

Humana®

***i*Care**
INDEPENDENT CARE HEALTH PLAN

2023 Provider Access Survey Results
Completed February 2024

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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, 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 *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.

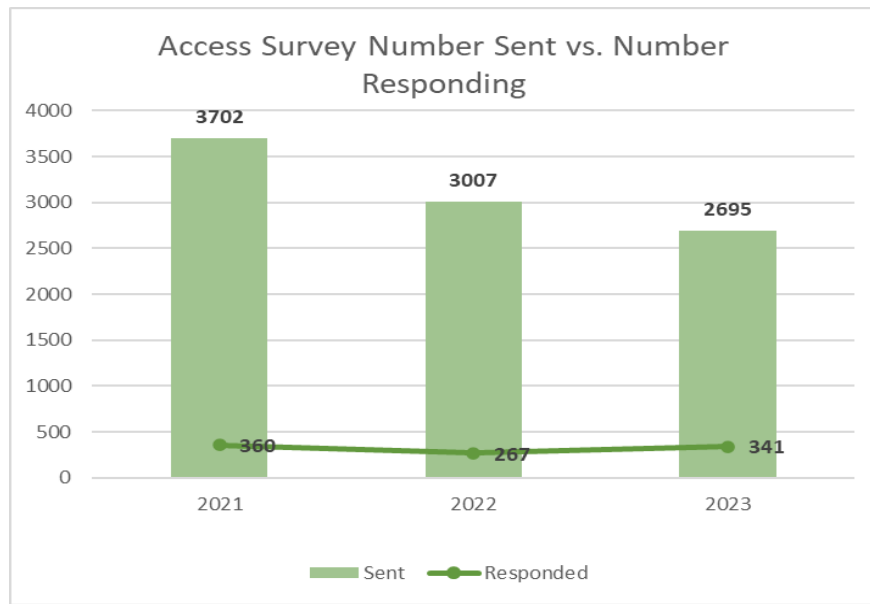
Survey Administration

The *iCare* Provider Access Survey was sent to 4561 providers via email on Wednesday November 29, 2023. 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 13th, 2023, and again on January 10th, 2024. There were 1937 emails that were rejected (failed to deliver to the recipient's email). An additional 34 emails were identified as "unsubscribed" emails; meaning the provider opted to not receive emails or surveys from Survey Monkey. The adjusted denominator was 2590 providers who received the Provider Access Survey. There were 341 responses for an overall response rate of 13.17%. The chart below shows how this rate was determined.

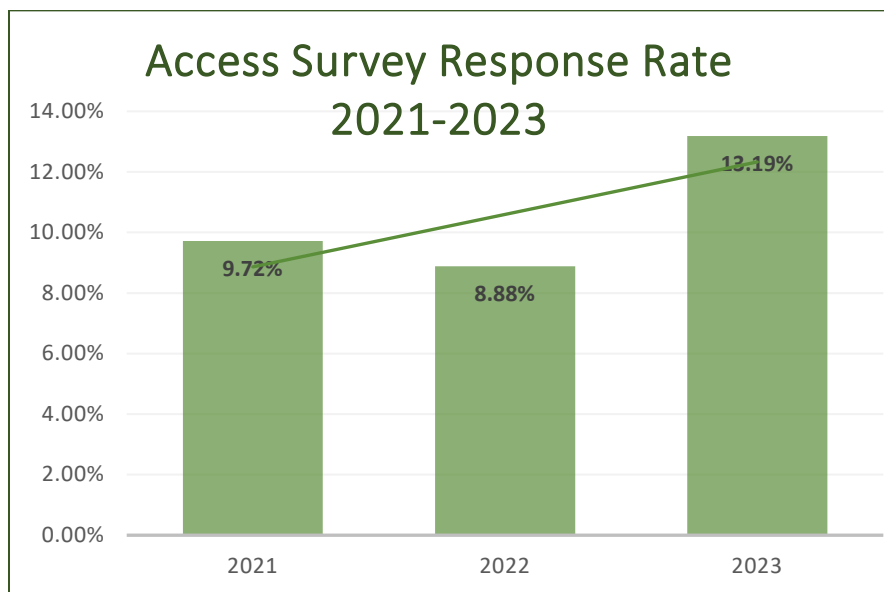
Total Providers	4561
# Failed Emails	1937
# Unsubscribed Emails	34
Adjusted Denominator	2590
Total Responses	341
Response Rate	13.17%

Independent Care Health Plan 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. The average time to complete the survey was 6 minutes. This year showed a 4.31% increase in response rate from 2022. The chart below shows a year over year comparison from 2018 to 2023. Please note the denominator in 2021 was significantly higher than the denominator in previous years. There was a downward trend for the Provider Access Survey response rates from 2019 to 2022; but ended in 2023.

Year	Denominator	Responses	Rate
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%



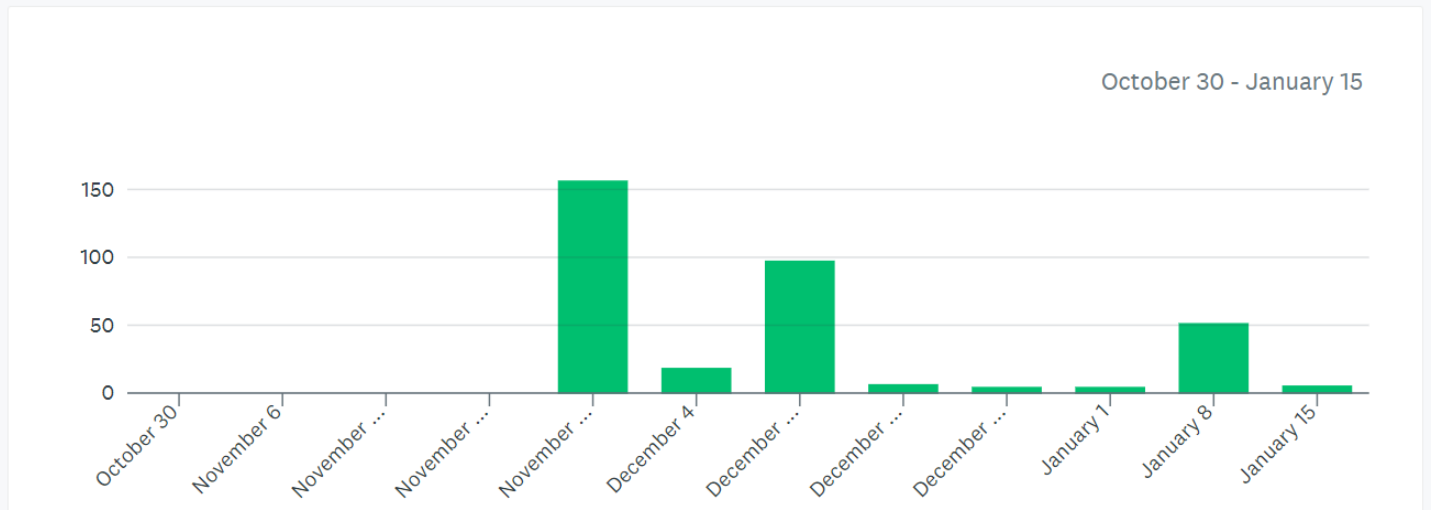
The graph above shows the number of providers who received a survey from 2021 to 2023 and the number of providers who responded. There has been a downward trend of providers that have received the survey. There is an increase in the number of providers who responded from 2022 to 2023.



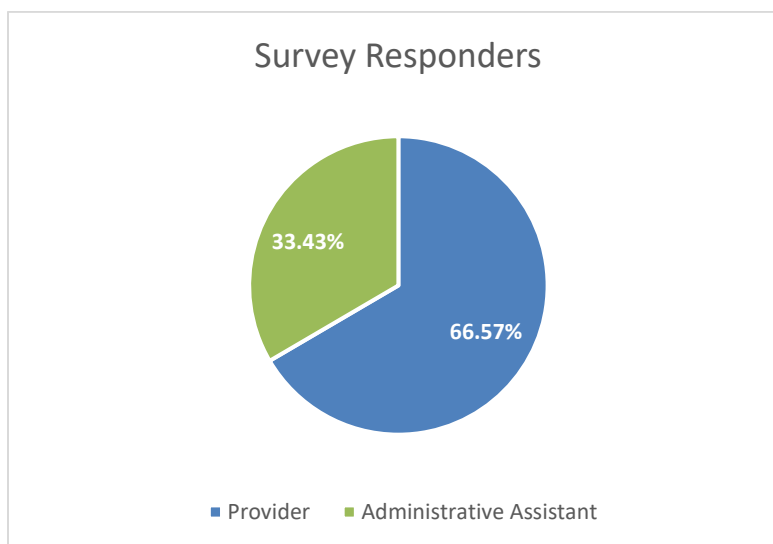
Overall Response Rate

The Provider Access Survey was sent to providers on November 29th, 2023. Providers that did not respond or only partially responded to the survey were sent two follow-up reminders on December 13th, 2024, and January 10th, 2024. The first reminder prompted the greatest number of responses. One hundred and seventy-eight providers responded after the first reminder email. The image below shows the number of responses by date.

Responses Volume

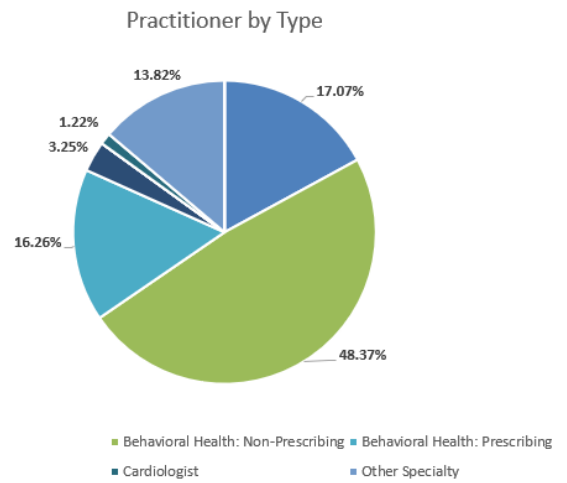


The 2023 Provider Access survey had 341 responses. Two hundred and twenty-seven providers responded to the survey (66.57%) and one hundred and fourteen administrative staff responded to the survey (33.43%).



Each survey responder was asked to identify their practice type. Most responders reported their practice type as Behavioral Health: Prescribing and Non-Prescribing. No providers reported Oncology or Pulmonology for their practice type. Thirty-four responders did report 'Other Specialty' for their practice type. Survey responders were provided 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.

What type of practitioner are you?		
Answer Choices	Rate	Responses
Primary Care	17.07%	42
Behavioral Health: Non-Prescribing	48.37%	119
Behavioral Health: Prescribing	16.26%	40
OB/GYN	3.25%	8
Oncologist	0.00%	0
Cardiologist	1.22%	3
Other Specialty	13.82%	34
Pulmonologist	0.00%	0
	Answered	246
	Skipped	95



Behavioral Health professionals have had higher response rates compared to Non-Behavioral Health professionals over the last 8 years. There was an overall response rate of 13.17% for 2023. Two hundred and forty-six providers identified their practitioner type.

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 (32.1%) and the number of providers who partially responded to the survey (30.8%).

Invitations ?

- 1,120 opened (24.6%)
- 1,465 unopened (32.1%)
- 1,938 bounced (42.5%)
- 342 clicked through (7.5%) ?
- 38 opted out (0.8%) ?



Responses ?

- 236 complete (69.2%)
- 105 partial (30.8%)



Availability of Practitioners

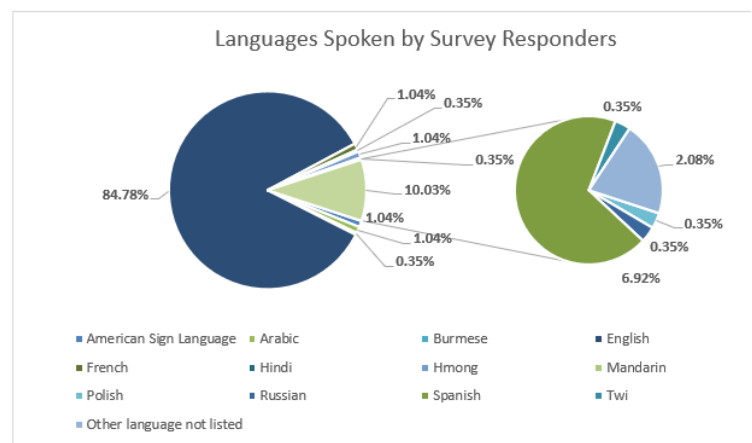
Languages Spoken

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.

Primary languages identified for the survey responders were English, Spanish, and other language not listed. There was a total of 289 selections for this question.

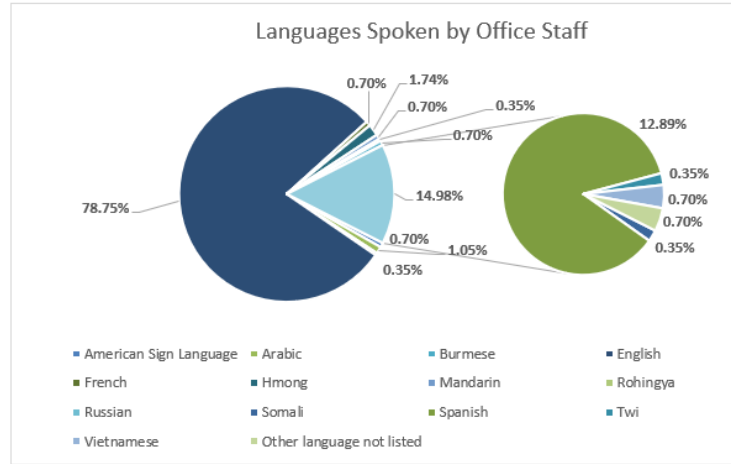
Primary languages identified for office staff were English, Spanish, Hmong, and other language not listed. There was a total of 287 selections for this question.

Please select all languages in which you are fluent when communicating about health care:		
Answer	Responses	Rate
American Sign Language	3	1.04%
Arabic	3	1.04%
Burmese	1	0.35%
English	245	84.78%
French	3	1.04%
Hindi	1	0.35%
Hmong	3	1.04%
Mandarin	1	0.35%
Polish	1	0.35%
Russian	1	0.35%
Spanish	20	6.92%
Twi	1	0.35%
Other language not listed	6	2.08%
Total Responses	289	



The image above shows the languages spoken by the survey responder. Survey respondents chose 289 selections. The image above shows the language selected, how many respondents selected the language, and the total rate of respondents that speak the selected language. English was selected 245 times out of 289 selections (84.78%).

Please select all languages in which your office staff are fluent when communicating about health care:		
Answer Choices	Responses	Rate
American Sign Language	2	0.70%
Arabic	3	1.05%
Burmese	1	0.35%
English	226	78.75%
French	2	0.70%
Hmong	5	1.74%
Mandarin	2	0.70%
Rohingya	1	0.35%
Russian	2	0.70%
Somali	1	0.35%
Spanish	37	12.89%
Twi	1	0.35%
Vietnamese	2	0.70%
Other language not listed	2	0.70%
Total Responses	287	



The image above shows the languages spoken by office staff. Survey respondents chose 287 selections. The image above shows the language selected; how many respondents selected the language for their office, and the total rate of office staff that speak the selected language. English was selected 226 times out of 287 responses (78.75%).

No responders selected the following language options for themselves or office staff: Bulgarian, Hindi, Ho-Chunk, Karen, Lao, Polish, Portuguese, Serbian, Telugu, or Urdu.

Language Services

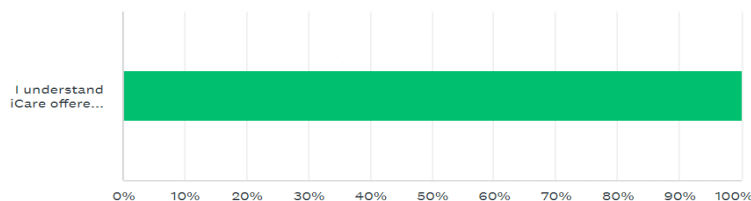
Survey respondents were asked the type of language services their practice provided. There were 489 selections for language services provided by each practice. The top three selections were Telephone Interpreters (106), Remote Video (75), and *iCare* Telephonic Language Services (79).

This year an option was added for providers to select that additional help is needed to find language service resources. There were fourteen providers who reported they would like assistance.

The *iCare* Telelanguage Service phone number was provided to survey responders. Responders were asked to attest that they understand *iCare* offers telephone interpreter services. One hundred and forty-eight responders selected that they do understand *iCare* offers this service.

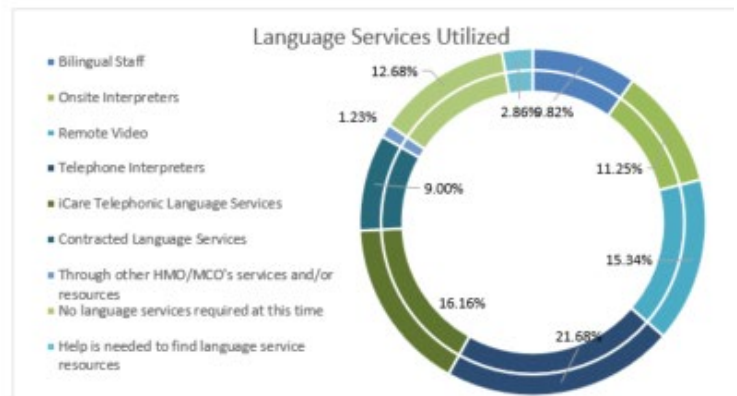
The phone number to access *iCare*'s phone interpreter service, Telanguage, is 1-888-229-9811. No access code is needed.

Answered: 148 Skipped: 193



The image below shows the answer choices of language services, the number of responses, and the rate for each language service selection. Telephone interpreters had 106 out of 489 total responses (21.68%).

What Language service(s) does your practice provide? Select all that apply.		
Answer Choices	Responses	Rate
Bilingual Staff	48	9.82%
Onsite Interpreters	55	11.25%
Remote Video	75	15.34%
Telephone Interpreters	106	21.68%
iCare Telephonic Language Services	79	16.16%
Contracted Language Services	44	9.00%
Through other HMO/MCO's services and/or resources	6	1.23%
No language services required at this time	62	12.68%
Help is needed to find language service resources	14	2.86%
Total Responses	489	



Provider Demographic Information

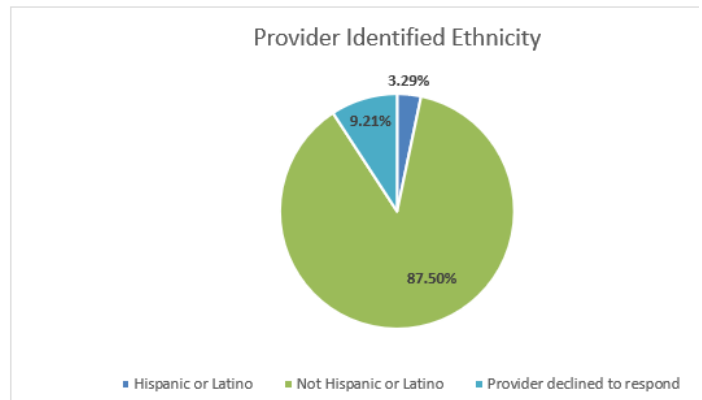
NCQA accreditation requires iCare to request practitioner language and demographic information from all contracted network practitioners. This information included ethnicity, race, and religion. Their response was voluntary.

Survey responders were asked to identify if they were a provider or administrative staff. Providers only were asked to report demographic information. The following disclaimer was provided.

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. One hundred and fifty-two providers responded to the question. Seventy-five providers skipped this question and fourteen 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.'

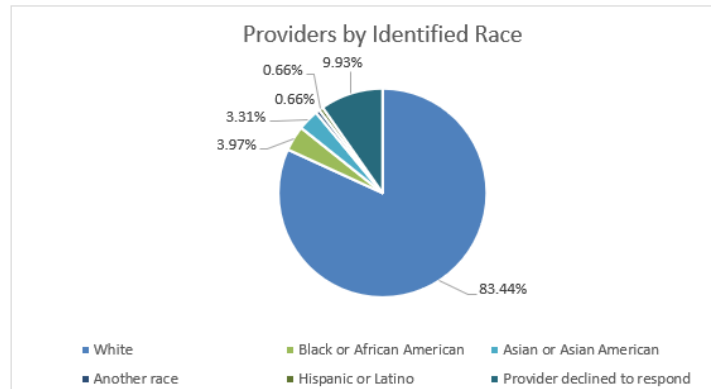
How do you identify your ethnicity?		
Answer Choices	Rate	Responses
Hispanic or Latino	3.29%	5
Not Hispanic or Latino	87.50%	133
Provider declined to respond	9.21%	14
	Answered	152
	Skipped	75



The second demographic question asked providers to identify their race. One hundred and fifty-one providers responded to this question. Seventy-six providers skipped the question and fifteen providers selected 'Provider declined to respond.' The majority of provider selected 'White' for their identified race.

No providers selected Native American or other Pacific Islander or American Indian or Alaska Native. One provider selected the option, 'Another race.'

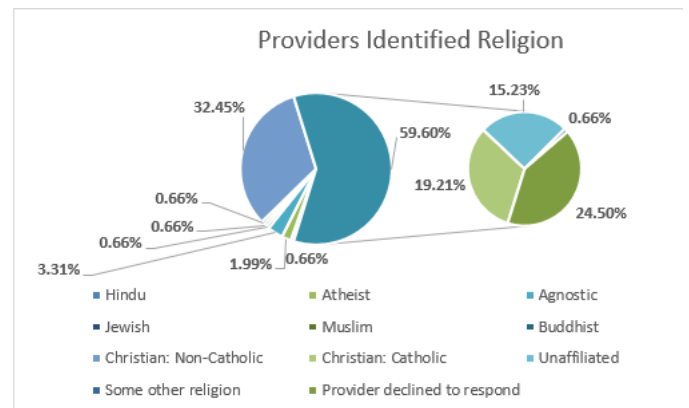
How do you identify your race? Select all that apply:		
Answer Choices	Rate	Responses
White	83.44%	126
Black or African American	3.97%	6
Asian or Asian American	3.31%	5
Another race	0.66%	1
Hispanic or Latino	0.66%	1
Provider declined to respond	9.93%	15
	Answered	151
	Skipped	76



The last demographic question asked providers to identify their religious belief system. There were one hundred and fifty-one responses to this question. Seventy-six providers skipped the question and thirty-seven providers selected 'declined to respond,' Most providers selected 'Christian: Non-Catholic', 'Christian: Catholic', and 'unaffiliated'.

One provider selected 'some other religion.' No providers selected 'Islam.'

Which religion of belief system do you belong to or most closely identify with?		
Answer Choices	Rate	Responses
Hindu	0.66%	1
Atheist	1.99%	3
Agnostic	3.31%	5
Jewish	0.66%	1
Muslim	0.66%	1
Buddhist	0.66%	1
Christian: Non-Catholic	32.45%	49
Christian: Catholic	19.21%	29
Unaffiliated	15.23%	23
Some other religion	0.66%	1
Provider declined to respond	24.50%	37
	Answered	151
	Skipped	76



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.

'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.'

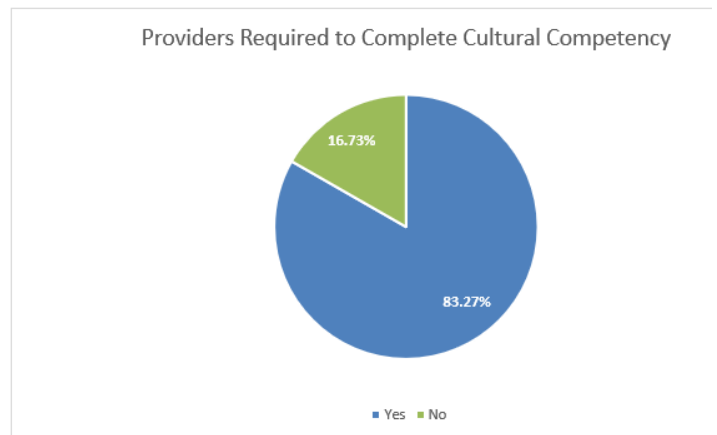
Cultural Competency Training

Independent Care Health Plan (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 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.

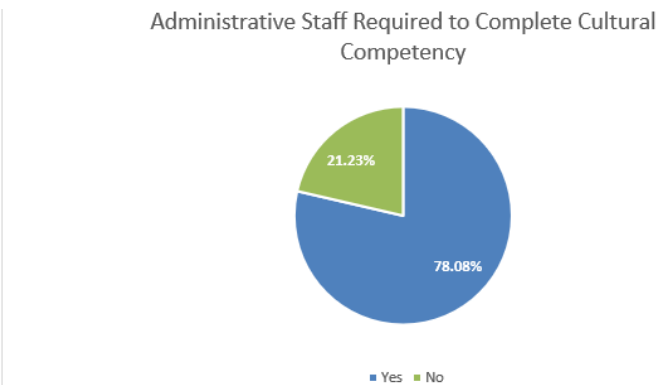
The image below shows the total number of responses and response rates. Forty-one survey responders reported providers are not required to complete annual Cultural Competency Training.

Are all providers required to complete annual Cultural Competency training?		
Answer Choices	Responses	Rate
Yes	204	83.27%
No	41	16.73%
Answered	245	



The image below shows providers response to the question, are all administrative staff required to complete annual cultural competency? Thirty-one providers reported administrative staff are not required to complete annual competency.

Are all administrative staff required to complete annual Cultural Competency		
Answer Choices	Responses	Rate
Yes	114	78.08%
No	31	21.23%
Answered	146	



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. Sixteen providers reported they utilize iCare provided Cultural Competency Training.

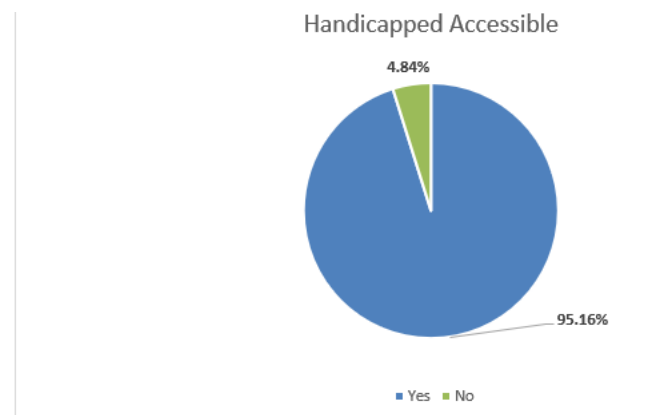
Please specify which aspects are included in your cultural competency training. Select all that apply:		
Answer Choices	Responses	Rate
Attitude about working with people from different cultures	171	24.78%
Awareness of health benefits and health-related behaviors among people from prevalent cultures in the service area	148	21.45%
Ability to determine language or cultural barriers interfering with communication	147	21.30%
Continuing Education on Cultural Competency	158	22.90%
Other training	50	7.25%
iCare provided Cultural Competency Training	16	2.32%
Answered	690	



Access for Disabled

Over ninety-five percent of the survey responders stated that their facilities are handicap accessible. This is a 3% increase from last year. Ninety-three providers skipped this question. To provide high quality member care, providers should ensure their facilities are accessible for all iCare members.

Is your facility handicapped accessible?		
Answer Choices	Responses	Rate
Yes	236	95.16%
No	12	4.84%
Answered	248	

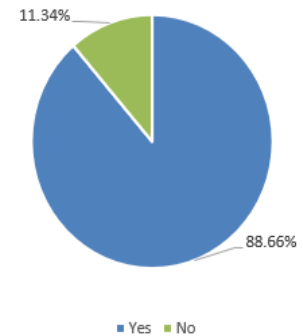


Utilization of Electronic Health Record

Survey responders were asked if their practice utilized an electronic health record (EHR). Over eighty-eight percent of responders reported their practice does utilize an EHR. Twenty-eight survey responders stated their practice does not utilize an EHR.

Do you utilize an electronic health record for your patients?		
Answer Choices	Responses	Rate
Yes	219	88.66%
No	28	11.34%
Answered	247	

Utilization of an EHR

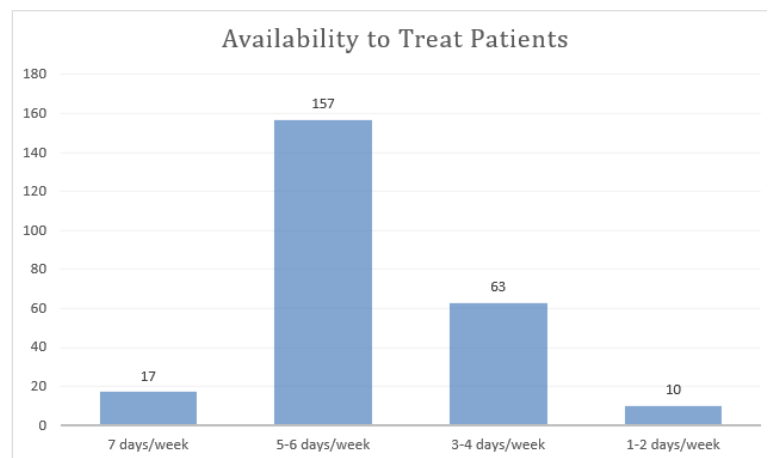


Days Per Week Respondent Can Treat Patients

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. Over seventy percent of responders reported they can treat patients 5 days a week or more. Over 66% of responders reported they can treat *iCare* members more than 5 days a week or more.

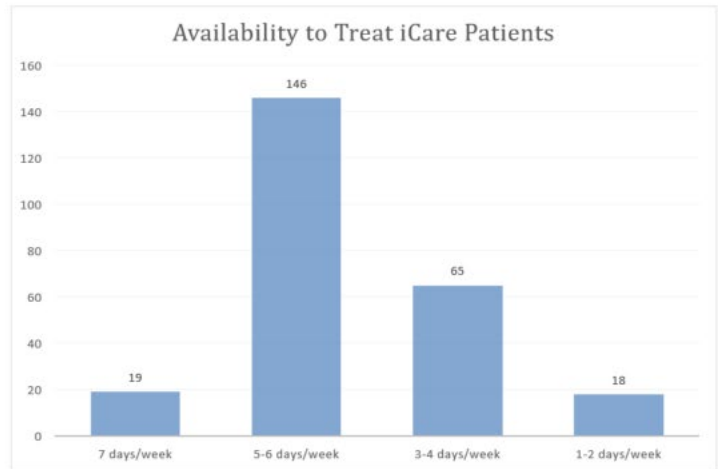
The image below shows responders availability to treat all patients.

How many days a week are you able to treat patients?		
Answer Choices	Rate	Responses
7 days/week	6.88%	17
5-6 days/week	63.56%	157
3-4 days/week	25.51%	63
1-2 days/week	4.05%	10
Answered		247



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

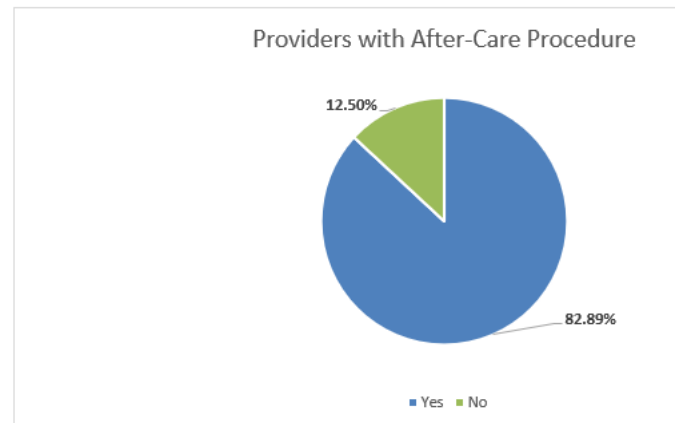
How many days a week are you able to treat <i>iCare</i> patients?		
Answer Choices	Rate	Responses
7 days/week	7.66%	19
5-6 days/week	58.87%	146
3-4 days/week	26.21%	65
1-2 days/week	7.26%	18
Answered		248



After Hours

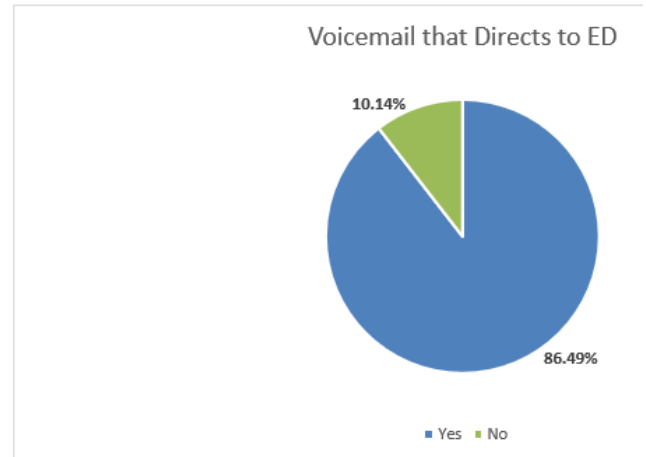
The *iCare* standard is that 90% of providers have some type of after-hours care. Eighty-two percent of the responders indicated they have after-hours care. This is 2% lower than after-hours care reported last year.

Do you have an after-hours care procedure?		
Answer Choices	Rate	Responses
Yes	82.89%	126
No	12.50%	19
Not applicable: I am an emergency medicine provider.	4.61%	7
Answered		152
Skipped		75



Survey participants were asked if their voicemail directed patients to urgent care or the emergency department. One hundred and forty-eight responders answered this question. Over eighty-six percent of participants reported they do have a voicemail that directs patients to urgent care or the emergency department. Five responders reported this question is not applicable to them.

For after-hour care, does your voicemail direct patients to urgent care or the emergency department?		
Answer Choices	Rate	Responses
Yes	86.49%	128
No	10.14%	15
Not applicable: I am an emergency medicine provider	3.38%	5
	Answered	148
	Skipped	79

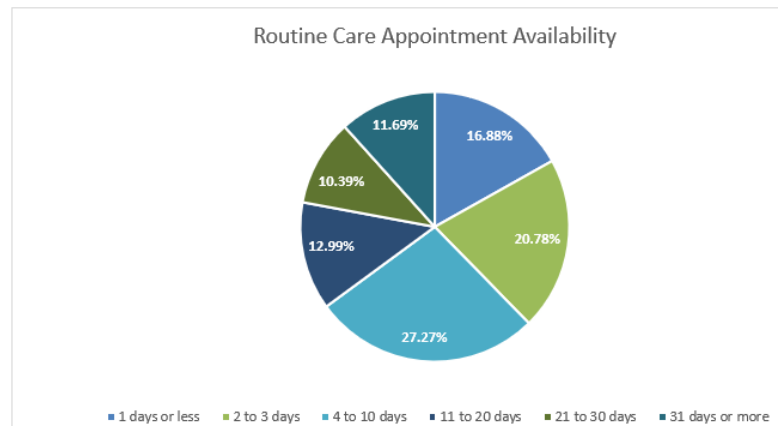


Accessibility of Services

Primary and Specialty Care

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

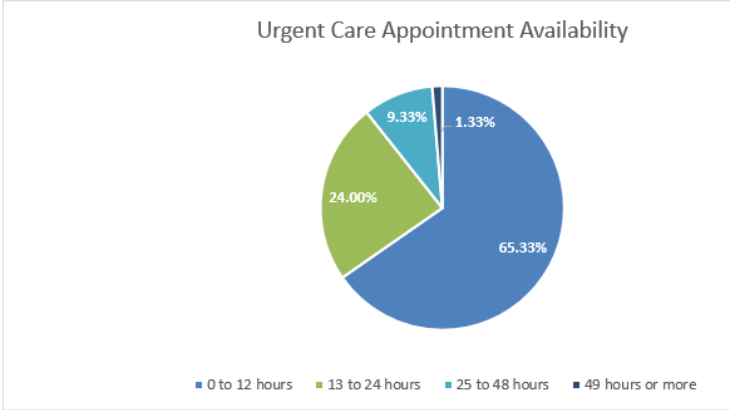
What is the length of time it takes a patient to receive regular and routine care appointments?		
Answer Choices	Rate	Responses
1 days or less	16.88%	13
2 to 3 days	20.78%	16
4 to 10 days	27.27%	21
11 to 20 days	12.99%	10
21 to 30 days	10.39%	8
31 days or more	11.69%	9
	Answered	77
	Skipped	2



The image above shows the answer choice, response rate, and total number of responses. Most responders reported it takes 4 to 10 days for a patient to receive a regular and routine care appointment.

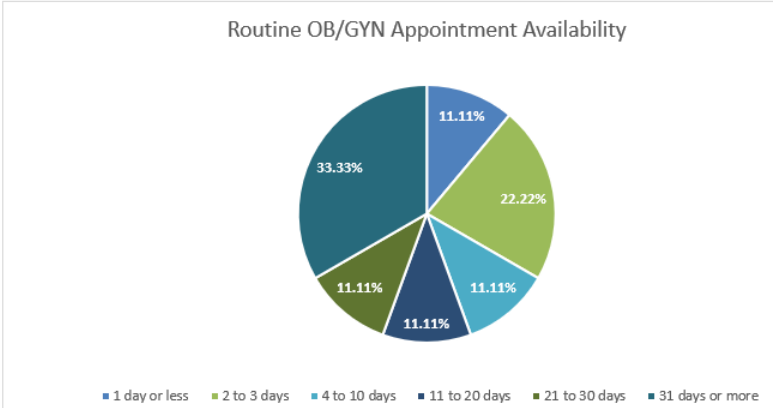
The *iCare* standard for urgent appointments with a primary care provider requires 90% of network providers to provide access to appointments within 24 hours and specialty care within 72 hours. Eighty-nine percent of survey responders reported providing urgent appointments within 24 hours. One specialty provider 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?		
Answer Choices	Rate	Responses
0 to 12 hours	65.33%	49
13 to 24 hours	24.00%	18
25 to 48 hours	9.33%	7
49 hours or more	1.33%	1
Answered		75
Skipped		4



The *iCare* standard for routine OB/GYN appointments for pregnant members is access to a routine care appointment within 30 days. Three 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?		
Answer Choices	Rate	Responses
1 day or less	11.11%	1
2 to 3 days	22.22%	2
4 to 10 days	11.11%	1
11 to 20 days	11.11%	1
21 to 30 days	11.11%	1
31 days or more	33.33%	3
Answered		9

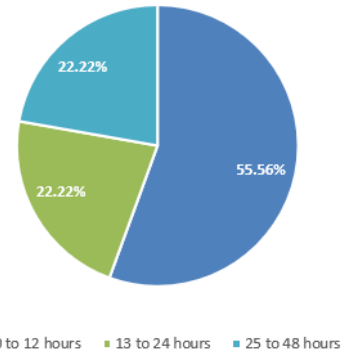


The image above shows the choices provided to survey responders, the number of responses for each selection, and the rate of each selection. Over sixty-six percent of responders meet the access standard for OB-GYN routine and regular care appointments.

Survey responders were asked the length of time it takes for a patient to receive urgent care services. The *iCare* standard is for providers to offer urgent care services with 24 hours. Seven providers reported they can provide urgent services of OB/GYN patients within 24 hours or less. Two providers reported it takes 25 to 48 hours for a patient to receive urgent OB/GYN services.

What is the length of time it takes a patient to receive urgent care services?		
Answer Choices	Rate	Responses
0 to 12 hours	55.56%	5
13 to 24 hours	22.22%	2
25 to 48 hours	22.22%	2
49 hours or more	0.00%	0
Answered		9

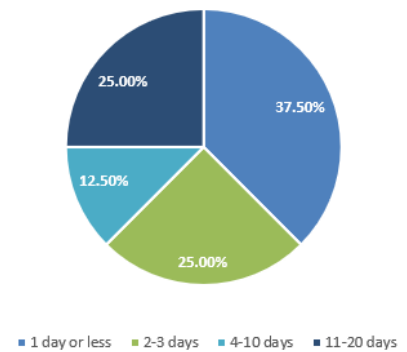
Urgent OB/GYN Appointment Availability



The *iCare* 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. Two responders reported 11 to 20 days for a high-risk pregnant member to receive prenatal care after requested. Seventy-five percent of survey responders reported 10 days or less for a high-risk pregnant patient to receive requested care.

What is the wait time for a high-risk pregnant patient to receive prenatal care after a member requests an appointment?		
Answer Choices	Rate	Responses
1 day or less	37.50%	3
2-3 days	25.00%	2
4-10 days	12.50%	1
11-20 days	25.00%	2
21-30 days	0.00%	0
31 days or more	0.00%	0
Answered		8

High-Risk OB/GYN Appointment Availability

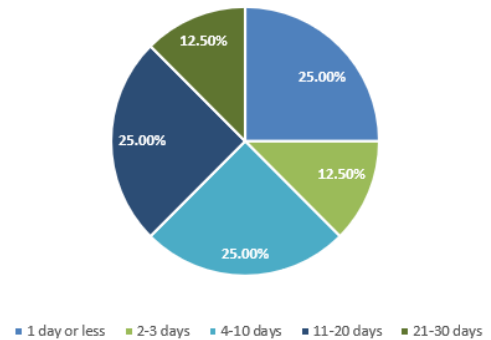


The image above shows the choice selections, the number of responses, and the rate for each response. The high response rate was ‘1 day or less’ for high-risk pregnant patients to receive a requested appointment.

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. Two survey responders reported 11 to 20 days for a new patient appointment for a high-risk pregnant patient. One survey responder reported 21 to 30 days for a new patient appointment for a high-risk pregnant patient. Over sixty-two percent of responders reported they can provide high-risk OB/GYN appointments for new patients within 10 days or less.

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?		
Answer Choices	Rate	Responses
1 day or less	25.00%	2
2-3 days	12.50%	1
4-10 days	25.00%	2
11-20 days	25.00%	2
21-30 days	12.50%	1
31 days or more	0.00%	0
Answered		8

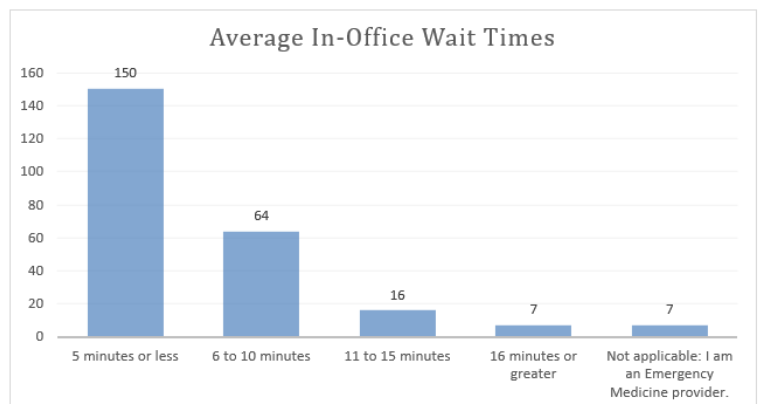
High-Risk OB/GYN Appointment Availability for New Patients



The image above shows the answer choices, the number of responses, and the response rates. The highest sections were '1 day or less', '4 to 10 days', and '11 to 20 days.'

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. Seven survey responders reported 16 minutes or greater wait-times. Ninety-seven percent of responders reported wait-times at 15 minutes or less.

What is the average in-office wait time from the time of the scheduled		
Answer Choices	Rate	Responses
5 minutes or less	61%	150
6 to 10 minutes	26%	64
11 to 15 minutes	7%	16
16 minutes or greater	3%	7
Not applicable: I am an Emergency Medicine provider.	3%	7
Answered		244

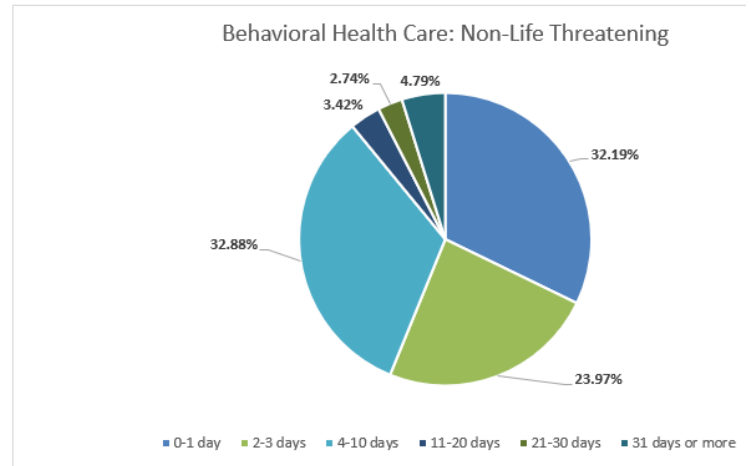


The image above shows the answer choices, number or responses, and the rate for each response. The highest response was '5 minutes or less' for in office wait-times.

Behavioral Health Care

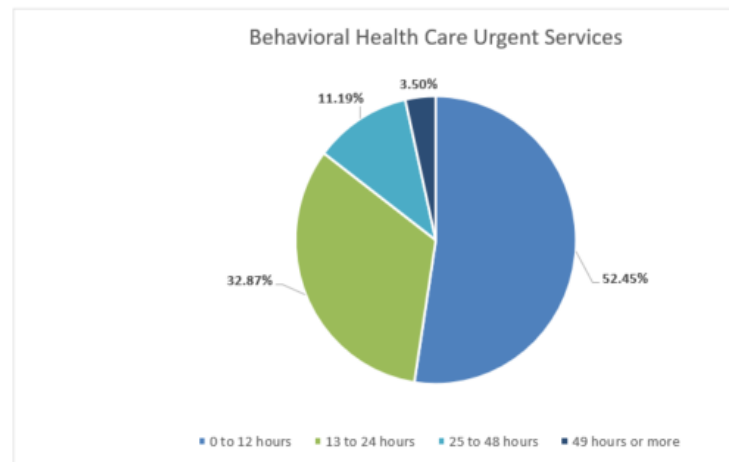
The *iCare* standard is that the wait time for non-life-threatening emergency care can be no more than 30 days. Seven responders reported it takes 31 days or more for patients to receive non-life-threatening emergency care. Over ninety-five percent of responders reported they can provide non-life-threatening 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?		
Answer Choices	Rate	Responses
0-1 day	32.19%	47
2-3 days	23.97%	35
4-10 days	32.88%	48
11-20 days	3.42%	5
21-30 days	2.74%	4
31 days or more	4.79%	7
	Answered	146
	Skipped	13



The *iCare* standard for access to urgent care Behavioral Health services is that 90% of providers have appointments available within 48 hours. Over ninety-seven percent of Behavioral Health survey responders reported they can provide urgent appointments within 48 hours. This is an 8% improvement from 2022 Provider Access Survey.

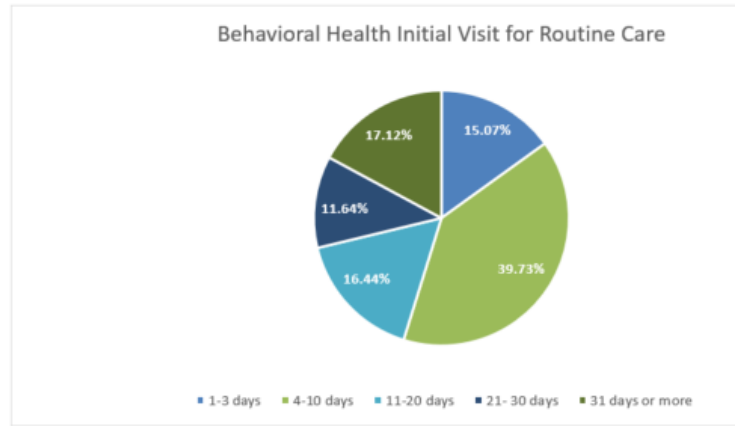
What is the length of time it takes a patient to receive urgent care services?		
Answer Choices	Rate	Responses
0 to 12 hours	52.45%	75
13 to 24 hours	32.87%	47
25 to 48 hours	11.19%	16
49 hours or more	3.50%	5
	Answered	143
	Skipped	16



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.

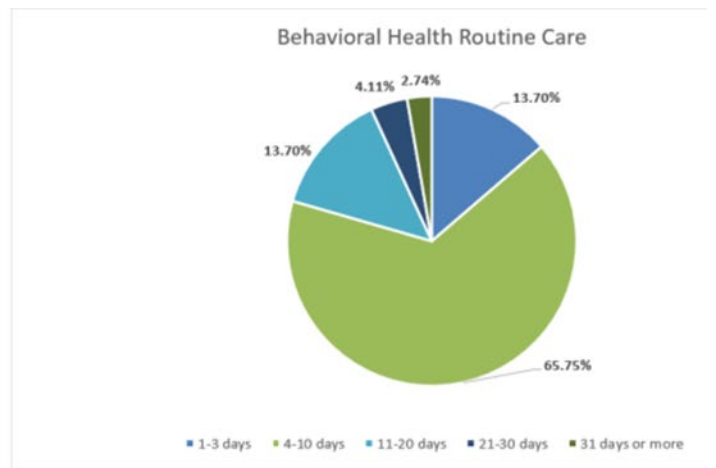
The *iCare* standard is that 90% of members seeking a behavioral health initial or routine visit, receive visits within 10 business days. Fifty-four percent of survey responders reported providing initial or routine visits within 10 business days. This is a decrease from the 62% reported in 2022.

What is the length of time it takes a patient to receive an initial visit for routine care?		
Answer Choices	Rate	Responses
1-3 days	15.07%	22
4-10 days	39.73%	58
11-20 days	16.44%	24
21-30 days	11.64%	17
31 days or more	17.12%	25
Answered		146
Skipped		13



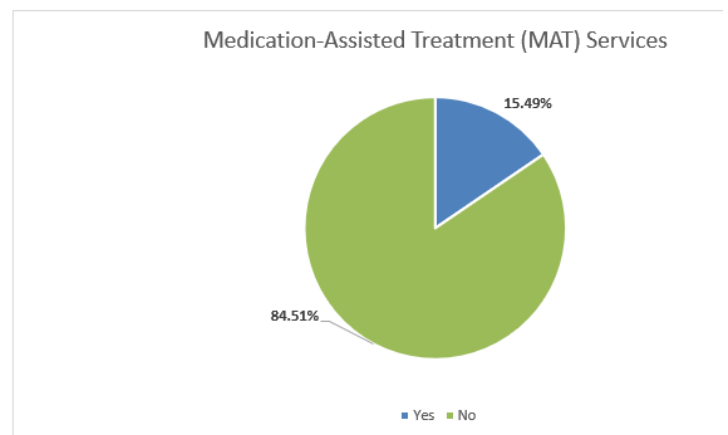
The image above shows the answer choices, rate, and number of responses. Most responders reported they are able to provide initial visits and routine care for Behavioral Health patients within 4-10 days.

What is the length of time it takes a patient to receive follow-up for routine care?		
Answer Choices	Rate	Responses
1-3 days	13.70%	20
4-10 days	65.75%	96
11-20 days	13.70%	20
21-30 days	4.11%	6
31 days or more	2.74%	4
Answered		146
Skipped		13



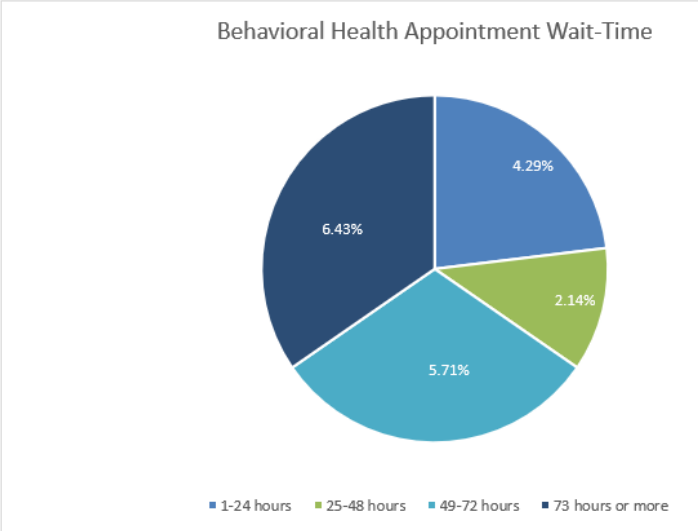
Over 15% of the responders reported that their practice offers Medication-Assisted Treatment (MAT) services. This is a 2% increase from what was reported on the 2022 Provider Access Survey.

Does your practice offer Medication-Assisted Treatment (MAT) services?		
Answer Choices	Rate	Responses
Yes	15.49%	22
No	84.51%	120
Answered		142
Skipped		17



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. Sixty-five percent of the responders indicated that the patient could receive the appointment within 72 hours of request. This is a decrease from the 71% reported in the 2022 Provider Access Survey.

What is the wait time for a member to receive an appointment with a prescribing and dispensing provider for Medication-Assisted Treatment?		
Answer Choices	Rate	Responses
1-24 hours	4.29%	6
25-48 hours	2.14%	3
49-72 hours	5.71%	8
73 hours or more	6.43%	9
Not applicable: MAT services not offered	81.43%	114
	Answered	140
	Skipped	19



Summary and Trends

- **Response Rate:** Three hundred and forty-one providers responded to the Provider Access Survey. The Provider Access Survey has a 13.19% response rate this year.
- **Provider Type:** Not providers reported their type as 'Oncology' or 'Pulmonology.'
- **Primary Language of Survey Responder:** English, Spanish, and other languages not listed.
- **Primary Language of Office Staff:** English, Spanish, Hmong, and other language not listed.
- **Languages not Selected:** Bulgarian, Hindi, Ho-Chunk, Karen, Lao, Polish, Portuguese, Serbian, Telugu, or Urdu.
- **Language Services:** Fourteen providers requested assistance with language services. Telephone interpreters was the top answer choice selected for language services provided.
- **Ethnicity:** One hundred and thirty-three survey responders reported their ethnicity as, 'Not Hispanic or Latino.'
- **Race:** One hundred at twenty-six providers identified their race as, 'White.' This answer choice represented 83.44% of the responding providers identification.
- **Race not Selected:** No providers selected 'Native American or other Pacific Islander' or 'American Indian or Alaska Native.'
- **Religion:** Forty-nine providers identified their religion as 'Christian: Non-Catholic.'
- **Religion not Selected:** No providers selected 'Islam' as their identified religion.
- **Cultural Competency Training:** Forty-one (16.73%) survey responders reported they do not require providers to complete Cultural Competency Training. Thirty-one (21.23%) survey responders reported they do not require Administrative Staff to complete Cultural Competency Training.
- **Handicapped Accessible:** Twelve (4.84%) survey responders reported their family is not handicapped accessible.
- **Utilization of Electronic Health Record:** Twenty-eight (11.34%) survey responders reported their practice does not utilize an electronic health record for patients.
- **Available to Treat Patients:** One hundred and fifty-seven (63.56%) responders reported they are available to treat patients 5-6 days per week.
- **Available to Treat iCare Patients:** One hundred and forty-six (58.87%) responders reported they are available to treat iCare patients 5-6 days per week.
- **After-Hours:** Nineteen (12.5%) survey responders reported their practice does not have an after-hours care procedure.
- **Voicemail Directed to Emergency Department:** Fifteen (10.14%) of survey responders reported their voicemail does not direct patients to the emergency department for urgent care.

For areas where providers were below the iCare standards, QI can provide contact information upon request.

Recommendations to Improve Access Standard Scores

Non-Behavioral Health

The recommended focus for CY2025 for Non-Behavioral Health providers will be the after-hours care standard. The 2023 Provider Access survey showed 82% of providers had an after-hour care procedure. This is 8% lower than the *iCare* standard goal (90%) and 2% lower than the 2022 Provider Access survey results.

Possible interventions for improvement may be:

- Target education via newsletters, email blasts, and on *iCare*'s website.
- Reviewing standards during credentialing and re-credentialing operations.

Behavioral Health

The recommended focus for CY2025 for Behavioral Health providers will be on the Medication-Assisted Treatment (MAT) appointment standard. Sixty-five percent of providers reported they were able to provide a MAT appointment within 72 hours of a request. This rate is a decrease from the 2022 Provider Access Survey.

Possible interventions for improvement may be:

- Target education via newsletters, email blasts, and on *iCare*'s website.
- Reviewing standards during credentialing and re-credentialing operations.

All Provider Types

The recommended focus for CY2025 for all provider types will be on the cultural competency training standard. Sixteen percent of responders reported providers are not required to complete annual cultural competency training and twenty-one percent of responders reported administrative staff are not required to complete annual cultural competency training. Possible intervention for improvement may be:

- Target education via newsletters, email blasts, and on *iCare*'s website.
- Reviewing standards during credentialing and re-credentialing operations.
- Adding an option to allow providers to answer if they are not aware that their practice provides cultural competency. This will allow QI to better assess compliance with this standard.