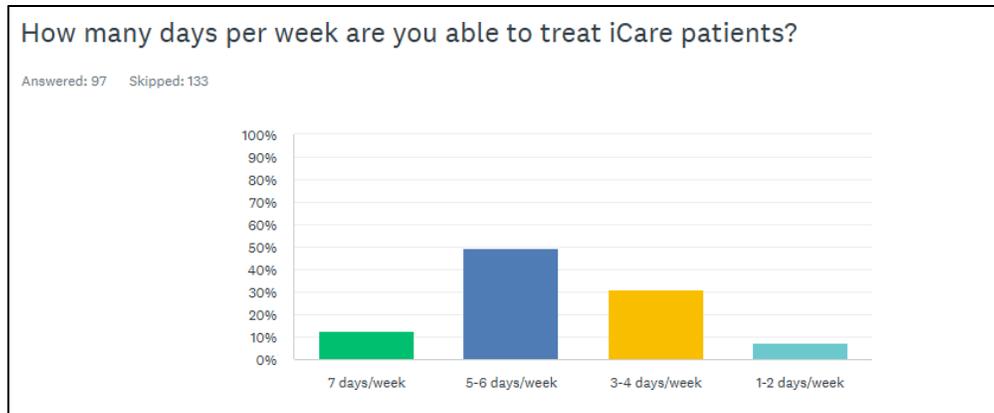
## Days Per Week Respondent Can Treat Patients/Wait Times

Providers were asked how many days a week they are available to treat patients. Separately, they were asked how many days a week they are available to treat *iCare* patients. 66.67% of responders reported they can treat patients five (5) days a week or more. 61.85% of responders reported they can treat *iCare* members more than five (5) a week or more. The image below shows responders' availability to treat all patients (Image 12).



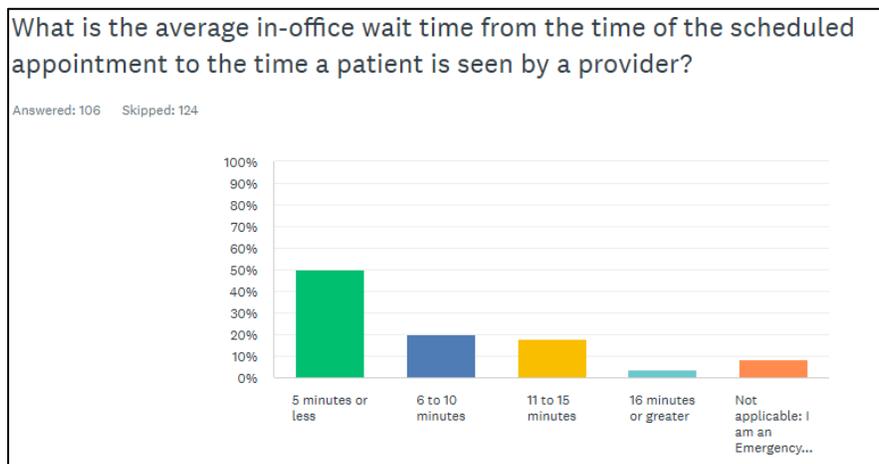
\*Image 12

The image below shows responders' ability to treat iCare patients (Image 13).



\*Image 13

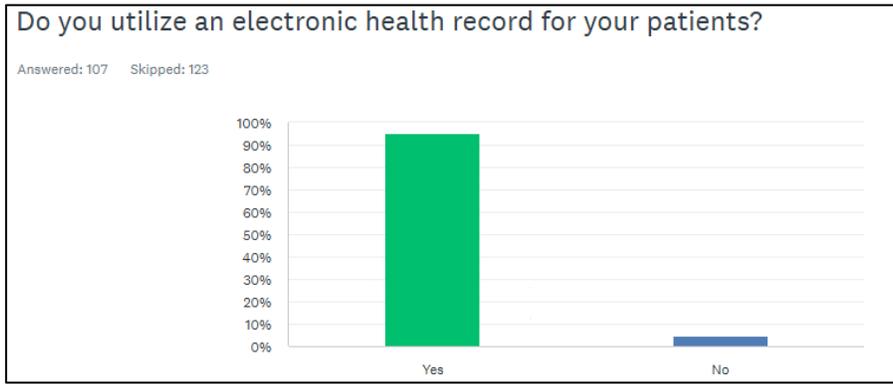
Providers were asked the average in-office wait time from the time of the scheduled appointment to the time the patient is seen by a provider. Nine (9) respondents stated they were Emergency Medicine providers, so they were removed from the denominator. This means 54.6% of respondents stated their patients had to wait five (5) minutes or less, while 4.1% stated they had to wait 16 minutes or longer (image 14).



\*Image 14

### Electronic Health Records

Providers were asked if they utilize an electronic health record for their patients. 107 respondents answered this question. 102 of them stated that they did, while five (5) stated that they did not (Image 15).

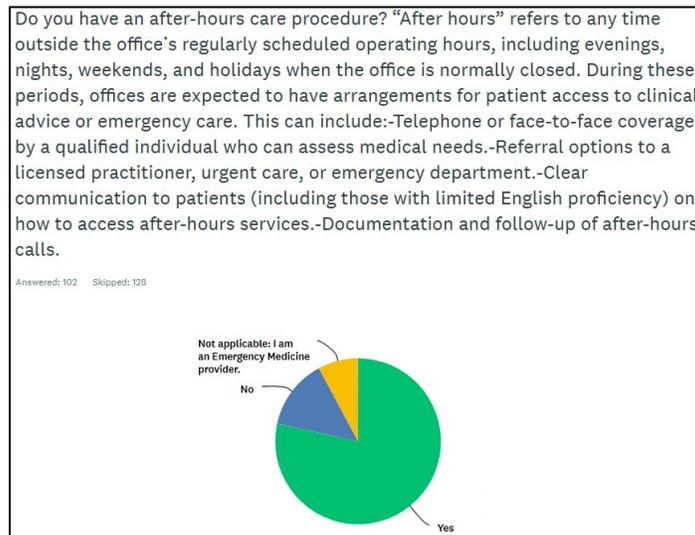


\*Image 15

### After-Hours

With efforts towards the 2025 Quality Improvement Workplan Goal of improving results related to After-Hours, providers were asked if they utilized an after-hours care procedure with an added definition of “after-hours” for survey question clarity.

The *iCare* 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 (eight (8) out of 102 responders). This means 85.1% of the responders indicated they have after-hours care. This is 12.25% higher than after-hours care reported in 2024 (72.85%) (Image 16).



\*Image 16

2025 additional survey question included an open text box that allowed providers to type in responses to explain their rationale for not offering after-hours options. The responses include:

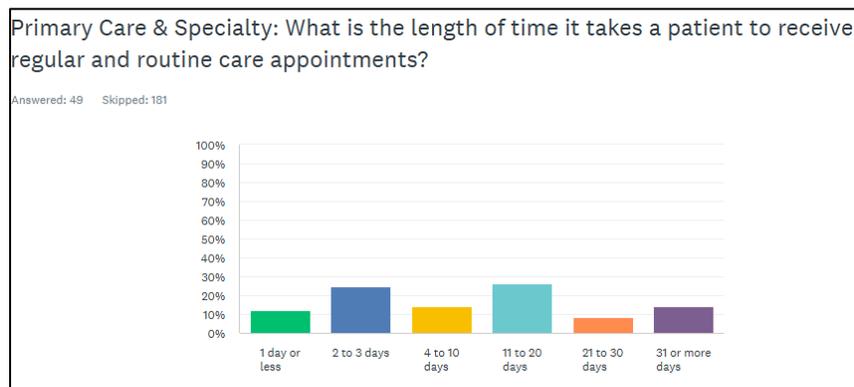
- *Acute Care NICU*
- *I work in an ambulatory surgery area.*
- *We are a county mental health clinic. We have some flexibility in hours, although our office is open M-F 8-4:30.*
- *Hospital based practice.*
- *Patients are recommended to go to Urgent Care when office is closed.*

- *We are therapists, not doctors.*
- *Employee wellness and availability of having support staff on site, limit to M-F hours.*
- *Single provider.*
- *I am a counselor and I don't work past 6pm.*
- *Triage is available 24/7 through Aurora.*
- *We do not have staff to provide that service.*
- *Rehab Clinic.*
- *We are an outpatient clinic and we have instructions on how to contact crisis, ER or police if in crisis.*

## Accessibility of Services

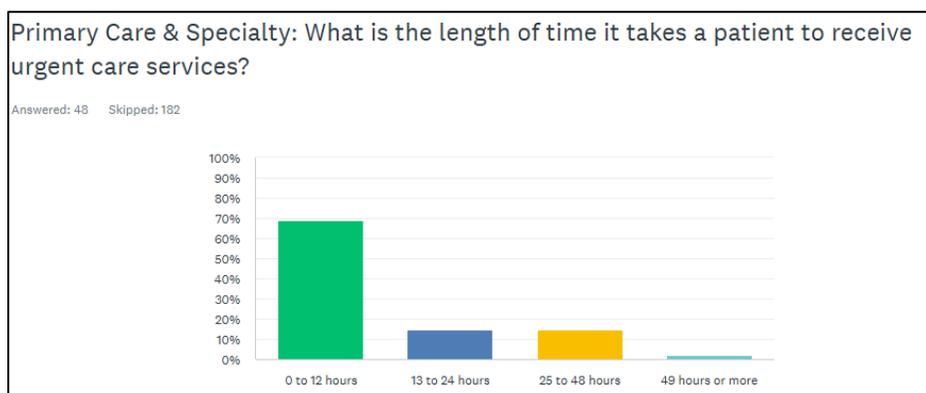
### Primary and Specialty Care

The *iCare* standard is no longer than 30 days for an appointment with a primary care or specialty provider. Seven (7) providers reported 31 or more days for patients to receive regular and routine care appointments (Image 17).



\*Image 17

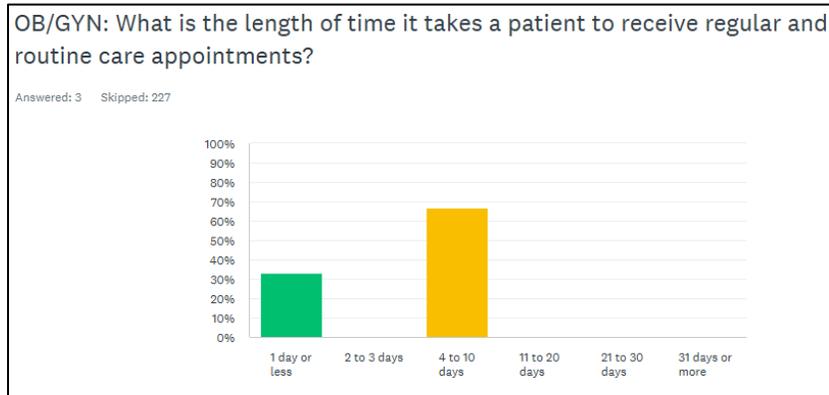
The *iCare* standard for urgent appointments with a primary care provider requires 90% of network providers to provide access to appointments within 24 hours and specialty care within 72 hours. 83.55% of primary care survey responders reported providing urgent appointments within 24 hours. One (1) respondent 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' (Image 18).



\*Image 18

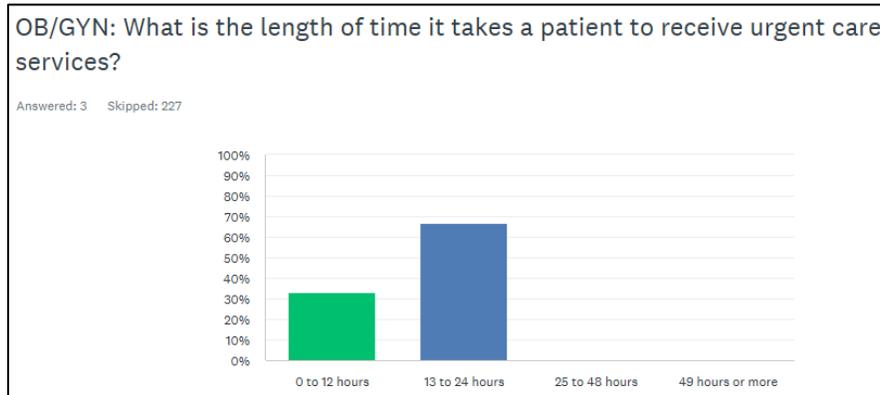
OB/GYN

The *iCare* 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. Three (3) providers reported 30 days or less for a patient to receive a regular or routine care appointment (image 19).



*\*Image 19*

Providers were asked the length of time it takes for a patient to receive urgent care services. The *iCare* standard is for providers to offer urgent care services with 24 hours. All three (3) providers reported they can provide urgent services for OB/GYN patients within 24 hours or less (image 20).



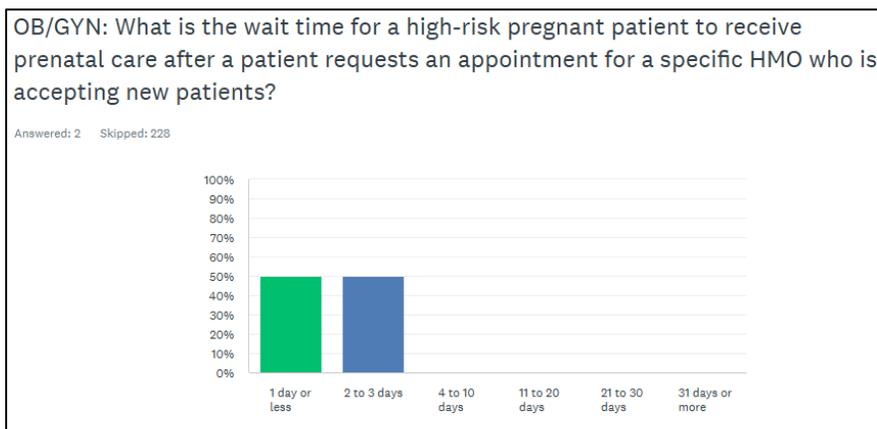
*\*Image 20*

The *iCare* standard for high-risk pregnant patients is that the wait times for an appointment shall be no more than two (2) weeks after the member’s request. Both responders reported it was less than four (4) days for a high-risk pregnant member to receive prenatal care after requested (Image 21).



*\*Image 21*

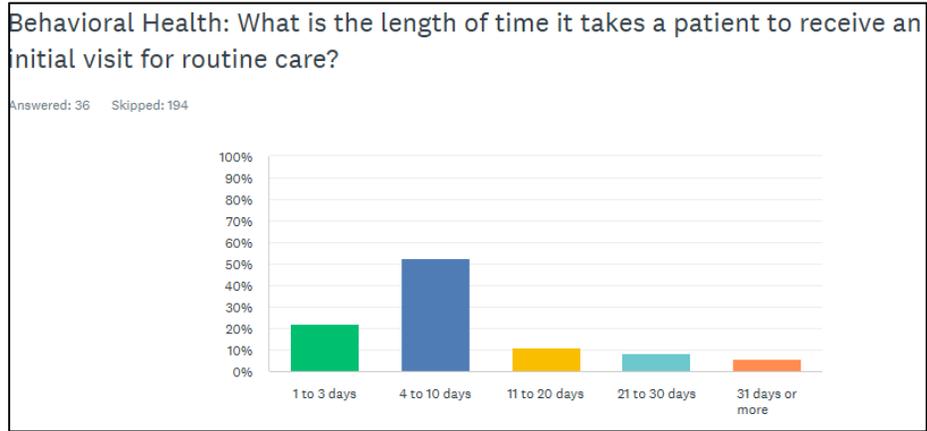
The HMO must provide medically necessary high-risk prenatal care within two (2) weeks of the member’s request for an appointment, or within three (3) weeks if the request is for a specific HMO provider, who is accepting new patients. Both responders reported less than four (4) days for a new patient appointment for a high-risk pregnant patient with a specific HMO (image 22).



*\*Image 22*

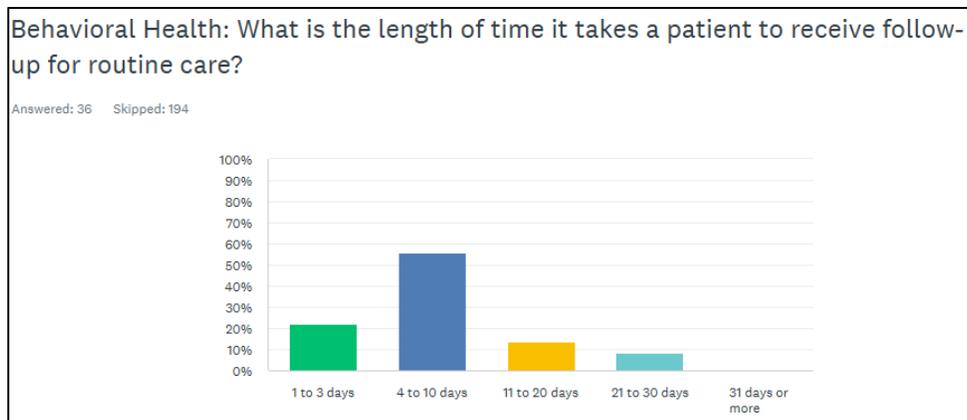
### Behavioral Health

The *iCare* standard is that 90% of members seeking a behavioral health initial **or** routine visit, receive visits within ten (10) business days. Responders were asked the length of time it takes a patient to receive an initial visit for routine care. 34 respondents reported it takes 30 days or less, while two (2) respondents reported it takes 31 days or more (Image 23).



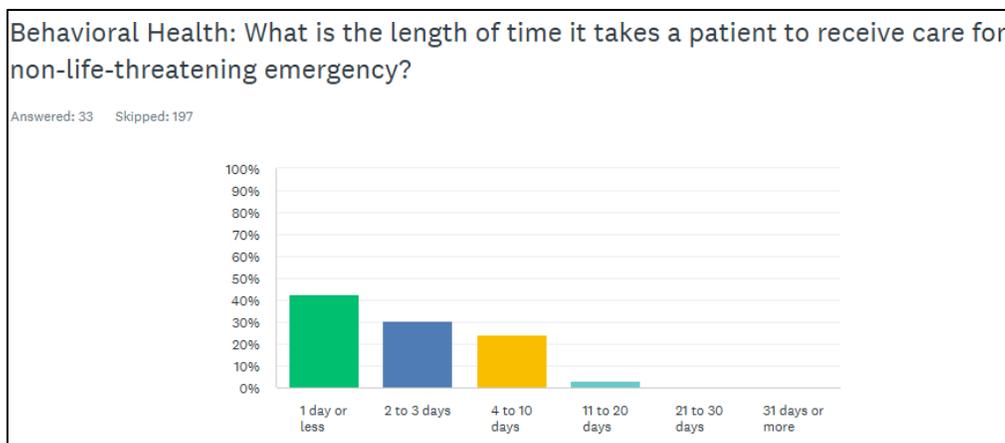
*\*Image 23*

Respondents were asked the length of time it takes a patient to receive follow-up care for routine care. 36 respondents reported it took 30 days or less. No responders reported it took 31 days or more (Image 24).



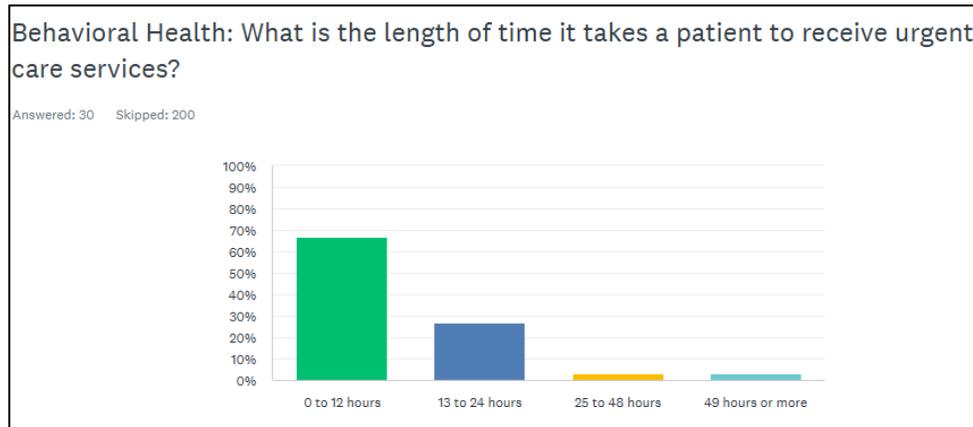
*\*Image 24*

The *iCare* standard is that the wait time for non-life-threatening emergency care can be no more than 30 days. None of the respondents reported that it takes 31 days or more for patients to receive non-life-threatening emergency care. 100% of responders reported they can provide non-life-threatening emergency care within 30 days or less (Image 25).



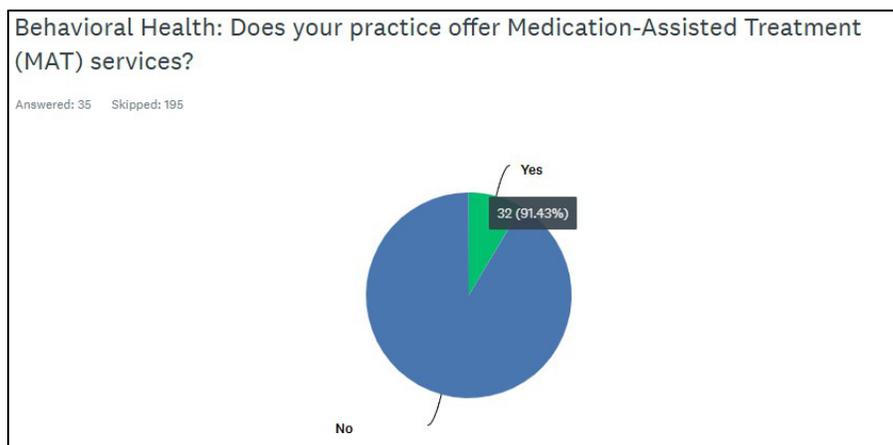
*\*Image 25*

The iCare standard for access to urgent care Behavioral Health services is that 90% of providers have appointments available within 48 hours. 95% of Behavioral Health survey responders reported they can provide urgent appointments within 48 hours, while one (1) respondent reported it takes 49 hours or more (Image 26).



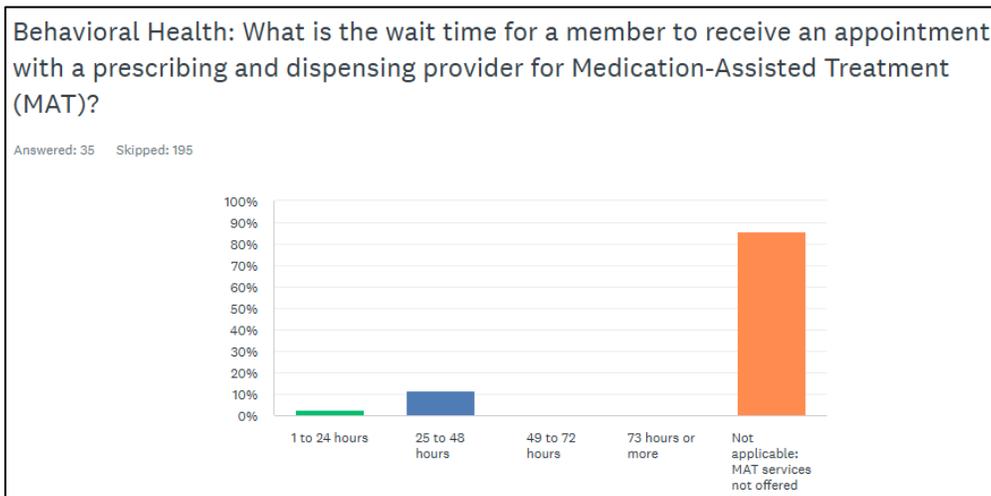
\*Image 26

Providers were asked if their practice offers Medication-Assisted Treatment (MAT) services. 35 respondents answered this question. 8.57% of the responders reported that their practice offers MAT services, while 32 respondents reported they did not (image 27).



\*Image 27

The iCare standard is that a patient should receive an appointment with a prescribing and dispensing provider for MAT services in no more than 72 hours. 30 of the 35 respondents stated, 'not applicable: MAT services not offered', so they were removed from the denominator. That means all providers who responded reported that it takes 48 hours or less to receive an appointment with a prescribing provider for MAT services. They were removed from the denominator (Image 28).

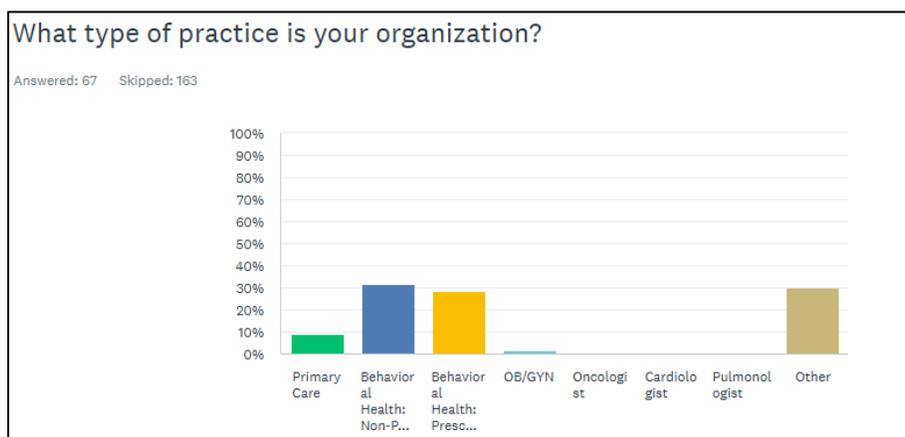


*\*Image 28*

## Administrative Assistant Results

### Practice Type

The Administrative Assistants (AAs) were requested to specify the type of practice associated with their organization. The most responses were for Behavioral Health: Non Prescribing with 21 of the responses (31.34%), with Behavioral Health: Prescribing following behind at 19 responses (28.36%). Six (6) responded that their organization was Primary Care and one (1) as OB/GYN. 20 respondents reported “Other” and were able to type in their organization type, which ranged from Physical Therapy, Hospitalist, Chiropractic, Neurology, Multi-Specialty, Family Planning, Pain Management, and Speech Therapy (Image 29).



*\*Image 29*

### Counties Served

Administrative Assistants were asked the counties they serve. This was a ‘select all that apply’ question. All/Statewide was the largest response at 25.37%. Milwaukee came in second at 17.91% of the responses. Florence, Forest, Green Lake, Langlade, Lincoln, Marquette, Menominee, Pepin, Pierce, Polk, Price, Rusk, Shawano, St. Croix, Vilas, Waupaca, and Waushara did not have any responses.

## Language and Language Services

AAs were asked to identify which languages they were fluent in when communicating about medical care. Not all providers provided an answer to this question. This question was a 'select all that apply'. 100% of providers answered that they were fluent in English, while five (8.2%) stated they were fluent in Spanish. There was also respondent who answered they were fluent in Arabic and Ho-Chunk. (one response for each language). Three (3) respondents reported they were fluent in American Sign Language (ASL). The eighteen other languages provided in the question had zero responses. One respondent chose "Other" but did provide a comment with what that language was.

Additionally, AAs were asked what languages the office staff are fluent in when communicating about healthcare. This question was a 'select all that apply'. There were 65 respondents who responded to this survey question with 65 language selections. English was selected 65 times (100%) The other languages identified for office staff were Spanish (16.92%), American Sign Language (ASL), Arabic, and Ho-Chuck with one response each, and "Other" with one response, but did not provide a comment with what that language was.

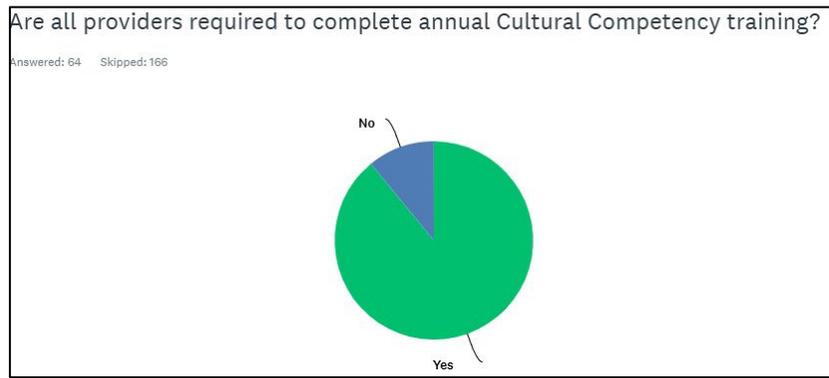
AAs were asked the type of language services their practice provided. This question was a 'select all that apply'. There were 58 responders to this question. The top three selections were Telephone Interpreters (30), Contracted Language Services (15) and Bilingual Staff (9). One (1) responder selected Through the HMO/MCO's language resources. 11 responders stated that no language services are required, while one (1) stated that help is needed to find language service resources.

Respondents were provided an additional question on the survey stating "Providers may send a request for assistance for interpretation to the iCare Customer Service Mailbox at [callcen@icarehealthplan.org](mailto:callcen@icarehealthplan.org)". 67 respondents responded that they understood.

## Cultural Competency Training

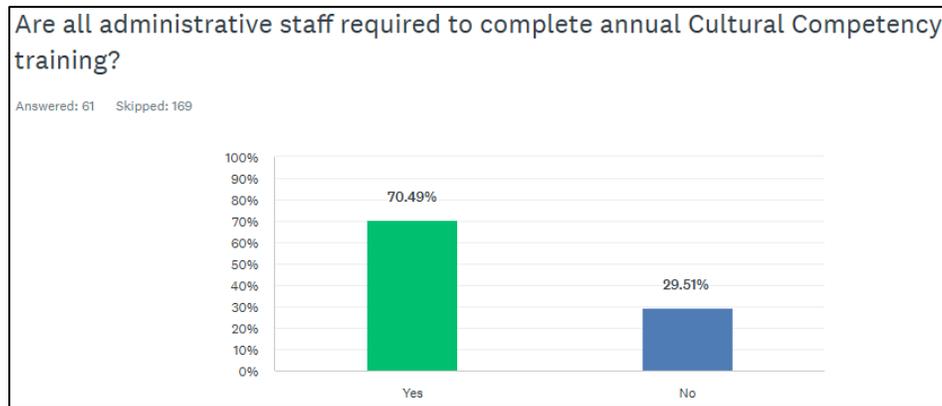
Administrative Staff were asked if all providers were required to complete annual Cultural Competency Training. Separately, responders were asked if all administrative staff were required to complete Cultural Competency training.

The image below shows the total number of responses to the question "Are all providers required to complete annual Cultural Competency training?". 64 providers responded to this question. 89.06% reported that providers were required to, while 10.94% reported that providers were not required to complete annual Cultural Competency Training (Image 30).



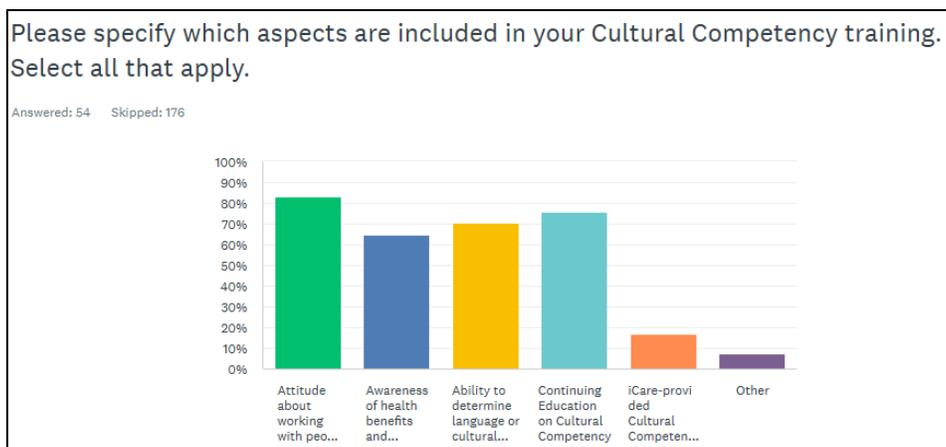
\*Image 30

The image below shows the total number of responses to the question “Are all administrative staff required to complete annual Cultural Competency Training”. 61 responders answered this question. 43 (70.49%) reported that they are required to, while 18 (29.51%) reported that they were not required to complete any training (Image 31).



\*Image 31

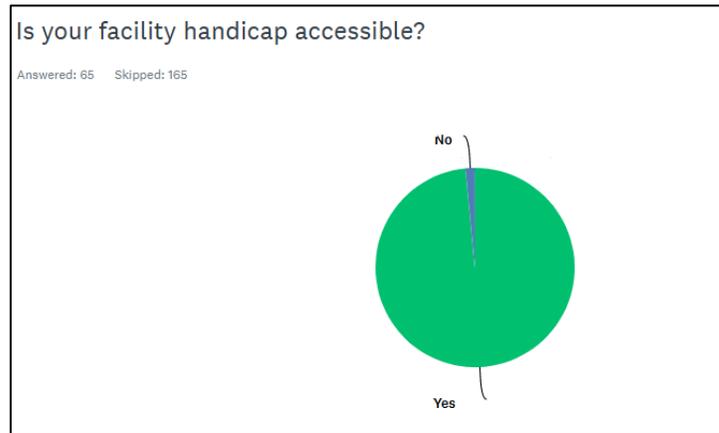
AAs were asked to specify which aspects are included in their Cultural Competency Training. This question was a ‘select all that apply’. There were 54 total responses. Nine (9) respondents reported that they used iCare provided Cultural Competency Training (Image 32).



\*Image 32

## Access for Disabled

Respondents were asked if their facility is handicap accessible. 65 respondents answered this question. 64 (98.46%) reported that they are handicap accessible, while only one (1) reported that they were not (Image 33).

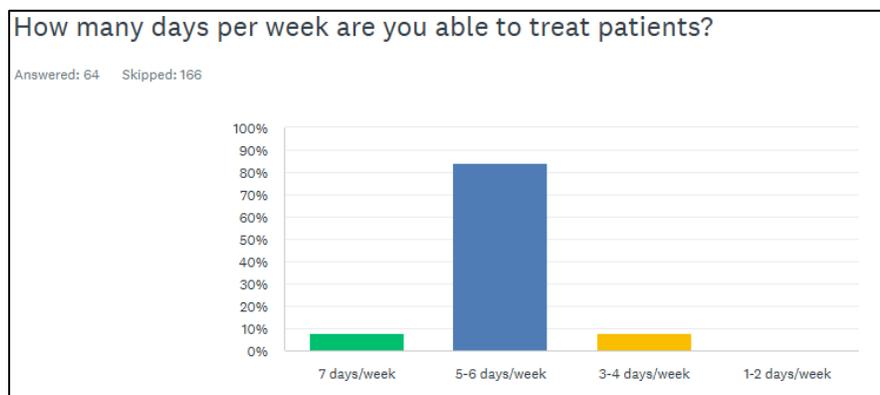


*\*Image 33*

2025 additional survey question included an open text box that allowed AAs to type in responses to explain why if responded not handicap accessible, the reason(s). One response was entered with the explanation that the service is telehealth only.

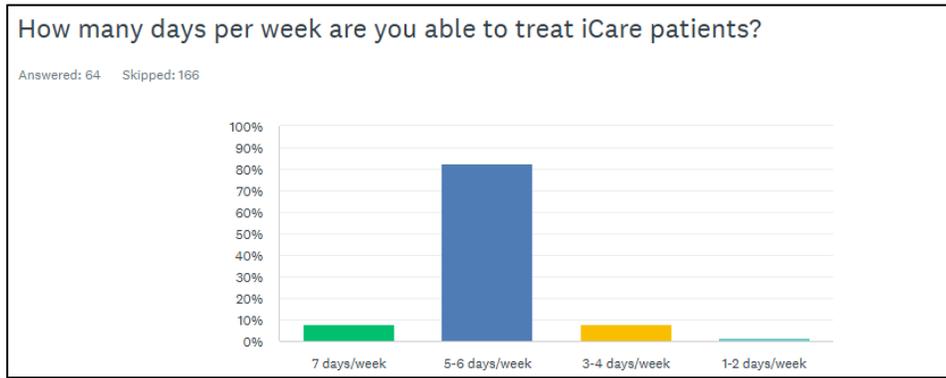
## Days Per Week Respondent Can Treat Patients/Wait Times

AAs were asked how many days per week they can treat patients. 64 respondents answered this question. Five (5) respondents (7.81%) reported they can treat patients seven (7) days/week, while 84.38% (54) reported that they are able to 5-6 days/week. Five (5) respondents (7.81%) reported that they can treat patients 3-4 days/week (Image 34).



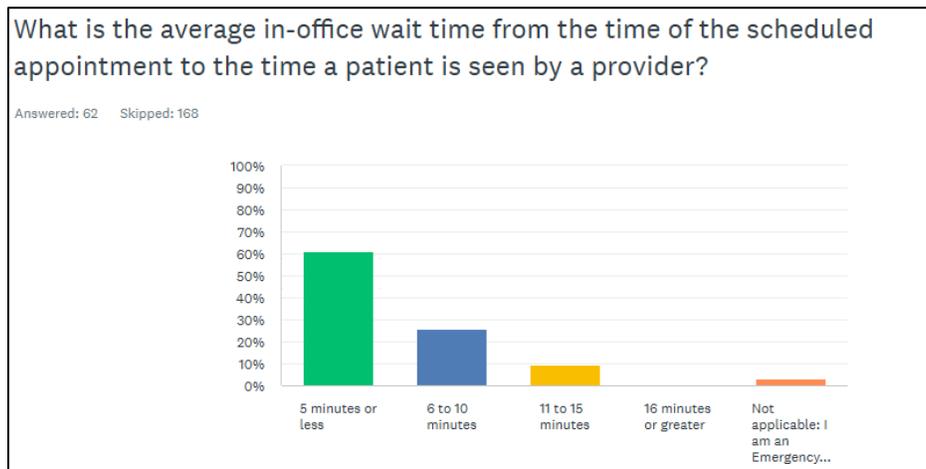
*\*image 34*

Respondents were also asked how many days per week they were able to treat iCare patients. One (1) respondent reported that they are only able to treat iCare patients 1-2 days/week (Image 35).



*\*Image 35*

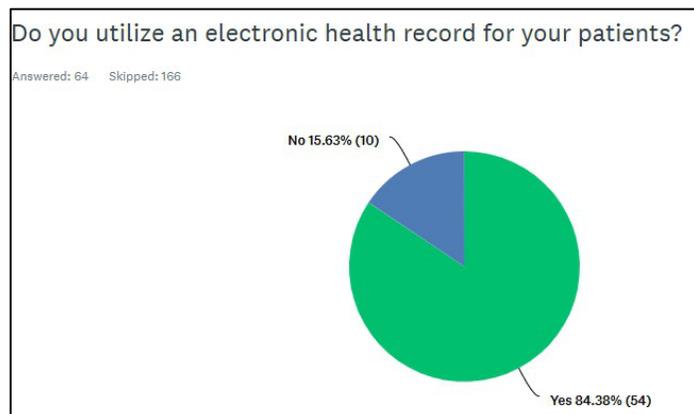
AAs were asked the average in-office wait time from the time of the scheduled appointment to the time a patient is seen by a provider. 62 respondents answered this question. Two (2) respondents reported that they are an Emergency Medicine Provider and removed from the denominator. 63.3% reported that they can see patients within five (5) minutes of the scheduled appointment time, while 26.6% reported within 6 to 10 minutes. 10% reported it takes 11 to 15 minutes (Image 36).



*\*Image 36*

### Electronic Health Records

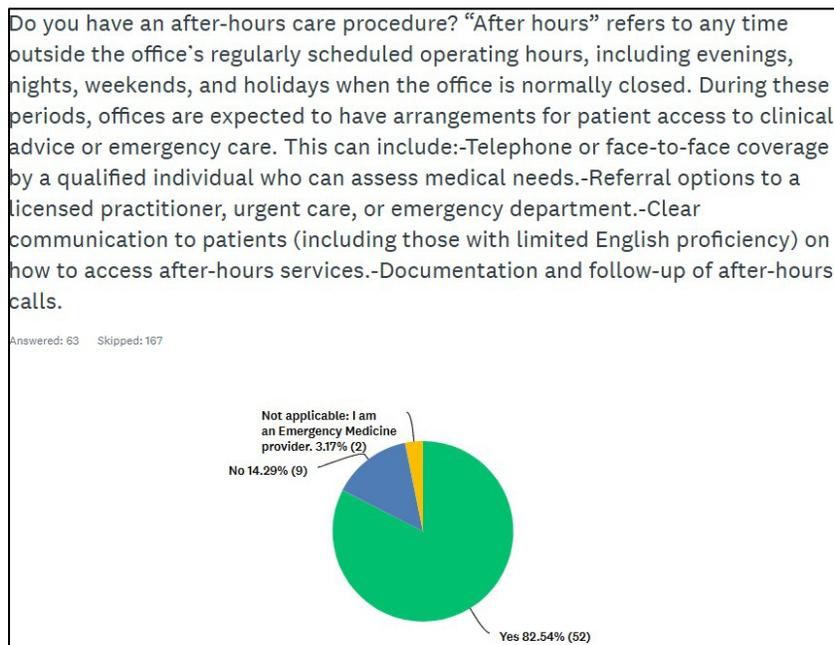
AAs were asked if they utilize an electronic health record for their patients. 54 respondents (84.38%) stated that they do, while ten (10) respondents (15.63%) stated that they do not (Image 37).



\*Image 37

## After-Hours

The *iCare* 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 (2 out of 63). 85.2% of respondents reported that they have an after-hours procedure, while 14.7% reported that they did not (Image 38).



\*Image 38

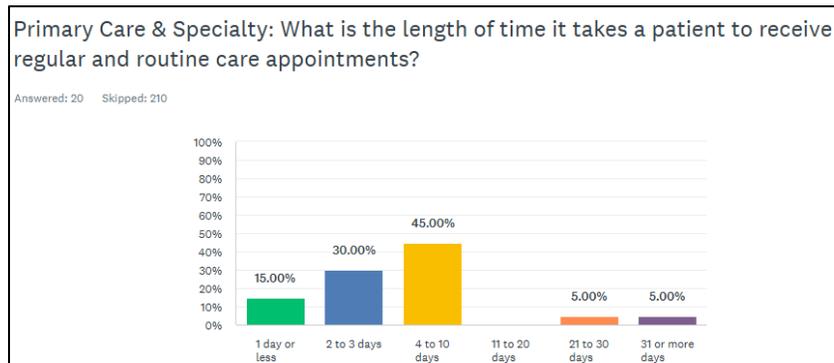
2025 additional survey question included an open text box that allowed AAs to type in responses to explain their rationale for not offering after-hours options. The responses include:

- *Not applicable-not open 24 hours.*
- *Our outgoing telephone message states to call 911 in an emergency, and we have voicemail.*
- *24/7 crisis.*
- *Answering machine or voicemail, calls will be returned in 1 business day.*
- *Call 24 hour community suicide/crisis line or 911.*
- *Patient can leave a message. Our message indicates that if it’s an emergency, to process to nearest ED for care.*

## Accessibility of Services

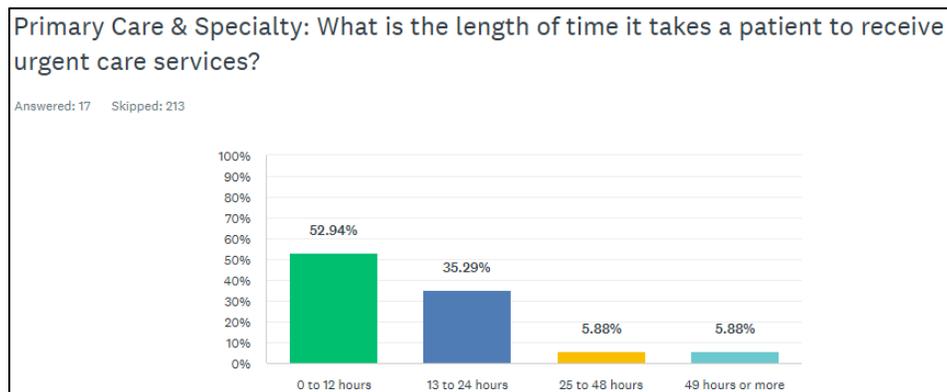
### Primary Care & Specialty

The *iCare* standard is no longer than 30 days for an appointment with a primary care or specialty provider. One (1) respondent reported 31 or more days for patients to receive regular and routine care appointments (Image 39).



*\*Image 39*

The *iCare* 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. 88.23% of AA primary care survey responders reported providing urgent appointments within 24 hours. One (1) respondent reported greater than 49 hours for patients to receive urgent care services. Most AAs reported it was 0 to 12 hours for a patient to receive an urgent care appointment (Image 40).

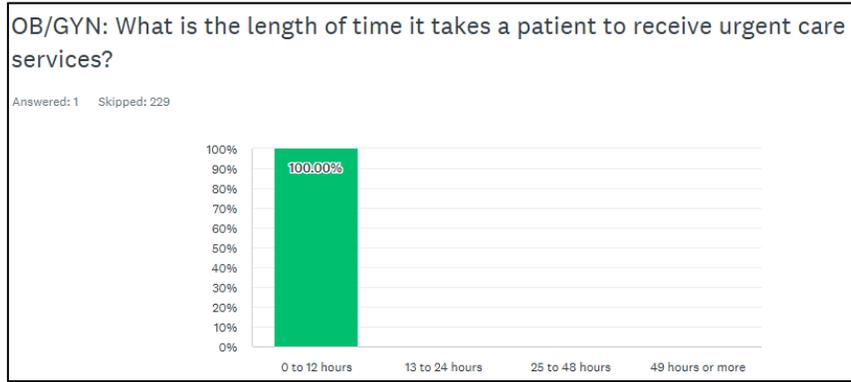


*\*Image 40*

### OB/GYN

No respondents responded to the questions regarding receiving regular and routine care appointments, as wait time for high-risk pregnant patients receiving prenatal care after appointment requests, and wait time for high-risk pregnant patients for a specific HMO who is accepting new patients.

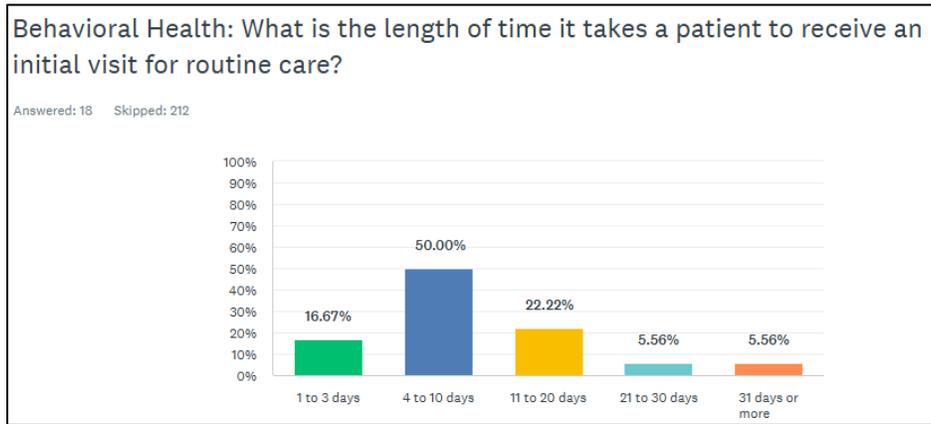
AAs were asked the length of time it takes a patient to receive urgent care services. Only one responded answered this question. They reported that it takes 0 to 12 hours to receive urgent care services (Image 41).



\*Image 41

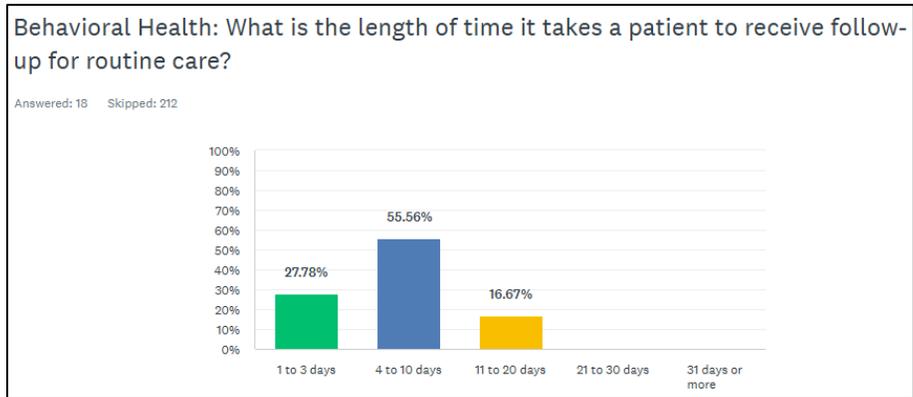
Behavioral Health

The iCare standard is that 90% of members seeking a behavioral health initial or routine visit, receive visits within 10 business days. Respondents were asked the length of time it takes a patient to receive an initial visit for routine care. 18 respondents answered this question. All but one (1) AA respondent responded that patients receive initial care within 30 days. One respondent answered that it takes 31 or more days (Image 42).



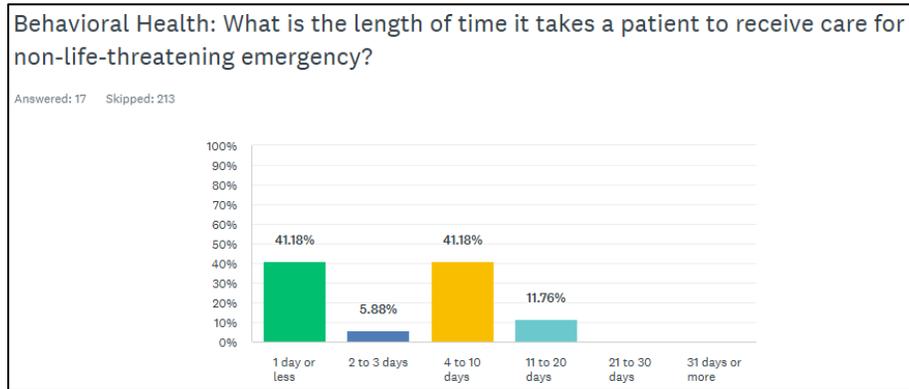
\*Image 42

AAs were asked the length of time it takes a patient to receive follow-up care for routine care. 18 respondents reported it took 20 days or less. No responders reported it took 31 days or more (Image 43).



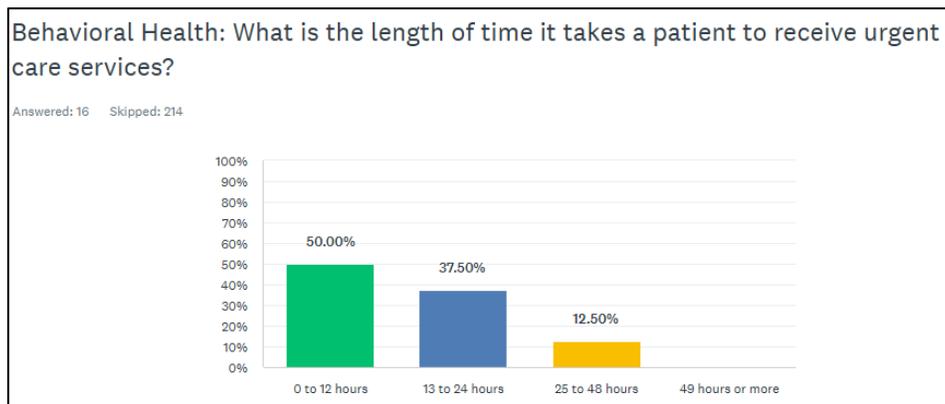
\*Image 43

The *iCare* standard is that the wait time for non-life-threatening emergency care can be no more than 30 days. Respondents were asked the length of time it takes a patient to receive care for non-life-threatening emergencies. 17 respondents reported it took 20 days or less. No responders reported it took 31 days or more (Image 44).



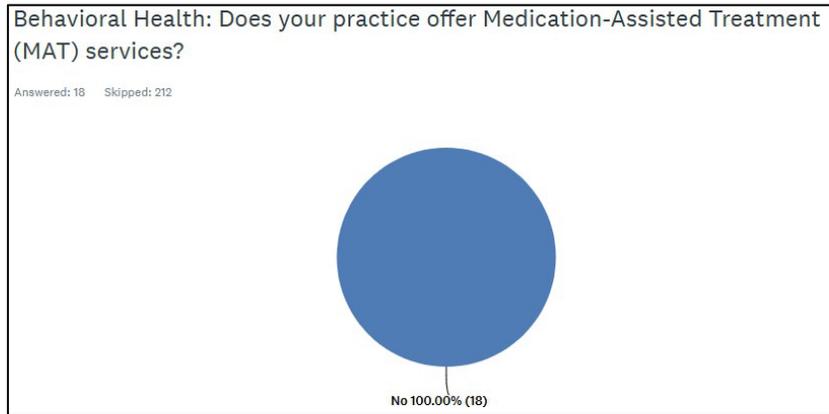
\*Image 44

The *iCare* standard for access to urgent care Behavioral Health services is that 90% of providers have appointments available within 48 hours. AA respondents were asked the length of time it takes a patient to receive urgent care services. All respondents reported that patients receive urgent care services within 48 hours (Image 45).



\*Image 45

AAs were asked if their practice offers Medication-Assisted Treatment (MAT) services. None of the AA respondents reported that they offer MAT services (image 46).



*\*Image 46*

AAs were also asked wait time for members to receive an appointment with a prescribing provider for MAT. All respondents answered that MAT services are not offered.

## Conclusion

The 2025 Provider Access Survey assessed network provider compliance with access standards, including timely appointment availability, language services, accessibility for members with disabilities, cultural competency training, and electronic health record utilization. The survey was distributed to 6,477 providers, with an overall response rate of 3.5%, a notable decrease from the prior year.

Key findings indicate that most responding providers meet established access standards for appointment wait times in primary care, specialty care, OB/GYN, and behavioral health. The majority offer after-hours care procedures and maintain facilities that are handicap accessible, with an increase in accessibility compared to 2024. Nearly all providers and administrative staff reported completion of annual cultural competency training, reflecting ongoing commitment to equitable care.

Language services are widely available, although the range of languages spoken by providers and staff remains limited beyond English and Spanish. Use of electronic health records is high among respondents, supporting care coordination and documentation standards.

Areas identified for improvement include increasing the survey response rate to obtain more representative data and expanding language capabilities to better serve diverse member populations. Continued emphasis on training, accessibility, and timely care is recommended to maintain compliance and improve member experience.

In summary, survey results demonstrate overall adherence to access requirements, with strengths in cultural competency, accessibility, and timely care. Opportunities exist to further engage providers and address gaps in language services. The findings will inform ongoing quality improvement initiatives to ensure members have equitable access to the services needed.